



August 4, 2009—Track 1: SCIP & VTE, MRSA, CLBSI and Sepsis Mortality

Sepsis

- Dr. Frank Sebat presented on a Rapid Response Team system for early recognition and treatment of sepsis.
 - Time to intervention has a direct impact on sepsis mortality: shorter time and lower mortality.
 - Early recognition with focus on the 10 vital signs, with most sensitive indicator - capillary refill.
 - Subjective assessment of capillary refill with physical examination can identify patients at-risk for more severe organ dysfunction and higher lactate levels.
 - This website: www.SCCM.org for textbook, manual w/CD, protocols for sepsis rapid response.
- Medical Simulation Corporation discussed use of simulation to teach recognition & rapid treatment of sepsis.
 - Simulation provides lifelike circumstances using virtual reality, feedback from observers and peers and video to improve individual's clinical skills and critical thinking skills, and communication among team members.
 - Simulation addresses ethical implications by reducing reliance on vulnerable patients for learning.

MRSA:

- CDPH HAI Program Coordinator was present to clarify SB 1058 reporting and MRSA screening requirements.
 - Key message was that with unclear definitions in the law, hospitals should address how they will screen for MRSA in policy and procedures. CDPH enforcement will be adherence to these.
 - Need for attending physician to inform patient immediately of positive MRSA test and patient shall receive oral and written instructions on how to prevent spread of infection.

SCIP:

- SCIP Team Leader, Earl Strum, MD, Chief of Anesthesiology, USC University Medical Center, shared journey of measure improvement.
 - Stimulated by public display of performance in LA Times article.
 - Empowerment and structure of the team was key to improvement as well as changes to make it easy for surgeons and anesthesiologists to do the right thing for measure compliance.

Building the Patient-Centered Team

- The Health Care Team is the core unit of health care delivery: the patient is a core member of this team.
 - Key characteristics of patient-centered teams are:
 - Patient's evaluation of care and care environment is generally welcomed and respected.
 - Patients are actively involved in personal management related to health status (e.g. diet, exercise, weight management).
 - Openness to inclusion of patient as a valuable member of the Health Care Team and openness to being challenged by the patient and family concerning quality of patient care

Hospital Survey on Patient Safety Culture (AHRQ)

- Timeline for completion is 12/31/2009 for hospitals in partnership with HSAG.
 - HSAG will provide guidance and direction in determining survey method, tools, and timeline.
- Use of Johari Window Model to interpret results was explained.
 - Feedback of results to staff expands transparency and disclosure of the results also increases transparency.

Presentations and additional materials from this meeting will be made available at <http://www.socalpatientsafety.org>

Mark your calendars: the next Track 2 meeting will be held September 2, 2009 at The California Endowment