



Compendium of Patient Safety Best Practices New Mexico

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**Tools to Decrease Violent Incidents in the Emergency Department  
Presbyterian Kaseman Hospital**

THE PROBLEM:

- Increasing violent behavior in ED settings and growing numbers of violent incidents in EDs across U.S.
- Decreasing community resources
- Patient and visitor frustration due to increased length of stay

THE APPROACH

- Provide nursing, medical, and security staff training to deal with violent behaviors using a combination of two existing programs tailored to the needs of the ED:
  - *Verbal Judo*: uses presence and words to calm; redirects hostile behaviors (developed by Dr. George Thompson)
  - *Crisis Management*: uses de-escalation techniques; escape techniques; team take down

techniques

THE SOLUTION:

- Educate staff to deal effectively and safely with violent patients and visitors
- Create a violence intervention approach well suited to the ED environment by combining behavioral health crisis management processes with police and security violence de-escalation tactics.

THE OUTCOME:

98% of nursing, 12% of medical, and 1% of the security staff attended training sessions. Nursing staff who did not attend sessions and witnessed success of the 5-man takedown technique sought training from fellow staff members. Staff became more conscious of reporting possible violent events. Injuries during a takedown have decreased since instituting the program.

SUCCESS:

Although number of reported events remained the same, *staff injuries* during takedown decreased from 5 to 1, *patient injuries* decreased from 5 to 0, and *no-injury events* doubled (from 7 to 14).

RECOMMENDATION:

Evaluation proved that when the educational tools were utilized, they provided a safer environment for staff and patients. Staff is more confident having tools to deal with violent individuals rather than relying on instinct. The emergency department has experienced increased stays as, frequently, there is nowhere to send these patients. To keep staff focused on utilizing verbal judo and crisis management techniques, unannounced drills and providing yearly updates are planned.

**For more information on this patient and staff safety initiative,** contact:

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### **Hospitals Boost Patients' Power As Advisers Lovelace Medical Center**

Denny Rossbach was prompted to write a complimentary letter to the hospital administrator at Lovelace after a positive outpatient experience. He then agreed to come back to the hospital in a different role: as a member of a new **Patient and Family Advisory Council (PFAC)**. He joined other members to “even out” those who had issues with their care to air before the group could become productive.

After years of confining outreach efforts to the occasional focus group, hospitals are striking new partnerships with patients and their families, creating advisory councils that are giving patients an increasingly powerful voice at a time when hospitals are scrambling to increase satisfaction, better respond to complaints and avoid costly malpractice litigation. Hospitals also have a strong financial incentive to bring patients and families into the equation: starting later this year, Medicare will require hospitals to publish customer-satisfaction data on the Medicare web site to receive full reimbursement for their services.

Advisory council members volunteer their time and get nominal perks such as free parking, travel reimbursement, or meals during meetings. Some hospitals also put volunteers through orientation programs that include training in privacy laws. Though councils may meet quarterly or monthly, members are often asked to sit on committees that meet more often to work on specific projects, or go on retreats with staff. Hospitals typically seek members with diverse ethnic, racial and occupational backgrounds, including those with medical conditions who are “frequent fliers” in the healthcare system. Dana Farber Cancer Institute Patient/Family Safety Liaisons perform Patient Safety interviews, using a script as a guide. Data is used to review and act on safety issues that are identified.

It is clear to Mr. Rossbach that the senior leadership at his hospital is committed to improving the patient experience, which he feels is essential to the success of the program. Since the inception of the PFAC earlier this year, they have already worked with the Marketing Department to complete a Patient Guide – with a patient’s perspective on what it should contain. When asked what was the best advice he could give an organization to have a successful PFAC, he promptly stated “Have patience with the people who need to get their experience (usually negative) out, then move on with the mission of the Council. Initially negative patients and family usually move on to be productive members of the team.”

**The Institute for Family-Centered Care** hosts an online forum that advisory groups use to trade tips on working with hospital staffers, and provides guidelines for consumers who want to start an advisory group at their own hospital on its web site ([familycenteredcare.org](http://familycenteredcare.org)). They also have free downloads on Strategies for Leadership, Tools to Foster the Collaboration with Patient and Family Advisors, and Tools to Assist in Designing Supportive Health Care Environments.

The NMHA website ([www.nmhanet.org](http://www.nmhanet.org)) has a *Patient Family Advisory Workplan* sample to get you started your own Advisory Council. Documents such as *Introducing Patient Safety Rounds* and *Qualifications for Patient/Family Safety Liaisons* are also available.



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### **IHI Visits Holy Cross Hospital Holy Cross Hospital**

On Oct. 29, 2007, the Institute for Healthcare Improvement (IHI) honored Holy Cross Hospital (HCH) for its continuous quality improvements in patient safety by visiting the Taos hospital to learn how it has been successful. Holy Cross was the only hospital in New Mexico to host IHI. The HCH leadership team presented information about the LifeWings program, which uses aviation safety practices in hospital settings. Success stories from departments where LifeWings has been introduced were highlighted. Hospital staff stressed that involvement by the Board of Directors and its physicians contribute to the program's success. The use of tools such as checklists, briefings and debriefings were discussed. The **"See it, Say it, Fix it!"** motto was explained. Staff also discussed efforts related to the Campaign's interventions, such as reducing infection by implementing scientifically proven infection control practices. Hospital-acquired infection due to MRSA has not occurred at the hospital since 2005. Isolation, hand washing, and environmental cleaning strategies have contributed to this success. Additional in-depth discussion by the group involved other Campaign interventions and how the 49-bed, non-profit hospital has implemented them.

As the campaign Node for NM, NMHA and NMMRA encourage hospitals to share information related to the campaign, and to highlight successes and lessons learned.



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**Scrub Club Takes Leadership Role in Hand Hygiene  
San Juan Regional Medical Center**

A new Hand Hygiene Campaign at **San Juan Regional in Farmington** will aggressively fight back against a dangerous enemy – hospital acquired infections. Hand washing will be emphasized during the campaign by use of posters, portable signs, and letters. But a very important aspect of this battle against infection is to get care providers to make a commitment to wash their hands – entering and leaving the patient rooms - every time. The **Scrub Club** has been created to celebrate and encourage that commitment. Providers can join the Scrub Club by signing the commitment board which says "I commit to washing my hands before and after each patient." At the recent Infection Protection Rally, held to introduce the Scrub Club to the nursing staff, the nurses were enthusiastic about the commitment. They proudly signed the commitment board and received their Scrub Club badge which says "Wash In Wash Out" as a reminder of their commitment.

Scrub Club members will also receive special membership entitlements such as special discounts, helpful hand hygiene gifts, a chance to win a Soapacabana party for their floor, recognition for joining, and a quarterly news brief from the desk of Mr. Ugh Lee Germ. This news brief will be available only to Scrub Club members and will feature both informational pieces to help them with their jobs, as well as tips on how to pamper themselves. Scrub Club members are asked to share their commitment with coworkers and help spread the word (but not the germs!) that at SJRMC they put patients first and want to provide the very best patient care they can.

The Scrub Club members will be the leaders in infection protection, and by their example, everyone at SJRMC may understand that "washing hands saves lives."



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**Carlsbad Medical Center “Scores” on Best Practices  
Carlsbad Hospital**

In 2003, Carlsbad Medical Center - led by Director of Quality and Resource Management - Billie Rutledge, embarked on a journey to improve their evidence-based medical care. By implementing a Core Measures program, they were confident they could raise the bar on the quality of care provided in the hospital. They also subscribed to the philosophy that it's better to initiate evidence-based measures proactively, prior to them becoming mandatory. A team of employees and physicians dedicated to delivering top quality care and achieving top ranking on the Core Measures was assembled. Case Managers and the Quality Department were the drivers of the program. Patients who met criteria for inclusion in Core Measures were identified upon admission and were flagged with a different chart back color. Core Measure Admission Guidelines and Discharge orders were also developed. For pneumococcal and influenza vaccinations, nursing completed a standardized assessment form on admission and if needed, used it as an order form. At discharge the assessment form was put with the discharge paperwork and the nurse verified if the patient had received the vaccine. At that time an order was requested from the physician for administration prior to discharge. Initially, daily meetings were held with the unit director and nurses caring for the patient to discuss patient needs. Point of care nursing and physician education was key. Immediate notification was given to the team leaders of any missed indicators. Ongoing review of compliance results initially occurred weekly, then every other week. Team members included abstractors, case managers, department directors, coders, and the Chief Nursing Officer. In 2007, Carlsbad Medical Center's overall Core Measures score was 95.9%. AMI scored 94.3%, Heart Failure 97.8%, Pneumonia 95.6%, SCIP 96.4%. For the SCIP measure (reporting period of 2007-Q4), **98%** of their patients received an antibiotic one hour before surgery, which was the highest in the state. The national average is 82%. How did this team make it happen? "Support from senior leaders, a physician champion and a dedicated team of departmental leaders and staff are imperative to the success of quality initiatives," stated Ms. Rutledge. Weekly results are discussed at senior leadership meetings, and quarterly results are posted on communication boards. Her advice to others who attempt to make sweeping and sustainable improvements? Be proactive, use resources such as IHI, Leapfrog, and AHRQ, and most of all, take and praise small steps instead of expecting great strides.

**SJRMF fights MRSA Infections and Improves Skin Assessments  
San Juan Regional Medical Center**



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SJRMHC has expanded their program to fight MRSA infections. As part of the New Mexico MRSA Collaborative, SJRMHC has additional strategies modeled after the program at Pacific Hospital of Long Beach in California. All new patients on the Nephrology and ICU units are bathed upon admission with a Chlorhexidine product to decrease the risk of environmental contamination and potential spread of MRSA from other patients on the units who may be colonized. Patients are then placed on contact precautions if the admission nares swab is positive for MRSA. This bath also gives the nurse an opportunity to complete the skin assessment and document any skin breakdown noted during the admission period. SJRMHC has been able to decrease their hospital-acquired MRSA by 50% within the first 6 months of their active surveillance program and have plans to add other high-risk groups to active surveillance testing in the near future.



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**Meet an Infection Preventionist  
Lovelace Westside Hospital**

An *Infection Preventionist* is uniquely positioned to prevent infection by connecting the science of infection prevention to the people most deeply and personally affected – patients, visitors, employees, volunteers, and healthcare workers.

Lovelace Westside Hospital decided to change the name of their Infection Control Practitioner position because it is no longer acceptable to "control" infections; but rather to PREVENT them from happening in the first place. Catherine Lukes, RN ND, newly appointed as the hospital's Infection Preventionist, sees this as an opportunity to challenge the status quo of some hospitals where infections are "part of being in the hospital." With the advent of nationwide initiatives such as "5 Million Lives Campaign" and "Zero Tolerance Campaign" the traditional orientation of control of healthcare acquired infections (HAIs) has shifted to their prevention nationwide.

Two months into her new role, Catherine has spearheaded several initiatives. A campaign to reduce catheter associated urinary tract infections is underway, going through the initiation of a new, improved policy. "The policy mandates that the physician assess and document the appropriateness of a urinary catheter and institute an automatic 3 day default stop time". Also about to be debuted is a new interdisciplinary infection prevention committee. The committee will have representation from all departments in the hospital and will focus on quality improvement initiatives related to infection prevention.

Lovelace Westside is also focusing on patient education to help decrease HAIs. "Our patient education starts in the Emergency Department with respiratory etiquette signs and supplies (such as tissues and masks) and reaches up to our inpatient units with brochures and one-on-one education to encourage patients and their families to become involved in their own health care while in the hospital."

"The best thing about this job is that I am able to meet and collaborate with all the people in the hospital – medical and nursing staff, non-clinical staff, dietary, facilities, volunteers and patients. The culture at Lovelace Westside is that EVERY person here has a part to play in ensuring quality care for our patients."



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**Gerald Champion Team Shines with Environmental Cleaning Plan**  
**Gerald Champion Regional Medical Center**

Despite improvements in hand hygiene and ongoing efforts to optimize isolation practices, the prevalence of healthcare-associated infections continues to be a problem. The Centers for Disease Control and Prevention recommend that health care facilities ensure the adequacy of cleaning and disinfection activities, particularly of surfaces designated “high touch.”

*An interview with Marti Heinze, Infection Control Practitioner.*

At **Gerald Champion Regional Medical Center**, it was evident that equipment cleaning needed to be improved, so as part of the C diff/MRSA Team efforts, a system was developed for color coding. GCRMC developed an equipment cleaning system that is easy for anyone to understand. This enabled GCRMC to stock only four types of cleaners in the departments. Research was done to compile a list of all the equipment, their manufacturers and the approved cleaners for each. The list was narrowed down to four approved cleaners. Color codes were assigned to each cleaner for visual reinforcement and to keep everything as simple as possible. Departmental baskets were made, each containing the cleaners. It was evident during tracers that the employees were not as familiar with the time required for each of the cleaners to be effective, so we added the number to the colored dots that indicated the “remain wet” time in minutes.

*Alcohol is 0 (evaporation)*

*Bleach 10:1 is 2 minutes*

*Sani-Wipes are 5 minutes*

*Virex is 10 minutes*

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

The reduced MRSA numbers speak the loudest. We have reduced our HAI MRSA substantially. With this and other clinical initiatives, we have reduced our HAI MRSA to ZERO in five of the last six months. Cleaning knowledge and compliance have improved, also, especially with the unlicensed staff members. Costs were minimal for tags, baskets, laminating, etc. We actually saved money by reducing the number of cleaners from seventeen to four. A team approach has worked well for us because we have representatives from EVS, pharmacy, clinical education, nursing and infection control. The plan and results were taken to many department and committee meetings. Education is reinforced during employee general orientation, right along with the hand hygiene demonstrations. Recently, I presented the information at the NM MRSA Collaborative Learning Session.

My best advice is to keep it simple!!! Use a back up source of information in case the labels are removed or damaged. We attach a color coded equipment list to the cleaner baskets so that the employee can still see what to clean with, even if the tag is missing.

Thank you to the GCRMC Team that developed this plan-

Bonnie Clements, RNC, MS, CHSP, Employee Health

Kerry Bolin, RN, BC, BSN, Clinical Educator

Marti Heinze, RN, BS, Infection Control Practitioner

Kelli Dion, RN, BSN, Interim Director of Education

Mary Jo Garst, RPh, Pharmacist



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<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Temporal Thermometers</b>	Clean meter with 70% Isopropyl Alcohol between patient use.	<b>Accu-check Glucometer</b>	Clean meter between patient use with cloth dampened with soapy water or 70% Isopropyl Alcohol.
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Baxter IV Pump</b>	Clean between patient use with a soft cloth dampened with soapy water or 70% Isopropyl Alcohol	<b>Stethoscopes</b>	Clean between patient use with a cloth dampened with soapy water or 70% Isopropyl Alcohol.
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Computer Keyboards</b>	Clean keys with 70% Isopropyl Alcohol.	<b>Dinamap NIBP monitor</b>	Clean monitor between patient use with Sani-cloth wipe or cloth dampened with soapy water
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Baxter PCA Pump</b>	Clean between patient use with Sani-cloth wipe or cloth dampened with soapy water.	<b>LifePak Monitor/Defib</b>	Clean monitor between patient use with Sani-cloth wipe.
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Data Scope NIBP monitor</b>	Clean system between patient use with Sani-cloth wipe or cloth dampened with soapy water.	<b>K-Pad (Heat therapy pump)</b>	Clean device between patient use with Sani-cloth wipe.
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>B/P cuffs</b>	Clean cuffs and monitor between patient use with Sani-cloth wipe or soapy water.	<b>Wheelchairs</b>	Clean between patient use with Sani-cloth wipe.
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Kangaroo feeding pumps</b>	Clean device between patient use with Sani-cloth wipe.	<b>Walkers</b>	Clean device between patient use with Sani-cloth wipe.
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Bed Scales</b>	Clean device between patient use with Sani-cloth wipe or soapy water.	<b>Telemetry Units</b>	Clean device between patient use with Sani-cloth wipe.
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>CPM</b>	Clean device between patient use with Sani-cloth wipe.	<b>Sequential Compression Device (SCD)</b>	Clean device and tubing between patient use with cloth dampened with Bleach 10:1 solution
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Tympanic Thermometer</b>	Clean meter between patient use with cloth dampened with Bleach 10:1 solution.	<b>Hotline Fluid Warmer</b>	Clean device with a cloth dampened with Bleach 10:1 solution.
<b>Cleaning Instructions:</b>		<b>Cleaning Instructions:</b>	
<b>Computer Caddy</b>	Clean device between patient use with Sani-cloth wipe.	<b>Environmental surfaces, beds, etc.</b>	Spray area with solution. Allow product to dry. Wipe off with clean cloth



**Conduct A Kinder, Gentler Root Cause Analysis  
CHRISTUS St. Vincent Regional Medical Center**

**ROOT CAUSE ANALYSIS = A CLASS OF PROBLEM SOLVING METHODS AIMED AT IDENTIFYING THE ROOT CAUSES OF PROBLEMS OR EVENTS.**

*Have you had to problem solve how to conduct an effective RCA? Are involved staff members afraid or defensive about an upcoming meeting?*

**Erica Wendel-Oglesby, MHSA, Clinical Data/Quality Outcomes Coordinator at CHRISTUS St. Vincent Regional Medical Center has some ideas to improve.**

**What prompted your organization to initiate?** In order to obtain good information to draft the RCA Framework document, the organization took a new tact of interviewing staff separately. In the past, caregivers directly involved in an event were interviewed together. This could result in group think or people unwilling to speak up in a group setting.

**What did you do to make it happen?** RCA facilitation was moved to the Performance Improvement Department. The RCA process was researched and a policy and procedure was drafted using the book *Root Cause Analysis in Health Care*, Joint Commission Resources, Second Edition, 2003. Facilitators were offered an educational session on how to conduct the interview that included: provide interviewee with business card, exchange informal conversation, explain that you are looking to identify opportunities for improvement (not place blame), ask open-ended questions and be sure to send positive, supportive messages throughout the interview.

**What kind of results have you seen based on the initiative?** Staff appears to like being interviewed alone knowing that what they say is not directly attributed to them. They really like knowing that someone is looking at these types of events and that outcome driven actions will be taken.

**What kind of support do you feel is imperative for your initiative?** Manager and Director support are required to schedule staff time away from the unit or work area.

**How have you used results to make people more aware of your initiative?** During the interview process, we take the time to explain why we are conducting a RCA, show staff the RCA framework document used in investigation and how they may be a part of the RCA Team that reviews the RCA Framework and determines the action plan and measures of effectiveness.

**What's the best advice you can give someone to be successful in a similar initiative?** Keep the managers and directors informed on what you plan to do, how they can help you and keep them informed of any significant information impacting their area – don't blindsides a manager at the RCA Team meeting!

**Communication Challenges Best Practices  
Lovelace Women’s Hospital**

**Lovelace Women’s Hospital** developed a new terminal cleaning protocol to improve communication between Environmental Services (EVS) and Nursing Units after they noticed that ISOLATION signs were often removed upon discharge, and EVS did not know when a room had been considered an isolation room (especially if the patient had C. Difficile). The procedure they developed improved communication and promoted education of staff on safe practices for infection prevention.

1. Nursing unit leaves isolation sign posted after discharge.
2. Nursing unit places “B” or “BL” on bed board to indicate to EVS that bleach is required
3. EVS uses a checklist per room of all items that need cleaning. The same checklist is used for all cleaning of rooms regardless of whether the room was used for isolation or not.
4. EVS removes isolation signs once cleaning has been completed. This also communicates to Nursing that the room is ready for occupancy.

<b>Discharge Checklist: Environmental Services Patient Room Cleaning</b>		
Recognizing that bacteria (germs) can live on surfaces for up to 7 months, it is important that all surfaces in a patient’s room are cleaned thoroughly. Use this checklist to ensure all surfaces are included in the cleaning process.		
	Room #	Date Cleaned by
	Patient Bed	
	Side Rails	
	Head and Side Boards	
	Call Light, include cord	
	Telephone include cord	
	Bedside Table including fronts of drawers and handles	
	Over the Bed Table	
	IV poles	
	Bedside commode, all surfaces including legs and underside of container	
	Chairs	
	Closet doors and handles	
	Shelf	
	Bathroom door and handles both inside and outside	
	Shower/Tub including faucet handles and handrails where applicable	
	Toilet, all surfaces	
	Toilet handle	
	Toilet hand rail where applicable	
	Toilet paper holder	
	Sink, including faucet handles and faucet	
	Paper towel dispenser	
	Towel holder	
	Room door surface and handles both inside and outside	
	Floor, room and bathroom	
In addition, for Isolation Rooms:		
<ul style="list-style-type: none"> <li>• The sign for isolation will remain in place so environmental services staff can identify rooms that may require special personal protective equipment.</li> <li>• If the patient who was in the room has had C. Diff, the surfaces <b>must be cleaned with a bleach solution of 3 oz bleach in 1 gallon of water</b>, including the floor. White board will note B or BL by the rooms which require bleach for cleaning.</li> <li>• Upon completion of cleaning the room, the isolation sign should be removed, cleaned and returned to nursing.</li> </ul>		

## **Presbyterian Targets Zero with Pressure Ulcer Prevention Presbyterian Hospital**

**Presbyterian Hospital (Albuquerque)** and **Dan C. Trigg Hospital (Tucumcari)** have embarked on an initiative to reduce pressure ulcers. As fully committed members of the Institute for Healthcare Improvement (IHI) 5 Million Lives Campaign, Presbyterian had a goal to reduce the incidence of pressure ulcers, with a focus on “getting to zero.” A Process Excellence Project Team using Six Sigma process improvement DMAIC methodology (see box), focused on Dan C. Trigg and Presbyterian Hospital to implement first, with plans to spread it throughout the organization. Their efforts have made a difference; since initiation in October 2007, hospital acquired pressure ulcers have decreased by 54%! Jon Banks of Presbyterian’s Quality Institute described how the Pressure Ulcer Prevention Process Excellence project team made it happen.

“The keys to prevention include five standardized interventions identified using the Six Sigma tools and discussions with IHI mentor hospitals,” said Mr. Banks. Those interventions include:

1. Identification of the “at risk” patient through use of the Braden score, which triggers standardized interventions
2. Visual reminders (e.g. magnets on the door of patient rooms and blue pillow cases for “at risk” patients)
3. Standardized pressure redistribution surfaces throughout the organization
4. Availability of pillows for patient positioning (5 for each patient)
5. Use of “breathable” disposable pads for incontinence (eliminating linen pads which increase pressure and don’t wick moisture away).

In addition, all nursing staff received hands-on skills training on identification of risk factors, the Braden score and pressure ulcer staging. “Active senior leadership support has been the key to the team’s current success and remains essential for continued improvement,” added Mr. Banks.

For further information on this exciting initiative, please contact Brenda Gonzales at [brgonzal@phs.org](mailto:brgonzal@phs.org).

### **WHAT IS DMAIC??**

- **Define** process improvement goals that are consistent with customer demands and the enterprise strategy.
- **Measure** key aspects of the current process and collect relevant data.
- **Analyze** the data to verify cause-and-effect relationships. Determine what the relationships are, and attempt to ensure that all factors have been considered.
- **Improve** or optimize the process based upon data analysis using techniques like Design of Experiments.
- **Control** to ensure that any deviations from target are corrected before they result in defects. Set up pilot runs to establish process capability, move onto production, set up control mechanisms and continuously monitor the process.



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**ESPAÑOLA HOSPITAL'S EXECUTIVE WALKROUNDS**  
**Española Hospital**

While executive walkrounds vary in application, their use continues to grow as a method for improving the safety climate in institutions. **Espanola Hospital's** Chairman of the Board, Administrator, Nursing Director, and QA/PI Director implemented Patient Safety Walkrounds several months ago. They hope to improve communication with staff, increase awareness of safety issues, make safety a high priority for senior leadership, and to obtain and act on information from staff on safety issues. Brenda Romero, RN, Director of Nursing, offered advice to hospitals that have implemented similar initiatives: "It's important to keep focused on patient safety during these interviews. Many staff want to talk about other things that do not impact patient safety because leadership is present and listening. But the rounding has been great for the Chairman of the Board – it helps him clarify what the leadership priorities should be."

1. Were you able to care for your patients this week as safely as possible? if not, why?
2. Can you think of any events in the past few days that have resulted in harm to a patient?
3. Have there been any "near misses" that almost caused patient harm but didn't?
4. What aspect of the environment is likely to lead to the next patient harm?
5. When you make an error, do you always report it?
6. If you prevent/intercept an error, do you always report it?
7. If you make or report an error, are you concerned about personal consequences?
8. Do you know what happens to the information that you report?
9. Do you wash your hands prior to and after touching patients, their surroundings, and when exposed to blood/body fluids?
10. Do you encourage patients/families to also wash their hands?
11. Do patients and families voice any safety concerns?
12. Can you think of a time when your intervention prevented harm to a patient who would otherwise have been harmed by a system flaw?
13. Can you describe your unit's ability to work as a team?
14. What do you think this unit could do on a regular basis to improve safety?
15. What specific intervention from leadership would make the work you do safer for patients?
16. Is there anything we can do to prevent the next adverse event?
<b><i>The Safety Culture Survey indicated that there are specific areas of concern. Please share your thoughts about those areas in response to these questions</i></b>
1) When a patient safety issue happens on your unit, are you provided feedback about changes that are put into place?
2) When verbal order readback (and documentation) don't happen, what are the barriers? What percent of the time do you believe this occurs?
3) What goes well with shift change? Are there ways to improve it and make it safer?
4) Feedback from the Safety Culture Survey shows that employees have a concern that the hospital units do not coordinate or communicate well with each other. What specific interventions could improve this area of concern?
5) The Safety Culture Survey indicated we often work in a "crisis mode." How do you define "crisis mode," and why do you think we have not addressed the processes related to the crisis?
6) Are you able to question the decisions/actions of those in positions of greater authority?
7) Do you feel that managers are interested in safety? If no, why?
8) When you or a co-worker makes and reports an error, do you feel supported by managers?
9) Think of a day when things went really well on your unit, and describe what we can learn from that, and hardwire it.
10) What would make these executive Walkrounds more effective?

**In Harmony for Safe Care --- Team Work at UNM Hospital  
UNM Hospital**

*-an interview with Victoria Ortiz, RN, BSN, Infection Preventionist and MRSA Coordinator*

Victoria Ortiz has been a busy lady. As UNM Hospital's MRSA coordinator since October 2007, she was responsible for coordinating the education for the adult ICU staff for the MRSA Initiative roll out. She writes MRSA Initiative Updates for the UNMH adult ICUs, including swabbing compliance, MRSA positive patient percentages and MRSA transmission rates.

But there's a lot more to infection prevention than just educating the direct care providers. "Many of our Environmental Service (housekeeping) staff members were cleaning heavily contaminated patient rooms (after an isolation patient was discharged) without wearing the proper personal protective equipment. This indicated that an underlying communication problem existed. It also meant that the rooms were not being terminally cleaned" said Ms. Ortiz.

Ms. Ortiz went to several housekeeping staff meetings and asked them general questions about isolation precautions. She became acutely aware of the myths and the risks affecting housekeeping staff. An ER nurse suggested that she create an isolation precaution information guide for the Environmental Services staff.

"To protect our Environmental Service staff and our patients from multi-drug resistant organisms, we created the Terminal Cleaning Instructional Guide. It shows the different isolation signs, instructs them how to protect themselves when entering these rooms and how to clean the room with particular cleaners."

The housekeeping director was very much a supporter of this and appreciated the focus on his staff. Just before the final printing of the guide, the Chief Nursing Officer distributed the instruction guide to other managers in the hospital for additions and comments. Based on the initiative, she now sees housekeepers cleaning and protecting themselves according to established guidelines. They also feel empowered to keep others accountable for their hand hygiene and their gowning and gloving. "It gives me good ideas and it shows me how to control infections," said Pascuala Ramos, a member of the housekeeping staff. She plans to show the information brochure to clinical staff who are not gowning, gloving or washing their hands.

The best advice Victoria can give someone to be successful in a similar initiative?

"Invite yourself to departmental meetings and ask for 5 to 10 minutes to refresh your staff on isolation, hand hygiene, etc. Assess your staff's needs. What are they getting fired up about? Tap into that information and work with them to improve the process. Always listen to other people's ideas."

**Sample of UNMH's Cleaning Instructions Brochure – available in English and Spanish.**

## Terminal Cleaning Instructions

 <p><b>CONTACT PRECAUTIONS</b></p> <p><b>GLOVES &amp; GOWNS</b> UPON ENTERING ROOM <b>MANDATORY</b></p> <p><b>HAND HYGIENE:</b> Before &amp; After Contact</p> <p><b>CLEAN:</b> Equipment after every patient contact</p> <p><b>TRANSPORT:</b> Communicate to receiving unit</p> <p><b>USE SOAP AND WATER FOR HAND HYGIENE</b></p>	<p><b><u>Terminal Cleaning Instructions for Tan Contact Precautions (C-Diff) -</u></b></p> <p>Upon patient discharge, use 10% bleach solution and disinfect room by wiping down all horizontal surfaces, bed frames, mattresses, furniture, restrooms, showers, counter tops and sinks. <b>Clean the floors with Virex.</b> Cubicle curtains will be removed and laundered. The 10% bleach solution will be provided by your supervisor.</p> <p><b>DO NOT USE BLEACH WHILE THE PATIENT IS IN THE ROOM, USE BLEACH ONLY AFTER THE PATIENT HAS BEEN DISCHARGED.</b></p> <p>Always wear gown and gloves to clean the room. Remove gown and gloves before you leave the room and wash your hands with soap and water. <b>DO NOT USE THE ALCOHOL GEL TO CLEAN YOUR HANDS.</b></p> <p>When you are done cleaning the room, remove the sign from the door, wipe it clean and return it to the nursing station.</p>
 <p><b>AIRBORNE PRECAUTIONS</b></p> <p><b>N-95 RESPIRATOR</b> UPON ENTERING ROOM <b>MANDATORY</b></p> <p><b>HAND HYGIENE</b> Before &amp; After Contact</p> <p><b>TRANSPORT</b> Mask the patient (surgical mask)</p> <p><b>KEEP DOOR CLOSED</b> <b>Negative Air Flow Room</b></p> <p>UNM HOSPITALS Epidemiology</p>	<p><b><u>Terminal Cleaning Instructions for Airborne Precautions -</u></b></p> <p>Upon patient discharge, disinfect room by wiping down all horizontal surfaces, bed frames, mattresses, furniture, restrooms, showers, counter tops, sinks and floors using a Virex solution. Cubicle curtains will be removed and laundered.</p> <p><b>Wear an N-95 respirator mask while cleaning the room and keep the door shut even if the patient is gone. Keep the mask on while you are in the room. Remove the mask only when you are outside of the patient's room.</b></p> <p>When you are done cleaning the room, remove the sign from the door, wipe it clean and return it to the nursing station.</p>
 <p><b>DROPLET PRECAUTIONS</b></p> <p><b>SURGICAL MASK</b> UPON ENTERING ROOM <b>MANDATORY</b></p> <p><b>HAND HYGIENE</b> Before &amp; After Contact</p> <p><b>TRANSPORT</b> Mask the Patient (Surgical mask)</p> <p><b>KEEP DOOR CLOSED</b></p> <p>UNM HOSPITALS Epidemiology</p>	<p><b><u>Terminal Cleaning Instructions for Droplet Precautions -</u></b></p> <p>Upon patient discharge, disinfect room by wiping down all horizontal surfaces, bed frames, mattresses, furniture, restrooms, showers, counter tops, sinks and floors using a Virex solution. Cubicle curtains will be removed and laundered.</p> <p>If the patient has been discharged, you DO NOT need to wear a mask to clean the room.</p> <p><b>If the patient has NOT been discharged yet, please wear a surgical mask in the room. Keep the mask on while you are in the room. Remove the mask only when you are outside of the patient's room.</b></p> <p>When you are done cleaning the room, remove the sign from the door, wipe it clean and return it to the nursing station.</p>



**New Mexico  
Hospital Association**

Compendium of Patient Safety Best Practices New Mexico

**Press Ganey Releases Culture of Safety Report  
Española Hospital**

Successes at ***Española Hospital*** are highlighted in the above-mentioned Press- Ganey report. Based on recommendations from their consultant, the hospital implemented a new error reporting system that guaranteed anonymity for the person reporting. Error reports are reviewed and then referred to the appropriate manager for further investigation and follow-up. Before the new system, errors were kept in confidence, but now the hospital believes that errors must be shared along with their cause, according to Brenda Romero, Española's chief nursing officer. She says that the important element is not the process but the conversations with staff, engaging their thought process related to patient safety and letting them feel that their concerns are heard. Romero often goes out of her way to thank her staff for keeping patient safety in the forefront of their minds.



### **Heart Hospital of New Mexico**

#### **Bedside Report – A Safe Method for Providing Patient Care**

**-An interview with Sandy Miller, Performance Improvement/Risk Management Analyst and Sharon Kelly, PCU Director, Heart Hospital of New Mexico (HHNM)**

Because patient turnover is much more rapid in hospitals today, report accuracy can be challenging. There are many articles that discuss risks of jeopardizing patient safety through errors and omissions of critical information during handoff.

According to The Joint Commission database, communication errors account for more than 70% of sentinel events (jcrinc.com). As HHNM constantly seeks to provide safe and clinically excellent care, they have joined with many well respected hospitals nationwide in an effort to improve communication between nurses, patients and their families by implementing nurse-to-nurse bedside shift report. Initially, HHNM nurses were anxious about discussing patient care issues in front of patients but they are making this positive step toward providing better communication.

#### ***How did you start this innovative bedside reporting method?***

A Kardex begins the process by providing the nurse a synopsis of the patient's assessment, resuscitation status, nutrition, activity, current orders for diagnostic tests, treatments, IV access, fluids, consultations, and a documentation area for ongoing patient status. The nurses use the Kardex details to aid bedside report recall so they remember and relay pertinent details related to the patient's care and can readily supply answers to questions the oncoming nurse or patient may have. Together, the nurses check IV, fluids, dressings, and the patient. This decreases the number of "surprises" found when the oncoming nurse goes in to assess the patient following a typical report process. Ruth Hansten, RN, PhD, MBA, FACHE, principal consultant, Hansten Healthcare PLLC, worked with more than 150 hospitals to standardize their change of shift process. She states that bedside shift report "improves intershift relationships that are sometimes rocky" (news.nurse.com). Patients take an active role when they have an opportunity to meet their caregivers and discuss concerns -- pain, plan of care, etc. Because the off-going nurse introduces the on-coming nurse, the patient is less anxious.

#### ***What's next?***

Because this is such an extreme change in how nurses have previously given report and they know it can be a challenge, they are taking things slowly. Right now, the nurses are only performing the Kardex portion of their report at bedside. As the comfort levels improve, they should progress to performing the entire report at bedside.

Working together as a team, in concert with the patient, they expect to see improved patient satisfaction because the patient gets an opportunity to:

- receive updates on their condition
- take an active role in future goals related to their hospital stay.

Other facilities already giving bedside report have found:

- decreased call light usage
- decreased fall rates
- decreased overtime due to better communication among caregivers
- improved overall satisfaction.

An anonymous survey has been created to obtain suggestions for improvement and gain acceptance of the bedside reporting practice. They are looking forward to witnessing slow, steady, and sure progress with their goal keenly within their sight.

**HealthSouth Sees “Stars” With Hand Washing Compliance  
HealthSouth Rehabilitation Hospital of Albuquerque**

***--An interview with Sandra LaPointe, Infection Control Practitioner, HealthSouth Rehabilitation Hospital of Albuquerque.***

On a busy day at HealthSouth, Sandra takes the time to showcase her success with hand washing compliance. Prior to joining the statewide MRSA Collaborative in 2008, the hospital's compliance was 60-70%. One of her initiatives with the Collaborative was to improve compliance with hand washing. Her goal: 100%.

***What did they do to make it happen?***

One of the first things she did was ban the use of artificial nails for ANY direct patient care provider. She then created laminated STARS that were placed above sinks used for hand washing. The stars have instructions for hand washing as well as *Centers for Disease Control and Prevention (CDC) Guidelines and Facts* (12 different factoids) printed on them for everyone to read. Each factoid takes about 20 seconds to read – the amount of time recommended for proper hand washing. So not only do caregivers demonstrate proper hand washing, they also get educated at the same time.

***Results?***

Hand washing compliance has increased to 86% as of last month. She has different “mystery shoppers” watch 5-10 people every shift to measure compliance – even Sylvia Kelly, the CEO, takes her turn observing hand washing. They have not yet reached their goal, but are excited about the increase.

***What kind of support is needed for this initiative?***

Sandra believes that buy-in from the staff – whether it's direct care providers, Plant Ops, Environmental Services or Central Supply – is imperative to success. She does a lot of “hands-on” education, particularly during new hire orientation and the Annual Safety Fair. She has clarified departmental accountability for who cleans what (e.g. Pharmacy is now responsible for washing the medication dispensers), and often uses “Glo-Germ” to augment staff awareness of importance of proper hand hygiene. HealthSouth has also instituted mandatory Infection Prevention meetings every 6 months. She also credits the hospital leadership for supporting the costs of the preventive measures and the ongoing mandatory education.

