Southern California Patient Safety Collaborative **Fast Facts**

Patient Safety First... a California Partnership for Health

May 15th, 2012–Track I: HAI Prevention, Sepsis Management, and Surgical Care Improvement

141 attendees from 57 hospitals and other healthcare organizations learned about:

A Patient Story- The impact of an HAI as seen from the other side of the bed

Suzanne Anders, MHI, RN, Health Services Advisory Group

Attendees learned how the unintended transmission of pathogenic organisms into her surgical wound changed our staff member's life for many months, and perhaps for years to come.

The Patient & Family Advisory Council – Impact on Patient Centered Care and Quality

Mary Ann Vincent, RN, BSN, MBA, VP Performance Improvement, St. Joseph Hospital, Orange

Karen Lockwood, Patient Family Advisor

Attendees learned about the value that an active Patient and Family Advisory Council adds to hospital wide quality and patient safety efforts, how such a council might be formed, and the perspective of one council member

Reducing HAIs Participant Session

Suzanne Anders, MHI, RN, Health Services Advisory Group

Designated HSAG partnering hospitals assigned to this breakout reviewed strategies for preventing several types of Healthcare Associated Infections and shared their progress with their peers.

Optimizing Performance and Patient Safety in the OR

Julia Slininger, RN, BS, CPHQ, VP Quality & Patient Safety, HASC

Attendees participated in a focus group discussion to explore and prioritize the various hospitals' improvement needs in clinical quality, operational efficiency, and culture for patient safety. HASC is designing the SCORE Collaborative (Surgical Care and Operating Room Excellence) to specifically meet these needs.

Project JOINTS: Joining Organizations in Tackling SSIs

Kathy D. Duncan, RN, Faculty, Institute for Healthcare Improvement (IHI)

Attendees learned about the national campaign hosted by IHI and the three new interventions added to the existing surgical site infection measures, targeted at preventing infection for total hip and total knee cases;

- Pre op scrub with an alcohol containing agent
- Patient Chlorhexadine bathing for 3 days prior to surgery
- Patient Staph aureus screening via a nasal swab culture followed by topical treatment if positive.

Resources through the IHI campaign were offered to members at no charge, if they chose to join the campaign.

Surgical Safety: Thinking in Threes

Verna C. Gibbs, MD, Director, "No Thing Left Behind"

Attendees learned about several OR safety measures, but chiefly about preventing retained sponges with a new, very simple and inexpensive "sponge accounting system". PSF hospitals will be offered further advanced assistance to enhance their own programs for the prevention of retained sponges and other surgical items.

These Programs are presented by: Hospital Association of Southern California, Health Services Advisory Group, and National Health Foundation Funded in part by: Anthem Blue Cross of California

Presentations and additional materials from this meeting are available at www.HASC.org

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