

Infection Prevention Goals Build Culture of Safety at Adventist's White Memorial Medical Center

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White Memorial Medical Center, a member of Adventist Health's not-for-profit, faith-based health system, has had notable success with safety initiatives. One of many California Hospitals that have taken on quality improvement measures focused on patient safety, the Los Angeles center uses a model adopted in 2008 from that of the Johns Hopkins Culture of Safety model. As part of that standard, White Memorial's hospital governing board established a subcommittee called "Clinical Quality and Patient Safety" which examines patient safety and clinical outcomes on a monthly basis, keeping everyone on their toes.

One of the safety and prevention initiatives White Memorial chose to tackle was the prevention of pressure ulcers (commonly known as bedsores). The painful condition, where tissue dies due to pressure against the skin, decreasing blood flow, can lead to serious complications such as sepsis, cellulitis, bone and joint infections, or even an ag-

gressive form of cancer requiring surgical treatment. According to Lynne Whaley, White Memorial's CNO, "We joined CALNOC (Collaborative Alliance for Nursing Outcomes) in 2006, and began comparing our standing to their data. We realized we weren't stellar around



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Lynne Whaley, CNO
White Memorial Medical Center
pressure ulcer prevention." So began their corrective course.

Though initial efforts brought some improvements, the traction wasn't there. Then came the light bulb. "We went to an IHI Conference," said Whaley. "There was a track particular to skin care and patient safety, with research around skin as an organ." The White Memorial and Adventist Health attendees took the information back and worked it into a plan, then scheduled a team retreat. "We went off-site for a full day of Lean work on pressure ulcers – representatives from nursing staff, physicians, Board and executive leadership – all came together with this specific prevention in mind." The team developed action plans that day and returned to engage the other caregivers as they implemented the plans.

Gloria Bancarz, CNO for Adventist Health Corporation, talked about the experience, "We realized that we needed to focus on this as a health system. White Memorial and several other facilities had done so individually. We decided that as a collaborative group we could more effectively assist each other in the prevention process." Each facility

identified a point person, or Wound Care Champion. Working together, the facilities developed standards and policies. Through the corporate IT department, they built in screening tools, including a risk assessment based on the Braden Skin Assessment Scale, a nationally known, evidence-based assessment. An all-facilities mattress fair looked at appropriate mattresses and proper overlays for various levels of care and at-risk patients. As the new practices were implemented, the system's hospitals shared which initiatives worked, discovering obstacles together and sharing lessons learned. The network made significant safety strides, as Bancarz related, "Within a two-year period, we saw a 65% improvement in our rate. Engagement across the system and within the staff built that success."

Accolades are much deserved. White Memorial and the larger Adventist Health organization have changed the way every medical team member looks at a wound. Treating the skin as an organ means understanding how it is affected by nutrition, hydration, treatment, hygiene – and realizing how much depends on correctly recognizing risk at the outset. "We have nurses who are wound care specialists," said

Whaley. "So if the admitting nurse conducting the Stage assessment sees anomalies or is unsure at what level to Stage the patient, they have an expert to go to for those com-



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**Gloria Bancarz, CNO
Adventist Health Corporation**

plexities." Then there's the Wound Care Committee, made up of physicians from all areas. They look at every skin care issue and work the prevention program to keep patients safe. Plus, the technology tools provide constant feedback, as Whaley points out, "We know right away if we're tracking to success or not,

thanks to real-time data."

"Our infection prevention achievements are team triumphs," added Bancarz. "The physicians make sure the evidence-based orders on their side link with what's happening on the nursing side." That includes other safety and infection prevention programs, such as central line infection prevention, ventilator associated pneumonia and catheter related UTIs – all of which the Adventist and White Memorial have addressed successfully.

And always, the teams focus on the positive outcomes. At White Memorial, where the outcomes include an 85% reduction in pressure ulcers since 2009, there's good cause. In 2008, the Southern California Patient Safety Collaborative recognized them for completely eliminating severe (Stage 3 and 4) bedsores. Then in a 2008 on-site, unannounced accreditation survey, the Joint Commission granted the Gold Seal of Approval. "We celebrate the successes," Whaley said. "For our patients and families, and the good nursing care they've been given. It's a constant journey."

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