Bay Area Hospitals Leading the Way in ICU Care

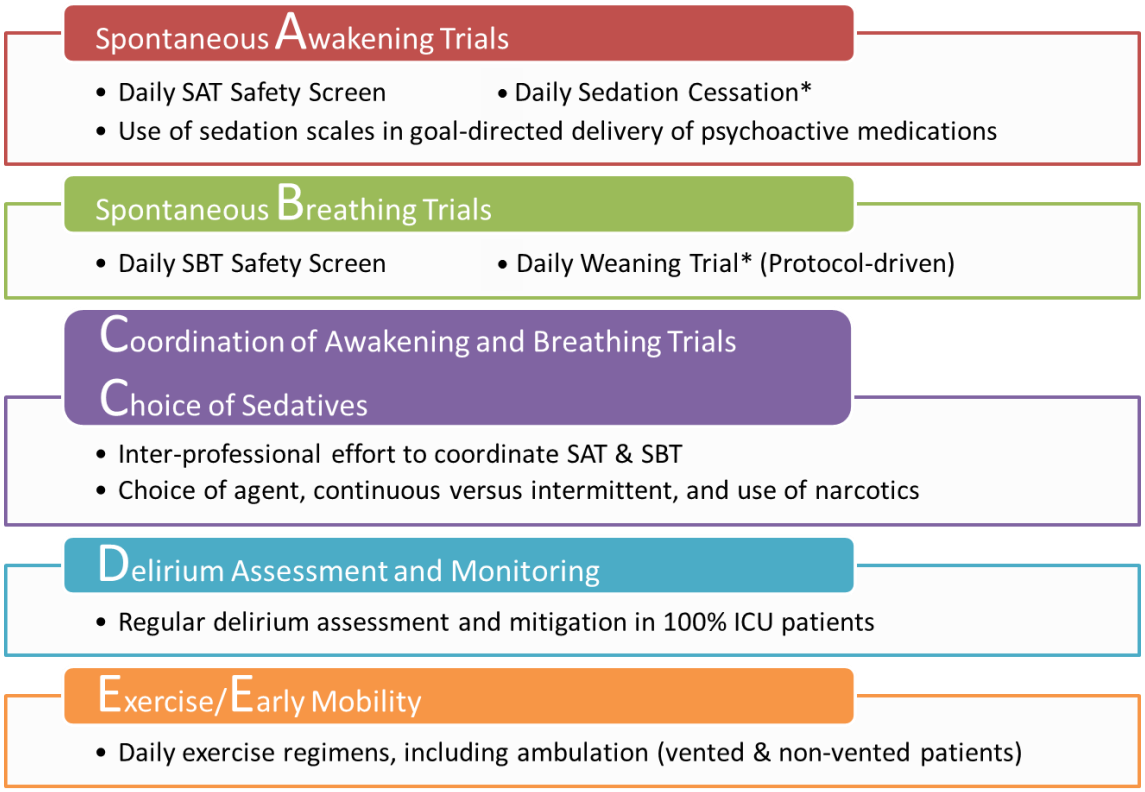
Do you know which San Francisco Bay Area hospitals are participating in the ICU Clinical Impact Interest Group (CIIG)? Congratulations to the following hospitals for committing to improve the care of their sickest patients:

- California Pacific Medical Center
- El Camino Hospital
- St. Mary's Medical Center
- St. Rose Hospital
- ValleyCare Health System
- Santa Clara Valley Medical Center (modified participant)

Wake up and Walk – Change Package Overview

Wake up and walk is a new way to describe the work being done by our ICU CIIG facilities. In their ICUs, interdisciplinary teams are implementing interventions to decrease delirium, reduce ventilator time and get even their most compromised patients up and out of bed. To make these improvements the hospitals are using the A, B, C, D, E bundle which consists

of the following steps:



*If Patient Passes Safety Screen

Using Data to Drive ICU Improvements

To understand how they are progressing with bundle implementation, participating ICUs are collecting process measures on % patients that receive daily awakening and breathing trials, Q shift delirium assessments, and graduated exercise program. El Camino Hospital shared at the ICU CIIG Workshop on that weekly concurrent data collection is resulting in a better comprehension among disciplines about where and what to document regarding the ABCDE. This collective understanding and continuous review of the data has generated more reliable processes across the bundle elements.

Identifying Contextual Factors that Drive Improvement

What drives improvement? Why do some hospitals succeed while others struggle with the implementation of performance improvement initiatives? Are there underlying factors that predict success/failure?

These are some of the questions that we are trying to answer with a qualitative evaluation research study. As part of the ICU grant, evaluation researchers are visiting participating intensive care units to observe and conduct interviews, with the goal of better understanding the contextual elements that influence implementation. Hopefully, the results of this study will guide future implementers of the ABCDE bundle and other interventions.

Bay Area Hospitals Moving Beyond SCIP to Reduce Surgical Site Infections and Decrease Blood Utilization

Do you know which San Francisco Bay Area hospitals are participating in the Beyond SCIP Clinical Impact Interest Group (CIIG)? Congratulations to the following hospitals for committing to improve the care of their surgical patients:

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

Changes to Consider

Unlike some other improvement areas, there is not a prescriptive change package for Beyond SCIP. Even though hospitals have steadily improved compliance with SCIP measures, surgical site infections remain. In order to go Beyond SCIP, here are a few ideas for you to consider:

- Surgical Safety Check List – Adapt the WHO check list for use in your facility
- Antimicrobial Prophylaxis – Look at timing and dosing
- Pre-operative skin cleansing – How and when are your patients cleaning before cases and what are they using?
- Peri-operative skin antisepsis – What are you using and is there variation among

surgeons?

- Peri-operative temperature management and glucose control – What process do you have in place to assess and maintain?
- Traffic control and dress code – Keep visitors to a minimum and enforce evidence-based attire including eliminating skull caps
- Wound classification – Get it right!
- OR Culture – Work like a pit crew with all members knowing their role. Flatten the hierarchy and promote speaking up if there is a safety concern.
- Blood Utilization – It's plain and simple. Patients who receive more transfusions have worse outcomes. Look at your transfusion practices and decrease utilization.

What's Being Done

Participating facilities conducted a 'gap analysis' to look for opportunities for improving surgical care. As we all know, SCIP process measures are important but have not been correlated with outcomes. For this reason, we are digging deeper to see where improvement opportunities may be. Some examples include examining traffic patterns, particularly during surgical joint procedures, to see whether excessive movement in and out of the room is happening. This has been an 'eye opening' experience for most that have learned behaviors can become lax and so common place that they seem normal. We have also learned that simply putting a product in place (such as CHG wipes) does not guarantee their use. Focusing on practice patterns and drilling down to see if items are actually being used as intended is an example of a way to establish high reliability.

Participating facilities convened on September 18, 2012 and were treated to an inspiring presentation by Verna Gibbs, MD. One of her key messages was this: if you want to improve a process, you must do two things (1) Reduce the number of steps and (2) increase reliability. Too often in healthcare, we try to fix things by making the process more complex, thus decreasing the likelihood that the process will be performed reliably. Jens Krombach, MD inspired us with a talk about how San Francisco General continues to revise their surgical 'time-out' process. Paul Maggio, MD showcased all the reasons why blood transfusions are not benign substances and gave us many ideas about how to reduce their use.

The 5S Numbers Game

Those of you who know the Cynosure Health Team know that we like to have fun. One way we do this is to incorporate games in our work. Visitors to our web site will see a monthly game that they can play or use with their staff. This month we are featuring a great game that you can use with newly developed teams. The game was adapted by super teams. The game allows participants to understand performance improvement by making them feel frustration when trying to complete a disorganized task and then walking them through the 5 S's to improve their processes.

Sort + Set in Order + Shine + Standardize + Sustain

Download 5S Numbers Game

The Rules of Engagement

It's one thing to get senior leadership excited about an improvement project, but getting those working in the trenches excited about it is a completely different ballgame. It's not that frontline staff members don't WANT to do what is best for patients; it's that they may not have the capacity to engage in a significant manner because of the nature of daily tasks at hand or they may be unable to see how the current work can be done differently.

Staff will be engaged when the work matters to them, when they see that there is benefit to their patients resulting from the work, that it does not adversely

Celebrating ARC and Planning for ARC 2

ARC efforts resulted in reducing > 1,400 readmissions and saving > 10 million dollars.

Just two years ago interested hospitals and their community partners joined the Avoid Readmissions through Collaboration (ARC) journey to reduce 30 and 90 day all cause readmissions by 30% by the end of 2013. Through in-person sessions and informational webinars participants learned about evidence-based models including: ProjectRED, The Transitional Care Model, CTI, BOOST, STARR and INTERACT II. Further

Download 5S Numbers Game Facilitator's Guide

Welcome to Newest Cynosure Staff Member

We are pleased to announce that our newest teammate is Rene Cruz who will be joining us October 1st. Rene will serve as the Cynosure Program Coordinator and will be assisting in supporting events, our website, and facility site visits. Rene most recently supported client services at the UCSF AIDS Health Project. He can be reached at rcruz@cynosurehealth.org. Welcome, Rene!

affect their own lives in a significant way, and that it can be incorporated into their day to day delivery of care without it being "just one more thing" they have to do. We have found that doing this well involves four **"rules of engagement"**:

Connect to the core – Connect the work of improvement to patient stories and experiences. Continually focusing the improvement work to a patient who was discharged home instead of to a SNF, or a patient who was at high risk for an infection but didn't get one because of the meticulous care by the staff have just as much of an emotional impact as the stories where our care has fallen short.
Read full article

learning's included: hearing about successful programs in other communities, the impact of payment reform, research on psychiatric readmissions, automation of post discharge lab results, technology and the aging, health plan and medical group strategies, patient/family involvement, palliative care and community involvement. Innovators in the ARC community share their work which included: risk assessment tools, discharge templates and check lists, skilled nursing facility forums, physician tool kit cards, teach back teaching modules and videos, post discharge call processes, medication reconciliation and education and patient teaching tools.

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