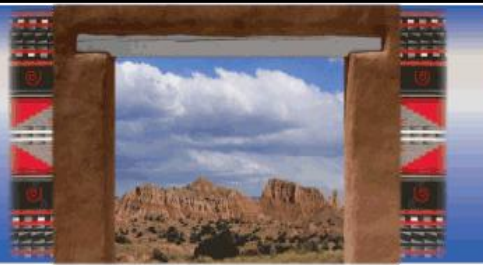




New Mexico
Hospital Association



Patient Safety Newsletter

Sin Daño – Without Harm

January 2011

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NMHA and NMMRA are the co-nodes for the Institute for Healthcare Improvement (IHI) in New Mexico



"The toughest thing about being a success is that you've got to keep on being a success"

Irving Berlin



American Hospital
Association

An Article from AHA NEWS
Vol. 46, No. 23, BY CYNTHIA
HEDGES GREISENG
Hospitals in Pursuit of Excellence, a key component of the AHA's health reform strategies, encourages and promotes hospital-led improvements in care that are based on best practices and can be replicated across the field. For more information, visit www.hpoe.org.

Exempla Lutheran Medical Center in Fort Collins, CO, used Lean Six Sigma methodology to improve processes for years, but not for infection control issues such as hand hygiene.

Previous hand hygiene projects focused on "posters and glow powder," says Amber Miller, an infection prevention manager at Exempla Lutheran. "With Lean and Six Sigma, we created a standardized work plan so that we do the same thing every time and eliminate waste." As participants in The Joint Commission Center for Transforming Healthcare's Hand

5-Step Six Sigma Method Has Hospitals Improving Hand Hygiene Compliance, Infection Control Rates

Hygiene Project, Exempla Lutheran and seven other hospitals used the five-step Six Sigma methodology: *define, measure, analyze, improve, control*.

From April 2008 through August 2010, teams at the eight participating hospitals defined hand hygiene, collected data and measured compliance, analyzed data, and examined and improved workflow. They identified the 10 most common causes of failure to clean hands and worked on developing targeted solutions for each one. When the project began, most participating hospitals thought their hand hygiene compliance rate was about 70% to 90%, when it was actually less than 50%. All eight hospitals recently reported aggregate hand hygiene compliance rates of 82% and continue to use the solutions. Many reported a decline in healthcare-associated infections as their hand hygiene compliance rate increased. The solutions they developed are part of the targeted Solutions tool (tSt), a web-based tool provided free to Joint Commission accredited organizations. The tSt allows organizations to customize solutions to address their specific barriers to excellent performance.

The project defined hand hygiene as washing (or cleaning) hands with an alcohol-based foam, gel, or soap upon entry and exit of a patient care area or environment. It emphasized accurate observation and data

collection. Most hospitals used secret observers to collect baseline data. Just-in-time coaching helped capture the root causes of failure to wash hands. If health care personnel failed to wash their hands, coaches asked why and helped identify contributing factors. An analysis of the data identified root causes and pinpointed particular groups that struggled with hand hygiene compliance. Examining and improving the work processes helped health care personnel incorporate hand washing in their routines. It also helped personnel work more efficiently and minimize the number of times they might enter or exit a patient area.

The hospitals found the causes for failing to wash hands included ineffective placement of dispensers or sinks; lack of accountability and just-in-time coaching, ineffective or insufficient education and the forgetfulness of health care staff. One hospital added more dispensers and placed them in the workflow, at the patient's door for use by health care personnel when entering and exiting. Streamlining workflow meant putting hand hygiene items in one place. "You don't have to think, 'Where are gloves, trash, and hand gel?'" says nursing director Gina Cavalli. "They are in the same place in every room."

The goal of 100% com-

Cont. on page 4



**Infant Safety Program at
University of New Mexico
Childrens' Hospital to Prevent
Shaken Baby Syndrome**

UNMH is helping new parents identify and prevent shaking injuries and understand how to respond when infants cry. The goals of the program are:

- (1) to provide educational materials about SBS to the parents of newborn infants,
- (2) to assess parents' comprehension of the educational materials and the dangers of violent infant shaking,
- (3) to track the impact of the program through the collection of returned commitment statements (CS), and
- (4) to evaluate the program's affect on the New Mexico incidence of SBS.

The prevention program is currently administered to all parents of newborn infants at UNMH prior to discharge. Nurses provide parents with the following materials: 1) a leaflet about preventing SBS, and 2) an 11-minute video called "Portrait of Promise: Preventing Shaken Baby Syndrome." The video features three families whose lives were affected by SBS and a message from Carolyn Levitt, a nationally recognized child abuse specialist, who addressed the effects of violent shaking and the potentials of prevention. SBS posters are placed in the maternity wards and nurses ask both parents to voluntarily sign a commitment statement confirming their receipt and understanding of the materials. Knowledge retention and video recall are assessed by a 7-month follow-up telephone survey. UNMH nurses have begun the process of collecting SBS ICD-9 codes within the hospital to determine the baseline incidence of SBS.



The eventual goal is to collect the data statewide and measure the effectiveness of the SBS Education on the incidence of SBS statewide.

To learn more, visit the website:
<http://hospitals.unm.edu/health/sbs/index.shtml>

**Staff Meetings
BROWN BAG TOPICS
Patient Safety Education is not just for hospital employees!**

Physician Patient Safety Quiz Part II

1. The correct way to write 5 milligrams of Morphine Sulfate is:
 - a. 5.0 mg MgSO₄
 - b. 5 mg MgSO₄
 - c. 5.0 mg Morphine Sulfate
 - d. 5 mg Morphine Sulfate
2. The correct way to write an order for Digoxin one quarter milligram every day is:
 - a. Digoxin 0.25 mg qd
 - b. Digoxin 0.25 mg daily
3. Mechanisms to prevent wrong site/side surgery or other invasive procedures include:
 - a. Procedure verification process
 - b. "Time Out"
 - c. Process to mark intended site/side of procedure
 - d. All of the above
4. In the OR, final verification of patient identity, surgery/procedure, site/side/level must occur with the involvement of the attending physician
 - a. True
 - b. False
5. Which of the following are CDC hand hygiene recommendations for the prevention of nosocomial infections?
 - a. If visibly soiled, wash hands with soap and water for 15 seconds
 - b. If not visibly soiled use alcohol-base rub until dry
 - c. Do not use towlettes
 - d. All of the above



**Get Ready for Patient Safety Awareness Week
March 6-12, 2011**

Patient Safety Awareness Week is a national education and awareness-building campaign for improving patient safety at the local level. Hospitals and health care organizations across the country are encouraged to plan events to promote patient safety within their own organizations. Educational activities are centered on educating patients on how to become involved in their own health care, as well as assisting organizations to build partnerships within their communities. For more information about how your organization can celebrate this important week, visit <http://www.npsf.org/hp/psaw/>

To err is human, to cover up is unforgivable, and to fail to learn is inexcusable."

Sir Liam Donaldson, former Chief Medical officer, United Kingdom





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Please contact us if you would like to write an article for this newsletter that highlights Patient Safety efforts in your organization.

For a list of Patient Safety Best Practices previously highlighted in our

Newsletter, please go to:

http://www.nmhhsa.org/FileRequest?req=Compendium_of_NM_Patient_Safety_Best_Practice.pdf

OUR WEBSITE
ADDRESS:

<http://www.nmhanet.org>

About Our Organization...

NMHA is the non-profit trade organization representing 42 non-federal hospitals in the state.

Our mission is to work with others to improve the health status of the citizens of New Mexico.



New Mexico
Hospital Association

TOOLS YOU CAN USE THE RADAR SCREEN FREE RESOURCES



Pathways for Patient Safety™ for medical group practices

Pathways for Patient Safety are a series of Web tools you can use to increase awareness, knowledge and implementation of best practices for reducing the risk of patient harm in physician practices. The free tools will include:

- Working as a Team
- Assessing Where You Stand
- Creating Medication Safety

Download the free tools:

<http://www.mgma.com/solutions/landing.aspx?cid=24572&id1=25820&id3=25764&hid=25288&mid=25820>

Anti-biotic stewardship video

Dr. Arjun Srinivasan gives a CDC expert commentary in this video about three simple things you can do to improve antibiotic use in hospitals and long-term care facilities.

<http://www.medscape.com/viewarticle/731784?src=mp&spon=24&uac=128278HZ>



Best Practice for Central Line Insertion (compliments of Penny Hill, RN, Infection Preventionist, San Juan Regional Medical Center, Farmington, NM)

What is the initiative?

CLABSI Prevention: Assure no one entered the patient room during a bedside central line insertion.

What prompted your organization to initiate?

Discussion regarding adherence with best practice standards and how to assure that traffic in and out of the room was minimized or eliminated. One intervention was to assure all equipment was in the room prior to the procedure. The other was to close the door and place a sign indicating that a procedure was in progress.

What did you do to make it happen?

We created simple bright yellow laminated signs for every patient room to place on the door during bedside procedures.

What kind of results have you seen based on the initiative?

It has been effective in deterring family and other hospital staff from entering the room during procedures. The signs are also used for other bedside procedures such as wound dressing changes, insertion of foley catheters and even for the patient's bath or other times in which privacy is needed.

What kind of support do you feel is imperative for your initiative?

Administrative, physician & nursing support is necessary for the success of this ongoing initiative.

How have you used results to make people more aware of your initiative?

Yes, central line data is shared with staff, senior leadership, physicians, and the board of directors.

What's the best advice you can give someone to be successful in a similar initiative?

Sometimes simple measures can be implemented to overcome barriers!

5-Step Six Sigma Method Has Hospitals Improving Hand Hygiene Compliance, Infection Control Rates (continued from page 1)

pliance in hand washing is part of every provider's evaluation at Cedars-Sinai Medical Center. Staff members are held accountable if they are non-compliant – not for punitive reasons, but for patient safety. Hospital leadership plays a role in modeling behavior for staff.

Educating staff must be ongoing at hospitals to accommodate new staff, medical residents and others, says Laura Winner, Johns Hopkins Hospital's Lean Sigma director. "We are an academic medical center, and our staff turns over every July," she says. "Everyone gets the same education and work. It is ongoing."

St. Joseph Mercy Health System used a poster that illustrated how long bacteria can survive on surfaces that staff members touch every day. Door thresholds at Memorial Hermann the Woodlands have red tape that goes up the side of the door with an arrow pointing to the hand sanitizer. The marked area reminds healthcare personnel and visitors they are crossing a "patient zone." In another unit, red laminate over the threshold marks the transition for visitors. Even in the intensive care unit, if a serious situation develops, providers pause in the transition area to do hand hygiene. "It is the last point at which a health care

worker can get it right and prevent infection," points out Rob Morehead, an infection control practitioner.

Wake Forest University Baptist Medical Center is one of four participating hospitals that use an electronic method to monitor and increase compliance for hand hygiene. Health care personnel wear a real-time location system tag equipped with infra-red recognition that is activated when entering a patient care area. The tracker on the hand sanitizers, sinks or pumps reads the tag and reports the activation. The new technology's possibilities are "monumental in nature," says Shayn Martin, M.D. "We are creating a system to track providers' hand hygiene on a scale that is substantially greater than our existing system."

Froedtert Hospital's Beth Lanham says all providers want to take the best possible care of patients. She says a lack of hand-hygiene compliance is "about processes that don't currently support the busy health care provider. We continue to identify obstacles and barriers. How do we make it easier for you?"

A study on the hand hygiene project is available at www.hpoe.org.

Answers to Physician Patient Safety Quiz from page 2



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 - c. 5.0 mg Morphine Sulfate
 - d. **5 mg Morphine Sulfate**
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 - e. Procedure verification process
 - f. "Time Out"
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 - h. **All of the above**
4. In the OR, final verification of patient identity, surgery/procedure, site/side/level must occur with the involvement of the attending physician
 - i. **True**
 - j. False
5. Which of the following are CDC hand hygiene recommendations for the prevention of nosocomial infections?
 - k. If visibly soiled, wash hands with soap and water for 15 seconds
 - l. If not visibly soiled use alcohol-base rub until dry
 - m. Do not use towlettes
 - n. **All of the above**

Thank you to the Rhode Island Hospital: <http://www.rhodeislandhospital.org/rih/medstaff/training/quiz/ptsafety.htm>