

VISION

for Excellence

SPRING | 2013

PATIENT

SAFETY

Committed to Safe Care

VISN 4 is focused on creating a culture of safety to provide the best possible health care for Veterans.



DIRECTOR'S VISION

Dear Veterans, fellow employees, volunteers and friends of VISN 4:

For the past fifteen years, the Veterans Health Administration (VHA) has led the Nation in establishing a culture of patient safety. Our goal is simple: to reduce and prevent inadvertent harm to patients as a result of the care we provide and to keep caregivers from being harmed while providing that care.

In 1999, VHA established the National Center for Patient Safety to help us become the Nation's safest health care organization. Today, VHA's approach to patient safety has influenced safety programs used by the Department of Defense as well as private health care providers in the United States and throughout the world. VISN 4 has long been a leader in developing new, innovative ways to keep patients and employees safe. We understand we cannot eliminate all errors made by health care providers, but we can design systems to keep our patients from being harmed if errors occur.

We are guided, in part, by what is called the "Swiss cheese" model of system failure. Sometimes, processes designed to keep patients safe don't work. Think of the holes in a slice of Swiss cheese as opportunities for health care processes to fail. A failure in one step can allow a problem to pass through a hole in that slice. But if the holes in the next slice are in different places, we've caught the problem before it becomes serious. Each new slice defends against a catastrophic error, one in which a problem progresses through each slice of cheese all the way to the end.

Our task in creating a culture of safety is to make sure all the holes never line up by putting up defenses that will, as much as possible, turn the cheese from Swiss into solid cheddar. What we are doing through our systematic approach to patient safety is eliminating any pathway that leads from a potential hazard to patients to something that actually causes harm.

Despite our best efforts, however, errors and adverse events do occur. We don't blame people for making mistakes – unless those mistakes

VISN Director Michael Moreland tries out a patient lift at Wilmington VA Medical Center as Mary Alice Johnson, the facility's associate director for patient care services, observes.

are intentionally made, such as criminal acts, purposefully unsafe acts, acts related to a provider's alcohol or substance abuse, or patient abuse. Our intent is to fix our systems, not to target people.

Overall, VISN 4 has done a remarkable job of creating the level of trust and focus on preventing and solving problems that enables a culture of safety to thrive. Through the dedication of our leadership and staff, we continue to enhance the systems in our organization to make our facilities the safest they can be. This issue of Vision for Excellence spotlights some of the latest and most innovative techniques and procedures throughout our Network. I'm proud to share them with you.

Sincerely,

A handwritten signature in black ink that reads "Michael E. Moreland".

**MICHAEL E. MORELAND, FACHE
NETWORK DIRECTOR**



How VISN 4 is making a difference in the lives of our Veterans

★★★ TOTAL TEAM EFFORT ★★★

HERE TO SERVE

From the executive office to the front line, every VA employee plays an important role in helping Veterans live their best lives.

VISN 4's Coatesville VA Medical Center recently welcomed three new leaders to the senior management team. Along with Director Gary Devansky, this team will guide all Coatesville VA employees as VA continues its transformation toward personalized, proactive, patient-driven health care.

NANCY SCHMID

Associate Director for Patient Care Services Since November 4, 2012
Previously served as Associate Director for Patient and Nursing Services at Syracuse VA Medical Center

I am enjoying leading a dedicated, compassionate patient care services staff who are recognized for their contributions to the high quality health care we provide.

DR. SHEILA CHELLAPPA

Chief of Staff Since October 5, 2012
Previously served as Coatesville VA's Associate Chief of Staff for Primary Care

I am excited to lead teams of talented VA health care professionals that are dedicated to providing high quality, Veteran-centric health care in the most efficient, effective ways possible.

JONATHAN ECKMAN

Associate Medical Center Director Since October 21, 2012
Previously served as VA Maryland Health Care System's Executive Assistant to the Associate Director for Finance

I am excited to be part of the future of VA health care in this capacity. I see it as both my challenge and responsibility to enable Coatesville's administrative functions to support patient care the best way possible.

Editors' Note: The 2012 VISN 4 Annual Report incorrectly reported the statistics for **Philadelphia VA Medical Center**. The 2012 statistics for this facility are:

- EMPLOYEES:** 2,280
- OUTPATIENT VISITS:** 552,338
- OPERATING BEDS:** 142
- VETERANS SERVED:** 57,598
- OPERATING BUDGET:** \$163,964,038

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AROUND the NETWORK



Air Force Chief Master Sergeant Paul Frisco confers with Sue McCloskey, a nurse practitioner at the Philadelphia Sleep Clinic via video from Willow Grove, Pa.

Reclaiming Sleep from Afar

Sue McCloskey, a nurse practitioner for the VISN 4 Eastern Regional Sleep Center located at the Philadelphia VA Medical Center, is now treating patients at the Fort Dix, Willow Grove and Gloucester Community Based Outpatient Clinics (CBOC). But McCloskey does not have an exhaustive travel schedule. In fact, she never leaves Philadelphia.

McCloskey uses Clinical Video Telehealth, a real-time consultation between Veterans and providers via videoconferencing, to provide specialized care for sleep disorders.

Veterans who may suffer from obstructive sleep apnea speak to McCloskey individually or in a group setting from their nearby CBOCs. Staff at the clinics also help Veterans take equipment home to conduct sleep studies, and transmit the results to McCloskey in Philadelphia.

“Every time I hold these sessions, the patients thank me for helping them avoid driving into Philadelphia,” McCloskey said. “In fact, Veterans who had previously been referred by their providers and had refused to be seen in the Philadelphia Sleep Clinic are now coming to the CBOCs for evaluation, treatment and follow-up.”

Healthy Learning

Education is a key aspect of helping Veterans live healthier lives. At VA Butler Healthcare, education is everywhere: a recent food drive helped some Veterans eat better; a special event raised awareness of heart disease; and fitness classes promote the importance of physical activity.

Butler’s second annual Healthy Living Food Drive collected healthy, non-perishable food items for 25 Veterans in need and their families. Their packages included educational literature about eating, and living, in a more healthy manner.

“Our Veterans give so much to protect our way of life; this is just one small way we can give back,” says Karen Dunn, health promotion and disease prevention coordinator.

In honor of the tenth anniversary of the American Heart Association’s Go Red for Women movement, the facility hosted an event on Feb. 1 to support women Veterans fighting heart disease. Participants enjoyed live healthy cooking and exercise demonstrations, a stress management presentation focusing on Yoga and Tai Chi, and more.

Finally, VA Butler Healthcare’s free, weekly fitness classes provide numerous health benefits for their Veteran participants.

The fitness instructor is very enthusiastic and really gets me to push myself!

Sheila Donelson, Fitness Class Member



Following a successful food drive, Homeless Peer Support Technician Ron Christopher (left) distributed food to local Veterans including Army Veteran William Clawson.

Vietnam Remembrance

Known as The Wall That Heals, the half-size replica of the Vietnam Veterans Memorial in Washington, D.C., made a five-day stop at the Coatesville VA Medical Center, as part of its continuing tour of the Nation to bring healing to Vietnam Veterans, their families, and others.

The traveling exhibit allows Veterans who have been unable to cope with the prospect of facing The Wall to find the strength and courage to do so within their own communities, thus allowing the healing process to begin.

Local Organizer Buddy Rhoades knew more than 30 Servicemembers whose names appear on The Wall. More than 4,000 Veterans, volunteers, employees, students and local community members visited the wall to look for a name or simply to reflect on the sacrifices made by Vietnam Veterans and their families.

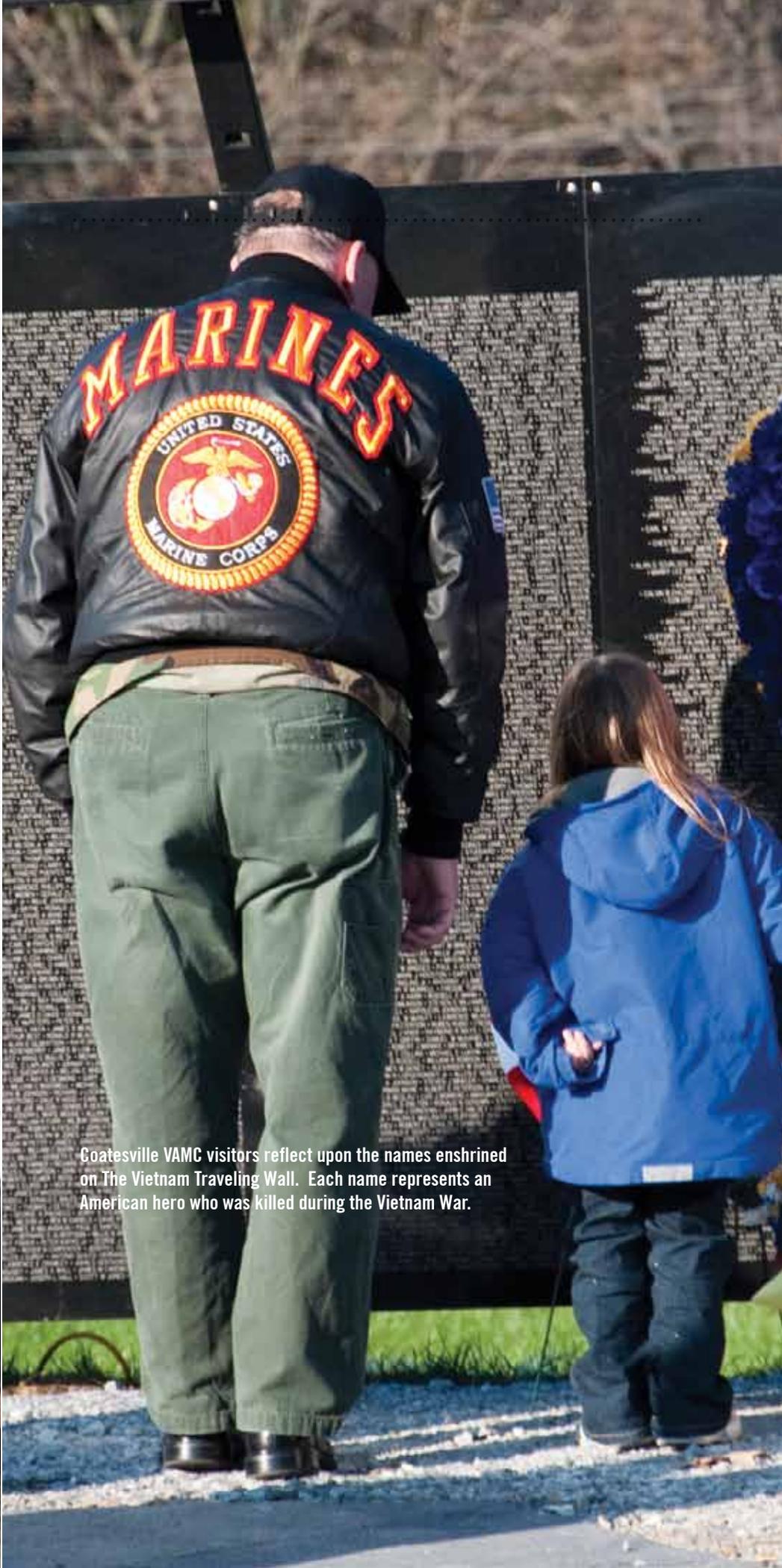
During the opening ceremony for the visit, nine Gold Star Families who lost a loved one to combat in the Vietnam War were recognized.

At the closing ceremony, Director Gary W. Devansky declared, "Today we renew the commitment America has made to those who served and remember those we lost, especially the American heroes whose names are inscribed on the Wall."

"This helps the guys coming back now to know that they aren't alone, and (their service) wasn't for nothing."

Buddy Rhoades,
Vietnam War Veteran

Coatesville VAMC visitors reflect upon the names enshrined on The Vietnam Traveling Wall. Each name represents an American hero who was killed during the Vietnam War.





Patriot Brew

Network Director Michael Moreland (center) joins representatives from the Veterans Canteen Service and Wilkes-Barre VA Medical Center to open Patriot Brew, a patient-centered coffee shop featuring pastries from Grico's, a local restaurant.

More Care, Closer to Home

Veterans in the Dubois, Pa., area are receiving more health care services in their community thanks to the recent relocation of the Dubois VA Outpatient Clinic.

The new clinic is twice the size of the former facility. The clinic will augment the primary care and limited specialty care services the old clinic provided, and will add audiology services. New Telehealth programs available at the new site will also allow the clinic to add mental health, nutrition and dermatology services.

The clinic now serves more than 4,000 Veterans from Clearfield County and other nearby counties.



Expansion at Clarksburg

Louis A. Johnson VA Medical Center in Clarksburg, W.Va., recently held a ribbon-cutting ceremony for its remodeled and expanded surgical care unit.

Lynn Morgan, a nurse practitioner at the Wilmington VA Medical Center in Delaware, recently received the 2013 State Award for Excellence from the American Academy of Nurse Practitioners.





The Comfort of Home

Sometimes recovering from a stroke, a fall, or surgery can be very difficult. Even simple, everyday tasks can seem daunting. VA wants to help Veterans regain their abilities and their confidence so they can feel safe in their own homes.

To do this, VA Pittsburgh Healthcare System recently dedicated a new rehabilitation facility at the H.J. Heinz campus near Aspinwall, Pa. MyHome is an innovative residential simulation therapy area complete with living room, dining room, bathroom, bedroom, kitchen, staircase, laundry and pantry.

MyHome provides functional, real therapy for patients looking to be discharged and returning home. Therapists help patients accomplish daily tasks like getting out of bed, standing up out of a recliner, getting in and out of a car, and walking across carpet and tile flooring.

The room is primarily used by physical and occupational therapists along with blind rehab staff. In addition to the rehabilitative benefits, the room allows staff to better assess Veterans' readiness to return home, and their level of safety once they get there.

Guests look over the amenities in the kitchen area of MyHome during the dedication.



Patriot Cafe

The Lebanon VA Medical Center recently celebrated the opening of their newly renovated Canteen, called the Patriot Cafe. The naturally-lit, spacious area includes a rotunda and seating is open around the clock.

We built this for you. Here you can enjoy a great meal, great conversation, and a comfortable place to socialize.

Robert W. Callahan Jr.,
Lebanon VA Medical Center Director



Spreading the Word

Eric Brown and Rob Olson, peer support specialists, talk with local Veterans about programs available at VA during Erie VA Medical Center's annual Veterans Health Fair. More than 240 Veterans and their family members, including 40 Veterans visiting VA for the first time, learned about eligibility and enrollment, peer support, healthy living and more.



SAFETY

Health Care
Doctor
Hospital
Pharmacist
Nurse
Dentist
First Aid
Surgeon
Emergency



COMMITMENT TO **SAFE CARE**

In VISN 4, we take patient safety seriously. And because safety is an ongoing and vital function, everyone gets involved. Read on to find out how clinical and administrative staff at all levels, in addition to our Veterans, ensure the growth and continuation of our culture of safety.

To learn more about VA's patient safety priority, visit www.patientsafety.gov.

Here you will learn how you can get involved. For our patient safety program to be truly effective, we need you to be fully informed and actively involved in your care.

A Word From the Top

VISN 4'S PATIENT SAFETY CULTURE

An interview with the Network's patient safety risk manager

"Our aim is to ensure our patients are free from accidents or inadvertent injury during their time at VA." That's how Moira Hughes, VISN 4's patient safety officer, described her mission and the mission of patient safety managers working at every hospital throughout the Network.

In VISN 4, patient safety risk managers work with their fellow employees to reduce or eliminate harm to patients, by investigating system-level vulnerabilities rather than focusing on "naming and blaming" individuals.

VA believes that focusing exclusively on eliminating errors cannot possibly eliminate all individual errors. Instead, we are designing systems that are "fault tolerant," so that the errors that do occur will not harm patients.

VA uses a tool called Root Cause Analysis (RCA) to discover the basic and contributing causes of medical errors. RCAs study adverse events and close calls

with the goal of finding out what happened; why it happened; and how to prevent what happened from happening again.

When a RCA is needed, a team of experts from throughout the hospital and elsewhere work with those who are familiar with the situation in an impartial process to identify prevention strategies.

They look at human and other factors, underlying causes and effects, related processes and systems, and risks that are inherent in the process to find potential improvements to the way the hospital does business. Team members ask "why" repeatedly at each level of cause and effect.

"For our system to work, we need to make sure our employees feel comfortable reporting events," Hughes explains. "We ask them not only to report incidents in which harm was done, but also close calls." Close calls, or near misses, occur far more frequently than actual adverse events.



VA's National Center for Patient Safety formally recognizes the successful utilization of Root Cause Analysis (RCAs) at the facility level with the annual Cornerstone Recognition Program. In fiscal year 2012, all ten VISN 4 facilities received a gold, silver or bronze Cornerstone Award, with six facilities receiving the gold.



WEAR IT ON YOUR SLEEVE

VISN 4 patient wristbands offer much more than name and birthday

In VA, and especially in VISN 4, wristbands for inpatients are an important patient safety device. According to Tracey Wissman, patient safety manager at the Coatesville VA Medical Center, well-thought-out wristbands help decrease medication errors.

Bar codes found on every patient’s wristband are scanned every time a health care professional administers medication. Then a corresponding bar code on the medication container is scanned, and the Veteran’s face is checked against the photo that appears on his or her wristband. Only after this is done, and the Veteran confirms his or her name and date of birth or Social Security Number, is the medication given. This helps to ensure compliance with the national patient safety goal for patient identification.

“This helps us ensure that medication is distributed in compliance with the five rights of medication administration: the right patient, the right drug, the right dose, the right route, and the right time,” Wissman explains.

Many VISN 4 patients also have little colored blocks on their wristbands. These blocks are codes for various warnings: that the patient may be a fall risk or a choking risk; that the patient (or someone with a medical power of attorney for the patient) has provided “do not resuscitate” orders; or that the patient may wander beyond the normal view or control of staff.

Although there is no standardized use of colors either within or outside of VA, VISN 4 uses the same color for blocks throughout the Network.



KEEPING PATIENTS FROM SELF-HARM

Suicide prevention coordinators are on duty 24/7



Any Veteran who is feeling emotionally distraught or has questions about their emotional health should contact the Veterans Crisis Line, even if they are not enrolled for VA health care. Veterans do not need to feel suicidal to call. A family member, friend, or provider can also call if they are concerned about a Veteran.

CALL: 1-800-273-8255 (PRESS 1)

TEXT: 838255

CHAT: VETERANSCRISLINE.NET

CONFIDENTIAL SUPPORT IS AVAILABLE AROUND THE CLOCK.

Veterans can be at risk for suicide for a variety of reasons. Some Veterans are coping with aging, stress, or lingering effects stemming from their military service. Times of crisis can be related to chronic pain, anxiety, depression, sleeplessness, anger, or even disturbing memories of combat service. VA is taking steps to protect at-risk Veterans from completing the act of suicide.

One of VISN 4’s most aggressive suicide prevention programs is at the Wilkes-Barre VA Medical Center. Wilkes-Barre has two full-time suicide prevention coordinators, Denise Carey and Adalberto Morales. Every day, they meet to discuss patients in the hospital who have been “flagged” as being at risk of harming themselves.

“We meet with our patient safety, quality, and inpatient psychiatric unit program managers, as well as the coordinator of our inpatient units,” Carey tells us. “We also speak with caregivers at our outpatient clinics.”

Veterans considered at risk for suicide, at both the hospital and the outpatient clinics, are identified in a screening interview and through a questionnaire to help primary care clinicians diagnose depression. The coordinators closely monitor at-risk patients and even visit the Veteran’s home. “We’re on call 24 hours a day, seven days a week,” says Morales.

Mental Health

MODERN DESIGN MAKES PATIENTS SAFER

Pittsburgh's new building offers state-of-the-art safety features

In April 2012, VA Pittsburgh Healthcare System (VAPHS) opened a new \$75 million building. An impressive and visually-striking building, perhaps its most important feature can be found on its third, fourth, and fifth floors. On those three floors, the new building features 78 secure and private psychiatric beds for Veterans with mental health issues. The new mental health unit was designed with unique features to keep patients and staff as safe as possible.

"Each of our mental health floors was built to the standards of the National Center for Patient Safety's Mental Health Environment of Care Checklist," explains Lynda Brettschneider, VAPHS patient safety manager. The checklist, which has been used by VA since 2007, is designed to identify and abate environmental hazards, such as exposed piping.

Each Veteran has a private bedroom with a bathroom and a window with a view, on what is called the "night side." Women Veterans are housed in a special section. "If a woman feels unsafe at night," says Brettschneider, "she can lock her door from the inside as an additional precaution." All private rooms, with showers, come equipped with door sensors to enhance safety.

On the "day side," the facility offers a Sensory Modulation Room for Veterans who need a space to calm down. Based on practices utilized with autistic children, the room provides these Veterans with privacy, and helps them to relax through aromatherapy, massaging pillows, comfortable blankets, clay and squeeze balls, audio/visual capabilities and reading materials.

"The room has been an overwhelming success in decreasing stress and providing the patients a calm, peaceful environment away from the hustle and bustle of the unit," says Teresa Murray, Pittsburgh's associate chief nurse for behavioral health. The hospital found that since the room opened, the assault rate on the unit was cut in half!

Nurses' stations on both sides allow patients to be observed at all times. Separating the building into two areas helps patients to maintain the same routines they experience outside the hospital. Floor to ceiling windows surrounding the day side allow for a fantastic view of the city and provide an open, airy atmosphere with a flood of natural light.

Three roof gardens atop the building enable Veterans to experience the healing power of sunlight and the outdoors, and an elevator designed to transport only behavioral health staff and patients increases both staff and patient safety.



1

The dining area is on the day side of the new inpatient mental health care units at VA Pittsburgh Healthcare System.

2

Floor to ceiling windows surrounding the day side allow lots of natural light in to brighten patients' days.

3

The common area on the day side offers a spectacular view, including the University of Pittsburgh's Cathedral of Learning.

4

The night side of VA Pittsburgh's inpatient mental health care units includes a television viewing area.



“*Our patients just love it. Patients and staff alike say the unit design helps put them in a better mood!*”

TERESA MURRAY,
VAPHS Associate Chief Nurse for Behavioral Health

MOVING PATIENTS WITH EASE

VA's Patient Safety Initiative keeps staff safe

Did you know that, according to the National Institute for Occupational Safety and Health, approximately 12 percent of nurses leave the profession before retirement age because of back pain? Or that 52 percent of nurses report that they

had at least two weeks of back or shoulder pain within the previous six months?

The reason for this is obvious: nurses are regularly called upon to lift, move, and turn patients of all sizes and shapes, many of whom are far larger than the nurses themselves.

To keep our nurses safe in their work, and our patients safe during transfers, VISN 4 has wholeheartedly adopted VA's Safe Patient Handling Initiative — to develop policies and programs, and obtain equipment, that enable nurses to move patients in a way that does not cause strain or injury. One of the Network's most successful programs is at Lebanon, where Kate Raihl has been designated the facility's Falls and Safe Handling Champion.

"In 2010," Raihl explains, "18 staff members were injured moving patients, resulting in 263 days in which staff had to be assigned to light duty, and 20 lost time days. In 2012, only five reported injuries, no light duty days, and no lost time days!"



Raihl attributes this remarkable record of improvement to teamwork among the facility's nursing staff. She also cites the availability and proper use of patient handling devices. The medical center also appointed 25 employees from all units as patient safety peer leaders to encourage nurses on the unit to work together to transfer patients, and to use equipment, instead of their own strength, wherever possible.

"We have a great peer leader group," she tells us. "Every quarter we pick an outstanding advocate to be recognized for his or her work." The hospital has also purchased car extractor lifts (to help arriving patients out of their autos), new motorized lifts, and other equipment to keep patients and employees safe.

Butler, too, has adapted the concept of peer leaders and the use of equipment to reduce injuries. According to Linda Graham, the facility has unit peer leaders on every shift. Butler's newly-opened Community Living Center

(CLC) has ceiling lifts in each of the facility's 30 rooms.

Patients can be moved from their bed into their bathroom using the lifts for toileting and bathing. The lifts also allow for a safer and more respectful environment for both patients and employees. As a result of this and other measures, in the first three months of 2013, only two patients have fallen in the CLC, with no injuries.

Throughout the Butler facility, the use of special patient handling equipment has resulted in a decrease in employee injuries. There were no such injuries in 2012, compared with seven in 2011 and 16 in 2010. Future plans include making patient handling accommodations for bariatric patients (patients with extreme obesity) in various hospital locations including outpatient areas.



“To be successful, there has to be organization and communication and teamwork. If you function as a team, all your brainpower works together!”

KATE RAIHL,
Lebanon VAMC Falls and Safe
Handling Champion



Kim Carpenter, lab technician, helps her co-workers at the Lebanon VA learn the proper and safe use of a patient lift.

Keeping Patients Informed

TOUCH SCREENS TOUCHING THE LIVES OF PATIENTS

GetWellNetwork now playing at VISN 4

Many VISN 4 patients receive important information about their health care through the GetWellNetwork system. GetWellNetwork is available within VISN 4 at the Erie, Wilkes-Barre, and Pittsburgh VA medical centers as well as at 20 other VA facilities nationwide.

The interactive patient care system, which was installed at Erie in 2012, features a touch screen monitor at every patient's bedside. Using the monitor, Veterans are able to access a series of videos on health subjects pertaining to them and their health condition, and receive advice that will help them get better.

They also can obtain information on how to minimize the risk of falling; learn more about their condition, treatment plan, and care team; and get information related to their discharge.

Patients can even type in the name of the medication they are taking and get immediate information on how to take it, what possible side effects may be, and how the medication will help them recover.

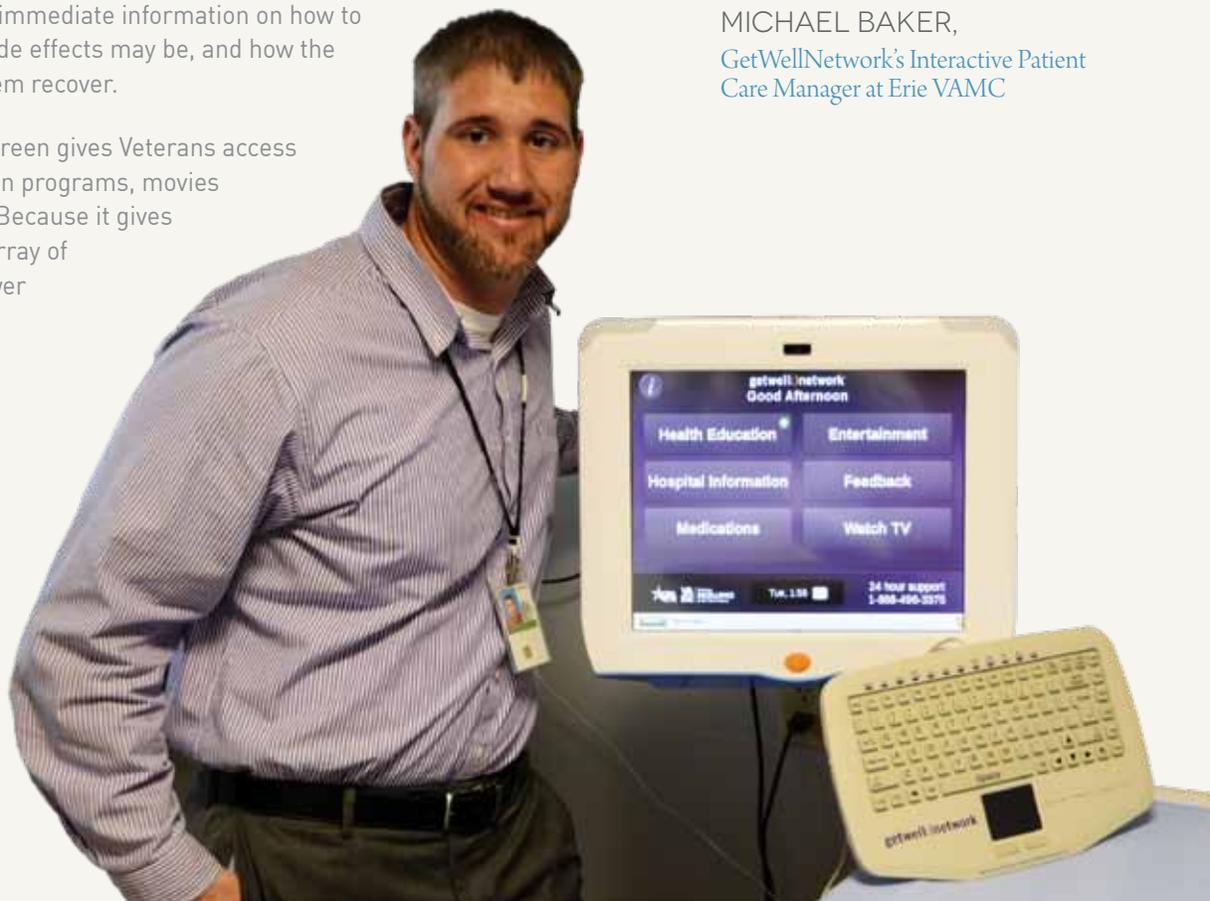
And finally, the touch screen gives Veterans access to the Internet, television programs, movies and even video games. Because it gives patients such a broad array of choices, it helps empower

them to participate in decisions about their own care — meeting VA's goal of providing patient-centered care to all enrolled Veterans.

According to Michael Baker, interactive patient care manager for the GetWellNetwork at Erie, the system will soon be able to interface directly with VA's electronic health record system. Clinicians can then prescribe a video for their patients to watch on their electronic health records, and the screen will tell them that the video is available. The GetWellNetwork, a VA contractor, believes that helping patients take a more active role in their care will lead to better outcomes.

“*Patients love it! We're excited to be rolling this out throughout VA!*”

MICHAEL BAKER,
GetWellNetwork's Interactive Patient
Care Manager at Erie VAMC





Philadelphia VAMC Veteran David Taylor Jr. participates in his Daily Plan discussion with registered nurses Kristina Pizzo (left) and Elaine Wynter-Rose.

“Both our patients and family members feel more included in the care process, and are more included in the team effort to help them get well.”

PETER LEPORATI, Philadelphia VAMC patient safety nurse

The Daily Plan

WHAT THE NEW DAY HOLDS

Philadelphia's award-winning program to inform patients

In 2011, two medical and surgical units at the Philadelphia VA Medical Center began a pilot program for a new initiative called “The Daily Plan.” The Daily Plan provided each patient on the units with a written plan of their scheduled activities for the day. Delivery of the plan is followed by a discussion with a health care professional. The pilot program proved so successful that it was rolled out to the entire medical center and to other VISN 4 facilities as well.

The Daily Plan enhances patient safety by involving patients in their care. It is a road map that lets patients see, in black and white, what’s going to happen to them on a particular day. Among the items in the plan can be: diagnostic tests the patient will undergo; medications to be administered; nutrition issues; appointments with providers; and any allergies the patient may have.

“The key to the success of the plan is that it has strengthened communications between the patient and his or her care providers,” says Peter Leporati, a nurse on Philadelphia’s patient safety manager team. “It also gives the patient’s family a chance to participate in the process.”

By reviewing the plan together, patients and nurses recognize and correct any discrepancies in their plan of care, such as changes in their medication orders. This allows potential errors or miscommunication to be prevented.

Although The Daily Plan is used in other VA facilities throughout the Nation, Philadelphia won a Gold Achievement Award from the National Center for Patient Safety for its administration of the program in 2011, and a Silver Achievement Award in 2012.

One of the refinements to the program used in Philadelphia is to transfer the written plan to communication boards in patient rooms in critical care areas. Many patients in these units, especially those on ventilators, have difficulty reading printed documents. The boards allow them to view their plan more easily, and “it’s the first thing many family visitors look at when they come to visit,” explains Leporati.



1 VA Pittsburgh Patient Safety Fellow Kelli Mack is working to improve the safety of dental care.

2 Patient Safety Fellow Jamie Estock observes tests in VA Pittsburgh's new simulation education room.

Dr. Lee A. Pietrangelo, a lieutenant colonel, has served five tours of duty in Iraq and Afghanistan. He is also an alumnus of Pittsburgh's fellows program. Pietrangelo's research project was designed to help health care workers cope with bullies in the workplace.

The Army's resiliency program (formerly known as the "Battlemind" program) aims to make troops as psychologically fit as possible. One of its tenets is that it is easier to make soldiers encountering high stress situations more resilient and able to deal with the stressors of battle rather than expect that the stresses can be reduced.

Pietrangelo developed a workshop that uses behavioral simulations to teach health care workers how to deal and cope with bullying behaviors. He recently taught his workshop at a prestigious symposium and is currently working on bringing this training to VA.

Patient Safety Fellows

THE FUTURE OF PATIENT SAFETY

Young VA employees bring new ideas

Since 2007, VA's National Center for Patient Safety and Office of Academic Affiliations have teamed up to offer one-year fellowships in patient safety at six VA medical centers throughout the Nation. Two of those centers, Philadelphia and Pittsburgh, are within VISN 4.

"This is something that's not being done anywhere else in the country, other than at VA," explains Dr. David E. Eibling, director of Pittsburgh's fellowship program. "These fellows are going to make a difference. These people are going to change medicine."

Eibling proudly pointed to the work of Pittsburgh's two current fellows: Jamie Estock and Lieutenant Colonel Kelli Mack, a dentist.

Estock is a human factors scientist who leverages medical simulation as a test-bed to measure how product design affects provider performance. Her work is changing the way in which medical devices are tested for safety. Currently, these devices are tested under optimal conditions: all procedures related to the device are done correctly and then the results are observed to see if the device benefits the patient.

Sometimes, however, things do go wrong — both during testing and once the device is approved for use. Estock is leading an effort to establish a simulation-based human factors evaluation program in VA. The goal of the program is to maximize provider performance and enhance patient safety by supporting the selection and implementation of safe and user-friendly medical products.

According to Eibling, "She has uncovered a very important innovation in how we can test medical products in less-than-perfect conditions."

Mack is looking at a question related to her background in dentistry: is it safe to reuse burs dentists use in drilling teeth? Currently, VA throws these burs away after every use; many other dentists and clinics sterilize and reuse this equipment. Mack will find this information useful in her next job as chief of infection control for all Air Force dental clinics.

The patient safety fellowship program is open to post-residency trained physicians in all disciplines, and post-doctoral or post-master's-degree trained associated health professionals, including nurses, psychologists, pharmacists, social workers, and health care administrators.



“ I tell them their project must include three components: it has to make a difference; it has to be doable; and they have to be passionate about it.

DR. DAVID E. EIBLING,
Director of VA Pittsburgh's
Fellowship Program



Hi-Tech Hand Washing

COMING CLEAN

Computerized hand washing system ensures a thorough wash

According to the Centers for Disease Control and Prevention, hospital patients get nearly two million infections every year. That's about one infection for every 20 patients. Infections that patients get in the hospital can be life-threatening and hard to treat. Hand hygiene (washing hands or using alcohol handrub) prior to patient contact is the most important way to prevent infections from spreading.

At most VA medical centers, making sure providers use hand hygiene before having contact with patients is a difficult task. Many facilities resort to random inspections by "secret shoppers," staff members who observe providers' hand hygiene without letting the providers know they are being observed. Unfortunately, these random inspections can only observe a few of the thousands of times hand hygiene must be done every day.

Now, however, two VISN 4 medical centers are among only three in the Nation to be using a new, high-tech way of determining whether providers are using hand hygiene. In Wilkes-Barre and Wilmington, a system called the HyGreen Hand Hygiene Recording and Reminding System not only records all hand hygiene events in the medical centers, but it also reminds busy health care workers to use hand hygiene between patients.

According to Jean Stipe, infection preventionist at Wilmington, "We needed an accurate real-time measurement of hand hygiene, and HyGreen provides that." The HyGreen system places monitors by hand hygiene stations and sinks in patient care areas as well as bed monitors at the head of the bed.

When a health care worker applies sufficient soap or alcohol foam to his or her hands, the sensor picks up the alcohol vapor contained in the product and transmits a signal to a special badge all providers must wear. The badge then blinks green, so the worker knows he or she has washed his or her hands sufficiently. In addition, a wireless signal documents the worker's name and the time and location to a computer database. Health care workers can access the data to monitor their individual compliance.

The worker then has three to five minutes to go to a patient's bedside, above which another HyGreen monitor is placed. If the badge is still blinking green, the bed monitor picks up the badge signal and the time and location of the interaction is sent to the database. The provider is safe to work with the patient. If too much time has elapsed from the initial hand hygiene event, or if the worker has forgotten to clean his or her hands, the badge will vibrate to remind him or her to return to hand hygiene. There are two reminders that do not get logged. The third reminder will send a non-compliant event to the database.

The system was installed last June on one Wilmington VA unit. "There are two ways we know it's working," Stipe explains. "First, we've had to increase our supply of soap and hand sanitizer gel for that unit, and second, we had no MRSA (Methicillin Resistant Staphylococcus Aureus) infections or transmissions on the unit between July and December."

Wilmington plans to extend the HyGreen system to all acute care areas of the hospital and their Community Living Center. Wilkes-Barre, which began using the system just after Wilmington did, uses the system in all acute care areas, and throughout the facility's Community Living Center.



Nurses Larry Miller and Linda Harwood are Wilmington VA's Hand Hygiene Heroes, shown here with the Hygreen sensor outside of a patient room. Both had more than 98% hand hygiene compliance and more than 4,000 registered hand hygiene events last year (the system was installed in June).

“*I firmly believe the system absolutely increased hand hygiene compliance at our facility, and it gives us real data to show how we're doing.*”

JEAN STIPE,
Wilmington VAMC Infection
Prevention Specialist

“It’s just getting dedicated people doing the same thing again and again. Having good equipment has also made a difference, and teaching nurses to do the dressing changes properly is the final part of the puzzle.”

CHRIS COOLE,
PICC Team Coordinator

PICC Line Insertion Team
Coordinator, Chris Coole
inserts a PICC line.



STOPPING INFECTIONS BEFORE THEY START

Well-trained PICC line insertion team improves safety

A PICC (peripherally inserted central catheter) line is a long, slender, flexible tube that is inserted into a peripheral vein, typically in the upper arm. The tube is advanced in the body until the catheter tip terminates in the superior vena cava, the large blood vessel that returns blood from the head, neck and arms to the heart.

PICC lines are used to help many patients requiring prolonged intravenous antibiotic treatment, chemotherapy, specialized nutrition, and other treatments. Because they can be left in place for up to a year, patients with PICC lines are at risk of infection when bacteria travel down the line and enter the blood.

Because catheter-associated bloodstream infections are serious, it is important to take precautions to prevent such infections from occurring — and the Clarksburg VA Medical Center has done a remarkable job of reducing their infection rates, and improving their ability to successfully insert catheters through better equipment, increased preparation, and improved training.

Clarksburg has developed a “PICC line insertion team,” a group of registered nurses trained to properly insert these lines. The team’s coordinator is Christopher Coole.

“Our team members are taught to do the right thing, every time,” he explains. “We’ve also purchased all of the latest ultrasound and tip location technology to help guide them in the catheter insertion.” Trained team members are on duty at the facility 24 hours a day, seven days a week, to ensure that PICC insertions are done properly no matter when they are required.

Standardized PICC line dressing change kits are readily available to ensure that nurses have everything they need to perform the procedure according to guidelines established to prevent infections. The results have been striking — nearly all PICC insertions at Clarksburg are now accomplished successfully, and infections are few and far between.

PATIENT SAFETY DATA

New reporting system helps find and fix safety issues

VA’s approach to patient safety is focused on prevention, not punishment. One way to uncover underlying problems that have previously been ignored or unaddressed without placing blame is to learn from close calls, sometimes called “near misses.” Addressing problems in this way not only results in safer systems, but also focuses everyone’s efforts on identifying problems and fixing them on a continuous basis.

VISN 4 is in the process of using its computer systems to improve the way close calls and actual events are reported. A new tool, called the electronic Patient Event Report (ePER) is in the process of being deployed throughout the Network, providing an efficient platform for reporting these events.

“ePER is unique because it is a totally anonymous system,” explains Deborah Waters, Altoona’s patient safety manager. “Anyone can enter information into the system, by clicking on the icon that’s on every desktop in the hospital. Under the old system, only a few could enter data electronically, and each entry identified the reporter by name.”

“I’d get reports when they were days — even weeks — old,” she recalls. “If we needed to complete a Root Cause Analysis (RCA) to investigate the issue the report raised, we had lost valuable time, because our regulations require RCAs to be completed within 45 days!” Now, Waters is notified by email as soon as a report is completed.

The new system’s ease of use has increased the number of events reported at the hospital and its CBOCs by 20 percent, she estimates. Because the information is all computerized, she can aggregate data about different events to find trends within the facility that can be addressed through training or other actions. In the near future, ePER data will automatically be transferred to SPOT, VHA’s nationwide patient safety database, and VA’s National Center for Patient Safety will be able to easily find problems that are common to facilities nationwide.

Patient Safety Tips

A GUIDE TO PATIENT SAFETY

What every Veteran can do to help prevent health care errors

VA's transformation to patient-centered care means creating partnerships with every Veteran we serve to help them live their lives more fully. Patient safety is one of the areas in which partnerships are essential. By becoming active and informed participants in their own health care, patients can help prevent health care errors.



The most important thing you, as a patient, can do to improve your safety is to **actively communicate with your health care team**. If you don't recognize a medication you're being given, ask your provider to check before you take it. If you don't understand what's being done on your behalf, ask for an explanation — and if you still have concerns, ask again.

1



Learn about your diagnosis through the library, the Internet, and other sources. **Take an active part in developing your own treatment plan**. If you're nervous before visiting the doctor, write down your questions ahead of time — and bring a family member or trusted friend to your appointment to take notes. Don't throw out medication instructions or follow-up appointment cards.

2



Want to make your health care visits more efficient? Write down the following information about your health status and bring it with you to all appointments:



Allergies to food, chemicals, medicines, or other substances



Existing health conditions, recent diagnostic procedures, and past surgeries



The name of your primary care provider



Prescription and over-the-counter medications you are taking — Include what kind of medication you use; why you're taking it; how much of it are you taking; and how often are you taking it.



Vitamins and herbal medications (such as ginseng) you take



If you're at risk of falling, **talk to a team member about how to minimize your risk.** If you use a walker or a wheelchair, learn to use it properly. Understand that some medications can cause dizziness or confusion, increasing your risk of falling — and make sure you know which ones.

3



Prevent infection by washing your hands thoroughly and often — it's the best way to keep infections from spreading. Don't hesitate to remind providers to wash their hands as well before they care for you. And if you are recovering from a wound, always keep it clean and dry to speed healing.

4



Finally, **report any safety concerns you may have to a member of your provider team as quickly as possible.** After all, patient safety is everyone's business!

5



Telehealth

KEEPING PATIENTS CLOSE TO HOME

VISN 4's emphasis on Telehealth contributes to patient safety, too!

VISN 4's Telehealth program plays an increasingly important role in keeping our Network's patients safe. Telehealth, which makes care more accessible and convenient for Veterans through the use of modern telecommunications technology, reduces the time Veterans need to spend in the hospital — and also increases access to VISN 4's services without requiring long drives for patients.

According to Jim Torok, the VISN's Telehealth program manager, "keeping people from getting into a vehicle and traveling helps keep people safe," especially in inclement weather. "A lot of our program comes back to patient safety," he says.

For example, patients being treated for sleep apnea who have not slept well the night before are in danger of falling asleep at the wheel. By allowing them to travel to a nearby outpatient clinic instead of a distant hospital — or even enabling them to be monitored in their own homes — the risk of their becoming involved in an accident while traveling significantly diminishes.

“I want Telehealth to be considered like every other service VISN 4 provides. Simply just another modality of our mission to provide world-class care for Veterans!”

JIM TOROK,
Telehealth Program Manager

Torok, however, points out that not only does Telehealth keep patients safe by shortening travel, it also keeps them safe by keeping their health records secure. "Before we add a new Telehealth service to our Network, we make sure everything is secure — from the equipment we'll be using to the lines over which data will be transmitted."

Torok explains that every new Telehealth program is preceded by a "Telehealth service agreement," which not only describes how the service will be performed, but also a significant plan for any contingency. "Even if there's a flood or a fire, we make sure our equipment is safe and secure, and that it is always cleaned and put away properly no matter where it is located."

"We also make sure that we have enough bandwidth to ensure that the picture quality of our electronic transmissions is of the highest quality," he tells us — critical to ensure doctors, such as dermatologists, making diagnoses over long distances have sharp and accurate images to work from.

VISN 4 Presents
 ASK THE
STAFF
 Spring 2013



2



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4



5



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10

How do you and your section promote patient safety?



1. JOHN IRIZARRY (COATESVILLE)
 FOOD SERVICE WORKER

"We put wet floor signs up when we need to and maintain proper food temperatures so our patients stay healthy."

John Irizarry is the Coatesville VAMC's 2012 Safety Person of the Year. When he noticed a traffic intersection that had a high potential for serious accidents, he took action. John brought the issue to the safety committee, and a stop sign was installed as a result.

2. AMY DETTERLINE (ALTOONA)
 VOLUNTARY ASSISTANT

"We train volunteers on infection control and how to be proactive in their approach to hand sanitizing by encouraging others to sanitize."

3. GEORGE YARRINGTON (BUTLER)
 CLINICAL NURSE MANAGER

"We strive to perform as an interdisciplinary team – 'a VA of one' – utilizing the team approach to achieve and maintain a constant vigilance of safety first."

4. JAMES MAUL (CLARKSBURG)
 HOUSEKEEPER

"Housekeepers are the first line of defense in cleansing, disinfecting and limiting the spread of germs and diseases. Before I mop patient rooms and hallways, I alert patients and nurses in the immediate area so no one trips and falls."

5. VICTOR PEREZ (WILKES-BARRE)
 HOUSEKEEPING AIDE

"I promote patient safety by making sure I keep my floors clean and free of any safety problems such as trash and spills."

6. DAYNA YOCKEY (ERIE)
 HOSPICE UNIT SUPERVISOR

"Physical safety is only half of the story. Psychological safety, including emotional and spiritual well-being, is equally as important. Our team takes pride in maintaining a calm, accepting and loving atmosphere in which Veterans and families feel safe and cared for."

7. KATHIE CAPIOTIS (LEBANON)
 NURSE MANAGER

"We assess our Veterans' strengths, weaknesses, and their comprehensive psychosocial, physical, and medical needs continually throughout their stay. The interdisciplinary team creates a plan of care based on the needs of the Veteran and meets three times a week to help the Veteran progress at their own pace so they can safely transition to their next level of care."

8. LEROY WILLIS (PHILADELPHIA)
 MEDICAL SUPPLY TECHNICIAN

"My staff and I promote patient safety by paying careful attention to details. This helps us prevent human error and makes us aware of safe working conditions."

9. DANA ROOLF (PITTSBURGH)
 INDUSTRIAL HYGIENIST

"Even though we, as a department, do not interact directly with patients, we help provide them with a safe environment. This is accomplished by ensuring that employees keep Veterans safe from hazards that may arise, as well as ensuring that employees are trained and know how to utilize safety equipment."

10. JEANNE COLLINS (WILMINGTON)
 PATIENT SAFETY MANAGER

"I contribute to patient safety by acting as a champion in nurturing a culture of patient safety among our employees. I encourage front line staff to speak out about issues of concern. I believe that our facility can only be as safe as our staff feels in bringing potential issues to light."

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for Excellence

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WE'D LIKE TO HEAR FROM YOU

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