

December 2008

## Ahead of the curve

### URMC nurse named one of 10 “thought leaders” at international healthcare meeting

BARRY EVANS, R.N., A CLINICAL NURSE SPECIALIST FOR CRITICAL CARE AND MANAGER OF QUALITY OUTCOMES, WAS HONORED AS ONE OF 10 INTERNATIONAL “THOUGHT LEADERS” AT THE INSTITUTE FOR HEALTHCARE IMPROVEMENT’S (IHI) NATIONAL FORUM, HELD EARLIER THIS MONTH.

IHI is a trusted resource for knowledge and support in the never-ending campaign to improve healthcare around the globe; URMC has participated as an IHI member since October 2002.

Evans is an expert in best-practice “bundling” — assembling a series of evidence-based preventative measures into a must-do routine of small steps that, when consistently practiced together, dramatically cut incidence of preventable complications.

“These ‘bundles’ capitalize on the idea that the whole outcome is more than the sum of its parts,” Evans said. “The effort itself is highly collaborative, demanding the synchronized work of nursing staff, providers, and the unit’s medical directors.”

Evans says that URMC’s first success in implementing best-practice bundles came in 2003, when the medical intensive care unit (MICU), which piloted the effort, achieved its first “zero” for cases of ventilator-associated pneumonia (VAP). After only months of strictly adhering to the checklist in the simple bundle — keeping the patient’s head elevated at least 30 degrees, for instance, along with waking a patient from sedation once a day, and several other routines — the unit was able to ward off these pneumonias, which, nationally, had plagued as



Barry Evans, R.N.

many as 15 percent of all patients who relied on ventilators to help them breathe.

“As many as 46 percent of patients who contracted VAP would die, and not from their underlying condition,” Evans said. “Not only was this preventable death unnerving, but the cost, at close to \$25,000 per case, was staggering.”

Being able to wipe out these infections — through study, planning, rigorous attention to detail, and “built-in redundancies” that make sure caregivers check each other’s work — energized Evans and colleagues to undertake new projects. For their next venture, they developed a “rapid response” approach to patient care — an arrangement that gave every caregiver access to a speedy second opinion when he or she sensed that a patient’s condition was deteriorating.

“With this system in place, we’ve been able to better predict cardiac arrest,” Evans said. “It’s a care model that helps us keep  
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## Team forms to fend off infections after heart surgery



THANKS TO A COMPREHENSIVE PROGRAM THAT TARGETS ALL POSSIBLE SOURCES OF INFECTION, CARDIAC CARE LEADERS HAVE BEGUN SUCCESSFULLY REDUCING RATES OF CONTAGION IN CORONARY ARTERY BYPASS GRAFT SURGERY (CABG) PATIENTS.

The effort is one prong of Strong Memorial Hospital’s Management Plan, which addresses improvement — specifically, aiming to lower these infection rates to 6 percent or less.

A multidisciplinary group co-led by Anna Lambert, R.N., M.S., C.C.R.N., associate director for Cardiovascular Nursing, and George L. Hicks Jr., M.D., chief of the division of cardiac surgery, formed in March to consider a systematic process to monitor all of the ways infection can happen post-surgery. Known as a FMEA procedure — or a “failure modes and effects analysis” — the team prioritized infection sources  
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# Transporters receive first service training

SINCE SEPTEMBER, NEARLY THREE-QUARTERS OF STRONG'S 120 PATIENT TRANSPORTERS HAVE ATTENDED THE FIRST-EVER SERVICE TRAINING COURSE CREATED SPECIFICALLY FOR THEM BY THE STRONG COMMITMENT SERVICE EXCELLENCE PROGRAM.

"Patient transporters are a vital part of our staff, as they're constantly moving patients to and from units, testing, and procedures," said Mary Berk, the Strong Commitment's trainer and facilitator who designed the session. "Often, they have the chance to encourage or comfort a patient who is literally heading to a brand new phase in their care journey."

Training sessions included videos on "service recovery" (aimed at teaching staff how to defuse heated emotional encounters), helpful tips for tuning into patients' cues, strategies for maintaining a warm and

friendly manner in stressful environments, and discussions about communication techniques transporters can use while interacting both with patients and unit staff.

"Our training is typically a 'hit the ground running' approach, focused on fundamentals, like physically moving a patient, using a pager, and navigating around the hospital,"

**"Patient transporters are a vital part of our staff, as they're constantly moving patients to and from units, testing, and procedures." Mary Berk**

said Pat Valenti, director of Materials Management, who oversees all transporters. "But this was the first time we gathered together to really explore the customer service element. It was ener-

gizing, and transporters left empowered with skills and solutions to use in their day-to-day work."

Berk says that additional educational opportunities for transporters — such as learning more about infection control protocol, and even receiving CPR training — are being explored.

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patients from slipping to the point where they require ICU admissions."

Now, the team is setting its sight on standardizing central line maintenance to stave off infection. Evans says there are other irons in the fire as well.

"The old mentality — that these complications were inevitable — that's changing," Evans said. "We know better. The literature is suggesting that we can prevent more and more. It's so exciting to see a seedling idea take root and become a routine part of patient care."

As Evan and colleagues achieve and maintain successes, their acclaim as a mentor hospital grows. URM's ICU teams have lectured statewide with the Healthcare Association of New York State, and partner with other hospitals to replicate results. She also uses patient safety learning retreats to educate caregivers, encouraging them to constantly ask why they do what they do, and if it can be done better.

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To view the IHI publication (Evans is featured on page 7), visit [www.ihi.org](http://www.ihi.org) and click the "2009 Progress Report" icon.

## Heart surgery

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according to how serious their consequences were, how frequently they occurred and how easily they could be detected, Lambert said. Using this approach, the team could combat all risks concurrently — a momentous improvement on a prior technique, with which they could only analyze one infection source at a time.

"The Cardiac Surgical Site Infection Prevention workgroup drafted a checklist of action items that are meant to prevent infection in every facet of cardiac patient care," Lambert said. "We looked at the complete environment of care to ensure we make it as safe as possible."

Made up of cardiac surgeons, nurses and other ICU personnel, infection control and operating room staff, among others, the team scoured the literature to collect existing data and developed its own list of

potential causes. The team then implemented evidence-based practices to initiate a number of changes beginning in May. These include:

- Enhancing antibiotic protocol — specifically, reducing infection rates by customizing the dosing based on patient's weight, and adding broader coverage by addressing a wider range of infections;
- Adding an antibiotic ointment used in the nose, which eliminates dangerous staph colonization;
- Initiating nasal cultures — each non-emergent patient is checked for resistant organisms and treated when necessary;
- Optimizing glucose control monitoring — because high glucose levels can contribute to infection, the team incorporated a new protocol that monitors these levels from the point a patient leaves the OR to the point they leave the hospital;
- Introducing post-operative dressings that include silver-impregnated technology,

which kills bacteria.

These new policies, along with other general education, were outlined in a booklet and distributed to everyone who has a stake in the patients' cardiac care, including the patients themselves, medical staff, surgical technicians, support staff, as well as employees from Environmental Services. "We are proud that everyone who comes in contact with patients and patients' rooms are actively working together to stop infection," Lambert said.

The efforts have been valuable. "We are seeing good results — a greater than 50 percent reduction thus far — and we are confident our early success will continue to increase," she said.