

MEDICAL STAFF NEWS

Missouri Baptist Medical Center

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BJC HealthCareSM



John Krettek, MD

Message from the CMO

COMMUNICATION AND TEAMWORK: National Patient Safety Goal #2

“What we have here is a failure to communicate”: a quote from the movie classic, *Cool Hand Luke*.

In medicine, skilled practitioners work as teams in very complex environments. The dynamic of the team interaction and communication not only affects safety but also has a profound influence on the quality of the work experience.

Improving safety is hard work, and progress requires more than simply changing systems or implementing safe practices; it requires changing a culture. The current medical culture features the individual expert – the doctor – and often inhibits the opportunity for team members to speak up and actively participate in the care process.

This culture has been based on the performance of expert individuals as the guarantors of quality and safety, and clinically significant mistakes have been equated with episodes of personal failure or bad luck. Being at the top of the hierarchy, doctors are less attuned to the perception that teamwork problems exist in their hospital... this impedes communication and the identification of risk.

In healthcare today, as we strive to provide safer care for our patients, there is often “a failure to communicate.” In the evaluation of errors across the U.S., “failure to communicate” is the leading contributor in causing harm to patients.

In order to function as a healthcare team, we must remember:

- somebody knows there’s a problem, but is afraid to speak up and/or can’t get everyone on the same page.
- we are not trained to be professionally assertive, and therefore “hint and hope” that we are heard is not an acceptable alternative.
- the clinical environment has evolved beyond the limitations of individual human performance, and only when all caregivers are working together can we achieve safe and reliable patient care.

In this issue, we continue our review of the JCAHO National Patient Safety Goals and focus on those that entail the transfer of critical information related to a patient’s care and treatment. The purpose of the Goals is to promote specific improvements in patient safety. The Goals highlight problematic areas in healthcare and describe evidence and expert-based solutions to these problems.

Goal 2 -- Improve the effectiveness of communication among caregivers.

2A - For verbal or telephone orders, or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result “read-back” the complete order or test result.

Rationale: Ineffective communication is the most frequently cited category of root causes of sentinel events. Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces error and results in improved patient safety.

Implementation Expectations: Simply repeating back the order or test result is not sufficient. Whenever possible, the receiver of the order should write down the complete order or test result or enter it into a computer, then read it back, and receive confirmation from the individual who gave the order or test result.

“Critical test results” are defined by the individual health care organization and will typically include “stat” tests, “panic value” reports, and other diagnostic test results that require urgent response. The organization should establish with its medical staff an expectation for “read-back” whenever receiving critical test results verbally, including over the telephone. Organization staff should request a “read-back” whenever communicating critical test results verbally, including over the telephone.

- CONTINUED ON PAGE 2 -

2B - Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization (Do Not Use abbreviations).

2C - Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values. (At MBMC, our critical test results pertain to the timeliness of ordering, performing and reporting “stat” EKGs, Head CT Scans with evidence of hemorrhage and serum Potassium levels below 3.0).

2D - All values defined as critical by the lab are reported to a responsible licensed caregiver within time frames established by the laboratory (defined in cooperation with nursing and medical staff). When the patient’s responsible licensed caregiver is not available within the time frames, there is a mechanism to report the critical information to an alternative.

2E - Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.

Rationale: The primary objective of a “hand off” is to provide accurate information about a patient’s care, treatment and services, current condition and any recent or anticipated changes. The information communicated during a “hand off” must be accurate in order to meet patient safety goals. In healthcare, examples of patient “hand offs” include nursing shift changes, physicians transferring complete responsibility for a patient, physicians transferring on-call responsibility, temporary responsibility for staff leaving the unit for a short time, anesthesiologist report to post-anesthesia recovery room nurse, nursing and physician “hand offs” from the emergency department to inpatient units, different hospitals, nursing homes and home health care, and critical laboratory and radiology results sent to physician offices.

Implementation Expectations: The following are attributes of effective “hand off” communications:

“Hand offs” are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information. “Hand offs” include up-to-date information regarding the patient’s care, treatment and services, condition and any recent or anticipated changes. Interruptions during “hand offs” are limited to minimize the possibility that information would fail to be conveyed or would be forgotten. “Hand offs” require a process for verification of the received information, including repeat-back or readback, as appropriate. The receiver of the “hand off” information has an opportunity to review relevant patient historical data, which may include previous care, treatment and services.

At MBMC, staff will be utilizing a standard communication technique called P.A.C.E. to transfer patient care at shift change, lunch breaks, procedure area to unit, and unit to procedure area. This formalized communication model has the four minimum pieces of information that are crucial to discuss for all patients.

There are many examples in healthcare in which a failure of communication and the lack of teamwork have compromised the quality of care and patient safety. We have an opportunity to place the patient at the center of the healthcare focus and dissolve the autonomous egos and silos which may exist. Each of us at MBMC has an opportunity to help eliminate environments that promote silence, as they will impede all patient safety initiatives and excellent patient care.

John E. Krettek, MD, PhD

Congratulations to...

members of the Heartland Cancer Research CCOP, who received an official proclamation from T. Scott Muschany, State Representative, Missouri, 87th District on Dec. 15. **Alan Lyss, MD**, was among those that participated in the ceremony.

members of the Rapid Response Team (RRT), who received the Quality Team Award at the 2005 Employee Recognition Banquet. Members include **Michael Cox, MD**, **Diane Spence, RN**, nurse manager, ICUs; **Barb Lamb, RN**, assistant nurse manager, ICUs; **Paul Winter, PA**, lead physician assistant; **Sharon Sauer, RN**, clinical nurse specialist; **Carla Edge, RT**, respiratory coordinator; **Nancy Sanders, RN**, PI coordinator; and **Cuong Hoang**, management engineer.

Lynn Meyer, BSN, MPH, CIC, infection control specialist, who received the John Snow Award in recognition of excellence in outbreak and epidemiology investigations at this month’s BJC Infection Control and Hospital Epidemiology Consortium.

Jodie Schein, RT, a radiation therapist in the radiation oncology department, who received the 2005 MBMC Employee of the Year award at the 2005 Employee Recognition Banquet.

Janna Washington, housekeeping supervisor, who received the 2005 MBMC Leader of the Year award at the 2005 Employee Recognition Banquet.

News from the Core Lab —

The MBMC Core Lab will begin Immunoglobulin testing as of Dec. 22. The testing options will include IgG, IgA and IgM individually, or an immunoprofile comprising the results of all three tests.

The method is immunoturbidimetric, and reference values will remain the same. The tests can be performed 24 hours a day, seven days a week.

For more information, please contact **Keith Langford**, MBMC Core Lab supervisor, 314-996-4767 or kxl6966@bjc.org.

Welcome to the Team! —

The following practitioners joined the MBMC medical staff in October-November, 2005:

Ibrahim Bildirici, MD - maternal/fetal medicine
Andrew Drescher, MD - otolaryngology/CVR unit
Shaila Gogate, MD - internal medicine
John Heim, DO - orthopedic surgery
Christina Hugge, MD - ob/gyn
Terrie Inder, MD - neonatal/perinatal (WU)
Poonam Jain, MD - internal medicine
Usman Javaid, MD - internal medicine
Kevin McConnell, MD - critical care medicine
Arash Moradzadeh, MD - otolaryngology/CVR unit
Tricia Pavlopoulos, MD - nephrology
Janette Powers, MD - pediatrics
Charles Robertson, MD - critical care medicine
Marissa Stock, MD - pediatrics (WU)
Benjamin Verdine, MD - plastic surgery

Grand Rounds —

All presentations will begin at 8 a.m. in the MBMC auditorium.

JANUARY 4 - HOLIDAY WEEK – CANCELLED

JANUARY 11 *"Persistent Pain After an Ankle Sprain"*
TIMOTHY NOONAN, MD
Department of Surgery/Section of
Orthopedics, MBMC

JANUARY 18 *"Management of Personality Disorders"*
JEROLD KREISMAN, MD
Allied Behavior Consultants,
St. Louis, MO

JANUARY 25 *"Clinical Genomics in Breast Cancer"*
MARK W. KARWAL, MD
Assistant Professor of Clinical Medicine
Department of Internal Medicine,
University of Iowa College of Medicine,
Iowa City, Iowa

In the Spirit of Giving —

Individuals on our medical staff have continually taken a leadership role in giving to advance the mission of the philanthropic foundation established to support MBMC. The following have given leadership gifts in excess of \$500 during 2004 and year-to-date 2005. The Foundation has made hundreds of allocations throughout MBMC through these and gifts from the community. If you would like to join your colleagues, please call the Foundation office at 314-996-5347.

Gold Level (\$25,000+)

Dr. and Mrs. Nicholas Kouchoukos

Silver Level (\$10,000+)

Dr. and Mrs. David Robson

**Midwest Hematology-Oncology Consultants, Inc.
Parkway Pathology Group**

Bronze Level (\$1,000+)

Dr. Giuseppe Aliperti

Dr. and Mrs. David Amarnek

Dr. and Mrs. Michael Bolger

Dr. and Mrs. Paul Buse

Dr. and Mrs. Michael Cox

Dr. and Mrs. Gene Davis

Dr. and Mrs. Humberto Fagundes

Dr. Juan Garcia and Ms. Jane Cridland

Dr. and Mrs. Timothy Kella

Dr. and Mrs. John J. Kelly

Dr. and Mrs. Jacob Klein

Dr. and Mrs. Robert Kopitsky

Dr. and Mrs. Robert Kramer

Dr. and Mrs. John Krettek, Jr.

Dr. and Mrs. W. Edward Lansche

Dr. and Mrs. Steven Lauter

Dr. and Mrs. James E. Marks

Dr. and Mrs. J. Peter Murphy

Dr. and Mrs. Michael Murphy

Dr. and Mrs. James Nahlik

Dr. and Mrs. John Niemeyer

Dr. and Mrs. Samuel Ockner

Dr. and Mrs. Gary Ratkin

Dr. and Mrs. Hashim Raza

Dr. and Mrs. Barry Samson

Dr. Charles D. Short

Dr. and Mrs. Joseph Slimack

Dr. and Mrs. Allen Soffer

Dr. and Mrs. Howard Weiss

Dr. Deborah Wienski and Mr. Ross B. Tallman

Dr. and Mrs. Leonard Winer

Dr. John M. Ziegler

\$500-\$999

Dr. and Mrs. George K. Alexander

Drs. Sessions and Pat Cole

Dr. and Mrs. David H. Cort

Dr. David Katzman

Dr. Howard Lite

Dr. and Dr. Michael Mauney

Dr. and Mrs. Charles Miller

Specialists in Gastroenterology

St. Louis Cancer & Breast Institute

MBMC Meet the Docs —

This continuing feature highlights some of the MBMC employed physicians and private physicians whose offices are located on the MBMC campus.

Ibrahim Bildirici, MD



Dr. Bildirici, a maternal-fetal medicine specialist who practices out of the Center for Women's Wellness and Fetal Health (Building D, Suite 450), joins the MBMC medical staff after completing a fellowship in maternal-fetal medicine and ultrasound at

Washington University School of Medicine. He earned his medical degree (1st in class) from the Hacettepe University School of Medicine in Ankara, Turkey, the country in which he was born. He also completed an internship and residency in ob/gyn at Hacettepe University School of Medicine.

Tricia Pavlopoulos, MD



Dr. Pavlopoulos, a nephrologist, joins the MBMC medical staff as a member of Renal Consultants, whose offices are located in Building A, Suite 142. She joined Renal Consultants in July 2005, marking her second stint with the practice the first being 2000-2003.

(In between, she worked at Midwest Nephrology Associates.) She received her medical degree from Washington University School of Medicine, which is where she also completed a nephrology fellowship and an internal medicine residency and internship. She is board certified in nephrology and internal medicine.

Joyce S. Pillsbury (1910-2005) —

The MBMC community mourns the Dec. 16 passing of **Joyce S. Pillsbury**, who served as chairman of the MBMC board of trustees for 40 years (1955-1995).

It was during Mr. Pillsbury's tenure that Missouri Baptist Hospital moved from North Taylor Avenue to North Ballas Road (in 1965), the hospital name was changed to Missouri Baptist Medical Center, and joined BJC Health System (now BJC HealthCare) in 1994.

"My relationship with Mr. Pillsbury spanned the construction of two GI labs and issues with Town & Country in the mid-70s, and what struck me most was his devotion to doing what's right for the physician, the patient and the hospital – no matter what," says **Charles Norland, MD**, who joined the MBMC staff in 1968 and served as Chief of Staff in 1975. "It says a lot when someone serves as board chairman for that many years and no one calls for a change in leadership – that was the respect we had for Mr. Pillsbury."

Prescriptions Needed —

Doctors who refill their or their family's prescriptions at either of the MBMC Family Care Pharmacy locations are reminded that it is necessary to have a valid and active prescription on file – written by another doctor – **to obtain controlled substances** at the pharmacy. Also, keep in mind that refill authorization can take a minimum of 24 hours to secure from the prescribing physician. The Family Care Pharmacy staff thanks you for your understanding and compliance.

For more information, please contact **Duane Wesche, RPh**, outpatient pharmacy manager, 314-996-4749 or daw8071@bjc.org.

Infection Control Corner —

Decontaminating hands before and after having contact with patients is one of the National Patient Safety Goals for 2006. In addition, the Missouri Department of Health and Senior Services requires the infection control department to perform hand hygiene observations on health-care workers (physicians included) with CDC hand hygiene guidelines compliance - without the healthcare workers awareness. "Secret shoppers" within MBMC have been performing these hand hygiene observations since October under the direction of infection control.

Also, the infection control department has implemented a new program - the "Foam In, Foam Out" program - to remind caregivers to use the alcohol foam dispensers available in each patient room to clean their hands upon entering AND upon exiting the room. Posters have been placed throughout the hospital to introduce this program (and to serve as a reminder).

For more information, please contact **Jeanne Zack, RN, CIC**, MBMC infection control manager, 314-996-5421 or jez3285@bjc.org.

Pulmonary Function Using ClinDesk —

The Pulmonary Function lab has been scanning all of its test results (with interpretation) into Clinical Desktop for a few months now. The tests include the following exams: pulmonary function; bedside screening; spirometry; bronchochallenge testing; sleep studies and exercise oximetry.

For more information or if you have any questions, please contact **Tina Lucas**, manager of respiratory care and pulmonary function services, 314-996-5121 or tsl7979@bjc.org.