



**Morgan Stanley**  
**Children's Hospital**  
**of New York-Presbyterian**  
**Columbia University Medical Center**

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# **Patient Safety Fridays: A Hospital-wide Initiative**

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# Presentation Overview



**Who We Are**



**Breakout Group Discussion**



**Patient Safety Fridays: The Approach**

# New York-Presbyterian Hospital

## Who We Are

- Based in New York City
- Largest not-for-profit, non-sectarian hospital in US
- ~2 million Patient Visits per year; 230,000+ ED Visits; ~110,000 Inpatient Admissions
- Provides advanced inpatient, ambulatory & preventive care in all areas of medicine at five major centers:
  - NYP/Weill Cornell Medical Center
  - NYP/Columbia University Medical Center
  - Morgan Stanley Children's Hospital
  - NYP/Allen Pavilion
  - NYP/Westchester Division

# Morgan Stanley Children's Hospital

## Who We Are

- Founded in 1887
- Academic affiliate of Columbia University Medical Center
- 202 beds (107 Intensive Care)
- 52 bed Maternity Service
- Consistently ranked among the top in the nation by U.S. News and World Report



# Morgan Stanley Children's Hospital Profile

- Largest provider for children in the NY region
- 8,000 pediatric discharges per year
- 8,000+ discharges of mothers  
normal newborns
- 50,000 Emergency Room visits
- 7,000 Operating Room cases
- 17% growth since new Hospital opened



# Universal Challenges for Hospitals

- Become a Highly Reliable Organization
- Create a Culture of Safety
- Comply with all State and Federal Regulations
- Prepare for Regulatory Surveys
- Educate ALL (including MD) Staff on Existing and New Policies, Procedures and Standards

# Some of NYP's Specific Challenges in 2007

- Recent mock survey demonstrated clear evidence front-line staff not owning culture of safety
- Compliance with 2 Pt Identifier verification highly variable and well below target
- Medication Reconciliation compliance inconsistent across disciplines and significantly below target
- Hand Hygiene rates variable throughout house, no units had met and sustained target to date
- Gaps in staff knowledge of ILSM and fire safety



# ***Breakout Group Discussion***

# Instructions

- Divide into two groups
- Each group:
  - Select a team leader
  - Select a scribe
  - Select a reporter

# Questions for Discussion

- What methods have been put in place by your organization to monitor performance and drive improvement, and what have you found to be most effective?
- What model for educating staff on existing and new policies and procedures has your organization utilized?
- How is your organization improving the culture of safety to be prepared for every patient, 24/7?
- How are you measuring progress?



# ***Patient Safety Fridays: Our Approach***

# Our Objectives

## *Create a Culture of Safety*

- 24/7 Readiness for the next patient
- Develop a Standardized Way to Teach Staff
- Provide Staff Structure Two Way Communication
- Improve Patient Satisfaction/Staff Satisfaction
- Improve Regulatory Readiness
- Measure Improvement

# Our Previous Approach

- Top Down Driven Process
- Mock Surveys
- Scattered Patient Safety and Regulatory Meetings throughout Week
- Campus Specific Environmental Rounds and Inconsistent Tracer Activity
- Reactive Corrective Action Plans Evolving from Regulatory Activity or Significant Events

# New Approach: Patient Safety Fridays

REGULAR

CONSISTENT

FOCUSED

- Engage Staff
- Iterative process
- Flexible to new input, new needs, lessons learned
- Two way communication between Staff and Management

# Overview of Patient Safety Days

- Every Friday
- Defined safety activities take place across ALL campuses
- Mornings devoted to:
  - Education
  - Tracers
  - Issue Resolution
- Afternoons devoted to:
  - Unit based education reinforcement
  - Cross campus Patient Safety related meetings



# Logistics

## ➤ All management staff involved

- NYP = 665 team members on 200 teams
- MSCH = 100 team members on 26 teams at MSC
- Development of education material, job aids, update tracer tools, share best practices and themes, issue resolution

## ➤ Clinical and environmental foci

## ➤ Weekly Faculty & Site Director Conference Calls

- Development of education material, job aids, update tracer tools, share best practices and themes, issue resolution

# Sample Schedule: June 27, 2008

## Morning (8:00am-4:00pm)

**E mail**  
**Blackberry**  
**Free Zone**

### *Education:*

- Q&A Follow-Up from June 20, 2008 PSF
- Patient Centered Care (PCC) Action Plans
- Reporting Critical Tests and Critical Values

**60 minutes**

### *Tracer Activity:*

- Clinical Tracer
- Environmental Tracer

**90 minutes**

### *Debrief Session (With Team Leaders)*

**30 minutes**

### *Hotwash (Campus-wide)*

**60 minutes**

### *Afternoon Quality Mtgs (Unit-Level Education & Debriefing)*

**180 minutes**

# Sample Curriculum

<b>WEEK</b>	<b>CLINICAL</b>	<b>ENVIRONMENT OF CARE</b>
<b>Week 1</b>	Tracer Basics	Equipment Cleaning / ILSM
<b>Week 2</b>	Patient Verification	Fire Safety 1
<b>Week 3</b>	Universal Protocol	Fire Safety 2
<b>Week 4</b>	Do Not Use Abbreviations / Look Alike Sound Alike	Medical Equipment Management
<b>Week 5</b>	Labeling Medications on and off the Sterile Field	Refrigerator Temp Monitoring / Ice Machine Cleaning
<b>Week 6</b>	Falls Prevention	Hazardous Material Management
<b>Week 7</b>	Medication Reconciliation	Emergency Management 101
<b>Week 8</b>	Advance Directives	Maintaining an Appropriate Environment
<b>Week 9</b>	Effective Hand-off Communication	Infection Control Risk Assessment
<b>Week 10</b>	Hand Hygiene	Security in Sensitive Areas

# Educational Approach

*Use of real life examples encourage staff interaction during education session (“What’s wrong here?”)*

## 60 or 6?

60 Regular INSULIN NOW

The “u”, representing the whole word “units” has often been misinterpreted as a “0” (zero), leading to a 10-fold dose error. Here, the intended “6u” was misinterpreted as “60” and the patient received 60 units of regular (short-acting) insulin.

# Staff Feedback\*: *KEY THEMES*

## *What staff liked:*

- Multidisciplinary approach
- Morning Education Session
- Team Building
- Knowledge Building
- Standardized
- Ability to Communicate with Staff
- “Everyone on the Same Page”
- Interaction with other Departments

*\*From March 2008 Pulse Survey*

# Staff Feedback: Comments

- “Senior Leadership's engagement in this indicates that we really do want to enhance our culture of safety.”
- “A strong sense of team spirit is nourished throughout hospital leadership. A good sense of humor is a strong facilitator.”
- (I like) “that management are getting out on the wards and clinics and seeing what is going on.”
- (I like) “The Management Team working together on a large scale for a common purpose. This is true team building.”

# Staff Feedback\*: *KEY THEMES*

*What staff didn't like:*

- Report-out sessions (repetitive, too long)
- 8AM start time
- Information not relevant to all staff
- Clinical staff feel “over extended”
- Need to “catch up” on regular Friday work
- Returning to same units for tracer activity

*\*From March 2008 Pulse Survey*

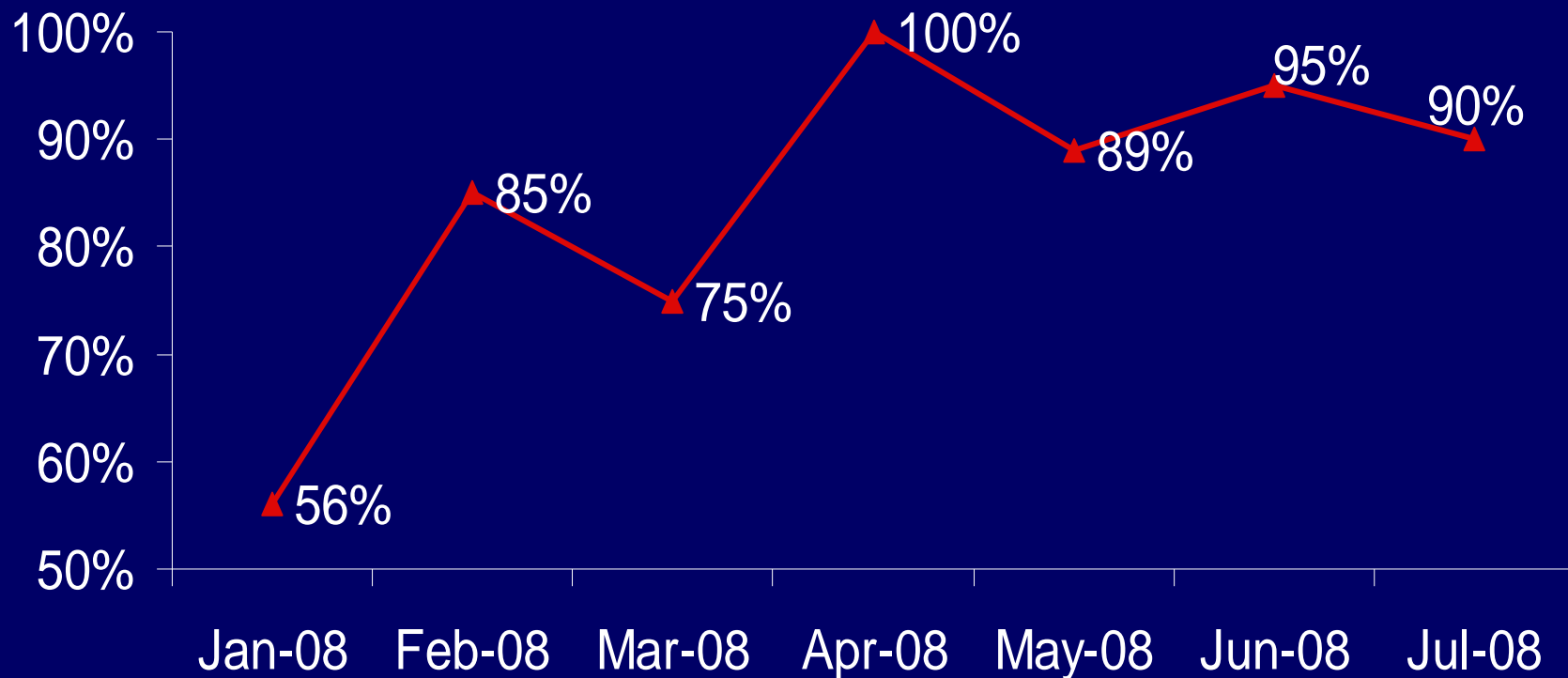
# Mid-Year Corrections

- Streamlined Report-outs
- Modified Content to Focus on Campus-Specific Challenges
  - Pediatric Medication Errors and High-Alert Medications
- Added Weekend and Off-shift Tracers
- Strengthened Resident and Attending Engagement
- Increased Frequency of Data Reporting
- Rotated Staff on a Quarterly Basis

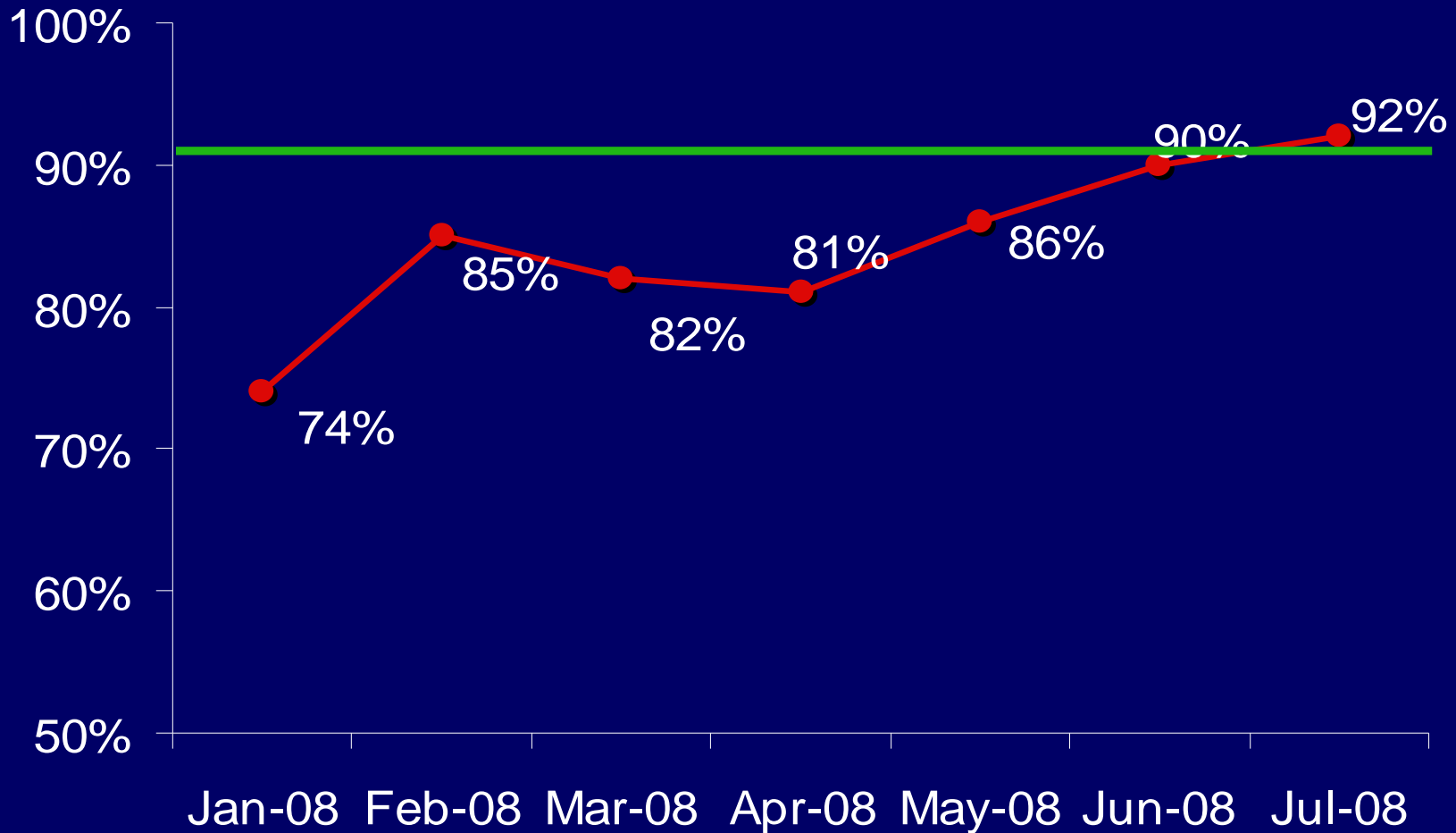
# Examples of Immediate Improvements

- Medication Management – Multi-Dose Vial Labeling with Expiration Dates, e.g. Tylenol
- Infection Control – Transmission-based Isolation Precautions, e.g. RSV and Rotavirus patients cohorted in ED and on Floor

# MSCH Pt Verification – Use of 2 Pt Identifiers

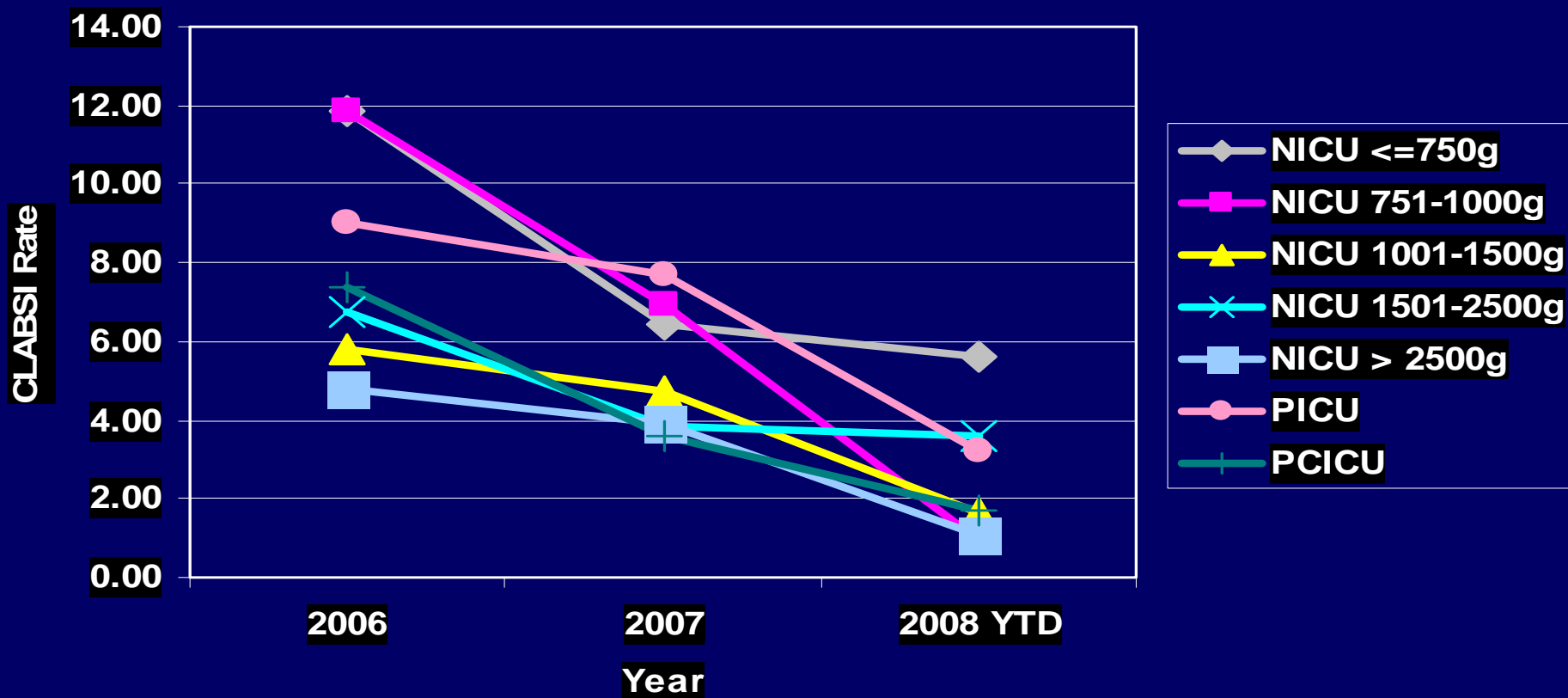


# MSCH Median Hand Hygiene Compliance Rates



# MSCH CLABSI Rates

## 2006 - 2008 MSCH CLABSI Rates



# Results

- Commitment of the Entire Organization
- Transformation of Patient Safety Culture
- Engagement of Front-line Staff
- Focus on “Patient Readiness” rather than “Survey Readiness”
- Improved Compliance with Critical Practices
- Continued Accreditation by TJC received

# Challenges Going Forward

- Extending Program to 24/7
- Sustaining Enthusiasm While Maintaining Results
- Logistical Planning to Target High Priority Educational Topics