

## Hospital launches initiatives to improve patient

Sampson Regional Medical Center has started all but one of six quality and patient safety campaign initiatives recommended by the Institute for Healthcare Improvement (IHI), and will soon launch that one, Wanda Boyette told a Feb. 21 meeting of medical center trustees.

Boyette, senior vice president for hospital operations, provided trustees with a written report as well as gave oral information.

Boyette explained IHI's improvement aims have been adopted by the North Carolina Hospital Association (NCHA). IHI, explained Boyette, is an organization dedicated to improvement of patient safety in America.

The aims, said Boyette, are to have no needless deaths, no needless pain or suffering, no helplessness in those served or those serving and to save 100,000 lives by June 2006. Duke Endowment has contributed \$1 million to help fund the five-year program statewide.

As explained by Boyette, the six "100k Lives Campaign Initiatives" are to deploy rapid response teams; deliver reliable, evidence-based care for acute myocardial infarction; prevent adverse drug events; prevent central line infections; prevent surgical site infections; and prevent ventilator-associated pneumonia.

The hospital has not initiated the first initiatives whose goal is to prevent deaths in patients who are progressively failing outside the ICU, "but we will," said Boyette.

The hospital is very pleased with progress on the second initiative, which is to prevent deaths of patients hospitalized with acute myocardial infarction, said Boyette. She said SRMC is participating in this initiative as a core measure for the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

The third initiative, prevention of adverse drug events, is probably one of the largest problems facing doctors when patients come into the hospital, Boyette said. She said SRMC's efforts include implementing medication reconciliation, based on JCAHO National Patient Safety goals, so that patients receive all intended and no unintended medications following transition in care locations.

"SRMC has a team working on this process, which must be implemented by Jan. 1, 2006 to meet JCAHO requirements," explained Boyette.

Prevention of central line-associated bloodstream infections, the fourth initiative, has already been set in motion, Boyette said. This includes implementing a set of interventions known as a "central line bundle" in all patients with a central line. Boyette said central line infections are currently reported and compared with other program participants.

The fifth initiative is also one in which SRMC is already participating, said Boyette. She said prevention of surgical site infections is a component of the Surgical Care Improvement Project in which SRMC is currently participating.

Components of the sixth initiative, prevention of ventilator-associated pneumonia (VAP), were implemented in January, Boyette said, by the hospital's Ventilator Team. She said there were two cases of VAP at SRMC in 2004, compared to four in 2003.

Boyette explained that her department will coordinate initiative activities and report to the Performance Improvement County (committee for patient safety activities), staff, medical staff and the hospital's Board of Trustees on a regular basis.

"We'll be able to tell you how well we rank within our peers and across the nation," Boyette told trustees.

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