



# Patient Safety in the AMEDD



**1 JANUARY 2013**

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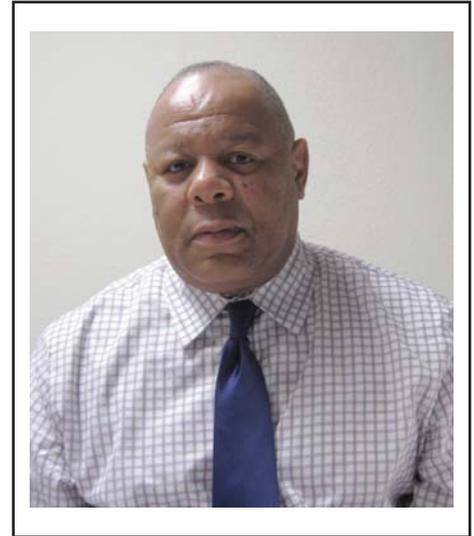
## Wishing All



**a Happy and Safe New year!**

*At Ease with Joseph “Tony” Cabell* By Cheryl Brown DBA, RN

Mr. Joseph (Tony) Cabell is the newest member to the MEDCOM Quality Staff. He is a retired Army Nurse Corps Officer with over 24 years of experience in both nursing and quality improvement. Mr. Cabell comes to his current position after serving as the Regional Director of Quality and Effectiveness at Baptist Health Systems in San Antonio. I sat with Mr. Cabell to discuss his views on quality and patient safety.



CB: What are your thoughts on quality?

TC: There is a great need for organizations to develop the right management systems and structures to adequately support quality efforts, measure outcomes and encourage accountability.

CB: When you talk about structures, what are you referring to?

TC: One structure I often think about is the ability to share data across the corporate structure. One of the best things we can do for ourselves when it comes to quality is to share data. I look at my position here at the MEDCOM headquarters as an aggregator of data with the responsibility to transform the data into usable information that can be acted upon.

CB: I asked Tony about the word sharing where he clarified it by saying,

TC: When I talk about sharing, I am referring to sharing of data as in lessons learned not only between MTFs but our sister services. Sharing lessons learned and best practices can prevent duplicate, undesired outcomes, as well as, cut down on duplication of efforts in solving quality issues.

CB: Can you talk about some things you are involved in that involve sharing of lessons learned and best practices?

TC: Since joining the MEDCOM family, I have become involved in several committees. One that immediately comes to mind is the

*Continued on page 2 Interview*



*Interview Continued from page 1*

Leading Practices committee. This is a multidisciplinary group that looks at leading practices across the AMEDD. Data is used to drive the efforts of the committee to develop corporate solutions to patient safety and quality issues.

CB: How do you see yourself interfacing with PSMs not only as a nurse consultant and advisor but also as a researcher?

TC: I see my role as TJC and Performance Improvement Nurse Consultant as one that can influence policy and assist in shaping the delivery of healthcare by thoroughly analyzing corporate data and developing solutions through a partnership with regions and MTFs.

CB: What are the hot TJC topics you will be examining in the coming year?

TC: I will be mainly focusing in three areas: past performance on TJC standards, Army Substance Abuse Program (ASAP) challenging standards, and corporate solutions to reoccurring compliance with challenging standards. Currently, I am in the process of compiling a yearly roll-up of TJC findings across the AMEDD. This data will be compared with like MTFs, as well as, facilities at the national level. In analyzing the data in this fashion, trends can be identified and solutions developed. Secondly, I will look very closely at ASAP findings across MEDCOM regarding the patient's final plan before being discharged from the ASAP program. The majority of

findings center around the handoff plan for individuals transitioning from the ASAP. Data demonstrated that shortcomings in this area have contributed to several undesired beneficiary outcomes. The last hot topic is medical staff bylaws. Several MTFs received findings for out of date bylaws or bylaws that do not contain the required information. This is potentially an easy fix but will take further exploration to develop solutions that work for all MTFs.

CB: How would you describe the future of Army Medicine?

TC: I see the AMEDD as a corporate entity made up of individual regions and MTFs moving from a health system to a system of health. This entails moving towards a corporation that provides more than a service to its beneficiaries. As a system of health we must develop strategies to improve performance through transparency, standardization, and the dissemination of data and leading practices.

CB: How do you see the restructuring of quality and the future of Quality Management in the AMEDD?

TC: I think with TSG's vision, quality is going to play a much more important role than it has in the past. Quality and Performance Improvement is being shifted to the forefront. Quality Departments are not only the suppliers of data but are moving to be the drivers of actions based on data.

## *National Patient Safety Awareness Week Poster Contest*

In support of the 2013 National Patient Safety Awareness Week (PSAW), the AMEDD



Patient Safety Program (PSP) will be conducting the annual PS Poster Contest. The aim is to educate and promote the program and concepts of Patient Safety. The contest will run from 1 January until 15 March 2013. The winners will be announced NLT 1 April 2013.

The theme for this year's PSAW is "7/365: 7 Days of Recognition, 365 Days of Commitment to Safe Care"

We ask that entries from your facility be submitted through the facility PS Manager or Officer so that we can account for each facility's entries. Entries should be clearly identified as to which category they represent. The categories for this year's contest are:

Medical & Dental categories:

1. Theme-related category
2. General PS-related category (time out, infection control, hand washing, medication safety, NPSG, etc.)

Monetary prizes will be directed to the MTF Patient Safety Budget, and

*Continued on page 3 Contest*



*Contest Continued from page 2*

not to the individuals that submitted the poster. Funds will be awarded to the MTF Patient Safety Office to support local PS initiatives.

Monetary prizes for all categories are as follows:

**Medical**

Theme-related category

1st - \$1,500

2nd - \$1,000

3rd - \$750

General PS-related category

1st - \$1,500

2nd - \$1,000

3rd - \$750

**Dental**

Theme-related category

1st - \$1,500

2nd - \$1,000

3rd - \$750

General PS-related category

1st - \$1,500

2nd - \$1,000

3rd - \$750

In addition to the monetary prizes, we will post the winning posters on the Patient Safety Program webpage. You can also see past winners from 2007 to 2012 on our webpage. Go to the National PS Week menu on the left hand side.

All materials submitted will become the property of the MEDCOM PSP.

Information for the contest will also be posted on the Patient Safety Program milBook group page. Please contact Mr. Fred Del Toro or email [medcompsc@amedd.army.mil](mailto:medcompsc@amedd.army.mil) for assistance or questions.

**TapRoot® Hints** By Dana Rocha  
What's a Causal Factor?

Posted: October 17, 2012  
in Root Cause Analysis Tips -  
Systems Improvement

By now, many of you see Causal Factors everywhere you look. You can't help yourself; your brain just works that way after taking a TapRoot® Root Cause Analysis Course. Every once in a while, your brain also needs a quick jumpstart. Thus, today's topic covers "What is a Causal Factor" and "What is not a Causal Factor?"

In the TapRoot® Course we define a Causal Factor as either an action or lack of action that caused an event or made the event worse.

Basically it boils down to the following:

1. An action someone performed.
2. An action, a piece of equipment, component or process transaction performed.
3. An action not performed by someone.
4. An action not performed by piece of equipment, component or process transaction.

REMINDER 1: This is not to point blame on a person, piece of equipment, component or process transaction. We are identifying the actions or lack of actions that had to be present for the incident to occur or get worse.

For example, a person may have followed a procedure perfectly and still created the ignition that ignited

the fuel vapor. We are just stating the facts.

REMINDER 2: We do not fix Causal Factors, we fix Root Causes that allowed or failed to prevent the Causal Factor from happening.

For example, "Lights NI" is one of our Root Causes on the Root Cause Tree®. This could be one of the Roots Causes as to why an operator grabbed the wrong valve. We would fix the lighting issue and not the operator. To fix the lighting helps the operator be more successful in his/her task.

***Upcoming Events:***

1 Jan - 16 Mar 2013: PS Poster Contest

17 Jan 2013: PS Quarterly call

4 - 8 Feb 2013: Basic Patient Safety Managers Course

3-9 Mar 2013: National Patient Safety Awareness Week

***Hails and Farewells***

**Hail**

Mark Finley - New PSM,  
Korea MEDDAC  
Dave Bolesh - New PSM,  
Guthrie AHC

**Farewell**

Leticia Sprinkle - PSM,  
William Beaumont AMC



## 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://store.jcrinc.com/>

### 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>

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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.

*“Working Today for a Safer Tomorrow”*

