Project JOINTS: Joining Organizations in Tackling SSIs and Team Assessment

NoCVA Safe Surgery Collaborative
April 29, 2013
NoCVA Safe Surgery Collaborative Goals

• Reduce post-surgical DVT and PE rates by 40% from the 2011 baseline.

• Reduce SSI SIR for COLO and HYST procedures by 40% compared to Q1-Q2 2012.

• 3% improvement in dimension scores on the Surgical Safety Culture Survey (Safe Surgery 2015)

• 80% completion of observation tools, using the standard observation instruments provided by the collaborative.
Agenda

- IHI Project JOINTS
- Discussion
- Team Assessment
- Checking in on checklist implementation
Project JOINTS: Joining Organizations In Tackling SSIs

Kathy Duncan, RN
Faculty, Institute for Healthcare Improvement
April 29, 2013
What is Project JOINTS?

- An initiative funded by the federal government to give participants support from IHI in the form of in-person and virtual coaching on how to test, implement and spread the enhanced SSI prevention Bundle comprised of three new Evidence-based Practices as well as the two applicable Surgical Care Improvement Project (SCIP) practices.

- Two cohorts of 5 states with a 6 month intervention period. (May 2011-October 2012)
Initial States Participation

Project JOINTS Cohort 1 and 2 States

Produced by the Dept. of Geography, The University of Alabama
Support & Contributions

- American Academy of Orthopaedic Surgeons (AAOS/Academy)
  - “The JOINTS project is a remarkable endeavor and the Academy looks forward to working with you to accomplish the goal of eliminating preventable SSIs.”

- AORN

- Hospitals already engaged in the “new” interventions.
Project JOINTS

- Offer implementation support to participants on the recommended interventions to reduce prevent hip and knee SSIs
- Build a network of facilities that are working together toward the same aim – literally Joining Organizations IN Tackling SSIs
- Test IHI’s ability to spread evidence-based practice
SSI Prevention For Hip and Knee Arthroplasty

- **New Practices:**
  - Use of an alcohol-containing antiseptic agent for pre-op skin prep
  - Pre-op bathing or showering with chlorhexidine gluconate (CHG) soap for at least 3 days prior to surgery
  - *Staph aureus* screening and use of intranasal mupirocin and CHG bathing or showering to decolonize *staph aureus* carriers

- **Applicable SCIP practices:**
  - Appropriate use of prophylactic antibiotics
  - Appropriate hair removal
Use an alcohol-containing antiseptic agent for preoperative skin preparation

- Adequate preoperative skin preparation to prevent entry of skin flora into the surgical incision is an important basic infection prevention practice.
- Preoperative skin preparation of the operative site involves use of an antiseptic agent with long-acting antimicrobial activity, such as chlorhexidine and iodophors.
- Two types of preoperative skin preparations that combine alcohol (which has an immediate and dramatic killing effect on skin bacteria) with long-acting antimicrobial agents appear to be more effective at preventing SSI than povidone-iodine (an iodophor) alone:
  - CHG plus alcohol
  - Iodophor plus alcohol
Use an alcohol-containing antiseptic agent for preoperative skin preparation

**Behavioral Objective:** Change the operating room skin prep for hip and knee arthroplasty to a long-acting antiseptic agent in combination with alcohol.

**Assess your current process and potential barriers:**
- Identify surgeons currently using an alcohol-based skin prep to champion the change in practice with their peers.
- Determine the high-volume surgeons and focus your efforts on working with them.
- Conduct brief interviews with representative surgeons to identify any misconceptions or key barriers to using an alcohol-based skin prep.
- Provide a brief summary of the scientific evidence supporting change to an alcohol-containing skin prep to influence change of habit/tradition.
Changes in Practice

Ensure the alcohol-based skin prep is applied correctly:

- Skin prep should be completely dry prior to draping.
- Cleanse the incision area for 30 seconds and then paint the rest of the extremity.
- Consider use of a tinted CHG-alcohol prep (orange or teal) for greater visibility.
- Avoid pooling of the skin prep.

Incorporate alcohol-based skin prep into the individual surgeons’ preference cards as agreement is reached regarding use of alcohol-based skin prep.
Ask Patients to bathe or shower with CHG soap for at least 3 days prior to surgery

- Studies show that repeated use of CHG soap for bathing or showering results in progressive reductions in bacterial counts on the skin.

- Patients may benefit from bathing or showering with CHG soap for at least 3 days before surgery in order to achieve the most benefit. It is unknown whether using CHG soap for longer time periods (e.g., five days) has additional benefit.

- No clear evidence that CHG bathing reduced the risk of SSI, although most studies used only 1-2 applications of CHG washes.

Ask patients to bathe or shower with chlorehexidine gluconate (CHG) for at least 3 days prior to surgery.

**Behavioral Objective:** Provide patients with chlorhexidine soap, and have them use the soap in bathing or showering for at least three days before surgery.

**Assess your current process and potential barriers:**
- Assess where most preoperative assessments take place
- Assess current preoperative communication between the hospital OR department and the offices of orthopaedic surgeons inside and outside the hospital.
- Tailor the implementation process to your setting
- Develop a process flow diagram to define all components of the process
Key Concepts to Consider

- Patients must understand why CHG bathing is important
- Patients need to understand How to do CHG bathing
- Access to CHG for pre-op bathing
- How will we know if CHG baths were completed?
Lessons Learned

- Pre-Op class
  - Weekly, same time, same place
  - Discuss processes
  - Multidisciplinary
  - Education materials
  - (Screening for MSSA and MRSA)

- Education Material
  - What product to use, provide if possible
  - How to use CHG

- Measure: How many patients completed the 3 baths prior to surgery
  - How many patients completed the 3 baths prior to surgery
  - Checklists
  - Admit process/holding area
Screen patients for Staphylococcus aureus (SA) carriage and decolonize carriers with 5 days of intranasal mupirocin and at least 3 days of CHG prior to surgery

- Patients who carry SA in their nares or on their skin are more likely to develop SA SSIs. This is true for methicillin-resistant as well as methicillin-sensitive

- The combination of intranasal mupirocin and CHG bathing or showering eliminates SA, at least temporarily, from the nares and skin, the natural reservoirs where SA is most often carried

- Results of several studies, including studies in orthopedic surgery, suggest that preoperative intranasal mupirocin reduces the risk of SSI for SA carriers.
Screen patients and Decolonize SA carriers w/5 days intranasal mupirocin & 3 days CHG

**Behavioral Objective:** Screen all patients for *Staphylococcus aureus* prior to surgery, allowing enough time for those who screen positive to be decolonized with five days of intranasal mupirocin.

**Assess your current process and potential barriers:**
- Assess where most preoperative assessments take place
- Tailor the intervention to the setting in which preoperative assessment is done
- Work with Lab to assure screening includes both MRSA and MSSA
- Develop a process to assure info on screening and decolonization is available at the time of surgery
- Develop a process flow diagram to define components of the process
Key Concepts to Consider

- Assess your current process and potential barriers
- Tailor the intervention to the setting in which the preoperative assessment is done
- Work with your laboratory
  - to ensure screening includes MSSA and MRSA and notification process
  - Understand culture/PCR process, possibilities and barriers
  - (PDSA) follow one class – thru notification process
Key Concepts to Consider

- Develop a process to ensure information on screening and decolonization is available prior to the time of surgery
  - (PDSA) follow one class – thru notification process
  - Test processes to provide mupirocin prescription
  - How do you assess compliance?

- Develop a process flow diagram
  - Define components (from your tests)
Lessons Learned

- Incorporate screening for SA and prescribing mupirocin into surgeons’ preoperative assessment orders
- Build on established preop assessment processes that require patient follow-up/treatment before surgery, such as positive urinalysis/urine culture requiring antibiotic treatment
- If PCR testing is available, assess the feasibility of providing screening results and prescription if needed, at the preop visit
- Create a flag system to be used during surgery for patients testing positive for MRSA to ensure Vancomycin is used preop
Prevent Surgical Site Infection for Hip and Knee Arthroplasty

Among surgical procedures, arthroplastic (hip and knee) surgeries are key high-cost, high-volume surgeries targeted for surgical site infection prevention. Infections following hip or knee replacement surgery are devastating for the patient and those caring for the patient. Treatment often requires additional surgery and hospitalization; prolonged systemic antibiotic therapy; and impaired mobility during treatment. Patients generally require intensive rehabilitation in a skilled nursing facility or at home, where the burden of care, as well as considerable out-of-pocket expense, falls upon family members.

Key Changes for Improvement

- Use an alcohol-containing antiseptic agent for preoperative skin preparation
- Instruct patients to bathe or shower with chlorhexidine gluconate (CHG) soap for at least three days before surgery
- Screen patients for Staphylococcus aureus (SA) and decolonize SA carriers with five days of intranasal mupirocin and bathing or showering with chlorhexidine gluconate soap for at least three days before surgery
- Appropriate use of prophylactic antibiotics
- Appropriate hair removal

The IHI How-to Guide contains detailed information on key changes to prevent surgical site infection for hip and knee arthroplasty and measures to guide improvement.
Exemplar Hospitals have volunteered to offer tips related to implementation of evidence-based practices to prevent SSIs after hip and knee replacement surgery. Click on the name of each hospital for details and contact information.

Preoperative Bathing or Showering for at Least Three Days

- Baptist Health Medical Center - Little Rock, AR
- Canton Potsdam Hospital - Potsdam, NY
- Colorado Plains Medical Center - Fort Morgan, CO
- Greater Baltimore Medical Center - Baltimore, MD
- Huntington Hospital - Huntington, NY
- Legacy Good Samaritan Medical Center - Portland, OR
- Mercy Medical Center - Rogers, AR
- North Crest Medical Center - Springfield, TN
- Olean General Hospital - Olean, NY
- Portage Health - Hancock, MI
- Sparrow Hospital - Lansing, MI
- St. Charles Hospital - Port Jefferson, NY
- St. Joseph Mercy Medical Center - Hot Springs, AR
- St. Mary’s Hospital and Medical Center - Grand Junction, CO
- St. Vincent Infirmary Medical Center - Little Rock, AR
- Saline Memorial Hospital - Benton, AR
- Sky Ridge Medical Center - Lone Tree, CO
- University of Tennessee Medical Center - Knoxville, TN
- Williamette Valley Medical Center - McMinnville, OR

Staph aureus Screening and Decolonization

- Baptist Health Medical Center - Little Rock, AR
- Bellin Hospital - Green Bay, WI
- Canton Potsdam Hospital - Potsdam, NY
- Colorado Plains Medical Center - Fort Morgan, CO
- Forest Hills North Shore-LIJ Health System - New York, NY
Tools Provided

- Project JOINTS call series beginning February 7, 2013
- How-to Guide: Prevent Surgical Site Infection for Hip and Knee Arthroplasty
- Project JOINTS one-pager: summary of the evidence
- American Academy of Orthopaedic Surgeons (AAOS) letter of support
- Frequently Asked Questions
- Discussion Group on IHI.org
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**Graphs:***
- **Screening**: Shows the percentage of screened patients.
- **Mupirocin**: Graph indicating the use of Mupirocin over time.
- **Shower**: Graph indicating the frequency of showers.
- **Alcohol**: Graph indicating the use of alcohol over time.
PRE-OPERATIVE INSTRUCTIONS FOR PATIENTS TO ERADICATE STAPHYLOCOCCUS AUREUS COLONIZATION

WHY ARE WE CONCERNED ABOUT STAPH AUREUS BACTERIA?

- *Staphylococcus aureus* (or *Staph aureus*) is a bacteria that frequently resides on the skin and in the nasal passages. Post-operative infections are commonly caused by this bacteria, and are especially serious when caused by a type of Staph called Methicillin Resistant (MRSA).
- In an effort to reduce your risk of a post-operative infection, you will be screened for the MRSA bacteria.
- In addition, whether you are positive or negative for MRSA, you will be asked to follow the protocol outlined below that will help decrease the concentration of Staph bacteria that is present on your body, and will help reduce the risk of post-operative infection.

HOW IS THE STAPH AUREUS SCREENING DONE?

- Your nares (opening of nostrils) will be thoroughly swabbed with a Q-tip type swab. This will be done at the time your surgery is scheduled. We will notify you if you test positive for *Staph aureus*.

WHAT IS THE PROTOCOL FOR STAPH DECOLONIZATION THAT PATIENTS UNDERGOING JOINT REPLACEMENT SURGERY WHO TEST POSITIVE NEED TO FOLLOW?

- This involves placing an anti-Staph antibiotic ointment called Bactroban in your nares twice daily, starting 5 days prior to the day of your surgery. Apply a pea-sized amount of ointment to the interior of each nostril and massage gently for one minute. A prescription for this ointment will be called to your pharmacy.
- Shower daily with Hibiclens starting 5 days before your surgery.
- The night before and the morning of your surgery shower with Hibiclens. After each of these showers gently wash your hip or knee for 10 minutes with the sponge side of your scrubber, then rinse all soap off.

WHAT OTHER MEASURES WILL HELP TO PREVENT INFECTION?

- Even before the 5 days leading up to your surgery, personal hygiene is extremely important. Make sure you take daily showers with antibacterial soap, such as Dial. Make sure you wear clean clothes daily, have clean sheets and towels and wash your hands frequently.

HOW IMPORTANT IS THIS?

- Staph infections can be very serious, especially those that are the Methicillin Resistant strain. Studies have shown that simply following these instructions can help decrease the risk of infection.
Bactroban Medication Use
If you receive a call from Monica Jarrell, NP saying you have Staph, please complete this form. Please bring this with you the morning of surgery.
- Wash your hands before you use your medicine
- Put the medicine in your nose, twice a day for 5 days with a cotton swab
- Apply enough medication to cover the white part of the q-tip and place directly into one side of your nose.
- Reapply enough medication to cover the white part of the swab and place directly into other side of your nose.
- Press together the sides of your nose together and softly rub them to spread the medicine around inside
- Stop the medicine and call your primary care doctor if you have a strong reaction or severe irritation.

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To pre-op staff: If found, please send to Morgan Silverman in Infection Prevention in Performance Improvement (x28727)
Resources for you

- Call series
- How-to Guide
- Business case
- Patient instruction sheets and checklists
- Protocols for staff
- Evidence 1-pager
- Over 30 exemplars
- Listserv
Infections in surgical sites occur in an estimated 500,000 patients a year. Mercy Hospital Grayling wants to do everything we can to help prevent infections. All patients have bacteria on the skin, and most bacteria on the surface of skin will not harm you. To prevent bacteria from getting inside your incision, this soap will help reduce the amount of bacteria on your skin. In addition, the surgeon does his part by cleansing your skin just prior to making the incision.

- Please complete the pre-operative showers using the antiseptic soap (Bactoshield or Hibiclens) that the pre-admission nurse or the surgeon’s office will provide you.

- Do not use the soap on your face, including eyes, ears, nose, mouth or genital areas.

- Use your normal shampoo on your hair. Use normal soap on your face.

- Do not use your home soap after the antiseptic soap. Do not apply lotion.

- If you have an allergy to Bactoshield or Hibiclens, please use an over-the-counter antibacterial soap (such as Dial) in either bar or liquid form.

- You will use the provided soap for a total of three (3) showers or baths, (two days prior to your surgery and the morning of your surgery.) Use the soap from the neck down using a clean washcloth. Rinse thoroughly after use.
Surgical Site Infections and Pre-Operative Skin Preparation for Joint Replacement Surgery: What You Can Do

Before surgery, your body needs to be thoroughly cleansed with a special soap. This is because all humans have bacteria and germs that live on their skin. These bacteria normally help us by digesting dead skin cells and other materials found on our bodies, clothing, and furniture. When you have surgery, these bacteria can sometimes cause an infection. You will receive a special soap from your doctor or nurse called Hibiclens (Chlorhexidine Gluconate solution 4.0%). This soap must be used for three showers prior to your surgery. If you have questions after reading this information, please call 970-842-6214 to speak with a nurse.

**CAUTION:** DO NOT USE HIBICLENS (Chlorhexidine Gluconate 4.0%) ON YOUR HEAD OR FACE. AVOID CONTACT WITH YOUR EYES. (If contact occurs, flush eyes thoroughly with water). DO NOT USE IF YOU ARE ALLERGIC TO CHLORHEXIDINE GLUCONATE OR ANY INACTIVE INGREDIENTS IN THIS SOAP. AVOID USE IN THE GENITAL AREA, AS IRRITATION MAY RESULT. USE YOUR REGULAR SOAP IN THAT AREA.

**Special Instructions**

DO NOT SHAVE THE SURGICAL AREA!! Your nurse will use clippers to remove hair, if needed, at the surgical site. Using a razor to remove your hair before surgery can cause infections because it can leave small cuts on the skin.

The nursing staff at East Morgan County Hospital wishes you a speedy recovery. We thank you for choosing East Morgan County Hospital for your surgical needs. If you have questions after reading this information, please call 970-842-6214 to speak with a nurse.

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**The First Shower**

**Two Days Before Surgery:** Take a shower and wash your entire body, including your hair and scalp in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
- Using a fresh, clean washcloth and 1/3 of the Hibiclens Soap, wash from your neck down. This is very important.
- Rinse your body thoroughly. This is very important.
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.
- Do not use lotions, powders, or creams after this shower.

**The Second Shower**

**The Day Before Surgery:** Take a shower and wash your entire body, including your hair and scalp in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
- Using a fresh, clean washcloth and 1/3 of the Hibiclens Soap, wash from your neck down. This is very important.
- Rinse your body thoroughly. This is very important.
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.
- Fresh clean sheets and pillowcases should be used after this shower.
- Do not use lotions, powders, or creams after this shower.

**The Final Shower**

**The Day of Surgery:** Repeat the shower in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
- Using a fresh, clean washcloth and the remaining 1/3 of the Hibiclens Soap, wash from the neck down. This is very important.
- Rinse your body thoroughly. This is very important.
- Using a fresh, clean towel, dry your body.
- Dress warmly with freshly washed clothes. Keeping warm before surgery decreases your risk of developing an infection.
- Do not use lotions, powders, creams, hair products, makeup, or deodorant after this shower.
Questions?
Our project team has met since the April 4 in-person learning session:

Once
Twice or more
Not yet but it is scheduled
Not yet and not scheduled
Our team has a surgeon champion and an anesthesia champion who have committed to promote the project

Yes
No

NoCVA Hospital Engagement Network
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<td>The Outer Banks Hospital</td>
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<td>14</td>
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</tbody>
</table>
Team Assessment

We have conducted a session of the teamwork training modules

Yes
No
Team Assessment

Someone on our team has looked at the content on the cd we received at the in-person session

Yes
No

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Implementing the Checklist

1. Team reviews the checklist and any current checklist you may be using
2. Team practices using the checklist outside the OR (tabletop) and modifies as needed
3. Checklist is used in one case
4. Team debriefs use of checklist and modifies as needed
5. Same surgical team uses the checklist in every case for one day
6. Project team debriefs use of checklist and modifies as needed
7. Project team talks with the next team that will use the checklist, to explain intent and practice
8. The next surgical team uses the checklist and provides feedback to the project team
9. The use of the checklist is rolled to each surgical team in this way, with 1:1 conversations with either the project team or another team that is successfully using the checklist

No surprises

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Announcements

• Orientation Webinar May 6: Observation Training
• Orientation Webinar May 13: Learning from Defects
• Prework Coaching Calls
• Submit your action plan with as much completed as you've got so far. Send to: jhayes@ncha.org
• Be prepared to share on the next webinar one example of what you are working on currently
Laura Maynard, MDiv
Director of Collaborative Learning
Imaynard@ncha.org
919-677-4121

Jan Mangun, MT(ASCP), MSA, CPHRM
Exec Director, Quality and Pt. Safety, VHHA
jmangun@vhha.com
804-965-1202

Erica Preston-Roedder, PhD, MSPH
Director of Quality Measurement
eroedder@ncha.org
919-677-4125

Dean Higgins, BA
Project Manager
dhiggins@ncha.org
919-677-4212

James Hayes
Project Coordinator
jhayes@ncha.org
919-677-4140

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