



DOWNSTATE TIMES

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Tac Teams: An Innovative Approach to Cleaning Operations

Patient safety and care thrive in an environment that supports teamwork. At Downstate, Environmental Services (ES) is an essential part of the healthcare team. With miles of corridors and surfaces to clean and disinfect, ES staff have one of the most challenging jobs in the hospital. Not only are they on the front lines of infection control; they are also key to promoting patient satisfaction. Perception of cleanliness is one of the areas that frequently elicits comment on patient satisfaction surveys.

Toward this end, ES recently launched two new initiatives. First, it revised and distributed routine cleaning schedules. Now, administrative offices and other parts of the hospital that do not require the same level of stringent daily maintenance as patient areas know when services will be provided.

ES also introduced a tactical team approach to cleaning operations. Known as Tac Teams for short, ES staff are cross-trained and deployed on an “as needed” basis so that critical operations, such as



Teamwork. Shown from l. to r.: Benigno Rodriguez, cleaner (Tac Team); Ezekiel M. Bey-Rentas, director of Environmental Services; Wayne Watson, cleaner (Tac Team); and Robert A. Richards, senior associate administrator.

Tac Teams allows us to send housekeepers anywhere they are needed on short notice.” And because Tac Team members are cross-trained, it is easier to fill voids and compensate for staff who are out.

One of the tools enabling ES to deploy staff more effectively is NaviCare, an automated information system that

available allows us to get it ready for the next patient without delay,” says Mr. Bey-Rentas.

Using radio communication equipment, each housekeeper assigned to a room logs in the time the cleaning assignment was received and when the job was completed. By closely monitoring the time spent on housekeeping activities, together with the Tac Team approach, productivity has gone up. “Our previous benchmark was 30-33 minutes to clean and prepare a room,” says Mr. Bey-Rentas. “Now it’s down to 18-22 minutes.”

Efficient bed management relieves crowding in the ER, adds to patient satisfaction, and increases capacity, thereby improving the hospital’s bottom line.

“The Tac Teams approach was a good decision,” says Mr. Bey-Rentas. “Working together as a team we can accomplish far more and better than we ever could before.”

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prepping a room for a newly admitted patient, can be done swiftly and efficiently.

ES Director Ezekiel Bey-Rentas explains that these changes have helped streamline operations and improve response time. “We’ve identified the source of logjams and revised staffing plans accordingly,” he says. “Having personnel that are assigned to fixed locations and on-call

integrates bed management, housekeeping, and other staff functions to improve patient flow. A colorful online display shows the location and status of every patient bed in the hospital, along with the schedule for room cleaning.

Nurses cue the system whenever a patient discharge is imminent. “Knowing exactly when a bed is about to become

Picture Perfect Art Supplies Program Promotes Therapeutic Play

Few things are better than drawing paper, colored pencils, glitter glue, and modeling clay to help a hospitalized child have some fun. Thanks to the Naomi Cohain Foundation and its ArtWorks Surprise! Supplies Program, young patients at Downstate's Children's Hospital can forget their cares by letting their creativity loose.

On July 22, members of ArtWorks Surprise! Supplies delivered a custom-designed mobile cart filled with art supplies and craft kits of every description to the Playroom in UHB's pediatric wing. The cart also travels to patient rooms, where youngsters can choose whatever they want, and their siblings are encouraged to join them in making art during family visits. When supplies dwindle down, the Surprise! Supplies Program sees to it that the cart is refilled.

"For more than 40 years the Child Life Program has employed play as a way of easing the anxiety and discomfort of a hospital stay," explains Lisa Smith, CLLS, director of the Child Life and Parenting Education Program. "We are grateful to the ArtWorks Surprise! Supplies Program for helping us facilitate therapeutic art interventions for our young patients."



Emmanuel and Blessed Webb, shown here with ArtWorks Program Director Kristen Begley, were the first young patients at Downstate's Children's Hospital to receive free arts and crafts supplies.

Time Saved = Lives Saved Sharing Best Practices in Acute Stroke Management with Nurses Abroad



Donareen Denny instructs nurses on stroke care at University Hospital of the West Indies.

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

When Donareen Denny, BSN, MSN, RN-CCRN, registered to attend the 2013 Advancements in Medicine Conference in Jamaica, West Indies, in February, she had no idea that she would be teaching as well as learning. But once the conference coordinator saw Ms. Denny's credentials, she invited her to teach an ECG workshop and present at a meeting of the Cardiology/Neurology Section.

Knowing that cerebrovascular disease is the leading cause of death for both men and women in Jamaica, Ms. Denny chose to present on "Current Approaches in Stroke Care."

"Being asked to teach at the conference was a wonderful opportunity to share my experiences and knowledge with international nurses," says Ms. Denny. "But I was mindful that nursing practices in Jamaica may be different than our own. Would their nurses have the resources to implement all the steps in the stroke treatment and prevention protocols that we have developed at Downstate?"

SUNY Downstate has long been recognized as a leader in stroke research,

treatment, and preventive care. This year, it received the coveted Gold Plus Performance Achievement Award from the American Heart/ American Stroke Association. However, certain treatments offered here, such as recombinant tissue plasminogen activator (rtPA), which greatly improves neurological recovery when administered within three hours of the onset of acute ischemic stroke, are very expensive. At a cost of nearly \$3,800 for a 100 mg vial of rtPA, is that drug likely to be available to patients in Jamaica, Ms. Denny wondered?

She decided to focus her talk on best practices in stroke management that nurses in Jamaica can easily implement. Her lecture could not have been more timely, for Jamaica's University Hospital of the West Indies (UHWI) is now in the process of establishing a Primary Stroke Center—the first of its kind on the island.

Ms. Denny's presentation and the ECG workshop she co-conducted with a physician from the Mayo Clinic were so well received that she has been asked to return to Jamaica to continue teaching nurses at UHWI about stroke patient care.

Stroke Research at Downstate Finding Better Treatments for Neurological Emergencies

Downstate Times previously reported that Downstate was awarded the Gold Plus Achievement Award by the American Heart and Stroke Associations for superior stroke patient care. As one of the most advanced centers for research on stroke, Downstate provides both the best current treatments for stroke and an opportunity for patients to participate in clinical trials that may offer even more effective, long-lasting therapies.

Downstate has been designated a regional “hub” of the National Institutes of Health Neurological Emergencies Treatment Trials (NETT) network. Steven R. Levine, MD, professor of neurology and emergency medicine, is principal investigator (PI) for NETT’s site at Downstate; Richard Sinert, DO, is the PI for emergency medicine (EM).

“Frequently, there is a narrow window of opportunity to successfully treat neurological damage following a stroke,” says Dr. Levine. “As part of NETT, we work with paramedics and emergency room staff to evaluate new treatments and identify patients who might benefit from them.” Downstate NETT investigators from EM include Drs. Ethan Brandler, Ashika Jain, Lorenzo Paladino, Jennifer Martindale, Pia Chatterjee; and Eric Legome; from Neurology: Drs. Helen Valsamis, Arthur Grant, Adrian Marchidarin, Alison Baird, Diana Rojas-Soto, and Volodymyr Vulkanov; Motria Mishko is the research pharmacist for NETT treatments.

Recruitment is currently underway for the following clinical trials:

ATACH II – Antihypertensive Treatment of Acute Cerebral Hemorrhage

Does more intensive treatment for high blood pressure produce better results in preventing damage from brain hemorrhage? Conducted at Downstate and Kings County Hospital Center, this study will provide one group of subjects high-dose medication to reduce blood pressure; the other group will receive the standard treatment. Both groups will be treated with intravenous Cardene (nicardipine).

ARTS 2 – Randomized Controlled Trial of Argatroban with tPA for Acute Stroke

Tissue plasminogen activator (tPA) is a clot buster used to treat stroke. This



Research team members (l. to r.): Sarah Zelonis, senior research support specialist; Dr. Steven Levine; Dr. Clotilde Balucani; and Saroj Kunnakkat, senior research support specialist.

clinical trial, conducted at Downstate, will assess the benefit for stroke patients treated with tPA to also receive Argatroban. One group of patients will receive high-dose Argatroban, one will receive a low-dose treatment, and the third neither—just TPA.

POINT Trial – Platelet-Oriented Inhibition in New TIA and Minor Ischemic Stroke

More than 250,000 transient ischemic attacks (TIA) are diagnosed each year. Although they are short-lasting, they are often harbingers of a more serious, debilitating stroke. This trial will assess whether treatment with aspirin in combination with the blood thinner Plavix (clopidogrel) is more effective than using aspirin alone to prevent an ischemic event. It will also evaluate whether such combination therapy significantly increases the risk of serious bleeding.

SHINE – Stroke Hyperglycemia Insulin Network Effort

Can tighter glycemic control for patients with high blood sugar (hyperglycemia) reduce stroke severity and disability? Participants for this acute trial will be recruited among hyperglycemic patients at Downstate and KCHC who had a stroke in the previous 12 hours.

ProTECT III – Progesterone for the Treatment of Traumatic Brain Injury

Phase 3 of this clinical trial will determine if administering progesterone, along with the standard medical care, is neuroprotective for limiting damage caused by traumatic brain injury.

In addition to these national trials, Clotilde Balucani, MD, PhD, a postdoctoral fellow in neurology, is analyzing outcomes for patients who have suffered mild and rapidly improving stroke. “Often patients who come to the ER after having a mild stroke seem to improve and are not offered treatments that might prevent symptoms from worsening later on,” she explains.

Dr. Levine is enthusiastic about the future of stroke medicine.

“New and improved methods are being developed to treat stroke,” says Dr. Levine, “but medical residents, nurses, and other caretakers must be taught to recognize the symptoms of stroke and initiate treatment immediately.” He would like them to also be familiar with the research going on here so that they can help raise awareness and recruit participants for these important clinical trials.

“If you see a patient you think may be eligible for our acute trials, please call the hotline number posted in the KCHC and UHB EDs or Neurology On-Call rooms.”

Joint Commission: Preparation Is Key

Getting prepared for a Joint Commission visit is a year-round exercise. Here are some quick tips for constant preparation:

1. Know the positive outcomes for your unit or department. Have you successfully enacted a project to reduce noise or improve care? Be able to talk about your accomplishments with pride.
2. Remember: we are all a team, not a silo. Everyone who spends time on your unit should know its policies and best practices.
3. Practice rigorous handwashing routines at all times: wash hands before and after every patient contact—gloves are not a substitute!
4. Make sure your patients know who you are: Identify yourself and back this up by wearing your ID cards.
5. Be vigilant to avoid potential HIPPA violations: Don't leave a computer file open where others can view a patient's record; if you see an open chart, close it; WOWs (workstations on wheels) must be locked when not in use.
6. Don't leave controlled drugs unattended, no matter who asks for access (even a Joint Commission surveyor!). Make sure that crash carts and WOWs are kept where they can be observed, and that they are locked and put away when not in use.
7. Similarly, make sure that vaccines and other meds kept on units are up to date. Clean up expired meds. Make sure that all forms you use are the most recent, approved version.
8. Check that all equipment, including patient call bells, work; if they don't, submit work orders to get them fixed.
9. Make sure that all orders have name, time, and date.
10. ALWAYS check ID bands; don't rely on verbal IDs for patient confirmation.
11. Remember that corridors need to be clear. Return stretchers and other items in the hallways to where they belong.
12. Linen cart covers must always be kept zipped down.

Do you have other tips on how to have a successful Joint Commission survey? If so, please send them to DownstateTimes@downstate.edu.

Handwashing Tips

by *George Allen, RN, PhD*
Director of Infection Control

Did you know that at Downstate, we follow the CDC recommendations for hand hygiene? These state:

"When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet." (CDC Category IB recommendation).

The World Health Organization recommends washing for at least 20 seconds. This is the equivalent of humming the "Happy Birthday" song from beginning to end twice (to yourself).

Patient Satisfaction Scores: We're Moving in the Right Direction

By *Edison Bond, Jr., MPH, M.Div*
Director of Patient Relations

The most recent Press Ganey Patient Satisfaction Scores are in. While we still have work to do, our trends are going in the right direction.

Top Improvers – nursing units that sustained an average mean score of 80 or above for two consecutive quarters:
NS 82 scored 83.8 (1st qtr); 90 (2nd qtr)
NS 31/32 scored 80 (1st qtr); 80.9 (2nd qtr)

HCAHPS Improvement – Scores for how patients rate our hospital and whether they would recommend it have risen:

	2011	2012	2013	
Rate Hospital	52.7%	54.0%	57.7%	(5% increase)
Recommend	61.6%	60.5%	71%	(10% increase)

CONGRATULATIONS TO EVERYONE!

Better Than Average – 3 out of 9 nursing stations achieved an average mean score that out-performed UHB's overall mean score of 79.9, from February 1 to April 30, 2013.
NS 42 scored 85.4
NS 81 scored 81.3
NS 31/32 scored 80.9

"Good" and "Very Good" Customer Ratings – increased from 40.5% in 2012 to 43.3% as of June 2013.

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