

# Capital

calling

-supporting quality and patient safety-

10,000 employees  
10,000 medical staff  
10 campuses  
6 buildings  
One shared calling.

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## WASH YOUR HANDS! IT WILL SAVE LIVES AND MONEY

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Streeters

The Jan. 31 episode of CBC-TV's *Marketplace* entitled "Dirty Doctors" revealed that many physicians, nurses and other health care providers in hospitals across Canada are

responsible for spreading "superbugs"—antibiotic-resistant bacteria that cause infections in different parts of the body. How? Because they're not washing their hands.

Two of the most well-known infections are MRSA and VRE (Methicillin-resistant staphylococcus aureus and Vancomycin-resistant enterococci). Health care workers often spread them between patients on their hands and medical equipment that has not been cleaned between uses. They are most common in patients with weak immune systems—those who are frail and elderly or very sick, or both.

What's the central focus of prevention? A rigorous hand-hygiene practice of thoroughly washing hands with soap under running water or using a waterless, alcohol-based hand sanitizer. While all health professionals know they should be practicing regular hand hygiene, some have yet to make a habit of it.

"It's challenging," admits **Dr. Lynn Johnston**, Capital Health's division chief of Infectious Disease and a hospital epidemiologist. "People are busy taking care of patients and don't take the time to wash their hands. Or sometimes they get to a sink to find it has run out of soap and/or paper towels."

A separate MRSA strain called "community-associated MRSA" has started to appear across the country. Unlike the in-hospital infections, it affects younger, otherwise healthy people. "It's very new and something we're monitoring," says **Dr. Gaynor Watson-Creed**, Capital Health's Medical Officer of Health. "It often presents itself in people without symptoms, so it gets missed. We'll be looking to the Public Health Agency of Canada for guidelines on how to handle an outbreak, should one occur."

Across Capital Health, there is nothing new to report about VRE, and there's good news about MRSA: In-hospital transmission rates of MRSA have dropped, from 9.3 per 1,000 admissions in 2003 to 6.7 in 2006.

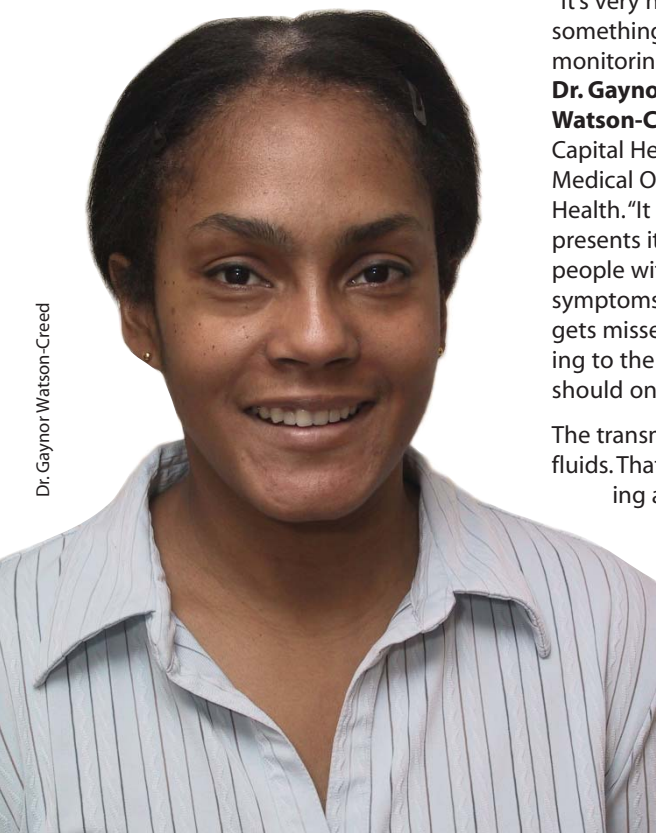
The transmission of bacteria and viruses often occurs through direct contact with bodily fluids. That includes the handling of soiled diapers or sheets, "toileting" of any kind, dressing a wound or even wiping your own nose or a child's nose. Infections can also be spread by touching fresh or uncooked meat and poultry.

To prevent the infections, "Hand wash, hand wash, hand wash!" says Gaynor. "Some people think it's inconvenient to find a sink and take the 20 seconds to wash their hands properly, but they should weigh that against how inconvenient it is to be sick for a few days."



Capital Health

Dr. Gaynor Watson-Creed



## QEII Ambulatory patient

*Stop doing: "Loud questioning about personal history in pre-op waiting room."*

# WILL CAPITAL HEALTH MEASURE UP THIS TIME?

As part of an international accreditation process, health organizations around the world take part in a regular self-assessment followed by a survey visit. The survey includes team interviews, facility tours and focus-group meetings with various stakeholders, including patients and their families, physicians, nurses and other health care providers, as well as a review of documentation. This is not simply a paper exercise; it's a process to ensure that we're walking the walk, not just talking the talk.

The purpose of the process is to assess and improve standards of care in order to enhance patient outcomes as well as communication and working relationships among health care professionals. Here at home accreditation allows the Canadian Council on Health Services Accreditation (CCHSA) and Capital Health staff members to evaluate the quality of the organization's services by comparing them to nationally accepted standards.

**Theresa Fillatre**, the Safer Healthcare Now! campaign leader for the Atlantic provinces, has been a voluntary CCHSA accreditation surveyor for the past 10 years. She has interviewed teams in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Newfoundland and Labrador, as well as in Bermuda.

"I love the dialogues with teams about their strengths, opportunities for improvement and the way they track and celebrate their successes," she says. "There are so many great quality-improvement ideas generated in well-functioning teams. Surveyors are privileged to be a part of this process and often leave with great take-homes."

In 2005 CCHSA's six new patient/client safety goals and 21 required organizational practices, or ROPs, came into effect. They cover five areas: culture, communication, medications, workforce/worklife and infection control. "These ROPs are now embedded in the accreditation standards in the self-assessment," says Theresa. "They are an essential component of the self-assessment process."



**Quality in action: The ICU accreditation team is working hard to ensure it measures up to national standards.**

Although surveyors don't conduct official interviews in their own organization, three years ago Theresa led a number of practice interviews with Capital Health teams. "Those dress rehearsals are intended to help people feel more comfortable about discussing their self-assessment results and give them some experience for the real thing," she says. "Teams want to feel prepared. I believe it's really important that all team members fully participate in the self-assessment process, because the team is really developing its quality-improvement plan for the future. If just a few people take part, you lose that value-added perspective, and it shows."

In addition, Theresa encourages teams to work from, and build upon, their previous self-assessments. "Many teams use their quality-improvement plans between survey visits," she says, "and that really is the way the process should work."

According to **Kathleen Graham**, Capital Health's VP of Acute Care, who has been a surveyor for six years, there are two external sources for patient safety that teams are focusing on: the required organizational practices in the CCHSA standards

and the Safer Healthcare Now! bundles of recommended clinical practices. (For more information about Capital Health's participation in Safer Healthcare Now!, visit [www.saferhealthcarenow.ca](http://www.saferhealthcarenow.ca).)

"Staff follow current literature specific to patient groups and diseases of interest as well as technological advances," she says. "Opportunities for patient safety are also provided through the analysis of incident reports, product alerts, failure mode and effects analyses and root-cause analyses. One of the richest sources of opportunities are near misses, and the new patient-safety reporting system that is being implemented will provide this valuable information to teams."

The next Capital Health accreditation survey will take place Nov. 4–9, 2007.

*Continue to do: "What you do best, which is educate and inform about diabetes. You provide a great service and a wonderful delivery model for other clinics to follow."*

## PUTTING THE "FUN" IN FUNDAMENTAL LEARNING



Since last fall, many Capital Health staff members and physicians have been throwing tennis balls around rooms and playing card games with each other. No, not on their lunch breaks, but in meetings with **Kit Jillings**.

In September Kit was hired as a quality educator in the Quality and Risk Management Department. Hailing from London, England, he had been working there in senior management as a teacher-developer in a post-secondary institute similar to our community college system.

Part of Kit's job has been meeting with accreditation teams to "help them identify what it is they need to do," he says. His learning methods aren't traditional. "I don't stand at the front of the room and lecture and I don't have 500 PowerPoint slides," he says. "We play interactive and fun games that teach concepts."

Kit is also working with teams on all aspects of quality improvement. For example, he has been supporting the new Quality Steering Committee for the Tri-Facilities led by Sheila Martin. If you would like to commission an education session to support your team's quality-improvement work (the training will be customized to meet your needs), e-mail Kit at [kit.jillings@cdha.nshealth.ca](mailto:kit.jillings@cdha.nshealth.ca) or phone him at 473-6289.

## Q-TIPS SPARKS GREAT CONVERSATIONS

The Q-Tips insert on "Great conversations for improved communication," which appeared in the Winter 2006-07 *Capital Calling*, initiated some interesting conversations throughout Capital Health—in particular, at a newly formed Quality Steering Committee for the Tri-Facilities.

In January **Sheila Martin**, the committee lead and the Tri-Facilities' director of Health Services, took the insert to a committee meeting. It explained that the capital letters in the word "GREAT" stood for: Greet the patient; introduce yourself and explain your role in the patient's care; Explain what is going to happen (what the patient can expect); Ask what else can be done to assure the patient's comfort; and Thank the patient, as appropriate.

"Everyone needs to hear those messages from time to time," says Sheila. "Those practices should be integral, no matter what your role." Committee members posed questions about what makes a good organization and a healthy workplace, discussing everything from good communication skills to effective management.

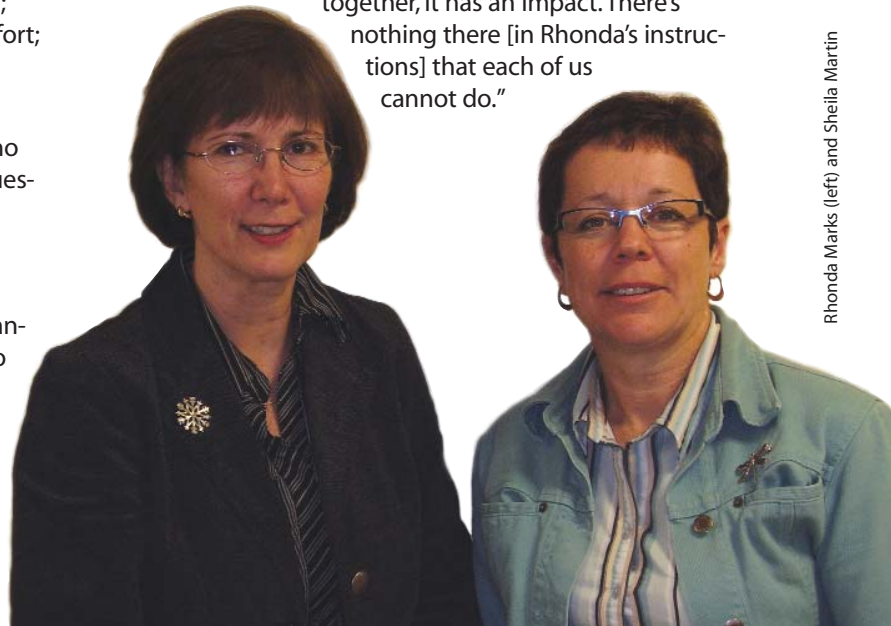
At the meeting was **Rhonda Marks**, the operations manager of The Birches, a 40-bed nursing home adjacent to Twin Oaks Memorial Hospital in Musquodoboit Harbour. As the group discussed the merits of using the Q-Tips, Rhonda scribbled some notes, then shared what she had written: an adaptation of GREAT to use with colleagues.

"I wrote it down," says Rhonda modestly, "but it came out of the conversations we were having around the table." Her adaptation: Greet your co-workers; Respect the role of each and every co-worker; Expect to support one another

and to be supported; Act as a team; and Take the time to thank one another.

Rhonda believes it's important to show the same respect to colleagues as you would to patients. "Work is a professional setting, but it's also a social setting," she says. "At that meeting we asked ourselves, how do you show you're part of a team? It's the way you behave and treat people."

Adds Sheila: "If we're working well as a team, patients are getting the best possible care. When we don't work well together, it has an impact. There's nothing there [in Rhonda's instructions] that each of us cannot do."



Rhonda Marks (left) and Sheila Martin

## QEII inpatient

*"stop offsetting costs with ridiculous parking fees that tax family and friends, whose visits are essential to the well-being of patients."*

# HOW DO YOU HELP NAVIGATE PEOPLE AROUND THE HEALTH CARE SYSTEM?



**Rebecca Norris**  
ICU liaison nurse, fifth-floor OR,  
Halifax Infirmary

"I help navigate patients around the health care system by following them through the peri-operative process, which includes everything from admission, pre-op, intra-op, and PACU to post-PACU. I also keep family members informed of their loved ones' progress."



**Elaine Hamm**  
Administrative assistant,  
Quality and Risk Management Department

"Quite often patients arrive on 9 Bethune for their clinic appointment instead of the Victoria Building. They may be anxious about their procedure and flustered at being lost. It's often easier for me to take them there myself than try to explain the way through the tunnels. Because I work in a department with no direct patient contact, whenever I have the opportunity to interact with patients, I try to make it a positive experience for them."

## WHAT'S ON TAP:

- **Program evaluation course** April 18 and 19, 9 a.m. to 4 p.m.  
Weather Watch cafeteria, 5th floor Dickson Building, VG site
  - **Poster how-to workshop** April 24, 12 p.m. to 1 p.m., VG auditorium
  - **Quality Week, May 28 to June 1**  
May 28: Education workshops (morning session, Bethune Ballroom, VG site; afternoon session, Cobequid Education Room, Cobequid Community Health Centre)  
May 29: Poster fair, HI lobby  
May 30: Lunch & Learn, Royal Bank Theatre, HI site, and telehealth where available  
May 31: Quality Summit, University of King's College
- For more information about Quality Week events, contact Elaine Hamm at 473-7854 or [elaine.hamm@cdha.nshealth.ca](mailto:elaine.hamm@cdha.nshealth.ca).

## EDITOR'S DESK

As we go to press, we are seven weeks away from the fifth annual Quality Week. As you know, this week has become an annual celebration and recognition of the outstanding quality-improvement initiatives accomplished by Capital Health staff members and physicians.

The details of the many events are listed below in our What's on Tap listing and can also be found on the Quality Department website at [www.cdha.nshealth.ca/quality/index.html](http://www.cdha.nshealth.ca/quality/index.html) (follow the link to Quality Week 2007).

My challenge to each of you is to consider entering a poster/storyboard on just one of the improvement projects that you and your team have taken on over the past year. The Quality Poster Fair that is taking place on May 29 provides a fantastic opportunity to profile and celebrate the many quality-improvement initiatives that have taken place or are currently underway throughout Capital Health.

The displays don't need to be elaborate or time consuming to prepare; in fact, you might want to attend a how-to session that's being held on April 24 at 12 p.m. in the VG auditorium. The stories can include works in progress such as the adversity and inclusion initiative; projects that are unit specific but have made a difference in patient care, such as the IV tray-improvement project on 9A at the VG site; or those that are larger in scale and scope, such as the Safer Healthcare Now! initiatives.

Now's not the time to be shy—get out there and strut your stuff!

**Kathleen M. Martin**  
Editor and director, Quality and Risk Management

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Please submit your comments and story ideas that will make us think, laugh and even cry to: [capitalcalling@cdha.nshealth.ca](mailto:capitalcalling@cdha.nshealth.ca)