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South Carolina health care workers create a GSI: SC grime scene event.

Grime Scene Investigation: SC

We have all heard of the popular television show Crime Scene Investigation (CSI), and its associated spin-offs, CSI: NY and CSI: Miami. Well, get ready for a whole new angle on this award winning program, Grime Scene Investigation: South Carolina (GSI: SC). This patient safety-focused initiative might not appear on TV, but don't be surprised to see it at your local hospital. GSI: SC is just one of the many creative ways the South Carolina Hospital Association (SCHA) is working to eliminate preventable infections across the state.

"We got involved with the World Health Organization's hand hygiene campaign and decided to make it our own," says Lorri Gibbons, R.N., vice president of quality improvement and patient safety, SCHA.

When Lorri says they made it their own, what she really means to say is they took it to another level. Instead of rolling out a hand washing campaign much like everyone else, they decided to get the word out using a highly creative social media campaign.

"The idea is to get people's attention and then educate them about hand hygiene," says Rick Foster, M.D., senior vice president of quality and patient safety, SCHA. "Modeling the campaign after the popular TV show CSI just seemed like a good way to do that" he said.

To kick off the campaign, they mailed member hospitals a "summons" inviting them to attend a general training session on hand hygiene.

"When they arrived we gave every hospital a large orange duffel bag marked GSI: SC. Inside the bag were orange road cones, yellow GSI crime scene tape, white tape to outline a body, two hazmat suits and samples of

See "GSI: SC" Page Five

ON THE CUSP: STOP BSI

INSIDE THIS ISSUE

PROJECT AT A GLANCE

- Visit "Ask the CDC" on the Safercare.net homepage and get answers to all your questions about NHSN, CLABSI, staff training and more.
- Over 1,200 unique users visited the Safercare Website in November. Tuesdays are the busiest day, but every day of the week saw Web traffic.
- A review of CLABSI and team checkup data shows we have a long way to go. Our New Year's resolution: Data from every team, every month.
- January 27 and 28: Meeting of all state hospital association/ coordinating agency leads in Chicago with HRET and MHA. Confirm your participation with HRET.

What Is An Innovative Safety Champion?

By Christine Holzmueller

There are many innovative safety champions, hovering over patients or consoling family members, ready and willing to improve patient care. Sometimes, it is a matter of just asking the right question. At the start of the Comprehensive Unit-based Safety Program (CUSP) all staff on a unit are asked how the next patient will be harmed in their unit. This simple and direct question can uncover a treasure trove of wisdom.

Asking this question prompted the nurse manager and other members of the newly-formed CUSP improvement team on Weinberg 4C (W4C) at The Johns Hopkins Hospital to design a three-pronged safety intervention to address multiple safety concerns. The team carefully and ingeniously converted a checklist that manages the daily goals for one ICU patient into a tool to manage all patients assigned to a surgical service. The team-based Daily Goals sheet they designed explicates short-term goals, nurse concerns, and discharge details for each patient on one or two sheets.

This innovative tool remotely connects the nursing staff with surgeons in the operating room (OR). The plan of care for each patient is recorded on the Daily Goals sheet during morning rounds and couriered to the OR by the resident to verify this information. The sheet also improves communication and the coordination of care among multiple other disciplines. For example, if a discharge date is recorded along with a note about wound care needs, social work and home care can be contacted to coordinate this care ahead of time to avoid delays at the time of discharge.

Johns Hopkins QSRG Science Writer Chris Holzmueller

Yet by itself, this sheet would not solve two big problems that were plaguing W4C nurses – too many clinical services and physicians on the unit, and limited access to the sur-

See "Safety Champion" Page Four

Message From Peter Pronovost

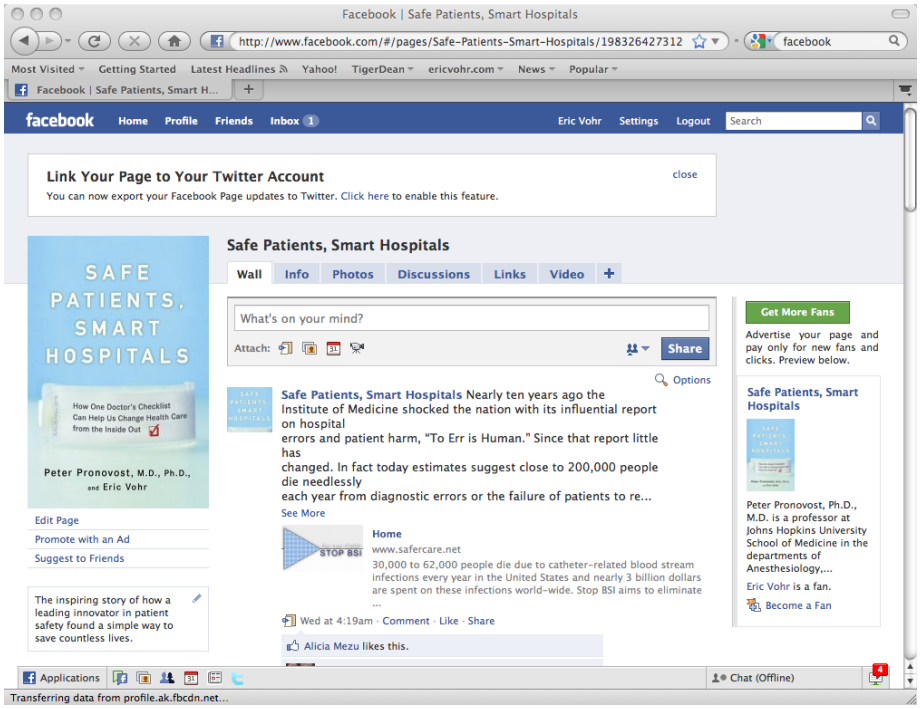
The people we associate with have great influence over our behavior, just as we have profound influence over them. We are happier when we are around happy people, we are sadder when we are around sad people, and we practice better teamwork when we are around people who practice better teamwork. In many ways the positive influence we have over each other is the most important gift we can share. More significant than material items, the gift of love and support, is powerful and life changing. And, each time we pass on this gift, it becomes even more powerful.

On the CUSP; STOP BSI gives us the opportunity to share this gift with our colleagues. Through this work we can improve the culture of patient safety, a culture that restores joy to your work, a culture where we make patients our North Star and organize our work around their needs, a culture with strong teamwork based on mutual respect and the belief that bloodstream infections can be prevented. Give your colleagues a gift of a culture where you see the potential in all of your staff to work collaboratively, interdependently and joyfully to deliver safe care, where we are accountable for the results we achieve.

Avedis Donabedian, one of the first great leaders of improving quality of health care, described this culture when he was interviewed on his deathbed by a former student. The student asked, "Now that you yourself are a patient, what is the secret of improving health care?" Donabedian said, "The secret of quality is love. If you love your god, if you love yourself, if you love your patients, you can work backwards to change the system."

Peter Pronovost, co-investigator On the CUSP: STOP BSI

My gift to you is this gift of love; pass it along. Create a positive culture in your work areas and your organization. Make your patients your North Star and do whatever you can to reduce harm.



A new Website provides a virtual meeting room for patient safety discussions.

Clinicians Share Views In Virtual Forum

One of the strongest tools we have to prevent patient harm and make hospitals safer is the power of influence. This influence happens through communication — through sharing support, knowledge and personal stories of how each of us is trying to reduce medical errors. Each of us possesses a part of the puzzle. To visualize success we must share our knowledge, we must join our separate pieces to see the big picture.

Yet there is no viable forum for such exchanges. There is no easy way to share good ideas among patients, clinicians, units, hospitals, or states. As patient safety efforts expand and we become more and more geographically separated, this problem is even more apparent.

To address this important need, we have created a virtual meeting place where people concerned with patient safety can gather and share stories.

At our new Facebook site: http://www.facebook.com/pages/Safe-Patients-Smart-Hospitals/198326427312 -- clinicians, researchers, patients, family members and loved ones can exchange ideas, support, and success stories with a virtual community of like-minded patient safety advocates.

We have also created a "linked" Safe Patients Smart Hospitals Twitter account that serves the same purpose. All you will need to join these communities is to set up Facebook and Twitter accounts – both of which are free and easy to establish. These sites feature regular messages from me, as well as updated patient safety materials such as videos, photos and related research materials.

Come visit these exciting new sites and join in the conversation. The world needs to hear your voice. We need your ideas, your support and your stories.

We need your positive influence to stop central line associated blood stream infections, we need your positive influence to eliminate errors that harm patients, we need your positive influence to make hospitals and health care safe for all.

Peter Pronovost

PARTICIPATING STATES

ARKANSAS

CALIFORNIA

COLORADO

CONNECTICUT

FLORIDA

GEORGIA

HAWAII

ILLINOIS

INDIANA

MASSACHUSETTS

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MISSOURI

NEBRASKA

NEW HAMPSHIRE

NEW JERSEY

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OKLAHOMA

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WASHINGTON

WEST VIRGINIA

WISCONSIN

IN THE NEWS

By now we hope you've gotten the message that teams should be entering their monthly data into MHA Care Counts.

With this in mind, the On the CUSP: STOP BSI team is pleased to announce that the ability to transfer CLABSI data from the CDC's NHSN database to the MHA Care Counts database is now available.

Through weekly phone conferences, Webinars, and e-mail, a team from the QSRG, MHA and CDC worked together for months to develop a process that is easy to use and ensures successful transfer of CLABSI data between the two databases.

The team from the Connecticut Hospital Association assisted us in testing the transfer process early in November.

State leads who will use the NHSN transfer are currently collecting the information needed from the NHSN system to set up the transfer process in MHA Care Counts.

FYI, MHA Care Counts can also upload data from state-sponsored CLABSI reporting databases.

Contact Dr. Lisa Lubomski (lluboms1@jhmi.edu) or Chris George (cgeorge@mha.org) to learn more.

Safety champions, nurse Maria Balatzis, R.N., and student nurse Julia Long, examine a patient's records in the nurse station in Weinberg 4C.

"Safety Champion," From Page Two

geons. Before CUSP was implemented on the unit, patients recovering from a variety of cancer-related surgical procedures were randomly admitted to any unit in the Weinberg 4 pavilion. Thus, a patient assigned to the pancreatic service and another to the breast service could reside on the same unit. Just imagine having up to eight clinical services, each with three to four clinicians, caring for patients on one unit.

The CUSP team had to untangle this confusion. Medical-surgical units such as W4C do not have unit-based interdisciplinary care teams like ICUs. To change this, the CUSP team decided to cluster surgical oncology patients assigned to the Cameron Blue Surgical Service on W4C. This second part of their safety intervention reduced the amount of time physicians spent visiting patients on multiple units, made the surgical team more accessible to the nursing team, and reduced confusion on the unit.

While this component created a resident physician team, it was the third part that made the team interdisciplinary. A long tradition of physician-centric daily rounds came to an end; registered nurses started attending rounds.

The CUSP team on W4C had a huge challenge. But, over about a year-long span, they created a Daily Goals sheet for a surgical service, diverted Cameron Blue patients to W4C, and established an interdisciplinary team. Was it worth it? Yes; the number of pages and phone calls from nurses to physicians drastically dropped, and communication and collaboration on the unit climbed.

" GSI: SC," from Page One

hand sanitizer spray labeled GSI: SC," says Lorri.

What they were instructed to do was to set up a booth at a large gathering of people, like a football game, and create a "grime scene" event. This event is a faux crime scene designed to attract attention and create dialogue.

For example, Rick says he went to downtown Columbia and set up flashing lights, had the team dress in hazmat suits and placed the orange cones and yellow crime scene tape around a section of the sidewalk where the outline of a body was marked with white tape.

"I took the role as the chief investigator of GSI: SC, and asked people on the street if they were suspects in the 'grime scene.' I asked them when was the last time they had washed their hands. I questioned them about what part of your hand was different from animals. They would naturally answer the thumb, and I would tell them that it is often the thumb that is not washed properly or not at all," says Rick.

The SCHA Team has held "grime scenes" at schools, community events, hospitals and football games, any place where a lot of people gather. The idea is to quickly get their attention and then educate them about proper hand hygiene.

However, the SCHA team's creative work did not stop there. They also wrote a GSI serial program that can be customized to each hospital and shared through their intranet. In the spirit of a 1940s radio show, they invented a mystery that continues to unravel with each new installment. The culprit is a dirty hand that infects innocent patients. She said they are now up to their 14th weekly episode.

"This has gotten so popular, if we don't get the latest episode out to the hospitals by late Monday afternoon, we receive a lot of anxious e-mails asking us where it is," says Lorri.

One of the hospitals they work with got so inspired by this campaign they took it a step farther. They used a standard patient room, put a mannequin patient in the bed and invited clinicians to do what they would normally do when visiting a patient, only they asked them to put a special ultraviolet-reflective cream on their hands. After the clinicians were done, the room was bathed in black light so everyone could see the many places where they put their hands – places where they could pick up and spread germs and transfer them to the next patient. Clinicians throughout the hospital were invited to visit the room to see how easy it is to share germs.

"Not only did we want nursing and ancillary support but we also invited EMS teams because they are coming from the outside and taking patients from one place to another. When they are transferring patients they don't realize they are transferring germs," says Lorri.

"Imagine someone has clostridium difficile, and diarrhea. If a health care worker doesn't wash their hands and touches the bed rail, then goes to another patient and touches them, they could easily spread it to someone else," says Lorri.

The SCHA team has also been partnering with the state chapter of Health Occupations Students of America (HOSA) – a student organization of high school kids that want to go into health care.

This not only helps spread the word to the next wave of clinicians on the rise, but Lorri said the students have been a great resource in manpower for the hospitals. "We made a 'grime scene' at the South Carolina HOSA statewide convention, presented our hand hygiene campaign and encouraged these students to connect with their local hospitals and offer to partner with them. It has been a real success," says Lorri.

The team also brought some of their creative energies to their own home office.

"We have a convention center attached to our SCHA office in which we hold most of our seminars," Lorri says. "We were trying to have something that would address hand hygiene without just having a big poster. We wanted it to be something that would engage people, so we worked with a local artist who created beautiful shadow boxes that used sterling silver to outline the form of washing hands. Instead of a standard sign that most people ignore, this artwork was placed by the mirror above the sink. It attracted attention and delivered the message more effectively. Most people did not realize that they continued to wash their hands as they looked at the artwork. Twenty seconds is all that it takes!"

The transition to the On The CUSP: STOP BSI program followed right in line with the work these teams were already doing, says Lorri. As she puts it, hand washing and bloodstream infections go "hand in hand," it's merely an "arm" of On The CUSP: STOP BSI. Puns aside, it goes without saying that the SCHA team was one of the first states to sign up.

"This fit perfectly with what we have been doing with hand hygiene. Johns Hopkins is such a great resource! It was an opportunity we could not pass up. We really wanted to work with Peter and his team and are really excited to be part of this national program," she says.

QSRG has yet to set up a GSI: Baltimore, yet given the reputation it got with the HBO series "The Wire" it just might be a perfect fit.