

# Cynosure Health Newsletter

## Winter 2012/2013

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## Cynosure Health – What’s New?

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A little more than a year ago Cynosure Health was created. Many of you are working with us to improve ICU and Surgical care and are continuing to learn at our quality improvement classes. In addition to our continuing work in the Bay Area we are supporting the Partnership for Patients effort nationally as the improvement experts working with the American Hospital Association’s Health Research and Educational Trust (HRET) on the largest quality improvement initiative ever undertaken in the United States. You may also know us through our improvement work with the Safety Net Institute where we support the Sepsis/CLABSI collaborative or as the driving force behind Avoid Readmissions through Collaboration (ARC).

Now that we are the clinical leads for multiple local and national projects we wanted to reflect on our name, mission, vision and branding. In 2013 we will rename our consulting division, previously known as Convergence Consulting to Cynosure Solutions. Cynosure Health will remain the name for our not-for-profit company and we will use Cynosure Health Solutions as our overarching name. Look for more in early 2013.

## Surgical Improvement

***Which Bay Area hospitals committed to reducing surgical site infections and blood utilization?***

- CPMC Davies
- CPMC Pacific/California
- Marin General Hospital
- Novato Community Hospital
- San Francisco General Hospital
- St. Rose Hospital
- VA Medical Center San Francisco

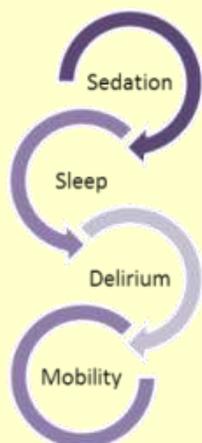
### ***Highlights from the 11/29 “Do You Speak SIR?” Webinar***

The recent Beyond SCIP webinar, ‘Do You Speak SIR?’ was a highly interactive and informative discussion. The intent was to showcase how SIR (Standardized Infection Ratio) data is being used to drive surgical infection rate improvement.

Barb DeBaun, RN, MSN, CIC, kicked off the webinar to acknowledge the fact that

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## ICU Improvement

***Which Bay Area hospitals committed to improving ICU care through the implementation of the ABCDE bundle?***

- El Camino Medical Center
- St. Mary's Medical Center
- ValleyCare Health Systems
- California Pacific Medical Center
- St. Rose Hospital

***What contextual factors facilitate the adoption of improvement initiatives? Are there common elements across organizations that accelerate the implementation of best practices? What characteristics predict problems with implementation?***

Amidst the back drop of the ICU, Cynosure Health partnered with evaluation researchers to answer these questions. In the fall of 2012, RAND researchers Cheryl Damberg and Susan Ridgely, conducted observations, interviews, surveys and data review with four of the six ICU CIIG participating hospitals. The study was designed to determine the importance of organizational structure, culture, prior experience, planning, training, organizational support, and tools in implementing the ABCDE bundle to reduce ICU-acquired delirium and muscle weakness. Ownership, empowerment, and empirical evidence are just a few of the factors that predicted success. Learnings from this project will guide efforts to spread and improve ICU care on a broader scale, as well as aid in the implementation of other improvement efforts. Results of this implementation analysis will be presented at the February 14th Cynosure CIIG Workshop in Oakland and will be published in the Spring 2012 Cynosure Health newsletter. Stay tuned!

### ***Much-anticipated ACCM Pain, Agitation and Delirium Guidelines to be released in January 2013***

The long-awaited updated clinical practice guidelines to integrate the management of pain, agitation, and delirium in adult ICU patients will be published in early 2013. These guidelines replace the former Sedation and Analgesia Clinical Practice Guidelines. The PAD Guidelines place greater emphasis on the pathophysiology, risks, and management of delirium than past guidelines. They also promote a more patient-centered, integrated, and inter-disciplinary approach and will include psychometric assessments comparing pain, sedation, delirium monitoring tools. The guidelines contain 53 statements and recommendations.

Cynosure Health is extremely fortunate to have Juliana Barr, MD, Chair of the PAD Guideline Task Force, as a member of our expert faculty for the ICU Clinical Impact Interest Group. Last summer, Dr. Barr gave us a preview of these guidelines in two fantastic webinars:

<http://www.cynosurehealth.org/resources/resources/resource.html?id=84>

<http://www.cynosurehealth.org/resources/resources/resource.html?id=79>

Audio files can be found at: <http://www.cynosurehealth.org/resources/resources.html>

Be on the lookout for the complete guidelines this month!

## Healthcare Trends for 2013

### Expect to see more of this:

- Consolidation
- Clinicians practicing at the top of their licensure
- Bundled payments
- Value based purchasing
- Team based care
- Increased need for communication/transitions
- Patient /family involvement
- Transparency



### *Surgical Improvement* from page 1

the shift from SSI rates to SSI ratios has not come easy. Change can be difficult, but we are all in the same boat. She referred to the ‘Stages of Death, Dying and Data’ where the recipients of data often journey through the stages death and dying to include denial, anger, bargaining, depression, and ultimately acceptance.

We began with **Connie Cutler, RN, MS, CIC, FSHEA**, who is the Director of Infection Prevention for Mainline Health System in Bryn Mawr, PA. Connie provided the framework with an explanation that a SIR is simple math (a fraction) where we compare the number of actual (observed) SSI’s to the number of ‘expected’. Connie mentioned that a better word for ‘expected’ is ‘predicted’ as we would all like to think that an SSI should never be actually expected. The practice at Mainline Health is to provide SIR SSI data to surgeons as a ‘tag team’ where the division chiefs share the data and the IP ‘explains’ it. This is a great model that has resulted in a culture shift where the surgeons are actually asking for their data as they appreciate the fact that SIR data is risk stratified and they can see how they are doing compared to others. Surgeons receive their own personal color-coded report card and are appreciative of the opportunity to track outcomes over time.

We then traveled to Tennessee where **Vicki Brinsko**, the Director of Infection Prevention at Vanderbilt University used the concept of a ‘tandem dive’ to demonstrate how they successfully switched from SSI rates to ratios. Vicki shared examples of the tandem reports that they develop for each surgeon where the

SSI rates and SSI ratios are provided along with a narrative explanation of the metrics. This is a single page handout that is taken back to section meetings and allows easy and consistent explanations about the data to the team.

Finally, we circled back to San Francisco where **Amy Nichols, RN, MBA, CIC**, the Director of Infection Prevention at UCSF, described how SIR data is being used to communicate with surgical services in addition to other groups. They are using SIR data to track and trend CLABSI infection data where they were able to learn that their outcomes were much better than expected.

In summary, SIR is now the way to go for HAI data. It is recognized that for facilities that have small numbers of cases, it may take a while to generate enough cases to calculate a SIR.

For access to the slides and audio from this webinar, go to the Cynosure website to access resources:

<http://www.cynosurehealth.org/resources/resources.html>

## Just in case you're planning to go on a diet: Top Five Diet Trends For 2013

**Second Annual Survey of Nutrition Experts Reveals Natural and Simple are IN and Low-Fat, Low-Carb are OUT**

**By Pollock Communications**

**Published: Wednesday, Dec. 19, 2012 - 5:11 am**



NEW YORK, Dec. 19, 2012 -- /PRNewswire/ -- There's no shortage of New Year's resolutions to eat healthier and lose weight, but what does that really mean for consumers and food companies in 2013? According to a survey of more than 200 of the nation's leading nutrition experts - registered dietitians - there are five diet and lifestyle trends that will make news and be on consumers' minds in the coming year.

The survey of more than 200 registered dietitians was conducted by Pollock Communications, a full-service marketing and PR agency with long-standing relationships in the food and wellness industry. As a leader in the field, Pollock tapped its extensive network of influential dietitians to identify these developing nutrition and wellness trends:

**1. Natural and simple with few ingredients are IN; low-fat and low-carb are OUT.** Most dietitians (51%) predict that consumers will continue to demand natural and simple foods that are minimally processed with few ingredients, compared to last year's survey (46%). And with more consumers cooking at home, consumers will be looking at the ingredient list to evaluate the foods they serve their families. Making healthier foods delicious, and seeking items that are

gluten free/wheat free, tied for the second biggest nutrition trend. What's out? Half of dietitians agree that low-fat and low-carb diets are out in 2013. This is good news for bread, pasta and rice lovers.

**2. To lose weight, consumers will look to the wheat belly/gluten free approach, as well as commercial diet programs.** Dietitians were split down the middle, with wheat belly/gluten free (42%) beating out commercial diet programs (41%) by only one percent as the most popular approach to weight loss. While wheat belly/gluten free is predicted to be a popular weight loss trend, diet programs such as Weight Watchers and Jenny Craig will continue to see consumers turning to them for weight loss assistance in the New Year.

**3. Dietitians, social media and smart phone apps are the top 3 resources used for nutrition advice.** Whether it's because they provide community support, easy access or a personalized approach, dietitians predict that social media, smart phone apps and dietitians will be the go-to sources for nutrition information in 2013.

## New Year's Resolutions Tips: 2013

Have you proclaimed your New Year's Resolutions for 2013? If so, you are among the 45% of Americans who actually sit down and resolve to make a change in the next year.

If you have made resolutions in the past, have they 'stuck'? If not, why do you think they didn't? What would you do differently next time?

There are **7 major reasons** why people don't follow through on their resolutions. Here are the reasons and some tips for making the next time more successful:

### 1. You didn't make a plan for it.

a. Remember, a resolution is a GOAL and a

goal requires structure.

b. **Next time....**be proactive; make your plan; identify possible obstacles; don't just hope for the best.

### 2. You forgot the reasons why you were doing it.

a. Motivation matters...if you don't know why the goal is important, it's easy to drop.

b. **Next time...**clarify exactly WHY you are doing this; why you NEED to do this. Write it down. Post it in visible locations. Create small reminders to help keep you focused when times get hard.

Please see *New Year* on page 5

*New Year* from page 2

### 3. You didn't plan for setbacks.

a. No one is perfect and we all fall off the wagon at some point; you need a clearly defined plan for what to do when this happens and how you'll get back on that horse.

b. **Next time...**recognize that things will get hard and unexpected obstacles will get the better of you. This is no reason to give up. Give yourself some leeway. Find ways to forgive yourself and reignite the passion.

### 4. You didn't have a strong support network.

a. Friends and family are vital. They can raise you up or push you down. Surround yourself with people who believe in what you are doing and want to see you succeed.

b. **Next time...**gather your peeps! Let them know what you are doing and why. If they are not supportive, keep them at a distance.

### 5. You took on too much too fast.

a. The New Year makes many of us over-zealous. We try to make huge leaps of progress overnight. Growth and improvement take time.

b. **Next time...**take it one step at a time. Be

reasonable and patient. Focus on one, really important goal. Put one foot in front of the other each and every day. Momentum will build as you make improvement.

### 6. You weren't accountable to anyone.

a. We all want to succeed, but in the dark of the night, when we are alone, it's easy to let that 'voice in your head' get to you in a negative way. You know the voice. The one that says 'you can't do this'.

b. **Next time...**find one person who promises to hold you accountable. When you say you're going to do something, this person keeps you true to your word.

### 7. It wasn't that important in the first place.

a. Did you set a goal that was 'yours or 'someone else's'? If it was not your personal goal, chances are you are not very motivated.

b. **Next time...**choose a goal that matters. Do it for YOU. If it's not something you truly believe in, you'll never succeed.

We wish you well in your quest to made a resolution that 'sticks' in 2013.



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## Upcoming Events

### Quality Improvement 101

*Is Quality a 'Department' or What I Do?*

Thursday, January 10, 2013

9:00AM - 3:00PM

UC Davis MIND Institute, Sacramento, CA

Register at:

<http://qi101january10.eventbrite.com>

### Project Management for Clinicians

*Never has the need for change been more obvious.*

*Successful organizations understand that the ability to adapt is an essential core value yet projects fail at a spectacular rate. Don't let yours be one of them!*

Wednesday, March 20, 2013

9:00AM - 3:30PM

UC Davis Cancer Center, Sacramento, CA

Register at:

<http://projectmgmt032013.eventbrite.com>