



Newsletter

Issue 4: July 2013

Carol Birk retires after 5 years as ICPS President

Carol Birk retired May 31, 2013. Carol joined the ICPS as President in 2008 and was responsible for the administration and overall direction of the Coalition. Working closely with Dr Glenn Bingle, under Carol's direction, the ICPS saw expansion of workgroup effort as well as significant outcomes related to safety. In addition, Carol successfully worked to incorporate the organization and obtain 501c3 status.

Birk received her B.S. in Pharmacy from Purdue University, an M.S. in Pharmacy Administration from University of Wisconsin, and completed a two year administrative residency at the University of Wisconsin. Carol brought ten years experience in Performance Improvement and 23 years of experience in hospital practice to her role at ICPS.

Carol was recognized and thanked at the ICPS Executive Workgroup meeting on May 14, 2013. Dr Glenn Bingle led remarks that focused on Carol's contributions and accomplishments at the ICPS. Thank you Carol, you will be missed!

Kim Radant retires

Kim Radant retired May 31, 2013 following an illustrious 20 year career in the Veterans Administration occupying positions of progressive responsibility at VA Medical Centers in Tucson, AZ, Prescott, AZ, Asheville, NC and Biloxi, MS and most recently serving as the Associate Medical Center Director, Patient Care Services at the Roudebush VA Medical Center. Through her role in the VA, Kim was an engaged participant at the ICPS working with the Executive workgroup, CNO Workgroup, and serving as CNO representative on the ICPS Board of Directors.

Kim was recognized for her ICPS contributions at the May 14, 2013 Executive Workgroup meeting. Best of luck to Kim in all her future endeavors!

SPOTLIGHT on SAFETY

This new feature, written by an ICPS member, provides information about a unique or innovative safety

practice. This edition's column:

Franciscan St. Francis Health: Clinical Informatics Team becomes member of Patient Safety Team rounds. Submitted by Charlie Randolph, Director of Clinical Informatics, St Francis Health

In late summer 2012, the Franciscan St. Francis Health (FSFH) Patient Safety team identified recurrent electronic medical record (EMR) concerns during patient safety rounds with staff. FSFH had installed their EMR system, Epic, the previous year. These concerns included such issues as knowledge deficit with the system, process issues, EMR functionality issues, inability to find clinical data, and inter-departmental communication/process issues with the electronic workflow. The team led by Shelley Voelz and Dr. Doug Johnstone contacted the Director of Clinical Informatics, Charlie Randolph, for assistance. The Clinical Informatics department at FSFH is comprised of nurses, respiratory therapists, and other health care providers. The role of the Clinical Informatics department is to provide support for staff with the use of the EMR system and the related hospital processes associated with the EMR system. The Clinical Informatics team offered to participate in the monthly rounding process to accompany hospital leadership in all clinical areas.

In September 2012, the Clinical Informatics department rounded with each subgroup of the Patient Safety team. The initial rounding identified several opportunities for improvement of the EMR system. Additionally, numerous questions and educational needs were addressed during the patient safety rounds. The impact of the Clinical Informatics department rounding with the Patient Safety team was immediately recognized. After the successful rounding engagement, the Clinical Informatics team was asked to be recognized as a formal member of the FSFH Patient Safety team at FSFH. The Clinical Informatics team has now been rounding monthly with the FSFH Patient Safety since September 2012.

With the rapid adoption and implementation of EMR systems, new patient safety risks associated with EMR systems are being identified. The integration of the Clinical Informatics department into the FSFH Patient Safety team fostered a clinical understanding of the EMR concerns with staff with real time facilitation of staff education, issue resolution, and issue escalation. The electronic age of health records requires the ability to integrate the clinical needs with Information Technology solution. We would offer that the inclusion of a Clinical Informatics department with your Patient Safety team is a best practice model for success.

The members of the FSFH Clinical Informatics Department include Charlie Randolph, Director, Florie Amos, Jen Fuqua, Don Horn, Aura Lee Lyons, Adrienne Opp, Laura Pettigrew, and Curt Spielman.

Hand Hygiene

APIC and IHA partner to develop and disseminate measurement tool

APIC Indiana and the Indiana Hospital Association (IHA) have partnered to develop and disseminate a hand hygiene measurement tool kit for use in healthcare facilities within Indiana. This tool kit was developed due to a request from one of the regional patient safety coalitions and the IHA Council on Quality and Patient Safety to promote consistency in the methods used for hand hygiene observation and tracking. It will be available soon on the Indiana APIC web site. Recent clarifications on how to apply the concept were shared at the APIC national meeting.

Indiana Hospital Association recently held a webinar to review the new tool kit. You can access the toolkit and slides at:

<http://indianapatientssafety.org/News/CFCNEWS/107233.aspx>

Recommended links

Independent double checks: undervalued and misused.

ISMP Medication Safety Alert! Acute Care Edition. June 13, 2013;18:1-4.

Noting inconsistent evidence for independent double checks as a method to prevent medication errors, this newsletter article outlines best practices for double checks to ensure medication safety.

Independent double checks: undervalued and misused.

ISMP Medication Safety Alert! Acute Care Edition. June 13, 2013;18:1-4.

<http://psnet.ahrq.gov/resource.aspx?resourceID=26345&sourceID=1&emailID=>

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