



# Quality Connections

## Sharing Best Practices and Lessons Learned

April 2010 • Volume 2, Issue 4

Edited by Bev McCullough, Quality Improvement Manager

**Time - Where does it go? How can we create more? This month, we focus on two Best Practice ideas for creating time.**

### Best Practices: Reducing the Data Burden – Using Volunteers

Many thanks to Whidbey General Hospital, in Coupeville on Whidbey Island, for sharing their Best Practice for using volunteers to reduce the burden of data collection and reporting during the RHQN Best Practices call on Tuesday, April 13<sup>th</sup>. A number of RHQN members attended the call with their Volunteer Coordinators. I think it is fair to say that many were both stunned and inspired by Whidbey General Hospital's great program.

While their Volunteer Coordinator, Sally Fox, was on a sudden trip to Spain (and luckily was delayed only one day by the volcano), she had readily participated in an interview that I was able to share. Teresa Fulton, Director of Quality and Patient Safety and Katie Carr, QI Coordinator were also on the call to tell how they use two volunteers to support their QI work.

Whidbey General Hospital currently has 134 volunteers who are an active and vital part of their facility. Volunteers allow the QI Department to be efficient, preparing charts for peer review and doing tasks that free up staff in a tight budget environment to work on PI projects that they would not be able to do otherwise.

The secret to the success of the volunteer program at Whidbey General Hospital is attributed to Sally's great work interviewing prospective volunteers to find their talents and then finding a good match with the tasks and personalities in different departments. Volunteers know they are valued at Whidbey General Hospital, not only because of the yearly volunteer dinner and coupon for a free lunch on their volunteer day, but because they are treated as important contributors in each department and adored by the staff. Currently, the Quality Department has both a retired RN and a former accounting office volunteer for a total of 8 hours a week.

#### Questions addressed during the call:

*What about HIPAA?*

Whidbey General Hospital's volunteers are trained in HIPAA just like regular staff. Volunteers understand the consequences of violating HIPAA and additionally, do not

want to lose the privilege of meaningful volunteer work or risk being ostracized by their neighbors in their tight community, if HIPAA were breached.

*What about your unions?*

Whidbey General Hospital reports that they currently have unions, as well as their active volunteer program.

*What about liability?*

Their attorneys have reviewed all volunteer training and programs.

Please listen to the RHQN call at <http://www.rhqn.org/resources/presentations.htm>. If you would like more information about Whidbey General Hospital's volunteer program, contact Sally Fox at [foxmar@whidbeygen.org](mailto:foxmar@whidbeygen.org).

### CUSP, Culture Change, and You:

On April 20<sup>th</sup>, 2010, WSHA sent a Patient Safety Flashpoint to CEOs advising them that the "Consumers Union recently sent emails to state legislators to ask which Washington hospitals are participating in a national program to reduce central line associated blood stream infections. The program is called CUSP/CLBSI. The good news is that most Washington hospitals and health systems are participating in this effort through the ICU Safe Care Initiative." The Flashpoint further said: "ICU Safe Care, Washington's short name for 'Comprehensive Unit-Based Safety Program (CUSP)/Central Line Bloodstream Infection (CLBSI)' helps hospitals implement strategies to reduce central line infections."

#### CUSP and CAHs:

Currently, only 7 of our 34 RHQN CAHs participate in CUSP due to its historical ICU focus. However, CUSP is now being expanded to address UTIs in the hospital setting and is now relevant to all CAHs. CUSP emphasizes implementing a UTI bundle and changing the Culture of Safety within all hospitals. Randy and Bev are taking training this week at UW to support you in your Culture of Safety work and look forward to supporting you with all of your Safe Care initiatives. Please contact me at [bevm@wsha.org](mailto:bevm@wsha.org) for more information about CUSP and UTI bundles.

## Best Practices: Laundry - Identifying Waste and Looking for Solutions

**Sometimes, it's the little things that waste your time, cause chaos, and keep you from doing the important PI work.**

During a recent Waste Treasure Hunt conducted as part of the RHQN "Taste of Lean" on-site training, a staff identified that they were spending up to 6 hours a day looking for lost clothing articles between their CAH, LTC, and Assisted Living units. Their current process was for nursing and nurse extenders to identify and mark clothing on admission and when family brought new articles of clothing for residents. The staff found the markings would often wear out, leading to further clothing losses.

### A Best Practice alternative:

Jessie Camargo, Housekeeping and Laundry Supervisor at Columbia Basin Hospital in Ephrata, says lost clothing is not an issue at their facilities. Their process: Laundry staff visit new patients and residents on admission and mark the clothing with a laundry marker (often purchased at the local Dollar Tree store). When families bring additional articles of clothing at a later time, the laundry staff is called, come to the floor, and mark the article. If clothing items are dark colored, a small, white iron-on patch (similar to patches used on blue jeans) is ironed into the clothing and marked with the laundry pen. The laundry staff continues to re-mark clothing as names become faded with time. Voila: chaos averted and wasted nursing time "found." Thank you, Jessie for sharing this Best Practice.

### Upcoming Trainings:

So far, we have done the 4 hour **Root Cause Analysis: RCA Critical Thinking Skills** for healthcare facility managers in Ellensburg, Ephrata, Goldendale, Grand Coulee, Newport, Prosser, Ritzville, Snoqualmie, and White Salmon, as well as the North Central Learning Lab. We are looking forward to being in Republic in May. The fact that these classes are being offered to our CAHs was cited as a factor in convincing legislators to not implement a bill calling for \$1,000/day fine for unreported adverse events.



**Pre-Survey Rounds** are also offered with Randy doing Environment of Care and Bev doing the clinical piece. We will be at Skyline Hospital in White Salmon in May.

We've enjoyed sharing the 6 hour **Taste of Lean Class** for managers in Tonasket and Ellensburg and will be in Goldendale in June. It has been exciting to see the different groups working on identifying and addressing waste in their organizations. If you would like to learn more or schedule any of these classes at your site, please contact me at [bevm@wsha.org](mailto:bevm@wsha.org).

Additionally, Randy and I are taking TeamSTEPPS training and are working with Snoqualmie Valley Hospital and Prosser Memorial Hospital as our PDSA sites for improving the Culture of Safety. We are excited that a number of our CAHs are on the waiting list to work on this project with us.

*I look forward to hearing from you and being with you to learn, celebrate, and share your Best Practices, Lessons Learned, and "Helpful Hints".*

*Bev*

*If you have ideas, comments, questions, need additional resources or a consultation, please contact Bev McCullough, RHQN Quality Improvement Manager, at (206) 216-2862 or by email at [bevm@wsha.org](mailto:bevm@wsha.org).*