

PROGRESS NOTES

Summer 2009

Joint Commission

By Kim Johnson, Director of Quality and Case Management

Did you know all Joint Commission surveys are unannounced?

“Unannounced” means the hospital does not receive an advance notice of its survey date¹. The unannounced survey process was intended to help health care organizations focus on providing safe, high quality care at all times and it is expected that we will have continuous standard compliance¹.

What can we expect?

During a Joint Commission survey, surveyors retrace the specific care processes that an individual experienced by observing and talking to staff in areas that the individual received care². This process is known as a “Tracer”. The tracer methodology is an evaluation method in which surveyors select a patient and use that individual’s record as a roadmap to move through an organization to assess and evaluate the organization’s compliance with selected standards and the organization’s systems of providing care and services². The number of tracers completed depends on the length of the survey; however, the average three-day hospital survey with a team of three surveyors typically allows for completion of approximately 11 tracers².

Did you know?

The Joint Commission Periodic Performance Review (PPR) provides the framework for continuous standards compliance and focuses on the critical systems and processes that affect patient care and safety³. The Joint Commission is scheduled to perform an on-site Periodic Performance Review from July 28 through July 30, 2009.

Be Alert!

We can expect an increased physician focus on the following standards:

- Lack of timely documentation
- Universal Protocol -- Time Out
- Lack of required elements for operative/other high risk procedure reports
- H&P on charts PRIOR to the procedure
- Dating / Timing Orders including RESTRAINT orders
- Using Unapproved abbreviations

Resources:

¹The Joint Commission (2009) Facts about the Unannounced Survey Process. Retrieved from http://www.jointcommission.org/AboutUs/Fact_Sheets/unannounced.htm

²The Joint Commission (2006) Facts about the Tracer Methodology. Retrieved from http://www.jointcommission.org/AboutUs/Fact_Sheets/Tracer_Methodology.htm

³The Joint Commission (2009) Facts about the Periodic Performance Review. Retrieved from http://www.jointcommission.org/AboutUs/Fact_Sheets/PPR_QA.htm

StDavid's

**SOUTH AUSTIN
HOSPITAL**

I hope you are enjoying your summer - spending time with friends and family and staying cool. While we are reaching record-breaking temperatures in Central Texas, we are also reaching-record breaking volumes and satisfaction scores here at St. David’s South Austin Hospital.



I am proud to report, St. David’s HealthCare was named Austin Business Journal’s #1 Best Place to Work for the third consecutive year. This is such a great honor as we strive daily to make our facility a place of warmth, cooperation, innovation and stellar care.

In addition to ABJ recognizing St. David’s HealthCare as the Best Place to Work, physicians and employees echoed that sentiment for St. David’s South Austin Hospital. Our recent physician satisfaction survey boasted a 93% overall satisfaction rate with 94% of participating physicians stating they would recommend the facility. We had an all-time high of 89% employee participation in our employee engagement survey. Our 85% overall satisfaction score placed us #3 among like-sized facilities within all of HCA.

We know these numbers are reflective of the care and compassion you demonstrate to our patients and staff alike and we are eternally grateful for your partnership. I know, with your continued loyalty and support, we will meet our goal of being the best hospital in the country.

Many thanks,

Erol R. Akdamar, FACHE
Chief Executive Officer

Protecting Information: A Top Priority

The Department of Justice estimates that personal health information has a street value of \$25 to \$50. Criminals heavily pursue the opportunity to buy and sell health information.

Protected Health Information (PHI) is on many of the forms you use every day, including the daily census that you use on your rounds and the patient labels that identify patients. It is important not to leave these items at nursing stations, doctors' dining areas or elsewhere around the hospital. Papers, lab reports or labels with PHI must be disposed of in the bins labeled 'Secure Data Destruction' for shredding.



HCA's ABCs for Eradication of Clostridium difficile Infection (CDI)

By Ed Septimus, MD, FIDSA, FACP, FSHEA

Medical Director, HCA, Infection Prevention

Changing Epidemiology

- New epidemic strain of *C. difficile*
 - Increase virulence
 - Antimicrobial resistance
- Possible causes
 - Change in: Antimicrobial use, other drug prescribing practices, Infection Control practices
 - Aging of the hospital inpatient population
- More CDI in non-hospital populations; other drugs implicated including proton pump inhibitors

Introduction

- Infection with *C. difficile* is the leading cause of nosocomial enteric infection in the United States.
- It is estimated that 3 million cases of *C. difficile* diarrhea (CDAD) and colitis are diagnosed in US hospitals each year. The reported rate of CDAD is 3.4 - 8.4 cases/1,000 hospital admissions.

Over 50% of healthy neonates have transient colonization with toxigenic *C. difficile* and do not require treatment.

Clinical Diagnosis

Only diarrhea stools should be tested. Clostridium difficile fecal assays are not indicated in patients who are passing solid stools unless there is evidence of ileus. Repeat testing is not recommended if symptoms have

resolved. Indications for work-up for Clostridium difficile include:

1. Patients in whom nosocomial diarrhea due to non-infectious causes has been excluded (osmotic diarrhea due to oral nutrition, non specific diarrhea).
2. Patients with febrile diarrhea, with or without leukocytosis.
3. Patients with diarrhea that persists after discontinuing the offending drug.
4. Patients with diarrhea and previous hospitalizations and /or antibiotic use.

CDI Treatment Options

- Stop offending antibiotic
- Metronidazole
- PO Vancomycin
- Probiotics
- Fecal transplantation
- IVIG
- Rifaximin
- Nitazoxanide

CDI Treatment Principles

- Stop offending antibiotic if possible- 25% respond without further therapy.
- Oral therapy preferred
- Mean time for diarrhea to stop: ~2.0 to 4.0 days.
- Treat for 10 days.
- Treat for ~ 7 days before declaring failure if the patient is not worsening.
- Avoid antiperistaltic agents
- Do not perform "test of cure" toxin assays or stool cultures.

South Austin Hospital is proud to announce two new procedures to our Surgical Services Department

LAP BAND PROCEDURE:

“During the Lap Band procedure, laparoscopic techniques are used to make small incisions which provide access for the surgeon to place an inflatable silicone band around the patient’s upper stomach. Like a wrist-watch, the band is fastened around the stomach to create a smaller pouch that limits and controls the amount of food the patient eats. It also creates a small outlet that slows the emptying process in the lower-half of the stomach and intestines. As a result, patients experience an earlier sensation of fullness and are satisfied with smaller amounts of food. This results in the patient losing weight.”



ANTERIOR APPROACH TO TOTAL HIP REPLACEMENTS:

This procedure has gained popularity recently with a number of national sports stars touting its benefits. One of the greatest benefits to the patient is a faster recovery and a more rapid return to normal activity. This is because “the ANTERIOR APPROACH to hip replacement surgery allows the surgeon to reach the hip joint from the front of the hip as opposed to the lateral (side) or the posterior (back) approach. This way, the hip can be replaced without detachment of muscle from the pelvis or femur during surgery. The surgeon can simply work through the natural interval between the muscles. The most important muscles for hip function, the gluteal muscles that attach to the pelvis and femur, are left undisturbed and, therefore, do not require a healing process to recover from surgical trauma.”

(<http://www.newhipnews.com/patient/index.html>, 2009)

TECHNOLOGY UPDATE

Electronic Signature The Wave of the Future

In September 2008, it was estimated that 40% of our physicians electronically signed dictated reports. Currently, we have seen a dramatic improvement to 90% of all physicians electronically signing. This has improved the efficiency of the incomplete record process and decreased the overall quantity of the physician’s incomplete records. Electronic signature is quickly becoming the predominant method for signing medical records, and with the wave of the electronic future upon us we are encouraging the rest of our physicians to move towards electronic signature. Here are a few ways that the electronic signature feature will benefit you as a physician:

- Improved Patient Care
- Compliance with incomplete records
- Efficiency
- Availability
- Productivity
- No duplication
- Add an electronic date/time stamp to the dictation
- Convenient self view/edit and signing capability all at the same time
- User Friendly

The set-up for Electronic Signature takes about five minutes, so please stop by medical records or call 448-7138 and speak with Chelsea Martel to get started today!

Just to prove its ease and convenience, Dr. Jobe with Cardiothoracic and Vascular Surgeons summed it up briefly by saying, “It has rocked my world!”

Free Wi-Fi at St. David’s Hospitals

Physicians may now bring in their personal or private practice laptops and access web sites like Yahoo, Hotmail, AOL.com, etc., using your own laptop device on our Guest Wi-Fi network.

Whom do I call if I have questions?

You may call the St. David’s HealthCare Service Desk at 901-2777.

South Austin Hospital Nursing Peer Review Did You Know?

Did you know...?

- SAH has an active Nursing Peer Review Committee (NPRC) that meets monthly to discuss pertinent practice issues at SAH.
- The NPRC is comprised of nursing peers who share similar practice experiences of our nursing staff.
- The NPRC functions under the guidance and procedures outlined by the Board of Nursing.
- The NPRC reviews cases on the basis of referrals related to the evaluation of nursing services, quality of nursing care, complaints about nurses and the care they provide, or safe harbor requests.
- The NPRC has confidentially reviewed cases involving 6 nursing professionals from SAH in the last year.
- More information about the NPRC can be found in our facility policy or by checking out BON guidelines on the internet.

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