



RHQN Newsletter, May 2009

Welcome to the RHQN!

It is a great pleasure for us to welcome Beverlee (Bev) McCullough to the Rural Healthcare Quality Network as our Quality Improvement Manager. Bev comes to us with many years of experience in clinical quality improvement, most recently with Qualis and Providence Health and Services Empath Consulting Service. She is a fourth generation Washingtonian with many links to rural Washington and the RHQN hospitals. Bev will be contacting each of the member CEOs and Quality Leaders to set up a site visit appointment. The RHQN is very fortunate to have Bev's expertise in process improvement and we are looking forward to the coordination of external chart review findings and patient care process improvement. Bev can be reached at (206) 216-2862 or at bevm@wsha.org.

Care and Nurturing of Your Policies and Procedures

Our May RHQN Member Conference Call addressed the need to care for (review) and nurture (revise) all facility policies, procedures, and protocols on a regular basis. The general guideline for review and revision of policies is what's referred to as a "1 and 3" rule. This rule states that "best practice" requires review of all policies annually and revision of all policies, procedures, and protocols at least every three years. There are, of course, some exceptions to this "best practice" rule. As an example; disaster preparedness policies, etc should be reviewed and revised every year. Several member facilities who have received their DOH survey in the past couple months have been cited for lack of current disaster plans.

Yes, you read it right. The Department of Health is interested in your facility's degree of preparedness for disasters and your staff's level of competence in responding to a disaster. Surveyors are finding a 'disconnect' between policy and competence. So, keep your disaster plan up to date, be sure you are doing department specific disaster plan review, and that you are conducting a minimum of two disaster drills annually with management debriefing at the end of the drills.

Patient care policies, procedures, and protocols should also be reviewed at least annually and revised as needed, but no less than every three years. DOH surveyors often review patient care policies because they are a window into the facility's focus on quality patient care (the facility's interest in "best practice"). Infection control policies, procedures, and protocols also need to be evaluated and updated much more often than every three years. The rapidly changing world of infectious disease warrants re-evaluation of the policies on almost an annual basis.

One of the things you can do to easily demonstrate a facility wide commitment to "best practice" is to put reviewed and revised dates directly on each policy as opposed to putting an update

page in the front of the policy and procedure manual. That way, any policy that a surveyor looks at will show when it was last reviewed and revised.

The last area of concern when contemplating the care and nurturing of policies and procedures is the environment of care (EOC) policy and procedure set. When you think about it, there is a lot of logic to the idea that policies and procedures which promise a safe environment for work and quality patient care are important. EOC policies and procedures should be reviewed under the 1 and 3 rule. Those policies, encompassing the seven working areas of the environment of care, are the basis for the hospital Safety Committee's annual report to the Board. Surveyors expect that Boards receive an annual report of the Safety Committee's work goals and accomplishments. If you need help with this process, please feel free to contact Randy Benson, RHQN Executive Director at (206) 577-1821 or randyb@wsha.org.

Excellence in Emergency Cardiac Care – A Forum for Building STEMI Systems of Care

Rapid treatment for heart attack can mean the difference between life and death, and can prevent or lessen complications. A systems approach is the key to reducing time to treatment. Hospitals, emergency medical services, and dispatch providers in specific geographic areas are invited to:

- Review the evidence on STEMI treatment and systems of care;
- Learn about existing STEMI systems and their success reducing time to treatment; and
- Discuss developing a STEMI system with the hospitals, dispatch, and emergency medical services providers in their geographic area.

The South Puget Sound/Olympic Peninsula forum is sponsored by the Rural Healthcare Quality Network, Washington State Department of Health, American Heart Association, and the American College of Cardiologists. For more information or to register, contact Lori Martinez, RHQN, (206) 216-2550. The next regional forum will be:

South Puget Sound/Olympic Peninsula
(Thurston, Pierce, Lewis, Mason, Kitsap,
Grays Harbor, Clallam, Jefferson, Pacific counties)
June 11, 2009 • 11 a.m.-4 p.m.
Phoenix Inn
415 Capitol Way North • Olympia, WA

Stroke Systems of Care: Working Together to Save Time, Brain, and Lives

Many people in Washington die of stroke or are disabled because they do not get life-saving treatment. According to "Emergency Cardiac and Stroke Care in Washington," less than 3 percent of ischemic strokes were treated with the recommended clot-busting medication, and emergency response varies greatly statewide. To reduce stroke death and disability, hospitals, emergency medical services, and dispatch must work together to improve emergency response and treatment.

The Symposium will:

- ◆ Show how a systems approach will improve stroke care;
- ◆ Present recommendations for Washington's stroke system from the state's Cardiac and Stroke Workgroup;

- ◆ Present best practices and evidence-based guidelines for pre-hospital and hospital stroke care; and
- ◆ Promote consistent care and access across the state.

Co-sponsored by Rural Healthcare Quality Network, Washington State Department of Health, American Heart Association, Emergency Medical Services and Trauma System Steering Committee. For more information or for registration information, contact Lori Martinez, RHQN, (206) 216-2550. CME and limited travel scholarships are available.

**Cedarbrook Conference Center
18525 36th Avenue South • SeaTac, WA
Tuesday, June 16, 2009
8:30 a.m. – 4:30 p.m.**

Upcoming Member Conference Call

A natural follow-up to the May Member Conference Call is the June Member Conference Call discussion of the roles and responsibilities of the facility Safety Officer/Safety Committee Chair. Safety Committees play a huge roll in guaranteeing a safe work environment and promotes quality patient care. The role of the Safety Committee Chair or facility Safety Officer is not to be taken lightly. Their role is crucial, especially when the state is examining environment of care safety policies and procedures more closely than ever. Please join us on Tuesday, June 9, at 10:30 a.m. for **“The Hospital Safety Officer; Where Did I Put That Job Description?”**

If you have ideas, comments, questions, need additional resources or a consultation, contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or randyb@wsha.org