



RHQN Newsletter September 2009

AMI AND STROKE BEST PRACTICE CONFERENCE CALL

Since the first of the year, a lot of emphasis has been placed on establishment and implementation of the AMI Transfer Protocols and extension of the basic protocols to comprehensive stroke care. Regional forums and conferences have:

- brought together rural and PCI facilities, cardiologists, and EMS;
- highlighted the need for the protocols;
- provided policies, procedures, protocols, and other documents for a standardized statewide system; and
- given the opportunity for rural and PCI facilities to sit down, start the dialogue, and develop the implementation strategies to accomplish everyone's goal of saving patient lives by rapid transfer to a collaborating urban PCI center, when appropriate.

The September 8th Members Conference Call was our first taste of the Best Practices accomplished by several member facilities. **“Best Practices/Lessons Learned: STEMI: Cardiac Level One/ STEMI/Acute Coronary Syndrome Systems of Care,”** featuring Lincoln Hospital (Davenport) on “Lessons Learned,” Jefferson Healthcare (Pt. Townsend) on their AMI/STEMI Lean Rapid Process Improvement Workout, and Kittitas Valley Community Hospital (Ellensburg) demonstrated the successes our members are having with the STEMI protocols.

Terri Camp shared the flow sheet Jefferson Healthcare developed in their Lean STEMI RPI. As a result, patients north of a certain road are taken to Jefferson, those south of the road go directly to the tertiary hospital. The 911 responders give patients a stopwatch in their home to emphasize that 90 minutes is crucial. These are great ideas for many CAHs to implement in your communities.

While each CAH has different “Door to Balloon” restrictions with travel distances, we do share at least two measurable goals we can all work towards: “Door to ECG” and “Total Throughput Time” for transfers. Can you meet Kittitas Valley Community Hospital’s 3 minute “Door to ECG” time? Steve Collins shared Kittitas Valley Community Hospital’s work to reduce their time to ECG and their total throughput time by half in 2009.

Lincoln Hospital is a mature user of the Standardized Protocol, which is referred to as “Cardiac Level One” in hospitals sending patients to Spokane. Tom Martin shared the perspective of

“Lessons Learned” over time and the work that Lincoln Hospital is now leading in developing a Stroke Protocol.

Presenters from each facility openly outlined the challenges and successes they have had. Especially significant is the reduction in door to balloon times that have been achieved by using the standardized protocols. We would encourage you to go to the RHQN website (<http://www.rhqn.org/resources/presentations.htm>), listen to the audio of our September 8th Conference Call, and review the materials provided by each of the presenters. You’ll even find information on the stopwatch Jefferson Healthcare uses. Thank you to each of the presenters for your expertise and willingness to share your successes in implementing the AMI transfer protocols, bringing your door to balloon times down, and most importantly, saving lives of rural AMI patients.

We look forward to expanding our work in this area during 2009. It is important that all facilities have a set of transfer protocols in place and are successful in bringing their throughput and ultimately their “Door to Balloon” times down. Please feel free to contact Bev McCullough, RN, RHQN Quality Improvement Manager at (206) 216-2862 or bevm@wsha.org or Randy Benson, RHQN Executive Director at (206) 577-1821 or randyb@wsha.org for assistance.

WHAT NEXT? MORE INFORMATION ABOUT H1N1 INFLUENZA

Fifteen percent of the students (~3,500) at Washington State University have contacted H1N1 influenza. WSU Student Health is overwhelmed. They send the flood of students to the emergency department at Pullman Regional Hospital. The emergency department staff is overwhelmed and winds up triaging students as they line up on the sidewalk outside the ED. Students are advised to go home for a week while they recover from the flu. A small high school north and west of Pullman cancels their football game and other activities because fifty percent of their students either have H1N1 or are just getting over it.

Where and when does it stop? Who knows! All hospitals in the state are ‘on edge’. We worry about and prepare for the worst. Will we have to implement the disaster plan? Will we have enough staff that are well and can take care of others? Is it all a big scare and being blown out of proportion? Will vaccination be made mandatory? Will the vaccine even work? Questions, questions, questions!

No one has all the answers, but, there are experts available to help us sort out the facts from myths, guesses, and rumors. Your infection preventionist (IP) is one of those experts. All RHQN member infection preventionists have a great expert resource to fall back on. Sandy Kangas, RN, PhD is the RHQN’s infection prevention and control consultant. Her services are available to all members, free of charge. Sandy has many years of experience with infection prevention and control in the critical access hospital setting. Your IP is included in the listserv which the group uses to support each other and identify best practices in infection control.

Sandy has been very busy during the past month in support of your facility’s infection prevention and control practitioner and has all the latest information from the CDC and APIC on seasonal influenza and H1N1. Please feel free to contact her at sandyk@wsha.org.

FROM THE DESK OF BEV MCCULLOUGH, RHQN QI MANAGER

It continues to be a great joy to be working with all of you and completing an initial visit to each hospital. As I travel around the state, I am struck by several things:

- the incredible job you do with very limited resources;
- your commitment to providing the highest quality care for your communities,
- the stresses that the economy, healthcare reform, and H1N1 have placed you under, and
- the common challenge of prioritizing.

We all recognize the need for culture change in order to improve processes within your organizations in order to be more effective, more efficient, save money, spread ownership, and do a better job of engaging employees in safety initiatives and evidenced based care. My goal is to support you by sharing “Best Practices,” “Lessons Learned,” and effective tools to simplify your day and help you meet your goals. I look forward to sitting down with the quality leader and CEO in each facility to assess your needs, “share openly,” and “steal shamelessly” in the name of best practice and quality improvement.

Together, we will grow in our commitment to quality improvement and clinical excellence. Please feel free to contact me at (206) 216-2862 or bevm@wsha.org.

UPCOMING MEMBER CONFERENCE CALLS

Here is the Members Conference Call topic list for the remainder of 2009. If you have topic suggestions, please call or e-mail Randy Benson, RHQN Executive Director at (206) 577-1821 or randyb@wsha.org.

- October 6, 10:30 a.m. **“The Disaster Preparedness Primer: When is a Drill Not a Drill?”** presented by Randy Benson, RHQN Executive Director
- November 17, 10:30 a.m. **“Adverse Events and RCAs: How to Conduct a Proper RCA in Three Meetings,”** presented by Randy Benson, RHQN Executive Director
- December 8, 10:30 a.m. **“The Clinical Quality Improvement Primer: Witnessing to Best Practice,”** presented by Bev McCullough, RHQN Quality Improvement Manager

If you have ideas, comments, questions, need additional resources or a consultation, contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or by email at randyb@wsha.org, or Bev McCullough, RHQN Quality Improvement Manager, at (206) 216-2862 or by email at bevm@wsha.org.