



Patient Safety in the AMEDD



1 JULY 2012

CONTENTS

Best Practices	2
TeamSTEPPS	3
TapRoot	3
Ideas from the Field	4
PSR Update	4
Hails and Farewells	4
PS Educational Opportunities	4
PSP Contact Information	4

Patient Safety

BE AWARE FOR SAFE CARE



"HELLO SUSY, SAY AHHHH
I SEE IT'S YOUR TOOTH IN THE BACK."

"I'M LINDA, NOT SUSY. IT'S MY FRONT
TOOTH, AND WHERE ARE YOUR
GLOVES AND YOUR MASK????????"

ALWAYS VERIFY

- PATIENT'S FULL NAME AND DATE OF BIRTH
- PATIENT'S FULL SSN
- PATIENT'S RECORD AND RADIOGRAPH
- PATIENT'S CORRECT TREATMENT SIDE

Heidelberg Dental Activity
European RDC
First Place
Dental Theme Related
2012 Poster Contest

At Ease with COL Kesling

By Cheryl Brown, DBA, RN

COL Kimberly Kesling, new arrival at MEDCOM as Deputy, Quality Management Division and Manager, Patient Safety Program, discussed her thoughts on advocacy for Patient Safety from a leadership perspective. She stated that, "the bottom line up front is that Patient Safety, as a movement, a culture or a standard operating procedure in an organization, has to start at the leadership level". COL Kesling believes that from the commander down Patient Safety, "has to be a point of emphasis... the actual goal is to have everyone in the organization take ownership for the care that is provided...it has to be something that the Deputy's talk about, that the commander talks about and that it's an expectation". COL Kesling pointed out that 'buy-in' was necessary for everybody's participation.

COL Kesling stressed that the 'buy-in' mentality is closely tied to 'ownership'. She explained that we are an organization that is very proud of what we do, taking into account that, "we tend to keep our mistakes close to our vests". She affirmed that there is a challenge with transparency in any culture regarding harm events and, "that has to start right at the top". COL Kesling expressed, "you have to take ownership, not only for the good things but for the bad things...and then take ownership of how you fix those bad things is very difficult". She underscored that, "if the leadership is engaged in discussing what has happened openly, how they fixed it, what they plan to do in the future, then that begins to trickle down...but, it's a very difficult transition

from a culture where everybody is measured against a standard of performance to a culture where everyone is measured against things that we prevent and the way that we interact with the patients and people who are in our facilities".

When reflecting on COL Kesling's role as DCCS she recalled, "I thought my biggest role, bar none, was to be a visible person who took responsibility for the care that was in that facility...if there was an issue or if there was a problem, I worked with my fellow deputies and we went and addressed the problem immediately and directly...and then, we talked with the entire organization about what we had done to help fix that problem...we would go out on leadership rounds looking for things that we could fix, talk to the people in the organization and try to find the places where we had gaps".

On the subject of the Army's multiple missions, COL Kesling cites that the toll the wars have taken on the Army as a whole is not any less in the MEDCOM, "just because we don't send as many people to war as often doesn't mean that we still aren't burned out...that's going to be a real challenge over the next few years...there is no guarantee that they won't add more missions...the organization as a whole has been so stressed for so long

Continued on page 3 Kesling



Best Practice: Rapid Response System

By Brenda Helton, PSM, GLWACH
General Leonard Wood Army

Community Hospital (GLWACH) revised their Rapid Response System (RRS) to include activation by: any patient, family member or staff, from any hospital phone regardless of location. The purpose is to help the patient before a crisis by providing quick access to care. The RRS team consists of an ICU, ER and RT staff member. Reeducation of staff included: (1) warning signs, (2) vital sign changes, (3) increasing head or chest pain, and (4) new onset of confusion. GLWACH educates patients about the RRS team by posting signs and providing brochures.



GLWACH's primary patient safety focus is improving healthy communication between the patient and the healthcare team thus reducing un-

necessary care. They stress the importance of clear, open communication between patients and the healthcare team, patients speaking up, patients sharing their thoughts and concerns and patients asking questions plus understanding the answers about their care. We encourage patients to have their provider or member of their healthcare team thoroughly explain all care, procedures, treatments and medications that they may receive. Patient safety focuses on: (1) proactive staff behavior, (2) mitigating medical errors, and (3) patient involvement in their own care. GLWACH recently implemented 'daily provider and nurse rounding'. This 'rounding' involves providers calling units prior to arrival by alerting nurses to prepare to partner in rounds with the providers. This type of 'rounding' improves communication and handoffs.

GLWACH TeamSTEPPS steering board will complete hospital-wide TeamSTEPPS training by October

2012 including the "Team Up" for care. Sustainment training is covered in the monthly Newcomers Orientation. The Patient Safety Manager holds a monthly TeamSTEPPS instructor meeting to provide mentoring for instructors. Scenarios and role-playing are used from the PSR system and from the TeamSTEPPS instructor manual.

We welcome and encourage feedback regarding patient safety concerns at GLWACH. Our Patient Safety Hotline and drop box for questions or concerns are located outside of the patient safety office. Patient Safety has a SharePoint page for information on medication alerts, recalls and other informative resources relevant to Patient Safety. Safety is everyone's responsibility. Encouraging patients to become an active participant in their own care will make a difference in ensuring their safety. Safe health care is a true partnership and we need everyone's help in the process.

Best Practice: The Use of the Ruhof ATP Complete® - Contamination Monitoring System

By Leticia Sprinkle, PSM, WBAMC

In order to demonstrate due diligence

and compliance through proactive surveillance, William



Beaumont Army Medical Center (WBAMC) purchased the Ruhof ATP Complete® to verify the effectiveness of the cleaning and decontamination process for various surfaces (i.e. skin, scope lumens, beds, IV machines, counter tops, surgical instruments, etc). The hand held reader uses bioluminescent chemistry technology converting an invisible concentration of adenosine triphosphate (ATP- the universal energy carrier for living organisms) into a

visible light output producing a quantitative result. Once the sample is measured, results are downloaded through the software and reports can be generated for data analysis.

The Ruhof ATP Complete® will be used as a monitoring tool to confirm the performance of decontamination and sterilization devices and techniques throughout the hospital. Examples for use include: hand hygiene, colon scope cleanliness, and spot checking sterilized equipment. Because of the versatility and ease of use, multiple departments will be able to use the ATP Complete® to monitor their own processes. Now there will be quantifiable data that can be used for quality checks, performance improvement projects, and infection control measurements. WBAMC believes that this simple but effective tool will be used for future compliance and a revolution of standardization. This is one step towards patient safety to prevent HAI (hospital acquired infections).

Best Practice: Patient Safety Advocates

By Suwaid A. Khan, PSM, WRDC

One of the greatest successes within Western Regional Dental Command (WRDC) towards Patient Safety was the introduction of the clinic level Patient Safety Advocate (PSA). The PSA functions at the forefront of Patient Safety by being easily accessible to both personnel and patients within the clinics/departments where they are utilized.

Traditional dental protocol for patient safety was one dental officer assigned as a Patient Safety Officer (PSO). The PSO was responsible for everything regarding safety including Collateral Duty Safety Officer responsibilities (a very different venue of safety). Effectively carrying out these tasks was impossible for the PSO simply because of the vast nature of safety and an individual can only be at one place at any given time.

Continued on page 4 WRDC

Kesling Continued from page 1

that there are very definite places and pockets where people are just tired". She illustrated this with the following analogy: "anybody who's been to a restaurant where the people serving are happy and they feel good about what they're doing, enjoying the interaction with the customers, you have a much better experience than if you go some place where they say, 'hey, here's your food', and unfortunately, in many of our organizations there are places where we've gotten to, 'here's your food' because we're just tired".

COL Kesling noted that different intents, requirements and team leader goals lead to organizational tension. She doesn't envy, "the architects of the next 5 yrs for the MEDCOM because it is going to be very difficult to navigate...the draw down...the missions". Having deployed in 2003 and served as DCCS at Fort Hood, COL Kesling praised the AMEDD by saying that, "we have done absolutely, unbelievably, amazing things when it

TeamSTEPPS

By Phyllis Toor, RN

To build a successful Patient Safety (PS) Program, leadership must acknowledge the importance of PS activities as well as empower staff to become active members in PS. As we continue working on the integration of our MTF's TeamSTEPPS cultures, many teams are developing creative ways to present material. Simulation, as a training option, is becoming the norm and is a reliable method for PS plus team performance improvement.

Recently, MEDCOM developed 'Surgical Services TeamSTEPPS Through Simulation' training that was piloted at Reynolds ACH. The principles of TeamSTEPPS were presented to the surgical staff through a one hour didactic using the TeamSTEPPS Essentials Course materials. After this review of the 'tools', the students moved to simulation scenarios in the OR, SDS and PACU. Students participated in

comes to battlefield care...that's what we focus on, but the reality is that most of the care that we give is not to people who've been injured in war...I oversaw the largest primary care product line in the Army where we had 100,000 people enrolled in our facility to receive primary care...that was our mission and sometimes that becomes difficult to do because there were so many other patients that we were supposed to be seeing".

On being proactive leadership, COL Kesling said, "that's the whole point of Patient Safety, is that you want to look ahead and figure out where the bumps in the road are going to be...you don't want to have to go along and fix the bump after you tripped over it...that falls more into the realm of risk management and the adverse things that happen...we hope to catch a lot of this stuff before it becomes an adverse event. She believes, "that leadership takes responsibility for the care that is given in that organization". She also feels that, "[leadership] looks at processes,

scenarios that were clinically relevant to their area of practice.



A surgical team at Reynolds AHC

Simulation scenarios were designed to create opportunities for team members while practicing use of TeamSTEPPS tools for high performing teams. Focus was placed on the evidenced based, best practices of full team briefs, as well as briefs and debriefs before and after each surgical case.

This course was designed to incorporate two 4-hour 'Train the Staff' sessions into the three day 'Train the Trainer' course. This provided the trainer candidates an opportunity to conduct their first TeamSTEPPS training while still a student in the 'Train the Trainer'. Trainer candidates were provided an in situ opportunity to practice 'boots on the ground' coaching

people and resources, then moves an organization towards being safer". COL Kesling stressed that, "if all you're trying to do is get through the day, not spend too much money and make sure that you don't [harm] anybody, then you never become a safer organization; you probably don't become a more efficient organization and you certainly aren't a place where people want to work".

COL Kesling spoke on what she felt was one of the 'most important jobs for leadership' and that was to practice the art of walking around. She illustrated this by the fact that, "we've asked the leadership in our organizations to do so many different things that often times it's difficult not to get locked in your office, attached to your keyboard and spend all of your time trying to manage your organization by email...but, when it comes to changing a culture and making people feel engaged and responsible for what goes on in an organization unfortunately that takes time, effort and leaving your office".

on day three. The trainer candidates practiced coaching peers in the surgical suites while cases were conducted.

Nearly all of the Reynolds AHC Surgical Services staff (80+), were trained. The team hopes to utilize information shared at each case debrief to help improve case delays, equipment issues, case preparation and patient outcomes, just to name a few.

Congratulations to Team Reynolds for training well done! We look forward to following your progress as you hardwire these patient safety strategies into your practice and culture.

TapRoot Version 5.0

By Dana Rocha

Systems Improvement is working on an updated Data Conversion tool to be available in an upcoming release and on the release of a Medical Dictionary due out by 31 December 2012!!!!

Ideas From the Field

by Mary Wickam PSM, Kenner ACH
West Point DENTAC created a

Team-
STEPPS
'daily
quick
glance'
White
Board
that
improves



mission capability and clear communication for all personnel re: place of duty, team responsibilities and support groups. Graphics attached to the board consist of individual dental chairs (representing a team caring for a patient) with names of a provider and an assistant. The teams are divided into three bays for better traffic flow. The administrative team consists of head-

quarters staff and the DENTAC NCOIC. The coordinating team is made up of the practice manager and front desk personnel. The ancillary and support team involve supply personnel, the sterilization tech and lab staff. CPT Prince, OIC of Saunders Dental Clinic, and the clinic NCOIC update the whiteboard allowing them to focus small and large Tuesday team huddles to enhance communication flow in all directions. Currently, the clinic is preparing for 'Reception Day' when 1200 men and women join the USMA Corps of Cadets.

*“Working Today
for a
Safer Tomorrow”*

PS Educational Opportunities

DoD Patient Safety Program

News and Publications

<http://www.health.mil/dodpatientsafety/News.aspx>

Products and Services

<http://www.health.mil/dodpatientsafety/ProductsandServices.aspx>

The Joint Commission Education Resources

<http://www.jcrinc.com/View-All-Products>

Mosby's Nursing Consult: AMEDD Virtual Library US Army Medical Command

<http://www.nursingconsult.com/nursing/index>

DoD/VA Shared Learning (Look for Grand Rounds)

<https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/dod.jsp>

PATIENT SAFETY PROGRAM CONTACT INFORMATION

COL Kimberly Kesling	Program Manager	210-221-6195
LTC Cindy Renaker	Staff Officer Nurse	210-221-6622
LTC Gwendolyn Thompson	Medication Safety Officer	210-221-8543
Dr. Cheryl Brown	Nurse Consultant	210-221-8043
Ms. Phyllis Toor	TeamSTEPPS Coordinator	210-221-8932
Ms. Rebecca Jordan	Nurse Consultant	210-221-7834
Ms. Dana Rocha	Senior Systems Analyst	210-221-8526
Mr. Rafael Whispell	Senior Systems Analyst	210-221-7009
Mr. Fred Del Toro	Visual Information Specialist	210-221-6966

HQ, US ARMY MEDICAL COMMAND
ATTN: MCHO-Q
2748 WORTH ROAD
FORT SAM HOUSTON, TX 78234
MEDCOMPSC@AMEDD.ARMY.MIL

Please send us your newsworthy information to be included in future editions of the Patient Safety newsletter. Give us the who, what, when, where and why and we will add it after editing. The POC for newsletter items is LTC Cindy Renaker.



WRDC Continued from page 2

The PSA's role was initiated in 2011 at Joint Base Lewis McChord (JBLM) Dental Activity (DENTAC). Since its inception, the DENTAC Patient Safety Program (PSP) flourished for a variety of reasons. First, leadership buy-in was critical. A program is only as strong as its leadership. Leadership should emphasize the importance of patient safety from top levels down to clinic/departmental and core team levels. Denouncing patient safety or verbalizing its insignificance develops a barrier of communication between leadership and PSAs including clinical staff. This negativity does not enable those who are carrying out the roles as a PSA to develop a level of trust and confidence with their leadership. Secondly, employees were voluntarily selected from within the MTF to carry out the roles of a PSA. They represent dental hygienists, dental assistants, or treatment coordinators. Go PSA!

PSR Update

By Rafael Whispell

The PSR software upgrade to 11.2 has been delayed until early October 2012. DISA will be installing a critical patch. The Standard Reports will include a new listing report entitled "Pharmacy Listing Report". This report will contain all of the medication events for the MTF. Due to maintenance costs and lack of use the following Standards Reports will be deleted from the system: the PSM Listing Report (Opened Date) and the PSM Listing Report (Reported Date). Per direction from DOD, the hierarchy updates will be implemented after the PSR 11.2 upgrade. I apologize for this inconvenience.

Hails and Farewells

Hails

COL Kimberly Kesling - QM MEDCOM
Ms. Shirley Manning-Gambrell - Moncrief
LTC Gwendolyn Thompson - QM MEDCOM

Farewells

Ms. Theresa Hrubes - Bassett ACH
Ms. Tammy Warren - Munson AHC
Ms. Chantel Robling - CRDAMC