



New Mexico
Hospital Association



Patient Safety Newsletter

Sin Daño – Without Harm

September 2010

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



NMHA is proud to support the New Mexico CLABSI Collaborative



On The CUSP – Comprehensive Unit Safety Program

The NM Hospital Association is signing up hospitals in the state to participate in a voluntary national patient safety program using the Comprehensive Unit-based Safety Program (CUSP). “On The CUSP” is transforming care and patient safety in hospital units by improving patient safety culture and practices. Participation is open to all acute care and Critical Access Hospitals.

This program is designed to complement and NOT duplicate the current CLABSI Prevention Collaborative.

Who/Target Audience

Bedded inpatient units such as medical-surgical units and ICUs are encouraged to participate.

When

Program participation is for approximately two years. The official kick-off for Cohort 5 will be on **September 30, 2010** with the first Immersion Call presented by Dr. Peter Pronovost.

Benefits to New Mexico Hospitals

All hospitals will benefit from participating in the evidence-based CUSP program. Each participating hospital ICU and non-ICU unit will learn how to apply the CUSP program into the current CLABSI Collaborative.

CUSP is an evidence-based model for unit-level patient safety culture and practice transformation. Through their exposure to the intensive training and coaching on the CUSP model, hospital units with very low CLABSI rates will also greatly benefit from participation in this program. In addition to facilitating CLABSI elimination, the CUSP model:

- Transforms care at the bedside to create a robust safety culture
- Educates all members of the unit team on strategies and tools to address virtually all patient safety issues on the unit
- Improves employee satisfaction
- Reduces nursing staff turnover

- Reduces length of stay
- Has other benefits, e.g., significantly reduces the number of physician pages due to improved communication.

Participation will include access to expert faculty and data collection and monitoring support throughout the state’s two-year participation. This program is a quality improvement, in-service education program not subject to Institutional Review Board requirements.

Participating hospitals agree to submit monthly infection data by conferring rights through NHSN, to administer the AHRQ safety culture survey in participating units this fall and towards the end of the project, to complete a quick Technology Assessment survey on SurveyMonkey, and to provide process data using a team checkup tool at specified intervals. Hospitals are encouraged to

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CMS Reporting Requirements for HAIs

CMS recently released a new rule which refers to HAI reporting requirements for Medicare eligible hospitals that participate in the CMS pay-for-reporting program. More than 3,500 hospitals will soon use CDC’s NHSN to report CLABSI data to CMS. In turn, CDC will post the information on the HHS publicly accessible Hospital Compare Website. The release from CMS emphasizes the fact that HAI rates are a significant measure of healthcare quality. The final rule was placed on the Federal Register on July 30, 2010.

For more information on Hospital Compare, visit <http://www.hospitalcompare.hhs.gov/hospital-search.aspx?AspxAutoDetectCookieSupport=1>

The CMS rule can be found on the *Federal Register* under *Special Filing* at [http://op.bna.com/hl.nsf/id/bbrk-87ut56/\\$File/fact730qualitycms.pdf](http://op.bna.com/hl.nsf/id/bbrk-87ut56/$File/fact730qualitycms.pdf)

Participate in CMS Rule discussions on CDC’s Safe Healthcare Blog: <http://blogs.cdc.gov/safehealthcare/>

Chlorhexidine in Healthcare: Your Questions Answered

In a [Medscape.com](http://www.medscape.com) article by Laura A. Stokowski, RN, MS, writes that chlorhexidine gluconate (CHG) has emerged in many hospital disinfectants and as a preservative in cosmetics and personal care products. In her article, Stokowski explains the effectiveness of CHG on common organisms:

- At low concentrations, CHG is effective against most gram-positive bacteria;
- At higher concentrations CHG is effective against gram-negative bacteria;
- At the highest concentrations, CHG is active against yeasts;
- Virucidal activity is good against enveloped viruses (such as HIV, cytomegalovirus, influenza, respiratory syncytial virus, and herpes virus) but not against "naked" viruses (such as rotavirus, adenovirus, or enterovirus);
- CHG has no sporicidal activity, so it is not effective against spores of *Clostridium difficile*; and
- CHG is not active against mycobacteria.

The article offers practical guidance on:

- Effectiveness of CHG,
- Bathing with CHG,
- Other Uses of CHG in healthcare

To read more go to:

<http://www.medscape.com/viewarticle/726075?src=mp&spon=24&uac=128278HZ>



STAFF MEETINGS – BROWN BAG TOPICS

Are you responsible for initial and continuing patient safety education for physicians in the hospital setting? Here are some ideas on what topics to include:

- Communication
- Consents
- Avoiding verbal orders
- Universal protocol
- Abuse recognition & reporting
- SBAR
- Show back/teach back
- Do not use abbreviations
- EMTALA
- Ask me 3
- Hall consults – need for documentation if Rx given
- Management of incidents

This Month..... a “SURPRISE” CLABSI QUIZ QUESTION:

Of the following, which actions will decrease the risk of CLABSIs?

1. Routine guidewire exchange of the central VAD.
2. IV antimicrobial prophylaxis.
3. Inserting a single lumen rather than multiple lumen central VAD.
4. Changing to a new set of sterile gloves before handling the new central VAD when performing a guidewire exchange.
5. Insertion of the central VAD through open techniques/cutdown.

- a. 1, 2, 3, 4
- b. 2, 3, 4, 5
- c. 1, 2
- d. 3, 4
- e. 1, 2, 5
- f. All of the above

Answer on page 4...

Physician and Healthcare Safety Expert Dr. Peter Pronovost Calls New Reporting Rule “Monumental”

Johns Hopkins physician and professor, patient safety expert, and author Peter Pronovost, M.D., PhD., FCCM, says the updated CMS pay-for-reporting rule completes a trifecta of elements needed for prevention of central line-associated bloodstream infections (CLABSIs). He says, “All hospitals now have the ability to nearly eliminate these infections, making CLABSI the polio campaign of the 21st century.” Read this blog to find the tools Dr. Pronovost and many others are using to beat CLABSIs. Let us know if you’re using them. What’s working for you? Join the conversation at

<http://blogs.cdc.gov/safehealthcare>

Failure is not fatal, but failure to change might be.

- Wooden, John (October 14, 1910 – June 4, 2010), American basketball coach



New Mexico Hospital Association

7471 Pan American
Freeway NE
Albuquerque, NM
87109
PHONE:
(505)343-0010
FAX:
(505) 343-0012

ELLEN INTERLANDI
einterlandi@nmhsc.com

Please contact us if you'd 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.nmhanet.org/quality/patient-safety/the-patient-safety-corridor-e-library/general-patient-safe-ty/Compendium%20of%20NM%20Patient%20Safety%20Best%20Practice.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



Community Health Assessment Guide

The American Hospital Association for Community Health Improvement (ACHI) has an online guide to community health assessment. It requires an AHA, SHSMD or ACHI member log-in. The Community Health Assessment Toolkit can be found at www.assesstoolkit.org.

Better Communication, Better Care: Provider Tools to Care for Diverse Populations

Demographic changes, differences in individual belief and behavior, and new legal mandates constantly present health care professionals with new challenges in delivering high quality, effective, and compassionate health care to a diverse patient population. This toolkit provides health care professionals with resources to address these challenges, with a focus on increasing awareness of cultural background and enhancing communication with diverse populations.

http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf

Using the CDC's National Healthcare Safety Network (NHSN) to Meet the New CMS Reporting Requirement

Unclear about the new reporting requirements? Download a presentation at:

<http://www.premierinc.com/about/events-education/advisorlive/Presentations/finalAdvisorLive082510NHSN.pdf>

Selecting Quality and Resource Use Measures: A Decision Guide for Community Quality Collaboratives

This is an online resource developed to help providers and communities understand how to construct performance and quality measures, how to collect data for those measures, and how to use them.

<http://www.ahrq.gov/qual/perfmeasguide/>

Pennsylvania Patient Safety Advisory

The September issue of the PA Patient Safety Advisory is on line. Topics this month include: Adverse Drug Events with HYDROMORPHONE - How Preventable Are They, Diagnostic Error in Acute Care, Hemodialysis Administration: Strategies to Ensure Safe Patient Care, Demonstrating Return on Investment for Infection Prevention and Control, and Strategies for Avoiding Problems with the Use of Pneumatic Tourniquets.

[http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Sep7\(3\)/Documents/sep:7\(3\).pdf](http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Sep7(3)/Documents/sep:7(3).pdf)

The Joint Commission Most Challenging Requirements for First Half of 2010

The Joint Commission collects data on organizations' compliance with standards, National Patient Safety Goals, the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™, and Accreditation and Certification Participation Requirements to identify trends and focus education on challenging requirements.

<http://www.jointcommission.org/NR/rdonlyres/A7A318D0-3469-4A90-A464-ACEAB524849D/0/jconlineAug1810.pdf>

First, Protect the Patient from Harm: Applying Adult Learning Principles to Patient Safety

This piece describes how education can reduce patient harm by promoting attitude and behavior changes within the health care system

<http://www.psqh.com/july-august-2010/569-first-protect-the-patient-from-harm.html>

“On the CUSP” (continued from page 1)

participate in scheduled calls with the national project team. The following topics are included in the six immersion calls: 9/30/10 Project Overview; 10/07/10 Science of Safety; 10/14/10 CLABSI Elimination; 10/21/10 CUSP; 10/28/10 Team Building; and 11/04/10 Physician Engagement. Calls are recorded for those unable to participate on that date.

For More Information: *There will be an introductory call for any interested hospital on Wednesday, September 22, 2010 9:00 AM MT.* The National Project Team will host a Recruitment call, “CUSP/CLABSI: Lessons and Impact,” for hospitals that may be undecided about joining the initiative. In this 60-minute call, hospitals will hear short presentations by hospital staff involved in this work. There will be 30 minutes of presentation, followed by 30 minutes of Q&A, in which hospitals can ask their peers about the program.

Call-In Information Attendee Toll Free Number: 866-847-7863 Pass Code: Just give the operator the title of the call “CUSP/CLABSI: Lessons and Impact”

Agenda

Each presenter will briefly address the following points:

1. Why they joined the initiative
2. Challenges
3. Success and key lessons
4. Sustaining the effort going forward

Interested hospitals may contact *Ellen Interlandi* einterlandi@nmhsc.com at the NM Hospital Association and visit www.onthecuspstophai.org.

**Congratulations to the Following Organizations Who Are Participating in the New Mexico CLABSI Prevention Collaborative**

Alta Vista Regional Hospital
Dr. Dan C. Trigg Memorial Hospital
CHRISTUS St. Vincent Regional Medical Center
Gerald Champion Regional Medical Center
HealthSouth Rehabilitation Hospital
Holy Cross Hospital
Lovelace Medical Center
Lovelace Rehabilitation Hospital
Lovelace Westside Hospital
Lovelace Women's Hospital
Memorial Medical Center

MountainView Regional Medical Center
Nor Lea General Hospital
Plains Regional Medical Center
Presbyterian Hospital
Roosevelt General Hospital
San Juan Regional Medical Center
Sierra Vista Hospital
Socorro General Hospital
Specialty Hospital-Albuquerque
UNM Hospitals (Advanced Clinical Care Unit)

CLABSI QUIZ from page 2 ANSWER = “d”