

# Rural Healthcare *Quality* Network

**RHQN Newsletter, August 2008**  
**Randy Benson, Executive Director**

## **Hand-off Communication**

The August Members Conference Call was an eye opener for many of us. RHQN facilities that are Joint Commission (JC) accredited already know about Patient Safety Goal 2E. It mandates documented communication between care providers whenever there is a change of provider or the patient is transported to another care area (e.g. a nursing unit to radiology). The key to appropriate “hand-off” is the opportunity for care givers to ask questions and seek clarifications. A written or audiotaped report or hand off without the staff’s ability to ask questions and seek clarification creates the opportunity for errors to occur and jeopardizes high quality care.

The typical response when approached about this topic is “most RHQN facilities are not JC accredited and the Department of Health (DOH) has neither a WAC nor RCW that mandates documented hand-off between care givers or care giving departments”. DOH surveyors, however, are very interested in ‘hand-off’ if and when problems arise related to the quality of patient care. Failure to provide quality communication, with the opportunity to ask and answer questions, is a great concern and the most common cause of a breakdown in the quality of care.

To assist RHQN facilities with providing appropriate, high quality communication between caregivers or care giving departments, we have provided on our website a toolkit containing a variety of hand-off forms and templates. The forms will help you to enhance communication and reduce the potential for errors. Please go to [www.rhqn.org/resources](http://www.rhqn.org/resources) to find the toolkit. If you need additional forms or templates, please feel free to contact me, [randyb@wsha.org](mailto:randyb@wsha.org).

## **Infection Control Update**

The RHQN Infection Control consultant, Sandy Kangas, has been busy. She is working with six member facilities to provide up-to-date and appropriate infection control policies and procedures, assisting infection control practitioners (ICPs) in getting the continuing education they need in order to maintain their competence, and mentoring several new infection control practitioners.

Sandy will be meeting with an infection control representative from the Department of Health (DOH) who has a strong interest in supporting rural hospitals and their infection control programs. At the top of their agenda is identification of a basic (minimal) set of infection control policies that every rural facility should have in place. As soon as this set has been identified, we will post it on the website, Sandy will send each of the infection control practitioners an e-mail with the information, and we will update the toolkit to reflect the standard.

As we all know, this year and next will be a huge ones for hospital infection control programs. In May of 2008 the DOH started to focus heavily on the quality, appropriateness and applicability of infection control policies and the documentation of infection control practitioner continuing education and competence. Surveillance plans are being looked at closely and performance improvement plans must be in place where problems exist. This focus on strong infection control programs goes as high as the CEO. One way the DOH verifies leadership by the CEO is to ask them for the latest facility acquired infection rate. If the CEO does not know or refers the question to the ICP for an answer, the DOH considers it to be a failure to demonstrate leadership.

Starting this fall, hospitals will be required to report facility acquired infection rates to the DOH. This information will be made public and the media is sure to pursue the data to its ultimate source, the facility CEO and ICP. It is truly a two edged sword. Each facility will be able to use the information to demonstrate, to their community and others, the high level of quality of care they provide or they can wind up “behind the eight ball” trying to explain high infection rates to a skeptical community.

In the next two or three weeks the WSHA Patient Safety Isolation Signage Committee will release its final, state standardized, isolation signage set. These outstanding updates move the CDC’s recommendations into the realm of reality. In itself, the new signage will go a long way to help reduce facility acquired infections, will make staff education easier, and reduce the possibility of errors in infection control practice.

You are invited to seek out Sandy Kangas if you need an infection control consultation. Her assistance is a **free** service to you as an RHQN member. Sandy can be reached at [sandyk@wsha.org](mailto:sandyk@wsha.org).

### **Looking Ahead**

At the risk of being accused of wishing away the summer, I would like to mention that many exciting things will be coming your way this fall from the RHQN. Our September Members’ Conference Call (September 9<sup>th</sup>) will bring an update on reporting Sentinel Events and conducting a Root Cause Analysis. On September 29, WSHA Patient Safety will be holding a Safe Table on “Falls and Pressure Ulcers”, more information will be sent when it is available. At the end of October, the RHQN will be hosting a CEO summit with Ira Moscovice from the University of Minnesota. Ira is a national expert in rural healthcare quality and is recognized for his work in rurally relevant quality measures.

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If you need assistance, additional resources, or a consultation, please contact me at 206 577-1821 or via email at: [randyb@wsha.org](mailto:randyb@wsha.org).