HB Develops Best Practices to Stop Sepsis in Its Tracks

Studies have shown that fast diagnosis and treatment is the key to fighting sepsis—a severe blood infection that is the leading cause of death in hospitals. In January, Governor Cuomo announced that New York will be the first state to require all hospitals to adopt best practices for the early detection and treatment of sepsis. Through regulations issued by the Department of Health (DOH), hospitals will also be expected to provide special protections for pediatric patients. Known as Rory’s Regulations, they are named for a 12-year-old who died of sepsis because his test results were not communicated in time.

Even before the Governor’s initiative was announced, Downstate was actively involved in developing evidence-based protocols for faster diagnosis and treatment of sepsis. Since June 2011, UHB has been a member of the STOP Sepsis Collaborative, a Greater New York Hospital Association/United Hospital Fund quality initiative that now includes 57 New York hospitals.

“Although we were not the first hospital on board, we were soon ahead of the curve in reporting positive results,” says Michael Lucchesi, MD, UHB’s chief medical officer. “Our initial focus was on adults in the ER and critical care units. Now we are including pediatric patients, as well.”

Improving Patient Satisfaction by Keeping Property Safe

By Dianne Forbes Woods RN, MA, NE-BC Deputy Nursing Director

Admission to a hospital can be a stressful time for patients and their families. During hospitalization, patients expect a safe and secure environment and that their belongings will be protected during their stay.

Keeping patients’ belongings safe from loss or damage can be a challenge for healthcare staff due to the movement of patients during their stay and their natural reluctance to hand over personal items for safekeeping. But when personal property is lost or misplaced, it can be a major source of patient dissatisfaction and staff frustration.

In early 2012, the staff of Nursing Station 71/73 decided to tackle this problem head on. They initiated a pilot project to color-code different sections of the patient property form, trained staff on how to maintain the safes securely, and oriented all new patients on the use of the safes. In addition, the nursing staff initiated a property reconciliation process for all patients admitted or transferred to their unit that now requires the signature of two nurses on the property form.

Since May 2012, when the new procedures and form were introduced, through December 31, 2012, there have been no patient complaints of lost property. Jacqueline Harry MSN, RN, assistant director of nursing, states that the staff quickly “bought in” to the new procedures and is very proactive in protecting patients’ property. Plans are underway to implement the changes hospital-wide.
Despite the threat of rain (which finally did come down), Brooklyn residents turned out in large numbers for UHB’s 27th Annual Community Health Fair on May 18. Held in celebration of National Hospital Week, the fair offered free health screenings for diabetes, stroke, hearing, metabolic syndrome, and various cancers, as well as entertainment for the younger set in the form of pony rides, face painting, and steel drums.

“Our annual community fair is part of our commitment to foster greater awareness of the benefits of a healthy lifestyle and regular preventive care,” says Maria Yomtov, MSN, RN, CDE, director of the Center for Community Health Promotion and Wellness.

Sepsis Control Initiative holds monthly meetings attended by a multidisciplinary group of infection control physicians and pharmacists, critical care and pediatric intensivists, nurses, and hospital administrators. Their aim is to be ready for the September 3rd deadline, when all hospitals are required to submit their sepsis bundles to the DOH for review; supporting patient data are due in December. Once the protocols are accepted, they are likely to go into effect immediately. Hospitals that are found to be noncompliant by IPRO, the Joint Commission, and other regulatory bodies may face stiff penalties.

“Long before sepsis protocols were state mandated, UHB had already developed its own best practices,” says Dr. Lucchesi. “We are confident that we will cross the finish line without breaking a sweat.”

Nurses Rhone Hewitt, MSN, RN, and Pauline Skeen, BSN, RN, on NS 71/73 presented a poster describing this project at the American Organization of Nurse Executives (AONE) Center for Care Innovation and Transformation Annual Meeting in October 2012.

“Stop Sepsis in Its Tracks” (continued)

Under the direction of Mathew Foley, MD, director of emergency services, sepsis bundles, or workflow guidelines, have been developed to instruct nurses and other medical staff how to quickly detect and treat sepsis in the ER. But as Dr. Foley points out, diagnosing children is more difficult.

“For one thing, children have more rapid heartbeats, which is one criteria for diagnosing adults with severe sepsis. Lactate level is another criteria that may be different for children and adults,” he explains.

Since the Governor’s initiative was announced, Dr. Lucchesi has been attending regular meetings of the Health Commissioner’s Sepsis Advisory Committee. In addition, UHB’s own
The Brooklyn Nets have nothing over the Brooklyn Residents. Our team of physical medicine and rehabilitation residents—known as the SUNY Downstate Bowties—emerged victorious after a double tie-breaker with the NYU Rusk Renegades in the annual Residents Bowl, held May 8 at the Hospital for Special Surgery in Manhattan.

Paul Pipia, MD, director of Downstate’s Physical Medicine and Rehabilitation Service in the Department of Orthopaedic Surgery, said, “It’s exciting that the Residency Bowl Trophy will reside at Downstate for the next year. I’m very proud of our residents!”

The event was sponsored by the New York Society of Physical Medicine and Rehabilitation. Teams from nine New York area medical schools were quizzed about their medical knowledge, and our Downstate team correctly answered the tie-breaking question, “What is the fluid composition of a rheumatoid arthritis aspiration?”

Representing Downstate were team leader David Palma, MD, along with Michael Jurkowich, MD, Robert Mancuso, MD, Michael Nicoletti, MD, and Shady Hassan, MD. The other competing teams were from Mount Sinai, Kessler, LIJ, New York Metropolitan, Montefiore, Kingsbrook, and Columbia Medical Centers.
Downstate Walks with NAMI

On May 11, Downstate occupational therapy educators, clinicians, and students joined the NYC METRO NAMIWalk across the Brooklyn Bridge, a project of the National Alliance on Mental Illness. And as they have done every year since 2008, campus members provided screening for metabolic syndrome to all participants at the wellness fair following the walk.

At the Downstate screening booth, students measured blood pressure, weight and waist circumference, BMI, and glucose level. After each individual had been tested, Downstate psychiatric residents were on hand to interpret the results and offer health counseling.

“The metabolic screening booth is always a popular feature at the annual NAMIWalk,” says Mabel Martinez-Almonte, OTR/L, “because it provides needed health information.” Some 40 people were tested and received referral information this year.

“Our participation in NAMIWalks is an opportunity to demonstrate Downstate’s commitment to serve the community, fight the stigma of mental illness, and support the recovery process,” says Suzanne White, MA, OTR/L, clinical associate professor of occupational therapy and one of the founders of OTs Walk with NAMI.

A collaboration between the Department of Psychiatry, the OT Program in the College of Health Related Professions, the College of Medicine, the student-run Brooklyn Free Clinic, and the Downstate East Flatbush chapter of NAMI, the project promotes the benefits of walking to combat obesity, metabolic syndrome, and other health problems that often affect people with mental illnesses.

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