Maintaining and Sustaining CLABSI Reduction in Hawaii, in the February 2013 Issue of “The Joint Commission Journal on Quality and Patient Safety”

(Oak Brook Ill., February 21, 2013) Joint Commission Resources announces the February 2013 issue of the “The Joint Commission Journal on Quality and Patient Safety” In the lead article for the February 2013 issue, “Maintaining and Sustaining the On the CUSP: Stop BSI Model in Hawaii,” Della M. Lin, M.D., M.S., and her co-authors detail Hawaii’s participation in the national On the CUSP: Stop BSI project and how it reduced the overall rate of central line-associated bloodstream infections (CLABSI) by 82 percent in 16 of the state’s hospitals during a 36-month period. The article showcases a series of novel strategies and tools deployed to maintain and sustain the improvement and spread it from intensive care units to other patient care areas.

FEATURES:

Infection Control And Prevention

Maintaining and Sustaining the On the CUSP: Stop B.S.I Model in Hawaii

Della M. Lin, M.D., M.S.; Kristina Weeks, MHS; Christine G. Holzmueller, B.L.A.; Peter J. Pronovost, M.D., Ph.D.; Julius Cuong Pham, M.D., Ph.D.

Hawaii joined On the CUSP: Stop BSI in 2009 (CUSP stands for Comprehensive Unit-based Safety Program). In a cohort collaborative of 20 adult ICUs and 18 nonadult ICUs in 16 hospitals, six tools were used to maintain and sustain improvement in central line-associated bloodstream infection (CLABSI) rates. Among other results, CLABSI rates for adult ICUs
decreased during the 36-month study period by 83%—from 1.49 to 0.25 infections per 1,000 catheter-days.

**A Multidisciplinary Approach to Reduce Central Line–Associated Bloodstream Infections**

Christine McMullan, M.P.A., CPHQ, CPNP, NNP-BC; Grace Propper, M.S., RN; Christine Schuhmacher, M.S., RN; Lisa Sokoloff, B.S., RN, CPHQ; David Harris, M.S., CPHQ, CMQ/OE; Paul Murphy, B.S.; William H. Greene, M.D.

A university hospital implemented a series of central line–associated bloodstream infection (CLABSI) interventions, many associated with participation in an improvement collaborative. The CLABSI rate decreased by 66.2%—from 6.37/1,000 catheter-days in 2007 to 2.15 by June 2012. Length of stay decreased by an estimated 2,058 patient days, with an estimated monetary savings of $13.63 million.

**Teamwork And Communication**

**Handoff Communication Between Hospital and Outpatient Dialysis Units at Patient Discharge: A Qualitative Study**

James B. Reilly, M.D., M.S.HP, FACP; Leah M. Marcotte, M.D.; Jeffrey S. Berns, M.D.; Judy A. Shea, Ph.D.

Hemodialysis patients are vulnerable to adverse events, including those surrounding hospital discharge. Semistructured interviews performed with 36 dialysis care physicians, nurses, and social workers in hospital and outpatient settings revealed that the quality and process of communication were highly variable. Good communication was described as timely, with standardized content, and as coordinated between disciplines. However, a lack of standards, time/workload imbalance, incompatible electronic records between facilities, and unawareness of pending discharge plans were noted barriers.

**Methods, Tools, And Strategies**

**Methodology and Bias in Assessing Compliance with a Surgical Safety Checklist**


Surgical safety checklists, such as those used for the perioperative time-out, improve performance on a variety of patient safety measures. An observation-based methodology was
used to assess time-out compliance at an academic medical center. For the 193 timeout procedures observed (48 by medical students and 145 by nurses), only 1 item achieved > 95% compliance; 3 items, 80%–95% compliance; and the remaining 7 items, < 80%.

Comparing Announced with Unannounced Standardized Patients in Performance Assessment
Alan Schwartz, Ph.D.; Saul J. Weiner, M.D.; Amy Binns-Calvey, B.A.

Standardized patient (SP) assessments provide an opportunity for observation of clinical behavior. (Unannounced standardized patients [USPs] are sent incognito.) In a reanalysis of data from two studies of clinicians’ assessments of SPs and USPs (by 59 fourth-year medical students and 65 board-certified internists, respectively), the physicians significantly underperformed the medical students in the probing of biomedical red flags, contextual red flags, and in planning appropriate care.

Tool Tutorial
Measurement and Training of TeamSTEPPS® Dimensions Using the Medical Team Performance Assessment Tool
Matthew Lineberry, Ph.D.; Eugene Bryan, B.S.; Timothy Brush; Thomas F. Carolan, Ph.D.; David Holness, M.S., M.B.A.; Eduardo Salas, Ph.D.; Heidi King, M.S., FACHE, BCC, CPPS

Given the inadequacy of paper-based measurement tools, a medical teamwork measurement application designed for use on tablet computers was developed. The Medical Team Performance Assessment Tool (MTPAT), provides: options for describing an upcoming team scenario, functionality for recording teamwork behaviors during the scenario according to the TeamSTEPPS taxonomy, and a variety of postscenario displays and output to support debriefs and assessments.


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