

Rural Healthcare *Quality* Network

RHQN Newsletter, December 2008
Randy Benson, Executive Director

The Case for Standardization

As I'm sure many of you already know, the Washington State Hospital Association (WSHA) Patient Safety Committee proposed and the WSHA Board of Directors approved a statewide standardized set of hospital codes. At first glance, the request for every hospital to adopt the standardized codes seems to create chaos where there was none. The thought of changing all your facility's codes and re-training staff to recognize and use them instead of the codes they've used for many years, is daunting. So, why in the world would any hospital do that?

Standardizing hospital codes is, believe it or not, tied directly to the quality and safety of care we provide. The purpose of an emergency code is to quickly communicate an emergency and to mobilize expert assistance. Whether you have staff who work most of the time for you but are also on-call at other facilities, CRNA's, surgical techs, PT's, RT's or clinical dietitians who work a circuit of facilities, locum tenen physicians, ARNP's or PA's who are covering for your providers while they are on vacation, standardized hospital codes are an quick and simple way to enhance the quality and safety of care we provide. Quick communication is thwarted by the tremendous variation that exists for codes representing respiratory and cardiac arrest, infant and child abduction, and combative person. Staff has become confused and used the name of a code call from one hospital in another. This has resulted in harm to patients and reinforces the importance of standardization to support the physicians and staff who strive to deliver safe care.

To view the new standardized code list, an executive summary and the implementation tool kit use this link: <http://www.wsha.org/files/82/EmergencyCodeExecutiveSummary.pdf>.

The Safety Committee of each facility needs to take a close, hard look at the codes that are in place and make an assessment of the value of switching to the standardized set. To assist in this evaluation, during our January 13, 2009 Members Conference Call I will review the standardized codes list, the implementation tool kit and some strategies for making their implementation easy. There is a very strong case for switching to the standardized code set and an even stronger case for having every facility participate in the switch. The WSHA Patient Safety Committee is recommending a one year timeline for implementation. I look forward to our discussion on January 13.

Smoking Cessation Counseling Update

The December Members Conference Call hosted a presentation by Gillian Schauer, Program Manager for the Washington State Department of Health Tobacco Cessation Resource Center (TCRC). Gillian's presentation "Making Your Smoking Cessation Program Work" focused on support for systems conducting tobacco cessation counseling. For many of us, reporting of smoking cessation counseling for heart attack and heart failure patients is part of our Hospital Compare quality outcomes and a heavy focus of the Washington State Department of Health. Yet the percentages of compliance in Washington

State are not that good. In quizzing hospitals about what barriers are out there preventing 100% smoking cessation counseling, three themes consistently arise. They are: 1.) Lack of materials, 2.) Lack of training and 3.) Lack of interest.

In many facilities one individual was trained to be the smoking cessation counselor. If that staff member left the facility, they may not have been replaced. If they were also in charge of keeping materials (packets) ready to use, the system may have fallen apart. If someone was selected to replace a smoking cessation counselor but was not trained, they may not know what resources are available, and therefore reluctant to do the counseling. The last of the trends was that the smoking cessation counseling needed to be done before discharge but everyone is too busy, or it's 2:00 am, or it's the weekend, or the patient has been counseled before and declined help.

These problems were addressed during the Members Conference Call on December 9th. An audio transcript of the presentation is available at: www.rhqn.org/resources/presentations.htm. A large toolkit of resources, materials order forms, and support information is available at: www.rhqn.org/resources/ToolKits/SmokingToolkit.htm. The Tobacco Cessation Resource Center has a grant/dedicated resources to assist rural hospitals interested in improving smoking cessation advice quality measures. To receive support, contact TCRC@freeclear.com or call 206-876-2560. If you have questions or need Gillian's direct contact information, please feel free to contact me; randyb@wsha.org or at 206 577-1821.

2009 Member Conference Call Schedule

The 2009 RHQN Members Conference Call schedule is posted on our website at: <http://www.rhqn.org/events.htm>. Our next call, scheduled for January 13th, will be "**Environment of Care Survey Update**". It is based on data from last quarter 2008 DOH surveys and information about the DOH survey focus for 2009. I (Randy) will be presenting. In February (the 10th), Sandy Kangas will be presenting the latest on "**Multiply Drug Resistant Organisms**" (MDROs), as it is tied to the DOH requirements for hospital surveillance plan submission, hospital infection rate submission and the legislature's proposals in response to the recent MRSA articles in the Seattle Times. Please join us at 10:30 am on January 13th and February 10th.

The End of the Year!

First, on behalf of the Washington State Rural Healthcare Quality Network and its Board of Directors, I would like to wish you the **Happiest of Holidays and a Prosperous New Year!** The Board members, Amy, Sandy, Myron, Bruce and I hope that the services we have provided for you this past year have been of value. 2008 has been a year of growth for our external peer review physicians and a year of re-tooling for the RHQN administration. Amy and I are both new to our positions and still learning the finer intricacies of providing you the highest quality service. If we have let you down, please accept our apologies and our pledge to do better.

Sandy Kangas, our infection control and prevention consultant is the newest member of the team. Her expertise and assistance have been invaluable in elevating the quality of infection control and prevention. Seventeen RHQN facilities have or are currently using Sandy's skills to upgrade their policies and procedures and to enhance the competence of their infection preventionist.

We look forward to serving you in 2009!

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