

Rural Healthcare



RHQN Newsletter, October 2008
Randy Benson, Executive Director

Which Way Did That Sentinel Event GO?

This month's Members Conference Call looked at the Institute for Healthcare Improvement's "Never List" which was adopted by the Washington State Department of Health (DOH) as the "Adverse Events" list in 2006. This list and has grown to 28 serious events that jeopardize the quality of patient care and pose a risk of serious injury or patient death. The Department of Health broke the current 28 adverse events into six categories, including: surgical events, product or device events, patient protection events, care management events, environmental events and criminal events. In January 2008 the Governor signed an agreement between the state (representing Medicaid and the DOH) and WSHA (representing the 99 hospitals of Washington State) stating that no insurance company or private individual would have to pay for care resulting from an adverse event occurrence during the patient's stay in a Washington State hospital.

Adverse or Serious Reportable Events must be reported to the Department of Health within 48 hours of their confirmation. Within 45 days of confirmation and report to the DOH, a root cause analysis (RCA) must be completed. Within 45 days of the date of the RCA, the DOH must receive a copy of the RCA and corrective action plan. The Department of Health will then review the RCA and corrective action plan, approve it or request changes, and return the plan to the hospital. Progress on the implemented action plan must be reported to the DOH and a follow-up will occur during the next regularly scheduled DOH survey.

The DOH requires that hospitals use the RCA format outlined by the Joint Commission, the Department of Veteran's Affairs or a pre-approved customized format developed by the hospital. From June 2006 to July 2007 (the most current data that is available) 180 Adverse events had been reported to the DOH, five percent of that total (8) occurred in critical access hospitals. Across the state, the most commonly reported adverse event was a hospital acquired stage 3 or 4 pressure ulcer. However, among CAH facilities the most commonly reported adverse events were surgery on the wrong body part and patient death or serious disability from medication error.

The concern we all share is that the Center for Medicare and Medicaid Services (CMS) will soon implement a pay-for-performance mandate in critical access hospitals. This set of criteria is being proposed as a way to reduce CMS costs and improve the quality of patient care for the elderly. CMS has released a list of adverse events for which they will not pay for follow-up care. This list includes: air embolism, blood incompatibility, catheter associated UTI, pressure ulcers, vascular catheter associated infection, certain surgical site infections (CABG), and certain types of falls or trauma. They are proposing the addition of the following for 2009: surgical site infections (total knees), legionnaires disease, ventilator associated pneumonia, pneumothorax, delirium, deep vein thrombosis, *Staphylococcus aureus* septicemia, *Clostridium difficile* infection, and glycemic control (including ketoacidosis and diabetic coma).

The above adverse events, which CMS will not pay for follow-up care, are a very serious issue for rural hospitals with attached long term care facilities or which do a volume of orthopedic surgery. Two things cry out for attention. One is that quality improvement and infection control processes must be ever vigilant to prevent hospital acquired infections and substandard patient care. A costly error could bankrupt a hospital. The second thing that cries out for attention is the need to do very thorough and complete RCA's. If your facility is not comfortable doing RCA's and developing workable, logical and complete follow-up PI action plans, now is the time to get "onboard". At a recent WSHA Patient Safety Committee meeting we were told that thirty percent (30%) of hospitals in the state overall and 53% of RHQN hospitals did not report a single adverse event. The question that begs an answer is: Are those hospitals so good at delivering excellent patient care that they had no adverse event last year? The answer is undoubtedly "NO". They have not reported adverse events that occur. If they do not report, does it also mean that they do not do RCA's? The answer is undoubtedly "YES".

In my travel to RHQN member facilities I have found many that do more than one 'practice' RCA each month in order to maintain their competency and streamline the process. Often they will use an employee health incident (needle stick, fall, low back injury) as a mechanism for doing a practice RCA. It makes sense and greatly reduces anxiety when an adverse event RCA must be done. If you need assistance from the RHQN in this area please feel free to contact me;
Randy Benson, 206-577-1821 or randyb@wsha.org.

Event Reminders

I wanted to remind everyone that the November Members Conference Call will focus on infection control issues. Sandy Kangas, the RHQN Infection Control Consultant, will be presenting. Included in her presentation will be information on implementation of the standardized isolation signage just approved by the WSHA Board (October 7), a discussion of upcoming requirements for submitting each hospital's infection control surveillance plan to the DOH, and the current status of hospital infection prevention programs across the state. Please join us on Wednesday, November 12, at 10:30 a.m. Dial 800-747-5150, and use access code 2162550#. We will also post the call to our website.

With Thanksgiving and Christmas coming soon, it is time to circulate your "Holiday Decorations" policy to all departments. If you do not have one or would like to see a sample policy that meets all fire marshal and DOH criteria, let me know. I would be happy to forward it to you. For those of you who have DOH survey between now and the end of the year, DOH surveyors will have "inappropriately located" holiday decorations high on their list of possible citations. If you need assistance with your holiday decoration policy or other environment of care issues, please feel free to contact me; Randy Benson, 206-577-1821 or randyb@wsha.org.

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