

## Patient Safety First... a California Partnership for Health



Southern California Patient Safety Collaborative  
Track I- Sepsis, HAI, SCIP  
8/7/12



### *Objectives for the Day*

- Explore the impact that Simulation Training can have on improving Sepsis care
- Review strategies for HAI and SSI prevention
- Refine processes for prevention of retained surgical items
- Describe the return on investment for participation in the Surgical Care and Operating Room Excellence Collaborative



## ***On the Patient Safety TRIP***

Are we there yet?

## ***New (old) Terminology: "Patient Safety"***

- QA
- QM
- QI
- CQI
- PI
- Patient Safety
-

## **Counting the Cost: Hospital Associated Infection (HAI)**

- Surgical Site Infections
  - Excess LOS of 7-8.2 days and estimated cost of \$2,734
- Bloodstream Infections
  - Excess LOS of 7-21 days and estimated cost of \$3,061-\$40,000
- Pneumonia
  - Excess LOS of 6.8 to 30 days and estimated cost of \$4,947

■ *Jarvis WR. Selected aspects of the socioeconomic impact of nosocomial infections: morbidity, mortality, cost, and prevention. Infect Control Hosp Epidemiol. Aug 1996;17(8):552-557*

## **Counting the Cost: Death and Other Serious Injury**

- UNQUANTIFIABLE



## Consumer Advocacy

- *“The thing about healthcare harm is that it's already solvable; it's solvable today. It's not like finding a cure for cancer, which is months, years, or decades away. The systems are there, and the technology is there. This is real healthcare reform. It's going to save lives, and it's going to save money.”*



### ***How long does it take...***

To Transform Research into Practice?

17 years?

***We can't wait that long***



## ***Where are We Trying to Go?***

- Device Related HAI
  - Zero CLABSI
  - Zero CAUTI
  - Zero VAP
- Sepsis Mortality
  - 15% reduction from your baseline
  - Continuous improvement



## ***Evidence Based Medicine***

- Guidelines
  - 1999 HICPAC for SSI Prevention
  - Decades of research in several areas
- Practices
  - Technological- Computerized forced functions
  - Implementation Models- LEAN, MFI
  - Procedural Strategies- Checklists



## *The TRIP Model*

- Summarize evidence into checklist
- Mitigate barriers
- Measure performance
- Ensure receipt of intervention



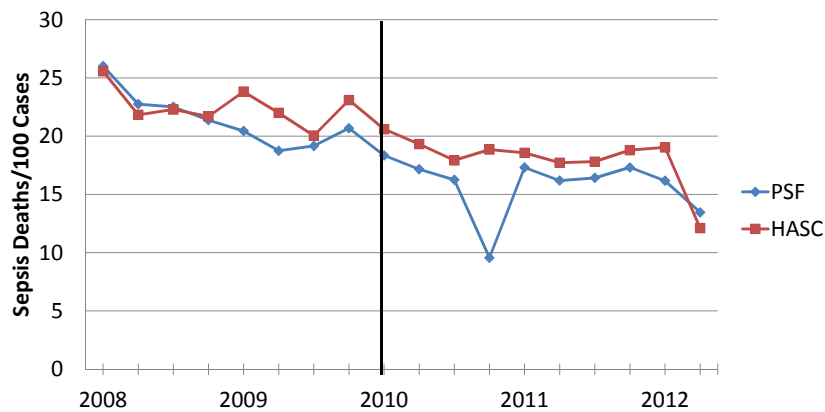
## *Progress Reports Demonstrate:*

- Continuous Improvement
  - In device related HAI
  - In Sepsis Mortality
- And compared to the Statewide PSF results
  - HASC hospitals outperform the mean
  - Except in Sepsis mortality



## Partnering to Heal

**Sepsis Deaths per 100 Sepsis Cases  
PSF and Regions 2008- 2012q2**



## Challenges

- Sepsis is considered to be one of the most challenging and difficult conditions to manage
- The course of sepsis varies widely from patient to patient
- It can develop as a result of a variety of circumstances
- Elements of EGDT differ depending on severity (SIRS, Sepsis, Severe Sepsis, Septic Shock)

## Thanking our Previous Speakers

- Angela Rosenblatt from Riverside County Regional Medical Center
- Jodi Caggiano from Hoag Memorial Hospital
- Alfonso Torress-Cook from Pacific Hospital Long Beach
  - **But Process and Program needs are one thing, and individual staff training is another.**





***It's time for New Resources:***

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