



# Patient Safety for Trustees & CEOs

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## Staying Focused on Quality is Essential

*By Leo Greenawalt, WSHA president and chief executive officer*

We have long felt good about the quality of care that we provide in Washington State, and with good reason.

Quality did not come automatically; it was earned through hard work and collaboration between care providers and hospitals. Hospital boards and CEOs across the state provided the focus, leadership, and resources needed to do the right thing.

Interestingly, most of the major changes that allowed us to move forward in quality were initially met with resistance. Hospitals spent years fighting over quality measurement, transparency, and evidence-based or “cookbook” medicine.

These concerns proved to be largely unfounded.

Instead, we found that measuring quality drives change, transparency accelerates improvement, and patients have the right to receive what we know is the best care through the medical evidence. Finally, we learned our care providers cannot remember everything and checklists are vital.

As we look to the future perhaps we can learn from the past as we determine what we should embrace and what we need to fear.

### Embracing and preparing for the future:

- We certainly cannot expect to be paid for services when we are not providing the right care, at the right time, to the right patient.
- We should not expect to be paid for services even when it was the right care, but the patient was harmed in the process.
- Accountability is moving from simple actions such as giving aspirin to the examination of holistic outcomes.
- Even though the technology is still struggling, the reality is our payment and quality measures will be based on our electronic systems. It's critical that we work to get these systems ready.
- Perhaps inevitably, the public and financial accountability of medical centers and boards will evolve and change as care is provided in many settings. This is likely to extend outside the walls of the hospitals to the quality of care provided in physician offices, skilled nursing homes, and home health.
- We will be held accountable to some extent for the quality of other medical providers in our region; the thought is that care should be coordinated to provide the right outcomes for patients.



### The challenges ahead:

As I look towards the future, there is the potential for a widening gap between those hospitals that have figured out how to deliver high quality care and those that have not. This gap will become increasingly apparent. For board members and CEOs quality should always be the top strategy. Into the future, it is an area that will increasingly determine the outcome of your operations and one we cannot afford to ignore, even for a moment.

As Thomas Jefferson once said, “I like the dreams of the future better than the history of the past.” There is no doubt there are challenges ahead, but this is an exciting time to be in health care.

Things are moving in a big way. We have the opportunity to join in debate about how these changes will be implemented. Knowing our history, I'm betting Washington's health care leaders will be at the front of the pack.

**As board members and CEOs, quality should always be the top strategy.**

# Making Strides to Eliminate Health Care Associated Infections

## Leadership Support Lands Results

UW Medicine's top leadership is targeting health care-associated infections (HAI). The system incorporates three unique hospitals with varied patient populations and risks for infections. Despite these differences, UW Medical Center (UWMC), Harborview Medical Center and Northwest Hospital & Medical Center are succeeding at reducing infection rates. Staff point to support from board members and senior leadership as key to their success.

*"The goal to get as close to zero as we possibly can is coming from the highest levels," said Estella Whimbey, MD, and UWMC associate medical director who oversees hospital infection control.*

A year ago, UWMC set an audacious goal: reduce health care-associated infections (HAI) by 50 percent. Recently, they celebrated success, coming within just a few percentage points of reaching the goal, with a 46 percent reduction in central line infections.

*"It was a very ambitious goal and in one year what has been accomplished is just awesome," said Whimbey. "Next year, we are hoping to decrease rates by another 50 percent."*

Harborview has also achieved a 50 percent decrease in the number of patients with hospital-acquired MRSA and ventilator-associated pneumonia between 2007 and 2009. That drop comes despite a patient population uniquely prone to infections.

*"While our patients may be at an increased risk for infection due to the nature of their injuries, we can still reduce infections by doing everything we know we should be doing with every patient," said Tim Dellit, MD, medical director and head of infection control at Harborview Medical Center. "Our board sets that expectation and the accountability."*

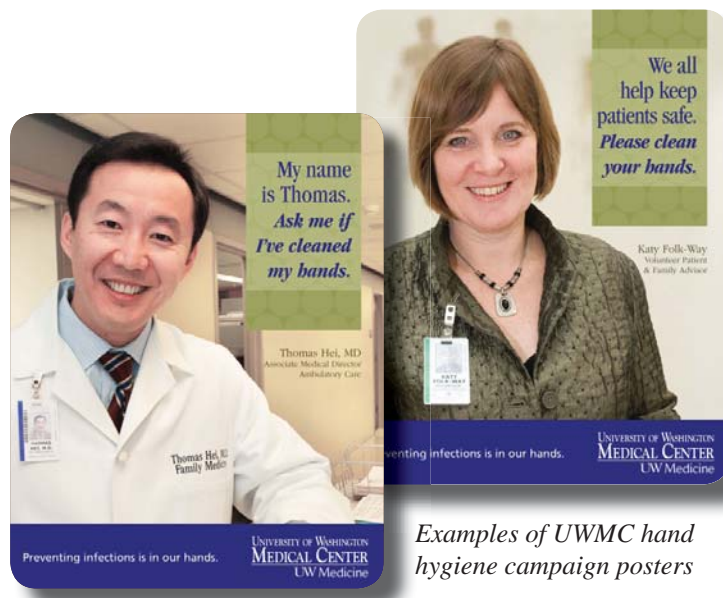
### Aligning across the system

UW Medicine is working to coordinate infection prevention efforts across hospitals and is now examining infection rates at the system level to further drive alignment. The primary focus is on four significant infections: central

line-associated bloodstream infections, MRSA, ventilator-associated pneumonia, and catheter-associated urinary tract infections.

Based on the patient population, Harborview is also focusing on *Acinetobacter baumannii* (a bacteria resistant to most antibiotics), while UWMC is monitoring respiratory viruses. These sentinel infections were selected knowing efforts to reduce these infections would also reduce other infections.

One big coordinated step UW Medicine has taken to wipe out central line infections is a standardized education and training program for central line catheters.



Examples of UWMC hand hygiene campaign posters



### Focusing on the Basics

Hand hygiene is the underlying focus of the entire HAI project at UW Medicine. To reduce infections, the organization emphasizes standard infection control processes—washing hands, gel in/gel out and posting signs throughout the medical centers encouraging patients to ask providers if they've washed their hands.

By June 2010, UWMC reached an overall hand hygiene compliance rate of 99 percent. The organization breaks down hand hygiene reports by position, creating an opportunity for peer competition. Harborview and UWMC are both past winners of the Best Hands on Care Award.

**Questions for the board:** *How does your organization monitor hand hygiene? Are you participating in this year's Best Hands on Care hand hygiene competition?*

Washington hospitals have set a goal of eliminating health care associated infections statewide by 2012. In this issue, two health care organizations, UW Medicine and Seattle Children's, share strategies for achieving this goal.

Two critical keys to success: governing board goal setting, followed by material support.

## UW Medicine (continued)

As of July 1, all providers, residents, and faculty were required to complete an online education module and simulation lab to ensure everyone was inserting these catheters in the same way using the central line bundle of best practices. If the training was not completed, the individual would not be allowed to perform the procedure.

UW Medicine is now developing additional training modules for nurses and providers on how to maintain the lines to prevent infection.

### Leadership involvement

UWMC has created prevention teams to tackle each infection. Each team is multi-disciplinary, incorporating administrative leadership, nurses, physicians,

and front line staff workers. Harborview has developed a similar multi-disciplinary team that originally targeted reduction of *Acinetobacter*. The team has been extended to tackle other HAI such as MRSA through the same process of incorporating all members of the care team involved with the patient.

Facility and system leaders use a regular feedback loop to monitor the progress on each infection. UWMC provides monthly team reports to the central infection breakthrough goal leadership group. High level executive leaders and board members, regularly participate in the meetings along with a patient representative.

On a weekly basis, patient safety officers send a 'harm' report for sentinel infections to each unit and to system leadership.

*"Our leaders are passionately concerned if there's a number other than zero on those reports and that passion is important," Whimbey said. "They have not only lent the moral support and the determination that this was going to happen, but also provided the resources – that has been crucial."*

Anytime there is a HAI at any hospital within the UW Medicine health system, the teams on the unit where the infection occurred perform an intensive case review to determine what could have been done differently.

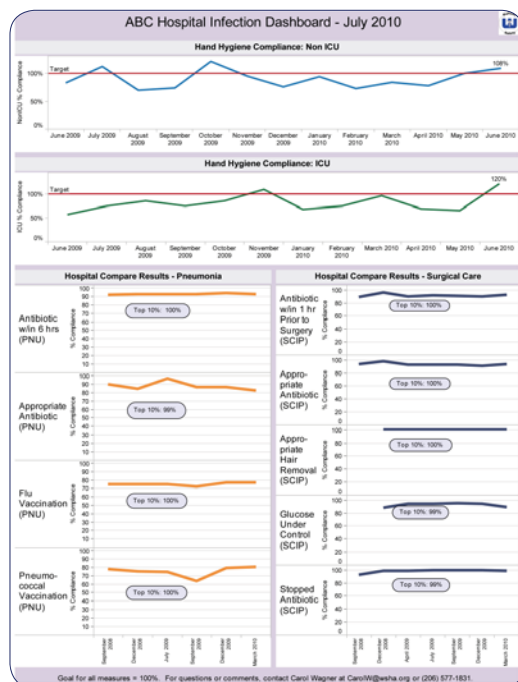
*"It also makes the case real for the teams," said Dellit. "They attach a name and a person to that infection. Staff go from thinking about a number to thinking about the individual patient and the impact this had on everyone on the team, the patient and family members."*

## Tracking Tool: The Hospital Acquired Infection Dashboard

To the right are samples of WSHA's Health Care Acquired Infection Dashboard. The dashboard provides a comprehensive look at process measures and infection rates.

The dashboards will be on display during the January 10, 2012 event celebrating the achievement of zero hospital acquired infections in Washington State. Please save the date!

Copies of the dashboard for your organization are available. Contact Ken Rudberg at [kenr@wsa.org](mailto:kenr@wsa.org) or (206) 577-1851.



**Have a best practice to share?** Contact Beth Zborowski at [bethz@wsa.org](mailto:bethz@wsa.org) or (206) 577-1807.

# Transparency: A Powerful Tool to Reduce Infections

Seattle Children's has used infection rate data to protect patients and drive the prevention of hospital acquired infections for more than two decades.

*"We're intensifying our infection prevention efforts and becoming a lot more transparent with our data," said Joan Heath, Infection Prevention Director. "Increasing transparency has increased everyone's involvement in preventing infections, even our families."*

From the beginning, Seattle Children's recognized the value of sharing infection rates and reports with hospital leadership. Initially, reports were distributed to a small group of leaders, including hospital administration and unit leadership. Slowly, the transparency evolved to include all health care workers and now even patients and their families.

Seattle Children's has embraced a culture of transparency as part of its effort to eliminate infections.

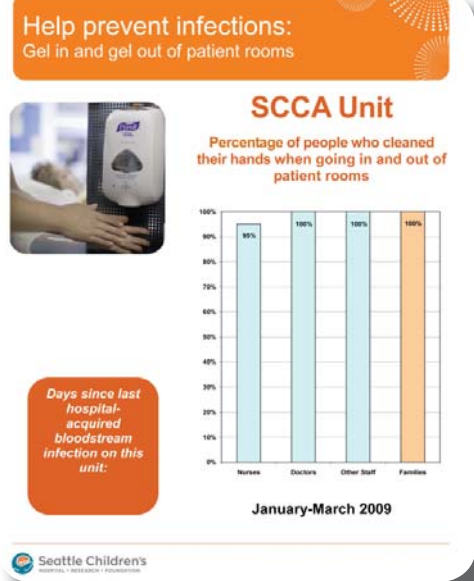
*"The public is becoming very well educated about hospital acquired infections and they want to know that the hospitals where they are receiving care are committed to preventing infections," Heath said. "Sharing data can help them have confidence in the work you are doing."*

The role board members and hospital administrators play in infection prevention has also changed over time from one of oversight and support to one of action. Quality staff members meet more frequently with board members and provide detailed education about current issues. Armed with this knowledge, the board sets goals and determines the direction for quality and patient safety efforts.

*"The board really identifies the important issues at Children's. They look at our data, then set the goals and challenge us to achieve them," Heath said. "We are very fortunate to have a board that is invested in quality and committed to supporting our work to eliminate hospital acquired infections."*

## Keys to success to eliminate Health Care Associated Infections (HAIs)

- **Set specific goals**, so you can monitor and celebrate progress. Share your results with everyone.
- **Follow-through with support**. Show you are serious about achieving your goal by providing the resources needed to make it happen.
- **Support team work**. Reducing infections is a complex issue.
- **Empower staff** to bring together the right stakeholders to implement the steps needed to achieve the goal.
- **Include the patient perspective**. Encourage patient education about your goal.
- **Provide passion**. Board members and senior leaders set the tone for the organization. Your passion to eliminate health care associated infections is something worth spreading!



Seattle Children's board members actively seek information about infections. Here are some questions to ask:

- How many patients contracted a hospital acquired infection?
- Was there something we could have done to prevent the infection? Was each element of the prevention bundle followed by all staff?
- What is our hand hygiene compliance?
- What is the plan to prevent future infections?
- (For flu season) How many physicians and staff are immunized?

Seattle Children's efforts are clearly paying dividends with hand hygiene compliance up and infection rates consistently decreasing. Bloodstream infection rates in the combined pediatric and cardiac intensive care units are down 80 percent in the past 10 years.

*"We have been successful because of the support of the board and our collaboration with direct caregivers," Heath said.*