Hospital Patient Safety News

Winter 2012

www.ipro.org

A Newsletter for Hospital Staff Participating in IPRO's Patient Safety Initiative

Welcome to the Winter 2012 quarterly issue of IPRO's *Hospital Patient Safety News.* In this newsletter, we present information on upcoming events, articles of interest and educational resources related to the Centers for Medicare & Medicaid Services (CMS) Healthcare Associated Infections (HAI) Prevention Initiative. If you have a best practice, tools, or resources that you would like for us to feature in a future issue, please forward the information to Teré Dickson, MD, MPH at tdickson@nyqio.sdps.org. Subscriptions to this newsletter can be requested by email to Susan Ulmer at sulmer@nyqio.sdps.org.

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News You Can Use

The Agency for Healthcare Research and Quality (AHRQ) Awards $34 Million to Expand Fight Against Healthcare-Associated Infections

Nov. 2. AHRQ announced that it has awarded $34 million in fiscal year 2011 for grants and contracts to hospitals, academic medical institutions, and health care research organizations to expand the fight against healthcare-associated infections (HAIs). These awards will fund projects to develop, test and spread the use of new modules of the Comprehensive Unit-based Safety Program (CUSP), a proven method to prevent and reduce HAIs. Since 2008, AHRQ has promoted the nationwide adoption of CUSP to reduce central line-associated blood stream infections (CLABSIs). The new modules target three additional types of infections:

- Catheter-associated urinary tract infections,
- Surgical site infections, and
- Ventilator-associated pneumonia.

Other projects recently funded by AHRQ include: research to identify ways to reduce infections from methicillin-resistant *Staphylococcus aureus* (MRSA), and from *Clostridium difficile;* use of healthcare facility design to reduce HAIs; and alignment of work system factors to maximize and sustain successful HAI reduction efforts.

A new 36-month project will synthesize the results of AHRQ-funded HAI projects in fiscal years 2007-2010 in order to identify and promote effective HAI prevention approaches and to identify gaps in the science base that can be filled with additional research. AHRQ is also continuing to fund research on HAIs in long-term care, dialysis facilities and ambulatory care settings. For a complete list of the projects funded in fiscal year 2011, go to: www.ahrq.gov/qual/haify11.htm.

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Quality Improvement Organizations
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News You Can Use

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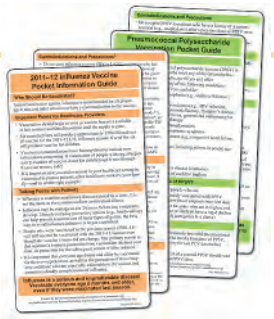
Health Officials Urge Americans to Receive Influenza Vaccine Before Flu Season

On Dec. 19, ThirdAge.com reported that in observance of National Influenza Vaccine Week, the U.S. Department of Health and Human Services (DHHS) is urging Americans to receive an influenza vaccination prior to flu season in January and February. Howard Koh, MD, MPH, Assistant Secretary for Health at DHHS, said, "Flu vaccination is the essence of prevention, and prevention is the essence of public health." Dr. Koh also explained that five to 20 percent of Americans are infected each year, and more than 200,000 may be hospitalized. The flu shot is particularly important for the most at-risk populations, including seniors and people with health conditions like diabetes and cardiovascular disease. A spokesperson for the Centers for Disease Control and Prevention (CDC) said, "We hope people will be able to find flu vaccine easily in the weeks ahead, but we hope you can act soon. The supply of flu vaccine this time of the year is pretty much fixed, and the vaccine will likely become harder to find and get." Read more: www.thirdage.com/news/influenza-vaccine-pushed-by-health-officials_12-19-2011

Bulk Quantities of the 2011-12 Influenza Vaccine Pocket Guides and PPSV Pocket Guides Available FREE from the National Influenza Vaccine Summit



Place your order at www.preventinfluenza.org/pocketguides. There is no cost for the pocket guides, shipping, or handling within the U.S. If you have questions, email admininfo@immunize.org.

Patient Engagement Key to Reducing Medical Errors, HAIs and Hospital Readmissions

On Nov. 18, *Healthcare Finance* News reported that patient engagement is essential for achieving reductions in medical errors, healthcare-associated infections and hospital readmissions, according to a patient safety webinar hosted by the National Priorities Partnership. Guest speaker Donald Berwick, MD, MPP, former administrator of the Centers for Medicare & Medicaid Services, discussed the Partnership for Patients and the importance of translating commitment into action. "Thousands have pledged themselves to the Partnership for Patients' ambitious goals", Berwick said. "It's about actually protecting people really day to day, hour to hour, when they're in the hands of the healthcare system." Other webinar participants emphasized the importance of getting patients in front of executives and boards to share their stories. Read more: www.healthcarefinancenews.com/news/save-millions-and-improve-care-patient-engagement-needed.

Medicare Publishes Patient Safety Ratings For Hospitals on Hospital Compare

On Oct. 17, *Kaiser Health News* reported that Medicare has begun publishing patient safety ratings for thousands of hospitals on its Hospital Compare website. The published ratings are the first step toward paying less to institutions with high rates of surgical complications, infections, mishaps and potentially avoidable deaths. To rate hospitals, Medicare is comparing them to the national rates for medical complications and hospital associated conditions. Over time, hospitals with the lowest quality measures will be at risk of losing up to two percent of their regular Medicare reimbursements under the new health law. Visit Hospital Compare: www.hospitalcompare.hhs.gov. Read more: www.kaiserhealthnews.org/Stories/2011/October/17/Medicare-Releases-Patient-Safety-Ratings-For-Hospitals.aspx.

Patient Corner

AHRQ - "Questions Are the Answer"

In September, 2011, the Agency for Healthcare Research and Quality (AHRQ) launched a new, campaign, "Questions Are the Answer," to promote better communication between clinicians and their patients. The initiative seeks to reinforce the importance of effective two-way communication as a key to patient compliance, safer care, and better outcomes. "Questions Are the Answer" is featured on the AHRQ website, www.ahrq.gov/questions, with tools and resources including an interactive question builder tool, a brochure with suggestions for how patients should prepare for medical visits and notepads to help prioritize questions. The site also includes a series of short videos in which patients and clinicians share why it's important to encourage open dialog and offer ways to help patients to become more actively involved in their healthcare.

CUSP Corner

The Comprehensive Unit-based Safety Program (CUSP) offers a variety of tools and techniques to help clinical teams identify and resolve patient safety issues at the unit level. The five-step program features a structured strategic framework for safety improvement that also empowers staff to take charge and address identified safety hazards. To learn more about CUSP visit: www.onthecuspstophai.org/about-us/project-background. There is a wealth of information on the CUSP website, including a schedule of monthly national conference calls. Details including speakers and call-in information are available at www.onthecuspstophai.org/stop-bsi/learning-sessions/national-content-and-supplemental-calls/.

Team-Building Activity

A Token of Appreciation

In a busy and complex work environment, staff often does not receive acknowledgement or feedback for good performance and positive contributions to the workplace. This can affect morale and the willingness to work together as a unified team. This exercise can help CUSP leaders encourage more positive feedback and inspire awareness among team members that their hard work is recognized by their fellow co-workers.

Prior to your next team meeting, the CUSP team leader should create a list of team members to pair up for this exercise. Make sure to pair members with different job titles and placement in the organizational hierarchy and avoid pairing those who have a working friendship.

This exercise should take about 15-20 minutes. At the meeting, explain that the objective of the exercise is to encourage team members to feel more comfortable with one another and to address each other directly through an encouraging interaction.

Instruct CUSP team members to sit for five minutes in their assigned pairs and discuss positive characteristics that they've noted about each others' work on the unit. These characteristics may relate interactions with other staff and administrators or with patients, suggestions they've made for making their work more efficient, or any positive contribution that they made to the operation of the unit.

After the five minute discussion ask the group to reconvene, and request that each paired team share a one-minute summary of their discussion.

A note-taker should record the key descriptive words or characteristics that are reported by each paired team. For example, "team player," "leader," "inventive" or "caring". The leader will then read aloud their notes as an overall description of the CUSP team. At the conclusion, the CUSP leader should lead a 5–10 minute discussion with the group comparing their feelings about working with the team before the exercise started with how they felt after hearing the positive aspects that others have noticed. If the interaction had a positive influence then encourage the group to pass it along by remembering to give positive feedback to other co-workers on the unit. By the end of this exercise, CUSP team members may feel more inclined to share their feedback because of the encouragement they received during this session.

Other icebreakers can be found at www.residentassistant.com/games/teambuilders/whatyoudontknow.htm; http://wilderdom.com/games/Icebreakers.html; and www.group-games.com.

Inspiring Healthcare Executives

No Satisfaction at Toyota

Healthcare systems can draw from lessons in safety and quality improvement efforts in other fields. Industries such as airline transportation and automotive manufacturing provide great examples on improving systems to operate more efficiently and prevent catastrophic outcomes. Toyota has provided not only a model for other car companies but also for hospital centers looking for a systematic approach to patient safety and quality improvement. *Fast Company* featured Toyota's approach to systems improvement in their December 2006/January 2007 issue. Toyota is known for their continuous search for ways to make their factories more efficient. Toyota management routinely gathers input from staff to discover redundancies and ways to reduce waste and increase productivity. What's different about Toyota's process is that their goal is not how to make cars but to seek out better ways to make cars. The process has become just as important as the product. Toyota's continuous improvement strategies have helped to keep factories open in difficult economic times, stay ahead of their competitors, and offer competitive wage and benefit packages for their employees. Among tools such as daily work-group meetings, a written suggestion program, and problem-solving teams, Toyota's philosophy is that understanding the current way of making cars is the start to making improvements in the process. Once an intervention has proved successful it becomes a standardized part of their work design and deployed to other assembly plants. Read more at: www.fastcompany.com/magazine/111/open_no-satisfaction.html.

Five Steps of CUSP

1. Educate staff on the Science of Safety
2. Identify defects in the system
3. Assign an executive to adopt unit
4. Learn from one defect per specified time period
5. Implement teamwork tools

Small Steps to Success

Electronic Monitoring System Boosts Handwashing Rates

North Shore University Hospital in Manhasset was featured in the *New York Times Opinionator* online commentary on November 24, 2011 for its efforts to improve hand hygiene rates among intensive care unit staff. North Shore University Hospital uses a video monitoring system with cameras that are capturing hand hygiene activity at the sinks and hand sanitizer dispensers just inside and outside patient rooms. A motion sensor above each doorway tracks when someone enters or leaves the room—anyone passing through a door has 10 seconds to clean their hands with soap and water or an alcohol-based hand gel. Third party Remote Video Auditing (RVA) staff at a remote location evaluates the recorded video and enters the pass or fail score into a web-based computation program. The results of the hand hygiene audits are reported to managers via electronic-mail to the nurse manager with detailed information about the hand hygiene rates three hours into the shift and again at the end of the shift.

Light Emitted Diode (LED) boards post real-time hand-hygiene compliance rates, providing staff with instant feedback on how well they are doing during their shift and provide positive encouragement if their target goal is reached—>90% Great Shift!!! The monitoring system was implemented three years ago and showed initial compliance rates of ~6.5% compared to rates of ~60% as measured by their internal auditing method using secret observers. Today, their units achieve rates higher than 85%. The *New York Times* article is posted on http://opinionator.blogs.nytimes.com/2011/11/24/an-electronic-eye-on-hospital-hand-washing/?scp=1&sq=hospital%20electronic%20video%20hand%20washing&st=cse. The abstract of their study on the use of the video system published in Clinical Infectious Diseases, November 21, 2011 can be viewed here: http://cid.oxfordjournals.org/content/early/2011/11/18/cid.cir773.abstract.

Hospital Patient Safety News welcomes stories from our readers. If you have a success story you would like to share in our newsletter, please contact Teré Dickson, MD, MPH at tdickson@nyqio.sdps.org.

Quality Improvement Organizations
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Medicare Quality Improvement Program

The Medicare Quality Improvement Organization (QIO) Program—the largest federal program dedicated to improving health quality at the community level—unites QIOs in every state and territory in a national network of healthcare quality improvement experts, led by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Hospitals, participating in the QIO program's healthcare-associated infection (HAI) initiative are part of a national effort focused on reducing HAI rates by 50%. The initiative seeks to reduce central line-associated blood stream and catheter-associated urinary tract infections as well as *Clostridium difficile* and surgical site infections.

As the QIO for New York State, IPRO is supporting your hospital's efforts by providing:

- technical assistance for reporting HAI data,
- opportunities for peer-to-peer learning through statewide Learning and Action Network meetings (LAN),
- access to and training on evidence-based tools such as the central line insertion practices (CLIP) adherence monitoring checklist,
- support for rapid-cycle improvement, and
- strategies for spreading success within your hospital.

For more information on the QIO Program, please visit: https://www.cms.gov/QualityImprovementOrgs or www.ipro.org.

Healthcare Associated Infections and Patient Safety Research

Clancy, C.M. (2011). "New research highlights the role of patient safety culture and safer care." *Journal of Nursing Care Quality* 26(3), pp. 193-196. Reprints (AHRQ Publication No. 11-R070) are available from the AHRQ Publications Clearinghouse.

Assessing an organization's patient safety culture remains a critical first step for health care organizations of all sizes. Organizations such as the Agency for Healthcare Research and Quality and Johns Hopkins University have led the field in developing surveys that help organizations measure their patient safety culture. Other related efforts include the Keystone Project effort to reduce central line-associated bloodstream infections and the comprehensive unit-based safety program that works with providers to improve safety.

Flanagan, M.E., Welsh, C.A., Kiess, C., and others (2011, June). "A national collaborative for reducing health care-associated infections: Current initiatives, challenges, and opportunities." (Contract No. 290-06-000131). *American Journal of Infection Control,* pp. 1-5.

The authors characterize the current state of hospital-associated infection (HAI) reduction initiatives in 33 hospitals participating in a national HAI collaborative. They describe the types of HAI reduction initiatives and reasons that some hospitals are not implementing HAI initiatives. Improving hand hygiene was the most frequently mentioned HAI reduction initiative implemented in the previous year.

Garman, A.N., McAlearney, A.S., Harrison, M.I., and others (2011). "High-performance work systems in health care management, part 1: Development of an evidence-informed model." *Health Care Management Review* 36(3), pp. 201-213. Reprints (AHRQ Publication No. 11-R065) are available from the AHRQ Publications Clearinghouse .

High-performance work practices (HPWPs) can be defined as a set of practices within an organization that enhance organizational outcomes by improving the quality and effectiveness of employee performance. The authors examined the potential of HPWPs to support these objectives in health-care settings. They developed a conceptual model showing how HPWPs theoretically relate to one another as a set of practices and how this set of practices facilitates improved organizational quality and efficiency.

Lipitz-Snyderman, A., Needham, D.M., Colantuoni, E., and others (2011, May). "The ability of intensive care units to maintain zero central line-associated bloodstream infections." (AHRQ grant HS14246). *Archives of Internal Medicine* 171(9), pp. 856-858.

The objective of this study was to explore and quantify the ability of intensive care units (ICUs) to sustain zero central line-associated bloodstream infections (CLABSIs). Among the 80 ICUs in the Michigan Keystone ICU Project, sixty percent sustained zero CLABSIs for 12 months and 26 percent for 24 months or longer.

McAlearney, A.S., Garman, A.N., Song, P.H., and others (2011). "High-performance work systems in health care management, part 2: Qualitative evidence from five case studies." *Health Care Management Review* 36(3), pp. 214-226. Reprints (AHRQ Publication No. 11-R066) are available from the AHRQ Publications Clearinghouse.

The authors seek to improve their understanding of high-performance work practice (HPWP) use in health care through case studies of five high-performing U.S. health care organizations. All organizations reported emphasis on all four HPWP subsystems: engagement; staff acquisition/development; frontline empowerment; and leadership alignment/development. All five organizations also reported links between HPWPs and employee outcomes (turnover and higher satisfaction/engagement).

Rattanaumpawan, P., Tolomeo, P., Bilker, W.B., and others. (2011). "Risk factors for fluoroquinolone resistance in Enterococcus urinary tract infections in hospitalized patients." (AHRQ grant 10399). *Epidemiology of Infection* 139, pp. 955-961.

This study is the first study specifically designed to identify risk factors for fluoroquinolone (FQ) resistance in healthcare-acquired urinary tract infections. It found that independent risk factors for FQ resistance included cardiovascular diseases; hospitalization within the past 2 weeks; hospitalization on a medicine service; and recent exposure to beta-lactamase inhibitors, extended spectrum cephalosporins, FQs, and clindamycin.

Taylor, S.L., Dy, S., Foy, R., and others. (2011). "What context features might be important determinants of the effectiveness of patient safety practice interventions?" (AHRQ Contract No. 290-09-1001). *BMJ Quality and Safety* 20, pp. 611-617.

In order to identify which contextual factors are likely to have the most relevance to and impact on a diverse range of patient safety practices, the authors used an iterative process of formal group discussions with a 22-member technical expert panel. The panel identified four broad domains of contextual features important to patient safety practice implementations: safety

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Healthcare Associated Infections and Patient Safety Research

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culture, teamwork and leadership involvement, structural organizational characteristics, external factors, and availability of implementation and management tools

Weingart, S.N., Zhu, J., Chiapetta, L., and others (2011). "Hospitalized patients' participation and its impact on quality of care and patient safety." (AHRQ grant HS17950). *International Journal for Quality in Health Care* 23(30), pp. 269-277.

The researchers examined the nature and extent of patient participation and its impact on care by conducting a multi-faceted study of patient safety in U.S. acute care hospitals. They found that most hospitalized patients participated in some aspects of their care, such as assessment of overall quality of care and the presence of adverse events. Participation was strongly correlated with favorable judgments about hospital quality and reduced the risk of experiencing an adverse event.

Welsh, C.A., Flanagan, M.E., Hoke, S.C., and others. (2011). "Reducing health care-associated infections (HAIs): Lessons learned from a national collaborative of regional HAI programs." (AHRQ Contract No. 290-06-0001). *American Journal of Infection Control,* pp. 1-8.

In 2007, the Agency for Healthcare Research and Quality (AHRQ) created the AHRQ Healthcare-Associated Infections (HAI) initiative, which funded five regional collaboratives. These collaboratives consisted of 33 hospitals with a range of hospital types and geographic locations. This article summarizes the successes, challenges, and lessons learned that were common to these collaboratives.

Upcoming Events

IPRO WebEx Schedule

Tuesday, February 14: **CLABSI Maintenance Bundle**

Tuesday, March 13: **Foley Usage Reduction**

Monday, April 9: **CUSP Town Hall Meeting**

Learning and Action Network Meeting

April: Date and Location to Be Announced

Conferences of Interest

March 1-7: **Patient Safety Executive Development Program**
Institute for Healthcare Improvement, Cambridge, MA
www.ihi.org/offerings/Training/PatientSafetyExecutive/2012MarchPatientSafetyExecutive/Pages/default.aspx?utm_source=web&utm_medium=internal&utm_campaign=patientsafetymarch12hp

March 22-23: **From Insights to Outcomes-Getting Results!** 2nd Annual Emergency Care Patient Safety Summit
Emergency Medicine Patient Safety Foundation, San Antonio, TX
www.empsf.org

March 24-29: **Influence Safe periOperative Practice** 59th Annual Congress
AORN (Assoc. of periOperative Registered Nurses), New Orleans, LA
www.aorncongress.org

April 13-16: **Advancing Healthcare Epidemiology and Antimicrobial Stewardship**
The Society for Healthcare Epidemiologists of America (SHEA), Jacksonville, FL
http://shea2012.org

May 15-18: **11th Annual Lean Six Sigma and Process Improvement in Healthcare Summit 2012**
WCBF, New Orleans, LA
www.wcbf.com/quality/5109

June 4-6: **Infection Prevention: Improving Outcomes, Saving Lives**
39th Annual Educational Conference & International Meeting
Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) , San Antonio, TX
http://ac2012.site.apic.rg

About IPRO

Through its work as the Medicare Quality Improvement Organization for New York State, IPRO targets the quality of healthcare provided to the State's more than three million Medicare beneficiaries. A not-for-profit, independent organization, IPRO supports providers across the state with evidence-based, clinical interventions and objective expertise to improve healthcare processes and patient care.

For more information about IPRO, please visit www.ipro.org.

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