Welcome to the inaugural issue of Q@U, the Quality Improvement newsletter for UAMS. This newsletter is intended to celebrate and share information about the initiatives that take place every day at UAMS that improve the quality and safety of the care we provide to our patients and their families.

While Q@U may be new, our quality and safety efforts are not. With the appointment five years ago of our first Chief Medical Quality Officer, Dr. Christopher Cargile, we were able to expand our services in a number of ways, including achieving reductions in the number and frequency of catheter related blood stream infections (CLABSI) and catheter associated urinary tract infections (CAUTI).

With Dr. Cargile’s appointment as director of the Behavioral Health Service Line, UAMS appointed two physicians to take this work forward. Dr. Thea Rosenbaum, Associate Professor of Anesthesiology, is the Associate Chief Medical Quality Officer for Patient Safety. Dr. Ericka Olgaard, Assistant Professor for Anatomic and Clinical Pathology, is the Associate Chief Medical Quality Officer for Quality and Performance Improvement.

While Drs. Rosenbaum and Olgaard will collaborate to help lead Quality Improvement and Patient Safety activities, they are not the only ones responsible for this critical work. As we continue to move forward, we know that we can only be successful if everyone recognizes the critical role they each have to play in creating an organizational culture which places quality and safety at the heart of everything we do at UAMS.

LET’S TALK QUALITY! Please let us know about QI projects in your area. CONTACT US at QInews@uams.edu.
RESTROOM DIRECTORY

In 2016 a performance improvement project was undertaken by the Quality Management Department (QMD) to develop a directory of public restrooms at UAMS which can accommodate those with physical disabilities. The project was a collaboration with Project SEARCH® and ACCESS, initiatives in which UAMS and QMD are involved.

Three hundred restrooms on the UAMS campus were randomly assessed with the help of Project SEARCH® participants William Stevens and Jermaine Moore to determine if they were able to accommodate a disabled person, their caregiver and adaptive equipment.

The findings led to publication of a UAMS hospital restroom directory, which also indicates gender neutral restroom and those with baby changing stations.

Copies of the directory are available at the Information Desks on the first floor of the hospital.

Q I SPOTLIGHT

Regional Programs Improve Diabetes Care

Six UAMS Regional Family Medicine Centers across Arkansas recently completed an 18-month Diabetes Quality Improvement project.

It is well-known that for some Type 2 Diabetic patients, despite being on multiple oral medications, their disease remains poorly controlled, as demonstrated by hemoglobin A1C (HbA1C) levels above 9%. The purpose of this project was to understand the barriers to appropriate insulin introduction, and to identify remedial strategies which were acceptable to both patients and providers. Its design, as a large-scale project covering multiple regions across Arkansas, was selected as being the most likely to result in outcomes applicable to other providers and patients in similar settings.

The project successfully identified primary care barriers and may have also indirectly improved other diabetic outcomes. It was led by Dr. Mark Jansen and supported by Advisory Board members Dr. Donald Bodenner and Dr. Lauren Glaze.

QI Underway

Improving quality of care is a daily focus at UAMS. Some of the projects currently underway include:

- Drs. Alvin Stewart, Sarah Tingle and Stewart Scruggs are adopting a new protocol, which was implemented in August, to standardize eye care perioperatively to reduce the incidence of anesthesia-related corneal abrasions.
- Dr. Will Penny led a project to develop a new protocol to help ensure accurate fixation times in the diagnosis and treatment of breast cancer.
- Dr. Katelynn Campbell led the development of an education program to provide instruction on autopsy procedure, consent and indication, resulting in an increase in the number of completed consents and a decrease in the number of delayed autopsies.
- Nurses in at least eight units are implementing the Stop, Drop and Roll initiative to reduce the number of hospital-acquired pressure ulcers.
- With leadership from Susan Heath, nurses in F7 are working to enhance the patient experience by increasing interdisciplinary communication.

LET’S TALK QUALITY!

Have questions about doing a QI project?
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In 2017, the UAMS Simulation Center was approved by the American Society of Anesthesiologists (ASA) to provide simulation-based training to anesthesiologists. The UAMS center is the only designated site in Arkansas. The courses provided by the Simulation Center are designed to realistically recreate challenging clinical cases to allow participants to problem solve in a manner similar to actual clinical experience. The simulations are conducted in a replicated operating room with real equipment and computerized patients that can be programmed to exhibit a variety of symptoms that may be encountered during an actual surgery.

"The MOCA simulation course was very realistic and engaging. The instructors were very helpful and create a great environment to make this course a great experience."

The courses are offered during the spring and fall and have drawn participants from across the country in addition to UAMS faculty.

Let's Talk Quality!

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KUDOS!

Every month a particular medical unit is selected as Outstanding Area of the Month based on its performance on a variety of clinical indicators, such as days since last fall with injury, days since last hospital acquired pressure injury, and patient satisfaction. In the last 18 months, two units have each been selected as the Outstanding Area six times. These exceptional units are Cardiac Progressive Care and ENT/Orthopedic Surgical Specialties.

"The absolute best nursing staff I have ever encountered."

"Thank UAMS for having knowledgeable and caring people on your staff!"

"Everyone made me feel like a human not a medical number."

"I can vouch that UAMS has the best care in the state today."

Cardiac Progressive Care

ENT/Orthopedic Surgical Specialties

ANESTHESIOLOGY SIMULATION TRAINING

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SOAPS—Simulation Outreach to Address Patient Safety

Since 2016, UAMS has been providing simulation education to hospitals across Arkansas to reduce healthcare-associated infections (HAIs) and sepsis, the most expensive condition treated in U.S. hospitals.

In the initial pilot, which was funded by a grant from the Blue & You Foundation for a Healthier Arkansas, health providers at clinics in Lake Village and Helena were taught new sepsis diagnosis guidelines and best practices to prevent CAUTI and CLABSI. Similar training was provided to 10 additional hospitals through funding from the Greater Delta Alliance for Health.

Catherine Buzbee, RNP, demonstrating proper CVL care.

The success of the pilot led the Blue & You Foundation to provide another grant this year which, together with supplemental funding from the Arkansas Hospital Association (AHA), has enabled five additional hospitals to be trained. This second phase will include production of training videos to supplement the on-site education, as well as four specialized workshops for physicians and other advanced practitioners.

The training is being provided by the Simulation Center and the Office of Continuing Education, and the project is being led by UAMS’ Dr. Gregory Snead.
‘B’ is for BETTER

One of the ways in which UAMS’ performance in patient safety and quality of care is measured is through the Leapfrog Hospital Survey, an annual survey that assesses hospital safety, quality and efficiency. The most recent survey took place this spring, and UAMS received an overall grade of B, which is our highest grade since 2014.

Sentinel Event Alerts

The Joint Commission regularly issues Sentinel Event Alerts (SEA) to encourage accredited organizations to review their policies and procedures to avert the occurrence of potentially serious issues. When a SEA is issued, UAMS conducts a gap analysis to determine whether the appropriate preventive policies and procedures are in place and to make any changes or implement any necessary educational or training initiatives.

The most recent SEAs have been Inadequate Hand-Off Communication (#58) and Violence against Healthcare Workers (#59).

A Near ‘MISS’ is a WIN

Safety Intelligence does not just refer to being “smart” about safety. It is also the name of the patient safety event reporting system at UAMS. It is one of the key data tools used to help drive safety improvement initiatives.

One particularly important type of event recorded is the “near miss” or “good catch” — an event that almost reached the patient but was caught by someone or some system barrier before it could do so.

Near misses present prime opportunities to identify weaknesses in systems and situations that may be prone to errors and to make corrections before patients actually experience harm. Without the reporting of near misses, and a corresponding response, many of these events could go unnoticed and research has shown that many avoidable deaths have a history of related near misses preceding them.

Because of their importance, the reporting of near misses is strongly encouraged. So far this year, 30 percent of all events reported in Safety Intelligence are near misses. Rather than an increase in the number of near misses, this increase over the 28 percent reported in 2017 represents a greater understanding of the importance of reporting.

LET’S TALK QUALITY!

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In July UAMS became the first and only Comprehensive Stroke Center (CSC) in Arkansas. CSC certification is granted to hospitals which have the infrastructure, staff and training standards to support state-of-the-art care for the most complex stroke cases. CSC certification is provided through the American Heart Association/American Stroke Association and The Joint Commission.

UAMS was certified as a Primary Stroke Center in August 2013 and, after years of continuing to build the neurology program, UAMS submitted an application for CSC certification in July 2017. A rigorous on-site visit took place in May 2018.

CSC certification means, first and foremost, an improvement in the quality of treatment provided to stroke patients, as research has shown that patients who receive services from a CSC hospital have better clinical outcomes. With this recognition of the exceptional quality of our stroke services, we expect to see an increase in the volume of our stroke patients in the coming years.