



Patient Safety in the AMEDD



1 MAY 2012

CONTENTS

TapRoot Version 5.0	2
Best Practice: Newborn Screens	2
Making your Morning Briefs Work	3
PSR Updates	3
News of the PS Team	3
2012 PSAW Poster Winners	4
Hails and Farewells	4
Ideas from the Field	4
PS Educational Opportunities	4
PSP Contact Information	4



1st Place
Medical Theme Related Poster
Eisenhower AMC

At Ease with COL Lounsbery

By Cheryl Brown

As COL Lounsbery and I sat down to discuss Partnership for Patients (PfP) plus reflect back on her time at MEDCOM as the Deputy and Chief of Quality Management (QM), she had this to say: “Partnership for Patients, as you know, is a national initiative.... it’s an organized approach for the nation to do things that most of our MTFs are already doing.... we already implemented the bundles several years ago”, referring to CLABSI and VAP. COL Lounsbery emphasized, “It’s about reducing harm to patients and readmission rates”. She listed the harm events as, “surgical site infections, venous thromboembolisms, obstetrical adverse events, CLABSI, VAP, and CAUTI”. She rhetorically asked whether we have all the right things in place to ensure people are using them all the time. Her reply, “probably not and this national initiative will help us get there”. COL Lounsbery is an advocate of, “moving the whole DoD in the same direction” and having all services get on board with PfP. She stated that this organized approach “might help us get standardized notes in Essentris” and “get the other services on board with our Falls protocol”.

Acknowledging that the “Army is way ahead” on Falls standardization, risk assessment and prevention protocols, plus leads on adverse drug events readmission prevention and medication reconciliation, COL Lounsbery also mentioned that high alert medication issues have been addressed in CHCS for prevention of medication errors. She also agreed that we need to move steadily forward in two areas: (1) prevention

of pressure ulcers and (2) the prevention of readmissions that “all of the organizations have been working for awhile”.



Focusing on readmissions, COL Lounsbery added, “that’s work we probably have a ways to go on, as we start to look at our data, we have the same kind of readmissions as the civilian sector does, CHF being on top”. She stated, “not every facility is going to have a readmission problem, so we need to tailor what we do to what the facility needs to improve”. Commenting on smaller hospitals, she stated that they, “probably aren’t admitting patients with CHF therefore; they won’t have that as an issue; but, they might need to focus more on surgical site infections or obstetrical adverse events and gear up in that direction instead of the readmission direction”.

COL Lounsbery reflected on her time spent at MEDCOM with an historical perspective on how patient safety and the Patient Safety Program (PSP) used to be, “when I was a DCCS, I would email the Chief of Quality and I would never get an answer, that was something that I focused on even as a deputy” and “when the PSP first started it was no blame, can’t talk to anyone else, no interaction with RM”. Commenting on QM now she said, “I think we’ve made tons of progress since

Continued on page 2

Continued from page 1

the time I've been here" also pointing out that, "in the last few years we've been really heading in the right direction". COL Lounsbery summarized her belief in the Just Culture model as we approach adverse events, "there are systems issues but there might also be people issues so, you've got to look at both sides and treat everyone fairly... people know that sometimes it's somebody's fault".

I asked COL Lounsbery for parting words of wisdom and/or her

TapRoot Version 5.0

By Dana Rocha

User Focused Features! The newly redesigned interface is based around the user's need for data access and modeled with the TapRoot® 7-Step Process Flow in mind. Each user is greeted by their own landing page containing data associated with the user, Investigations and Audits assigned to the user, as well as any Corrective Actions.

From the landing page the user has access to edit or view all Audit/Investigation data as well as the ability to status Corrective Actions. When an Audit/Investigation is created or edited the user is provided the 7-Step Process

Best Practice: Newborn Screen

By Terri Sharp

The Heidelberg Pediatric Clinic, in 2009, implemented a safety initiative involving the metabolic newborn screening requirement. This blood test, also referred to as the infant screening test or PKU test, allows early recognition of several potentially-fatal



foresight in future trends of the Patient Safety world. She believes that we will see a continued focus on PFP. She also noted that there is an increased effort in the civilian world on informing and negotiating settlements with patients involving adverse events. She believes that DoD can learn from that by becoming, "more flexible, avoiding the huge lawsuits and settlements that happen down the road". She believes that, "all of QM has come a long way in the time that I've been here... we've gotten people to understand the importance of creden-

Flow where the progress of the Audit/Investigation can be tracked and each technique can be viewed and edited.

New and Improved Reports! TapRoot 5.0 has revamped reports to making them more user-friendly and easier to use to communicate the findings of your Audit/Investigation. Each report can be exported directly to Microsoft® Word, Excel, and Adobe Acrobat® (PDF) for ease of editing and secure communication of your results.

TapRoot 5.0 has also added additional reports to allow the user easily understandable access to the Root Cause Analysis data collected within the database.

Updated Techniques! One of the key improvements is a new version

disorders. This, in turn, allows initiation of life-saving interventions.

After our realignment to outpatient services only, expectant mothers enrolled in our healthcare system usually give birth at one of the local German hospitals. The host nation metabolic screen for newborns is based on the German population and tests for fewer disorders than is required by our AMEDD facilities. When our mothers test positive for pregnancy, their health progress is monitored through a tracking database. Once the baby is born, a patient liaison instructs the mother on the importance of bringing the baby for the first check-up, usually 2-5 days after discharge from the host nation hospital.

tialing and privileging, taking adverse actions when it's necessary and doing the RM reviews...(and) the standardization of the other services is moving in the right direction".

On a personal note COL Lounsbery shared that, "this has really been a fun thing for me (working in QM)... It's not without its headaches but, there's always something going on that you wouldn't have expected... It's kind of where I found my niche in the world...to do the quality piece...I've really liked it".

of the SnapCharT® technique. TapRoot 5.0 has built this technique new from the ground up with new technology and additional features that will make this one of the simplest charting tools you will ever use!

In addition to many of the features you were familiar with from past versions TapRoot 5.0 added the ability to export the charts directly to Adobe Acrobat (PDF), to picture formats (JPEG, BMP, GIF, PNG), plus the ability to attach documents directly into the SnapCharT® for viewing within the chart. Attached documents are stored in the database so there are no worries about lost documents or broken links.

Source: Systems Improvement, Inc.

The Heidelberg Pediatric Clinic developed a tracking system to ensure that these babies are tested for 16 additional disorders. Collected during the first visit, the blood specimen is sent to a state-side lab for processing. According to the Center for Disease Control, the endorsement of a uniform newborn-screening panel of diseases has led to earlier live-saving treatment and interventions for at least 3,400 additional newborns each year with selected genetic and endocrine disorders.

The Heidelberg Pediatric Clinic OB tracking system is a tool for performing an additional safety check. This team is truly "working today for a safer tomorrow."

Making Your Morning Briefs Work

By COL Stephen Keesee

As the patient safety officer for the European Regional Dental Command, I'm constantly bewildered at some of the excuses some clinics use to avoid morning briefs. Everything from "they take too long" to "we can't get all our staff together" to "not enough space" is thrown at me as reasons. There is a simple solution to all these problems- leadership. Use the following principles to make your briefs work!

Be Involved. The clinic leadership must be involved to make the briefs work. When I was an OIC, I didn't run our morning briefs, but I liked to start them with a loud "Good Morning!" It's important for the staff to see the clinic leaders, the OIC and the NCOIC, at these briefs. If it's not important to the leaders, it won't be important to the staff.

Be on Time. It's equally important to start the briefs on time. I set my watch to the world clock. Every clock and computer in my clinic is set to that time as well. No one has an excuse to be late. By constantly starting at the exact time, I demonstrate that we start on time, every time. If an employee is late to the morning brief, he is late. Period.

Be Brief. The briefs should last no more than 1-2 minutes. I recommend a format that I call a "LDDRSSS brief" (pronounced "leaders"). The format helps us cover

essentials in a quick, concise way. You may skip over format parts when that section is operating in normal fashion. After completing the format, we would ask if anyone had issues needing to be addressed. Note: It's important here that you don't allow anyone to get on a topic that doesn't belong in your brief.



Patch Dental Clinic brief at Stuttgart, Germany

This is not a clinic meeting, it's a brief!

At my last clinic, we didn't have conveniently located conference or break rooms where we could hold our briefs. We briefed in the hallway prior to bringing our patients back to the operatories. It was far from ideal, but it worked. We had to move our location further from the reception area though, when one staff member commented in a loud voice one Friday morning, "Let's everyone get finished on time so we can leave EARLY!" Not exactly what I wanted our patients to hear! Find an appropriate place and make it work.

Some clinics try to conduct a brief over the clinic intercom. Staff members report that they don't pay attention when done as one-way communication plus disallowing for questions, issues or concerns to be

raised. Besides that, do you really want to announce over the intercom, where patients can hear that one of your sterilizers is down, that you have no lab support that day,

that MG Smith has a cleaning at 1030, and to "look busy".... probably not!

Every clinic is a little different, and for some clinics morning briefs are more challenging than others. By applying these principles, you can have success with your briefs and enhance your clinic's teamwork.

PSR Updates

By Rafael Whispell

Please subscribe to DHSS Connect. DHSS Connect provides timely and informative information on PSR news, events, and system outages or any other MHS application.

Please follow the instructions below to subscribe to DHSS Connect:

- 1) Click on the link below:
<https://public.govdelivery.com/accounts/USMHS/DHSS/subscriber/new>
- 2) Enter your email address in the box titled, "Email Address" and the click "Go".
- 3) Confirm your "Primary Email Address", select your "Delivery Preference", if you choose, Enter an "Optional Password", and click "Save".
- (4) Complete your "Subscriber Preferences", check any or all boxes to denote your interest and subscription to item(s), and click "Save".

Once you have subscribed, you will begin receiving messages based on the preferences you selected.

News of the PS Team

The NPSF Annual Patient Safety Congress program committee announced that Mr. Dave Bolesh, Patient Safety Manager, Kenner AHC, Fort Lee, VA has been selected as a poster presenter for their 2012 meeting, May 23-25, 2012 at the Gaylord National in National Harbor, Maryland.

The program received an overwhelming number of excellent submissions and his topic, Improving Abbreviation Compliance by External Providers, will be part of the poster gallery in the Learning & Simulation Center. Congratulations to Mr. Bolesh!

LDDRSSS Brief Format

- L – Leadership – OIC, NCOIC, Command, VIPs (General Officers) – expected absences, visits, etc*
- D – Doctor and Assistant Teams – review day's tasks prior to brief, can ask for assistance with complex treatment*
- D – Dental Lab – expected absences, who's covering*
- R – Radiology – who's covering*
- S – Sick Call – who's covering*
- S – Sterilization – is extra help needed? Is there a sterilizer down?*
- S – Supply – if the supply tech is out, who do you contact for an item?*

**2012 Patient Safety Awareness Week (PSAW) Poster
Winners**

Theme Related

Medical

1st Place - Eisenhower AMC
2nd Place - Guthrie AHC
3rd Place - Darnall AMC

Dental

1st Place - ERDC Heidelberg
2nd Place - Ft. Campbell DENTAC
3rd Place - ERDC Landstuhl

General Patient Safety

Medical

1st Place - Blanchfield ACH
2nd Place - Kimbrough ACC
3rd Place - R. W. Bliss AHC

Dental

1st Place - Ft. Bragg DENTAC
2nd Place - Pacific RDC
3rd Place - Ft. Hood DENTAC

Congratulations to all the winners.
Thank you to all the participants in the annual PSAW poster contest.
We had 173 entries this year.

Winning posters can be viewed on our website.
More winning posters will be placed in future newsletters.

Ideas From the Field

The staff on Ward 7W at the San Antonio Military Medical Center (SAMMC) is challenged on a monthly basis to keep up with The Joint Commission knowledge by 1LT Rose Manktelow RN. Using her creativity she prepares a bulletin board with questions related to NPSGs, procedures, etc. Each month a different theme is used. The image here has a spring Easter theme with each basket holding a folded 3x5 index card with a question on the outside and the answer inside. Staff can test themselves at any time. A creative way to keep staff up to date on current standards.



Hails and Farewells May and June 2012

Hails

LTC David Schlenker - Ft. Knox DENTAC
Vanessa Lawrenz - IACH
Ms Barbara Leblanc - TAMC
Dr. Rebecca Greening - Ft. Hood DENTAC
LTC Michael Nippert - Ft. Campbell DENTAC
CPT Steven Prince - West Point DENTAC
CPT Jenna Nakanishi - Ft. Carson DENTAC

Farewells

COL Doreen Lounsbery - QM, MEDCOM
COL John Garr - QM, MEDCOM
LTC Jorge Carrillo - QM, MEDCOM
LTC (P) Todd Kimura - PRDC
MAJ William Gilbert - PRDC
SGT Wilburt Rodgers - PRDC
Ms. Napu Izzi - PRDC
LTC George Quiroa - Ft. Knox DENTAC
CPT Shahnaaz Nistar - Ft. Hood DENTAC
LTC David Convey - Ft. Campbell DENTAC
MAJ Thomas Johnson - West Point DENTAC
COL Daniel Lavin - Ft. Carson DENTAC

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 Karen Grace	Program Manager	210-221-7285
LTC Jorge Carrillo	Medication Safety Officer	210-221-8543
LTC Cindy Renaker	Staff Officer Nurse	210-221-6622
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, 210-221-6622.