THE STRONG COMMITMENT

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Special Delivery: Jim Woods, M.D., focuses on patient safety

SEVEN YEARS BACK, A BRISK UPTICK IN THE NUMBER OF OBSTETRICS-RELATED MALPRACTICE CLAIMS NATIONWIDE HAD HOSPITAL LEADERS WORRIED: WHAT MORE COULD BE DONE TO CULTIVATE A CULTURE OF SAFETY FOR MOMS AND THEIR NEW BABIES? OBSTETRICS DEPARTMENT CHAIRS FROM A FIVE-HOSPITAL RISK-RETENTION CONSORTIUM, MCIC VERMONT (OF WHICH URMC IS PART), PULLED TOGETHER TO STRATEGIZE.

Obstetrics staff train on a simulator.

"Our first move toward understanding this alarming trend was to observe business as usual, and then move toward change," said James Woods, M.D., who chairs the Department of Obstetrics & Gynecology at URMC. "We wanted to find our weak spots, any opportunities for improving patient safety."

To that end, experts from MCIC Vermont (which provides medical professional and general liability insurance coverage to its academic medical center shareholders—Johns Hopkins University, Yale University, Cornell University, Columbia University and the University of Rochester) toured all five affiliated hospitals' obstetrics units. At each, they absorbed the department's culture—from how staff pulled and audited patient charts, to how well they joined forces as a team.

"It was eye-opening. There were common vulnerabilities across all our hospitals," Woods said. "We realized we needed to rethink how we educated staff, how we partnered at the bedside, even how we communicated."

Over the past few years, Strong's obstetrics team has adopted a number of safety improvement initiatives, including:

1. Making team orientation and debriefing the norm. Now, not only must all of the department's new attending physicians, technicians and nurses undergo a 4-hour orientation training, but team "debriefings"—either to identify areas for improvement, to discuss unique events, or to point out and praise successes—are much more common.
2. Developing a common language competency for electronic fetal monitoring, by requiring that everyone pass a preliminary certification exam. And since technology constantly evolves, team members continue their education by tapping into Peri-FACTS, the nation's preeminent e-journal delivering reading materials, educational videos, and case studies to obstetric nurses, doctors and midwives. (Woods actually developed the Peri-FACTS program back in 1991.)
3. Simulating obstetric events. These hands-on learning experiments achieved 87 percent staff participation in the first year alone. During simulator events, the focus is on practicing communication, not executing skills.

Clearly, progress is being made, as evidenced by the unit's safety climate score, which hit 78 percent this year (according to the Safety Attitudes Questionnaire, or SAQ, which queries staff about their perception of how safe their work environment is).

"MCIC hospitals target an SAQ score that's at least above 60 and, if possible, over 80," Woods said. "We're actually the highest scoring obstetrics department in the consortium, and I know it's because all of our nurses, technicians, and providers feel a renewed sense of duty and professionalism. Unofficially, every single one of them bears the torch of a patient safety officer."

The department's passion for safety is so infectious, a ripple effect is spreading across obstetrics departments in neighboring hospitals, Woods said.

"As a regional peri-natal center, we're already recognized as a referral center that waits in the wings, ready to accept high-risk pregnancies," Woods said. "But these high scores give community hospitals even more reason to trust our advice and be receptive to our educational offerings."

Beyond the high SAQ scores, recent MCIC malpractice claims statistics speak for themselves. Seven years back, 31 percent of all MCIC claims against Strong used to be obstetrics related; now, that number has been almost cut in half, down to 17 percent.

"We're proud of our work," Woods said. "But there are bigger challenges ahead. With medical advances, more and more high-risk patients are able to carry babies for the first time—patients who are obese, who have cardiomyopathies, cystic fibrosis, even transplants. These patients' special risk factors will demand that we become even better at keeping them safe as they deliver their babies."

“Red Rose” service brightens long stays with private meals

THE WORDS “HOSPITAL CUISINE” ARE MORE LIKELY TO CONJURE IMAGES OF JELLO THAN THEY ARE, SAY, STRIP STEAK, MAHI MAHI, AND ORANGE CREAMSICLE CHEESECAKE.

But with a new Red Rose program—available though a special partnership between Food and Nutrition Services and Friends of Strong—mouth-watering specialty meals are being served to patients who’ve been cooped up for long stays.

“Some patients are hospitalized long-term—take transplant recipients, who might spend the better part of seven or eight months waiting for an organ. Others may be far from home, so visits from friends and family are less frequent,” said Al Caldiero, who directs Strong’s Food & Nutrition Services. “These extraordinary meals lift their spirits, giving them a break from our typical menu offerings, presenting them with more upscale selections and the chance to feel like they’re dining out.”

If a patient advocate (a special Friends of Strong volunteer trained to champion patients’ needs) identifies an individual who would especially benefit from a Red Rose meal, nurses and Food & Nutrition staff will partner to set aside a time and a quiet space on the unit (a temporarily empty or private room, if possible), and to help patients (and a friend or family member) choose their appetizers, entrees, sides and desserts from the elite menu.

When it’s time for the meal, the patient and his or her guests sit down to a specially dressed table, replete with flowers and place cards, set up right on their unit. Food is served by a Food & Nutrition “waiter” wearing a vest and bow tie; food is plated, served in courses, are cleared just as it would be in a restaurant.

“We’ve done this informally, in the past, if someone suggested that a patient was in need of a special meal,” Caldiero said. “I think we even served lobster once to a little kid. But now we’re being more organized and purposeful about this program, hopefully treating a different patient every two to three weeks. It’s been incredibly well-received.”

Back in September, Debbie Swift of Cuba, NY, was the first patient to be treated to a Red Rose meal.

“I’d been in the hospital for 10 weeks at that point, waiting to deliver my first baby,” Swift said. “Since we live an hour and a half away, and my husband was juggling work and prepping the nursery, it was tough for him to drive out to visit more than once a week.”

Tustin and Debbie Swift of Cuba, NY, enjoy a “Red Rose” meal.

“It was such a special night. The staff transformed an empty hospital room to look truly beautiful…. We turned our cell phones off, and just enjoyed each other’s company over shrimp cocktail, French onion soup, and steak.” Debbie Swift

About a week before their son was born, Swift was able to change out of hospital clothes and enjoy a romantic dinner with her husband, Tustin.

“It was such a special night,” she said. “The staff transformed an empty hospital room to look truly beautiful, decked out with fresh flowers and a gorgeously set table. We turned our cell phones off, and just enjoyed each other’s company over shrimp cocktail, French onion soup, and steak.”

Swift said the food was so good, she and her husband asked for their desserts “to go.”

The Red Rose program, which started full-swing in October, is possible thanks to funding from the Rotenberg Patient Advocacy Fund, established by Clare Rotenberg, a former president of the Friends of Strong Council, which advises the hospital’s volunteer program. Rotenberg launched the fund back in 2001.

“It’s a joy to know we’re improving the patient experience, giving them a little pick-me-up during their time here,” Rotenberg said. “You don’t expect to see things like pork tenderloin and caramel apple pie in a hospital. At least, not until now.”