

# insights

Spring 2007 / Vol. 6



## PRESIDENT'S CORNER



John Babiarz  
Group President  
ARAMARK Healthcare

We are all saddened by the heartbreaking stories of patients who enter hospitals for routine procedures and are lost as a

result of medical errors. Case in point is Justin Micalizzi, a healthy 11-year old boy who was taken into surgery to incise and drain a swollen ankle and was dead by the next morning. The shock and horror that his family experienced was magnified by the inability of his caregivers to offer an explanation of why he died.

Failures in the system like those that took Justin, should and do, inspire greater awareness of and subsequent change to improve healthcare quality and safety. By working to better understand quality and patient safety challenges in alignment with our hospital partners, ARAMARK Healthcare believes that opportunities exist for clinical support services to impact outcomes.

A significant amount of medical errors are medication related, but many others are not. These are the areas on which we concentrate. Adverse clinical events, for example, comprise 31 percent of errors. Within this category are food and nutritional allergies, nutrition or hydration issues, and infections. Additionally, 11 percent of errors are operational events, such as loss of electrical services, medical device issues, transportation issues and hazardous material spills and waste.

We are squarely focused on how we can improve patient safety outcomes within these aspects of care delivery. This issue of *Insights* takes a look at quality and patient safety and shares ideas and examples of how clinical support services can help to improve outcomes.

Your top concerns are our top concerns, and we are committed to aligning our services with your organizations to help make a difference.

## Patient Safety: An Increased Part of the Quality Agenda

Growing focus over the past few years on quality care and patient safety are elevating these issues to top concerns for hospital leadership. According to ACHE's evaluation of key issues confronting hospital CEOs, the percentage of hospital leaders concerned about quality and patient safety rose from 17 percent and 9 percent in 2003, to more than 25 percent respectively in 2006. With quality initiatives and patient safety at the forefront, it has become critical that all levels of patient care align to raise the bar.

"The patient safety agenda arose in the mid-90's as a discrete body of work that was focused on understanding medical error and developing approaches to address it," said Diane Pinakiewicz, President of the National Patient Safety Foundation. "As we began to understand the breadth of the issue and its implications for the broader quality improvement agenda, the two bodies of work began to converge, and today they are very effectively integrated and mutually supportive. The patient safety



ARAMARK Healthcare's Kevin Potts, a Six Sigma "green belt" reviews the on-call work request project at Wake Forest Baptist Hospital.

movement brought a focus on systems, human factors, science, and learnings from other industries that transformed the thinking in health care and provided tremendous momentum for the ongoing quality improvement work."

continued on page 2

### in this issue

- 1 Patient Safety: An Increased Part of the Quality Agenda
- 3 Fostering a Safety Culture through Better Collaboration
- 4 Lift Teams at CPMC
- 8 Reducing MRSA at Evanston Northwestern



Improving quality of care and patient safety is crucial for responsible patient care, but it is also becoming a business imperative. Pay-for-performance initiatives are a major driving force. In Advisory Board Flash Polls and Leadership Surveys, hospital executives have ranked the need to compete on quality very highly and many have identified clinical quality and safety improvements as top areas for organizational success. The financial picture is not only framed by reimbursement factors. In the November 27, 2006 issue of *Modern Healthcare* magazine, the publication tallied the cost of hospital-acquired infections, using data provided from Pennsylvania. For example, in terms of losses from longer patient stays, the average costs that result from medical cases involving central line-associated bloodstream infections are \$26,839 per patient.

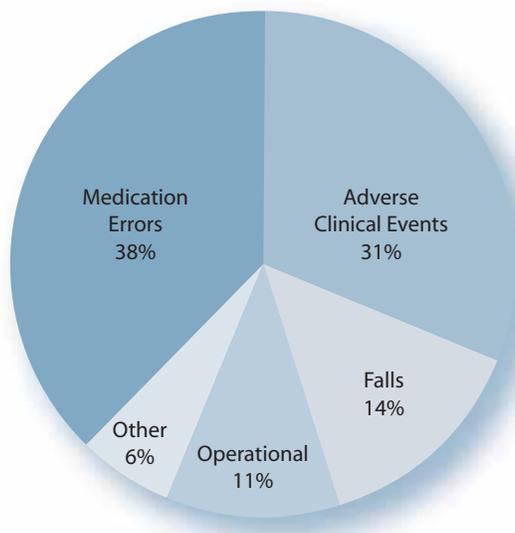
Costs aside, medical errors rank as the eighth leading cause of death in this country, ranking higher than motor vehicle accidents, breast cancer, and AIDS. As many as 98,000 people die each year in hospitals as a result of preventable medical errors. Hospitals recognize that people are at risk and their reputations can be linked to safety outcomes.

### Consumer Awareness

"The public is beginning to understand that they are part of the health care team and have a role to play, which means they also have responsibilities," Pinakiewicz said. "They have come to understand that, for example, hospital-acquired infections are not uncommon

## It's More than Just Medication Errors

50,000 Errors Reported by 100 Healthcare Organizations



and that something as simple as hand washing can make a difference. We are working constantly to encourage patients and families to be active members of the team and do their parts in helping to address such issues so that their care is rendered in a safe and appropriate manner. Asking questions is a key part of this involvement."

To this point, the Pennsylvania Health Care Cost Containment Council recently produced a report that allows people to examine infection rates hospital by hospital. Results of this report, which is the first of its kind, were widely publicized in the news media.

Patients, as consumers, are able to view a list of hospitals and see how they rank on infection rates. For example, the *Philadelphia Inquirer* published a guide ranking all of the hospitals in the city. Even if this information cannot be taken at face value, its influence on the patient's perception of care is increasing.

### Adverse Clinical Event Examples

- Food and nutritional allergies
- Blood and body fluid exposure
- Nutrition and hydration issues
- Wrong patient—wrong treatment or procedure
- Infections and infection control
- Skin integrity

### Operational Event Examples

- Patient elopement
- Fire safety
- Loss of service (electrical, water, and gas)
- Hazardous materials spill or waste
- Medical device or equipment issues
- Patient or family dissatisfaction
- Transportation issues

Source: DoctorQuality, December 9, 2002

People also are inclined to use the information that is available to them. A recent study by J.D. Power and Associates indicated that 82 percent of patients surveyed would "probably" or "definitely" use available information to choose a hospital. Overall, the rise in awareness is helping to make patients better educated to the potential safety risks that they assume when seeking hospital care.

### Process Improvements

Some hospitals are beginning to look beyond healthcare for help. "One of the most impactful things that happened since the safety movement began was the natural adoption of safety practices from other industries; the learning that we are able to bring into our systems from outside industries has been, I believe, highly relevant," said Pinakiewicz.

The airline industry, for example, uses a program called Crew Resource Management that introduces a

# Fostering a Safety Culture through Better Collaboration

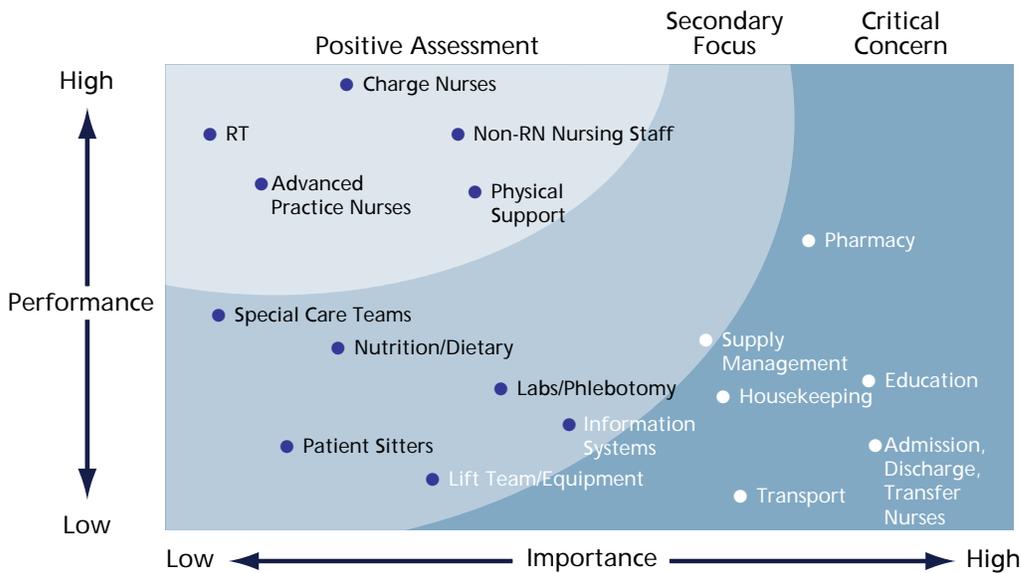
Nurses play an important role in ensuring patient safety. What's more is that patients *expect* nurses to diligently advocate for their safety. In fact, according to a 2006 Gallup Poll, people view nursing as the nation's most honest and ethical profession. The truth is, the hospital environments nurses operate in are complex, adaptive systems that by nature are chaotic and unpredictable. For nurses to deliver the best patient safety outcomes, new skills must be considered. One area that can help nurses focus more on patient care is to better collaborate with support services and their functions.

and collaborative teams that work together to plan, implement and evaluate patient care, create safer environments for patients and staff. Nursing and support service functions such as food, environmental services, and patient transport are closely interdependent, but do not always collaborate to their full potential. They, too, can work in closer alignment around the patient needs.

A transporter, for example, has a high level of responsibility. The patient is in the care of the transporter while they are moving through the hospital during



Pam Thompson, CEO of the American Organization of Nursing Executives, believes that respect, trust, and good communication are key to more collaborative relationships among nurses and support service employees.



A 2004 study by The Advisory Board reveals the extent to which caregivers' priorities and the realities of service delivery may diverge. In it, 1,100 nurse managers were asked to evaluate several support services. The resulting data shows that nurses view housekeeping and transport as being very important but not performing well. People may not intuitively associate these two services with nurse satisfaction.

This idea is rooted within one of the key pillars of crafting safety cultures—the ability for people to work within multidisciplinary teams. Highly effective

critical hand off periods. Patients are entrusted to the transporter while they travel from one set of clinicians to another. What is the risk? Transporters

need to know what to do if they observe something out of the ordinary and who to contact. It is not a passive activity.

To create the safest environment in this case, nurses need to effectively communicate exactly what they would like to happen during the transporting period and trust the transporter to react in a way that best serves the patient. This philosophy is true for all of the support service functions, from housekeeping to clinical technology services. This is also a level of collaboration that will take a culture change to be fully realized.

## Setting an Agenda to Improve Relationships

This past November, driven by a mutual interest in improving patient outcomes, ARAMARK Healthcare collaborated with the American Organization of Nurse Executives (AONE) to bring

continued on page 7

## Creating a Safer Workplace at California Pacific Medical Center

With the average age of registered nurses nearing 48, the physical task of moving patients is providing more and more risk. This makes keeping nurses injury-free and their satisfaction high a top priority. In 2000, California Pacific Medical Center (CPMC) partnered with ARAMARK Healthcare to implement a patient lift team program that significantly reduces the physical stress and injury risk nurses encounter when they are asked to move patients.

“A lift team supports the nursing staff by repositioning or transporting patients who are difficult to move, such as those bed-ridden or completely dependent,” said Kathi Barnes, Director of Nursing Acute Care Services for California Pacific Medical Center. “We strive to keep our nurses and patients safe and to make sure we don’t lose our staff to injury.”

ARAMARK Healthcare trained CPMC’s lift teams to assess and safely execute

patient transfers and repositions. Lift team members are taught to use proper body mechanics to safely move patients and are shown the appropriate utilization and operation of lift equipment.

Linked directly to a central dispatch, eight full time lift team members perform 65 lifts per day at CPMC’s four campuses, and are within 95 percent of the hospital’s 20 minute request to completion timeframe.

“The lift team at CPMC is very collegial, works extremely well with the hospital staff and interacts effectively with our patients,” Barnes said.

Since implementing a lift team program, the number of workers’ compensation claims by nurses at CPMC has decreased by 50 percent, resulting in a reduction of lost days of work. Retention amongst nurses at CPMC also remains well above the national average.

“Our nurses absolutely love the lift teams, and having this program is one of the many things we provide that directly

“A lift team supports the nursing staff by repositioning or transporting patients who are difficult to move, such as those bed-ridden or completely dependent. We strive to keep our nurses and patients safe and to make sure we don’t lose our staff to injury.”

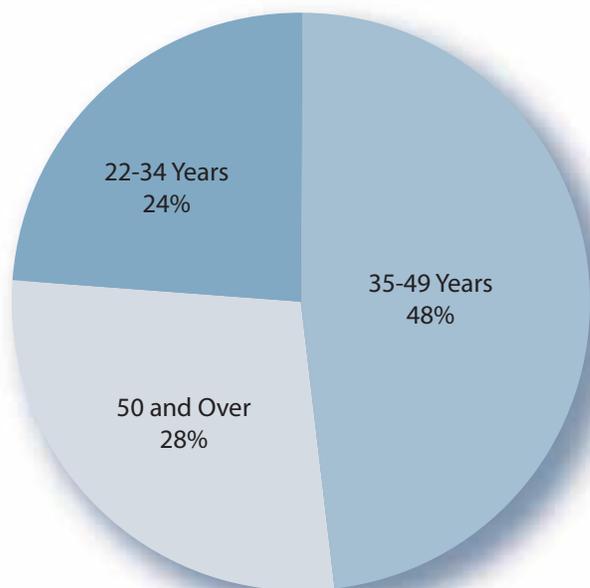
—Kathi Barnes, Director of Nursing Acute Care Services, California Pacific Medical Center

contributes to our low nursing turnover,” said Barnes.

Lift teams also have an impact on patient safety. According to the *Wall Street Journal*, patients may suffer when workers struggling to lift them end up bruising their skin, wrenching their muscles or even dropping them.

“The lift team keeps the patient apprised of the lift process and projects an aura of being comfortable and confident with the equipment, which helps put the patient at ease. Patients feel more secure when they are being handled in the appropriate manner,” said Barnes. “Keeping our experienced nurses at the bedside and not losing them to injury helps maintain our high quality patient outcomes. This program is both a nurse and a patient satisfier.” **H**

2004 RN Workforce by Age



Source: Peter Buerhaus, Vanderbilt University, 2005



## Keeping Meals Safe at Rockford Health System

According to the Centers for Disease Control and Prevention (CDC), hazards in food cause an estimated 76 million illnesses in the United States each year as foodborne sicknesses from dangers such as Salmonella, E. Coli, and Listeria continue to pose a public health problem.

In 2006 alone, an E. Coli contamination connected to lettuce made dozens ill who ate at East Coast Taco Bell restaurants and Midwest Taco John's stores.

To help keep patients, workers, and visitors safe from food-related outbreaks, it is critical for hospitals to implement a food safety program as a means of assurance for protecting meals from microbial pathogens and other harmful substances.

At Rockford Health System in Rockford, Illinois, ARAMARK Healthcare serves more than 2,200 patient and retail meals per day at Rockford Memorial Hospital and Rockford Health Physicians. Because of the high volume of food used, ARAMARK Healthcare has implemented the Hazard Analysis Critical Control Point Program (HACCP).

HACCP is the most sophisticated food safety system ever developed, and was pioneered by Pillsbury Co., the U.S.

Army National Research and Development Laboratories, and the National Aeronautics and Space Administration, as a proactive way to prevent the occurrence of potential food safety problems.

ARAMARK Healthcare's HACCP plan goes beyond the original program and was evaluated by the Food and Drug Administration (FDA), which gave it a favorable review. The approach focuses on identifying hazards that may contaminate foods during any handling step from receiving to serving, while also controlling any point in the food production system where foodborne illness could result, or the safety of food is compromised.

The ARAMARK Healthcare team at Rockford Health System has customized HACCP to also adhere to the food safety standards of the healthcare system. This integrated plan has provided positive results, consistently placing food services at Rockford Health System in the 90th percentile during Illinois Department of Health routine visits.

"We strive to provide high-quality meals to our patients, visitors, and staff and food safety is a top priority," said Steve Kramer, Director of Ancillary and Support Services for Rockford Health System. "We rely on ARAMARK Healthcare's expertise and have a number of quality controls in place to protect the food being served. I find it's a situation where the ARAMARK Healthcare team is so integrated into the hospital and our mission it's seamless." 

## Ensuring Radiology Safety at UNC Health Care System

One of the biggest challenges with delivering better quality and safety outcomes is communication. Many experts and studies have underscored the fact that improving the lines of intra-department communication can help to significantly better outcomes. An example of good communication in action is the Radiology Quality Assurance program at University of North Carolina (UNC) Health Care System at Chapel Hill, North Carolina.

UNC has 141 small and large imaging systems performing 400,000 patient procedures each year. To help ensure quality and patient safety, UNC formed the Radiology Quality Assurance Committee, which is chaired by ARAMARK Healthcare manager George Giesman.

The committee provides a multidisciplinary forum to discuss issues affecting the delivery of safe patient care and the production of quality clinical images. Among other things, the committee promotes standardization in both equipment and operations by addressing and resolving challenges related to radiation safety, survey feedback, equipment problems, image quality, distribution and availability, regulatory compliance, technology replacement or redeployment, and clinical staff concerns.

"Our primary safety goal is to minimize the amount of ionizing radiation necessary to produce diagnostic quality



continued on page 8

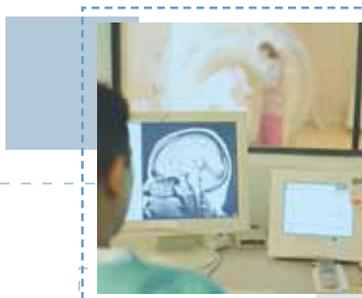
from “Patient Safety” page 2

collaborative culture where communication is more regimented and organized. Recognizing the positive impact of the program on the aviation industry’s safety record, the Institute of Medicine recommended similar training for healthcare workers. The Institute for Healthcare Improvement also advocates the training.

A recent *New York Times* article on the adoption of airline training in hospitals reported, “Employees who work at hospitals that have adopted these kinds of aviation-based safety programs are more enthusiastic. Many say they are more confident doing their jobs thanks to posted checklists, which, for example, include reminders to wash their hands, confirm the identity of the patient and check for drug allergies. They appreciate the fact that they are now not only encouraged to speak up if they are concerned about something, but also required to.”

Borrowing from traditional business, some hospitals are looking to Six Sigma processes to improve quality. Within this initiative, hospitals define defect opportunities and then apply both statistical and non-statistical tools to reduce process defects and eliminate mistakes, waste, and rework.

For example, Wake Forest Baptist Hospital in North Carolina is using the processes throughout the organization. ARAMARK Healthcare is working with the hospital on a Six Sigma project to reduce the quantity of on-call work requests that Clinical Technology Services technicians are required to respond to. The goal is to reduce the number of calls from seven per month



to three. By accomplishing this goal and improving this process, more equipment will be available to the nursing units for critical use.

### Aligning all Services Against Patient-centric Goals

To improve outcomes, it is the responsibility of everyone in the care delivery continuum to focus on patient safety—from the clinicians to the clinical support staff. When you think about how clinical support services fit into the quality and safety formula, several important areas come to mind.

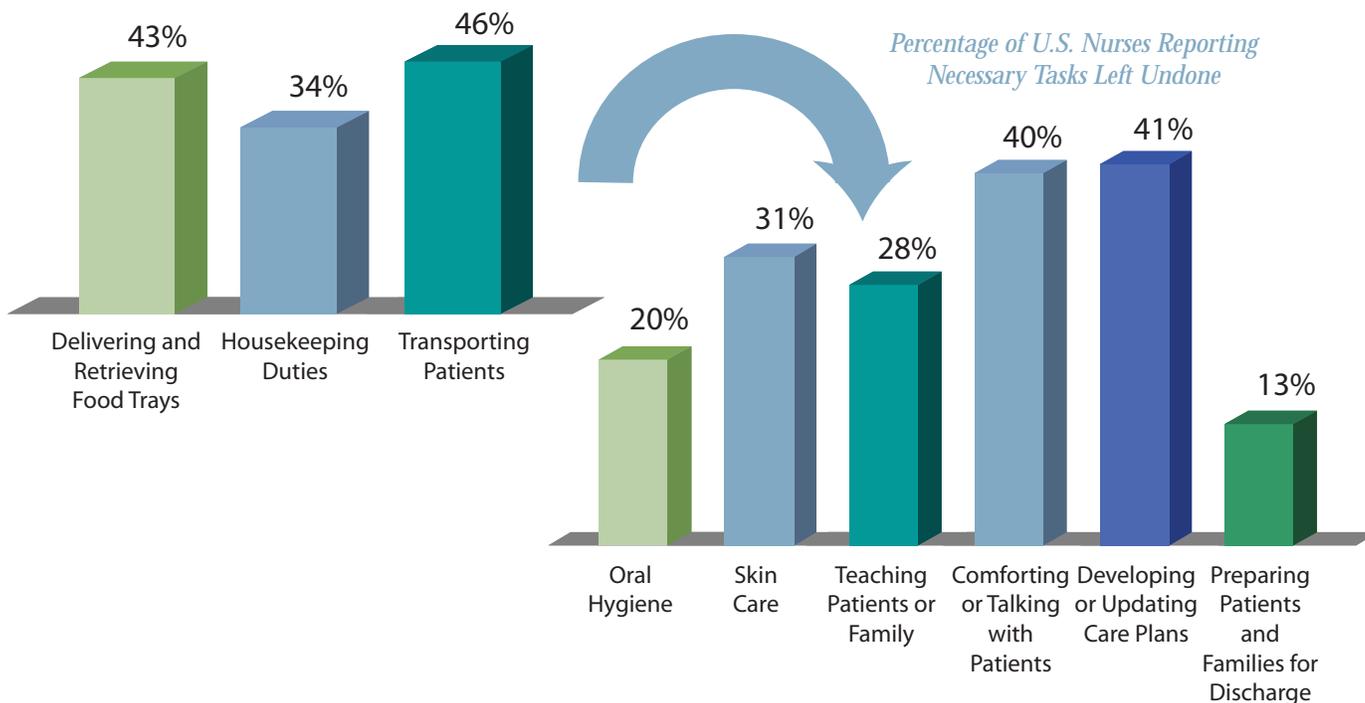
For example, consider a food service team that checks for food allergies and who manage the safety of the food supply; environmental service teams who use processes and technology to help prevent the spread of infection; clinical equipment teams who ensure that equipment is cleaned and efficiently distributed so that the clinical teams have the equipment that they need when they need it; or lift teams that help to prevent patient falls. Consistent and coordinated

excellence in these areas can improve patient safety outcomes.

“One of the basic tenets of patient safety is the importance placed on team approach,” Pinakiewicz concluded. “Effective team work conducted with mutual respect for all team members is one of the best tools we have to improve patient safety. There is a role for everyone to play in this new paradigm, including the patient and family, the clinical team and the non-clinical personnel. This newly evolving culture, based on trust and transparency, will provide the context necessary to optimize the care process and improve the safety of our health care system.” 

## Non-nursing Tasks Impact Care Delivery

Percentage of U.S. Nurses Performing Non-nursing tasks



Source: Aiken, LH, et al., "Nurses' Reports on Hospital Care in Five Countries," *Health Affairs*, May/June 2001

together 50 Chief Nursing Officers (CNOs) from across the country. The group worked for three days, discussing the emotional elements, processes, and cultural needs to foster better working relationships among nurses and support service groups.

The meeting was a starting point to place the patient at the center of both the clinical care nurses provide, and the services the support groups provide. The CNOs and ARAMARK Healthcare outlined the leadership competencies and collaborative behaviors to support the patient experience. The team also took a critical look at the roles required to perform those duties and discussed how to educate and develop competencies within a collaborative team to perform the work. In essence, the group evaluated what the patient

needs to leave the hospital successfully.

Naturally, tasks were different for nurses versus the support service functions and the roles required as a team to meet those patient needs are quite different. The aim was to bring those needs to focus in a collaborative way and outline how to create the best patient environment by establishing a culture of collaborative interdependency.

"The foundation of this work is focused on collaboration," said Pam Thompson, CEO of AONE. "I define collaboration as the presence of respect, trust, and good communication. If you have respect for your colleagues and what they can do, and trust they will be accountable for their actions, we believe that this will create the environment for

collaboration." An important outcome of the meeting was a series of guiding principles to help nursing staff improve relationships with support service groups. While the principles focus on several areas, one of the key elements is safety. The guiding principles will be shared during a breakout session at the AONE annual meeting in April 2007.

"The work that AONE and ARAMARK Healthcare are doing is shining a light on these issues, something that we don't believe has ever been done in quite this way. What we are trying to do is make the relationship between nursing and support service workers better, which will result in a safer environment for patients, and a higher level of satisfaction for the people in the jobs," Thompson concluded. **H**

images," said Julio Huerta, ARAMARK Healthcare's director of Medical Engineering at UNC Health Care System. "The value of the committee lies in its ability to facilitate a dialogue between clinical and technical staff and focus their combined expertise on improving the quality of the services provided by UNC Radiology."

Reporting to the director of radiology, the committee includes radiology managers, section supervisors, the radiation safety officer, the PACS administrator, quality assurance technologists, the radiology asset manager, and members of ARAMARK Healthcare's medical engineering staff. Radiologists and UNC School of Radiological Science faculty participate as needed.

The committee meets weekly and concentrates on upcoming work and any previously reported issues.

Approximately 95 percent of issues reported are addressed within the same week. Physicians at the hospital view the committee as a valuable resource to address a broad spectrum of technological challenges.

"The biggest measurement of this committee's success is its ability to prevent unfavorable outcomes," said Bradford Taylor, Associate Radiation Safety Officer. "The fact that we have not had any significant incidents is indicative that the processes we have in place are effective."

In terms of hot issues that the committee is tracking are skin dose from fluoroscopy-guided interventional procedures. The number and length of these procedures are increasing nationwide so the related radiation doses must be carefully monitored. Computed

Tomography (CT) doses are also an area of focus. Technology improvements are increasing the demand for CT studies and patient exposure is an issue that the committee is tracking.

"It made sense to have ARAMARK Healthcare chair this committee; many of the other committee members are closer to their specific sections", Taylor said, "ARAMARK Healthcare is responsible for maintaining all of our equipment and possesses a strong overview of the entire UNC program. They are in a unique position to help the radiology department spot common problems and share best practices." **FI**

## Reducing MRSA at Evanston Northwestern Healthcare



According to the Centers for Disease Control and Prevention, one of the most threatening and more prevalent bacteria in healthcare settings is methicillin-resistant staphylococcus aureus (MRSA). This resistant bacterium causes "staph" infections that cannot be treated with the usual antibiotics.

With more than 800 beds in three hospitals on Chicago's North Shore, in 2005 Evanston Northwestern Healthcare (ENH) became one of the first health systems in the United States to implement a "universal surveillance" program. This program strives to protect patients by significantly reducing MRSA rates.

ENH asked its longstanding clinical support services partner, ARAMARK Healthcare, to assist with the hospital's

implementation of the surveillance program by providing daily and terminal cleaning of patient rooms.

ARAMARK's Environmental Services workers and the hospital's infection control team developed a checklist, going above and beyond traditional room cleaning and disinfecting, to ensure the removal of MRSA and other bacteria. ARAMARK Healthcare also plays an active role on the hospital's Infection Control Committee.

As part of the surveillance program, ENH screens every patient that is admitted to the hospital with a rapid test for MRSA. When a patient tests positive, the hospital's policy places him or her on contact precautions.

"Healthcare workers entering a contact precaution room must wear gloves and a gown that is discarded in that room prior to exiting," said Anna Marie Ogle, Infection Control Nurse at ENH. "Our workers then use an alcohol hand gel to perform hand hygiene that is critical to controlling the spread of MRSA."

ENH also sets up each MRSA patient's room with its own equipment, such as a thermometer or stethoscope, so bacteria that may be contained on it is not transferred throughout the hospital.

When a patient carrying MRSA is discharged, Environmental Services workers utilize the cleaning checklist to make sure surfaces that can be decontaminated are clean and disinfected.

"It's important to thoroughly clean and disinfect the surfaces in the room during a patient's hospital stay and after discharge to help decrease MRSA in the environment," said Ogle. "Our approach has proven effective as our already low MRSA bacteraemia rates are down an additional 65 percent since implementing the program." **FI**