The University Hospital
New Jersey Medical School
PATIENT SAFETY

The Patient Safety Forum

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Improving the Quality of Care at UH: Preventing Hospital Acquired Infections

BeverlyAnn Collins, RN, MS, CIC

The tremendous effort by the UH staff in the critical care units to decrease central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia (VAP) and catheter-associated urinary tract infections (CAUTI) has resulted in positive outcomes for our patients. Efforts continue to further decrease these rates:

CLABSI: A 78% reduction in CLABSIs at UH was identified in 2009 when compared with 2008. **One unit (CCU) has had no unit-acquired CLABSIs for two consecutive years!**

VAP: A 57% decrease in VAPs at UH was identified in 2009 when compared with 2008. **Three units (CCU, CTICU and PICU) have had no unit-acquired VAPS for 2 consecutive years!**

CAUTI: A 20% reduction in CAUTIs at UH in 2009 when compared with 2008

Kudos to all staff who have done their best to ensure that we adhere to the intervention bundles with an emphasis on good patient care that has helped make the difference for our patients.

Public Reporting Mandates:

January 2009, the NJ Department of Health and Senior Services has required reporting of CLABSIs in all ICUs for publication on their quality website. Reporting of catheter-associated urinary tract infections was required as of January 2010.

UH Achieves Gold in Heart Failure Care; Awarded Bronze in Stroke Care

Vincent Barba, M.D., FACP, FHM

University Hospital was recently awarded the Gold Achievement Award for Heart Failure Care and the Bronze Award for Stroke Care by the American Heart Association and the American Stroke Association in its Get With The Guidelines Program.

This quality distinction comes as a result of University Hospital's full participation in the national program in these two areas. Adherence to the guidelines improves the quality of care and outcomes for these patients treated at UH.

Kudos to the staff and our medical staff for working hard to improve the quality of care at UH for our patients.

The American Heart Association and American Stroke Association recognize this hospital for achieving at least two years of 85% or higher adherence to all Get With The Guidelines℠ program quality indicators to improve quality of patient care and outcomes.

Improving the Quality of Care at UH:

UH Appropriate Care Measures –National Quality Program

Maryann Sakmyster, Ph.D

UH actively participates in the National Hospital Quality Alliance. We measure the following processes of these diagnosis. We also measure the outcomes of these patients care such as mortality and readmission rates. The composite score reflects compliance with all the process measures for a particular patient diagnostic group. A score of 90% is the minimal standard with a higher score reflecting better performance.

Acute Myocardial Infarction (AMI) Composite Score: 98%
Aspirin given on Arrival
Aspirin prescribed on Discharge
Beta Blocker prescribed at Discharge
ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
Smoking cessation advice given
PCI started within 90 minutes of arrival

Heart Failure (HF) Composite Score: 100%
LVS Assessment
ACE Inhibitor or ARB for LVSD
Smoking cessation advice given
Discharge Instructions for Diet, Activity Level, Discharge Medications, Weight monitoring, What to do if symptoms worsen, Follow-up appointment

Pneumonia Composite Score: 91%
Blood Cultures Taken Prior to Antibiotic
Recommended Antibiotics Ordered
Oxygenation Assessment
Antibiotic Timing - within 6 hours arrival
Pneumococcal Vaccination administered
Influenza Vaccination (Seasonal) administered
Smoking Cessation Advice given

Surgical Care Improvement Project (SCIP) Composite Score: 97%
Prophylactic antibiotic received within 1 hour of surgery start (incision) time
Recommended Antibiotic Used
Antibiotic discontinued within 24 hours of surgery end time
Appropriate Hair Removal – clipping not shaving
Venous Thromboembolism Prophylaxis (VTE) Ordered
VTE Prophylaxis administered
Cardiac Surgery Patients with Controlled 6 AM Postop Serum Glucose
Urinary catheter removed by postop Day 1 or 2
SCIP-Infection-10: Perioperative Temperature Management

Stroke Measures Composite Score: 98% (1st quarter of 2010)
Venous Thromboembolism (VTE) Prophylaxis
Discharged on Antithrombotic Therapy
Anticoagulation Therapy for Atrial Fibrillation/Flutter
Thrombolytic Therapy for eligible patients within 3 hours of arrival
Antithrombotic Therapy By End of Hospital Day 2
Discharged on Statin Medication
Stroke Education at discharge for activation of emergency medical system, follow-up after discharge, medications, risk factors for stroke, and warning signs and symptoms of stroke
Assessed for Rehabilitation

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Announcements

Save the Date

Patient Safety Grand Rounds

"Adverse Events"

Gerald Hickson, M.D.

MSB-C600 @ 11:30am

September 15, 2010

Special Thanks

The UMDNJ-NJMS Patient Safety Team would like to thank you for your participation in our first Grand Rounds.