



Quality Connections

Sharing Best Practices and Lessons Learned

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Edited by Bev McCullough, Quality Improvement Manager

RCAs and Kennedy Terminal Ulcers

Randy and I had a great talk this morning with Linda Furkay, PhD, RN, the Patient Safety-Adverse Event Officer for the DOH. Linda emphasized again that she has a Quality Improvement role in a separate building in Olympia from surveyors.

Have you checked out the new [DOH Adverse Event site](#)? It is a wonderful resource with sample completed RCA forms and the evaluation form that Linda uses when reviewing the forms you complete.

While we did not discuss specific RHQN CAHs, we did ask for tips that we could pass on to you. Linda said she can tell where we have done RCA Training classes as the reports for **Falls with Injuries** are increasing in those hospitals. She appreciates that you are calling her for advice when you have questions about whether an event is indeed adverse or not. Her biggest concern about RCAs is that hospitals often do not make a definite causal statement regarding what the root cause was for an adverse event. "If you can't state what went wrong, how are you going to know that you fixed the problem?"

Linda also shared that 20% of hospitals are not currently completing the quarterly on-line survey that she sends; many of those not completing the survey are CAHs. Our advice: If you, personally, are not completing the quarterly on-line survey Linda sends your hospital, make certain that someone in your organization is... and complete the survey whether there has been an adverse event during the quarter or not. "You'll be glad you did."

I asked Linda about pressure ulcer reporting for Kennedy Terminal Ulcers (KTUs). KTUs are considered pressure ulcers by the National Quality Forum and are a reportable ulcer. However, Linda stressed that if a KTU does occur, a hospital should complete a Contextual Information Form (found on the DOH Adverse Event website) and submit it when they report on the ulcer. KTUs cause much misunderstanding and guilt among both family and staff due to their sudden appearance - often overnight - and are a sign of terminal skin organ failure. Follow this [LINK](#) for a very interesting article on KTUs that I highly recommend for all nursing staff: (To reach Linda Furkay, call: 360-236-2875; email:linda.furkay@doh.wa.gov)

Patient Safety and Your Hospital's Culture

New Graduates and Older Nurses: How Are They Mixing at Your Hospital?

It's almost the end of the school year... with new graduate nurses perhaps coming to your community. Many of us remember the anxiety and eagerness we felt as young graduates. However, many of us also remember, and do not talk about, the conflict that often exists between new and experienced nurses. I have shared with a number of you my experience as a new graduate working in a Washington CAH and how that memory has stayed with me through the years. Perhaps you have similar memories.

The question is: How can we make things better?

Recent articles and books talk about a "seismic shift" in values playing out among baby-boomer staff and new RNs in their 20s and 30s; the new Generation X and Y nurses often have different values and goals than nurses twice their age. I hear this as I travel the state - a shock at the demands and values of younger nurses who ask how a hospital's work schedule can support a balanced lifestyle, while older nurses may ask "What about loyalty?"

Additionally, nursing has an embarrassing, often not talked about, history of nurses "eating their own." Seattle author, Kathleen Bartholomew's book *Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other* elicited several responses in a New York Times blog: "It's a management issue" and "If you permit it, you promote it." Ms. Bartholomew says "the best antidote to the problem of differences between nurses is open discussion."

I have read very few articles about nursing that have stayed with me as much as this October 2008 Seattle Times article about Swedish Hospital's work to address nurse to nurse hostility and to foster an environment that makes younger and older nurses want to stay. I invite you to download the [article](#) and discuss it openly in your facility.

Until the generational differences and new vs. older nurse attitudes change, we, and the culture of safety for our patients, will all suffer.

Best Practices: Policies and Procedures to Support a UTI Bundle

With the new emphasis on urinary tract infections as a preventable hospital acquired infection, the MultiCare (Tacoma) UTI bundle has become a hot item. Thanks to Diana Finkbeiner at Odessa Memorial Healthcare Center for asking me to find policies and procedures to support a UTI Bundle and thanks to Jeanette Harris at MultiCare for sharing these [materials](#) (scroll down to the section titled "UTI Bundle Materials.") Jeannette says:

*"We just DID IT. Just like Michael Jordan... **"Just DO it"!** We didn't go through any committee to implement. It's all just good solid nursing and stuff we should have been doing for years. We implemented using ...PDSA. Rapid improvement. I'm attaching our policy...as you can see, it's not new. We didn't waste time (developing) a policy. I have gleaned (=stolen) some policies from other facilities."*

Helpful hint: The new mantra for doing policies and procedures for basic nursing practices: "Don't Recreate the Wheel." High performing hospitals now just reference a standard text (such as Mosby's or Lippincott) that include current evidence-based basic nursing practices and use on-line reference DVDs rather than spending hours developing seldom read 3 inch notebooks of quickly outdated policies and procedures. Think of the time you can save!

Good Stuff is Coming!

June 8th 10:30 a.m. - RHQN Best Practice Call

"Creating a Quality Program...Be a Coach: You Can't Do it Alone" Ever wonder what quality measures other RHQN CAHs and their department leads report on... or how their QI/PI plans are organized? Cheryl Nelson and Marilyn Snider from Lincoln Hospital (Davenport) will share their program on the call. A sample packet of department quality measures from Lincoln Hospital and from the Columbia Basin and NE Washington RHQN CAHs will be mailed before the call. **Look for this packet** addressed to the Quality Lead at each RHQN CAH.

June 15th: 2nd Annual Washington Stroke Symposium at Hilton Seattle Airport and Conference Center Sponsored by the RHQN, Washington State Department of Health, and the American Heart Association/American Stroke Association. This is a great opportunity to learn what your CAH peers are doing to safeguard their community members. Three RHQN member hospitals and EMS staff will be presenting: Mason General (Shelton) will share the program they developed with Providence St. Peter's (Olympia), Jefferson Healthcare (Pt. Townsend) will share their TeleStroke program with Swedish Hospital (Seattle), and Lincoln Hospital (Davenport) will tell share their program with Providence Sacred Heart (Spokane). CAH travel scholarships are still available at this writing. Contact Lori Martinez at lorim@wsha.org.

Available Trainings and Offerings (Included in your RHQN dues)

The RHQN offers several trainings that are included as part of your yearly dues. These offerings include:

- ❖ RCAs: Critical Thinking Skills for Managers (a 4 hour training),
- ❖ Survey Readiness Rounds for both the environment of care and clinical services,
- ❖ Staff Competency Development consulting,
- ❖ A Taste of Lean with 5S for Managers (a 6-hour training), and
- ❖ Focused consulting to improve your clinical quality measures.

Please call us so we can arrange dates at your site. A recent email from Klickitat Valley Health Services in Goldendale: *"On behalf of the Support Services Team, we want to thank you both for an outstanding and EYE opening Lean training. You made the training thoroughly enjoyable and we were even able to work through some immediate challenges that are on our plate."* RR

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.