

Surgery Salutes Safety: Dickinson Surgical Staff "Aims for the Moon"

So, what do the moon and a safety program in Dickinson Memorial Hospital's Operating Room Suites have in common? Ask any member of Dickinson's surgical team, and they will tell you – with pride in their voice and eyes shining with enthusiasm. They share a vision, much like the vision held by President John F. Kennedy in 1961 that not only landed a man on the moon by the end of that decade, but unified and mobilized a nation to be better than they ever believed they could be.

A Shared Vision

Dickinson's surgical team has a vision of providing the very best – and safest – individualized surgical experience for each patient who presents for surgery at Dickinson Memorial Hospital. To this end, Surgical Services department members have been participating in Michigan Hospital Association's Keystone Quality Initiative for Safety in the OR since 2008 and have implemented a daily "Huddle" that strives for the highest of safety standards within the most efficient work environment possible.

The Keystone Initiative

Participation with the MHA Keystone Initiative involves improvements that are measurable and, therefore, manageable. Significant, positive results from hospitals around the world that participated in a study introducing a surgical safety checklist were documented by the New England Journal of Medicine and include:

- A reduction in any surgical procedure complication
- A reduction in unplanned returns to the OR
- A reduction in post surgical infections
- A reduction in post-operative pneumonia
- A reduction in surgical related deaths

Participating hospitals in Michigan meet monthly via teleconference to share improvement strategies and compare results, learning valuable lessons from each other as surgical care is improved across the State.

"The surgical experience at Dickinson Memorial Hospital begins with Pre-Admission Teaching & Testing (PATT) and concludes with recovery and discharge from either the Ambulatory Care Unit (ACU) or the Surgical Unit. It is a continuum of care that involves multiple departments and many healthcare professionals working together; all efforts are directed to meeting the individual needs of each patient and then to the communication of those needs to the entire care team," explained Pam Maule, RN, CNOR. "Our patients rely on the OR nurses to be their voice and act as their advocates during their surgical experience. We assure them that every member of the surgical team cares about them and is there to provide them with the safest experience. We all feel the responsibility that comes with their trust. They deserve the very best and safest experience we can provide."

The Check List Guarantees Quality

The immediate surgical care team includes the surgeon, anesthesiologist, anesthetist, circulating nurse and the surgical technologist. Each team member has a specified area of responsibility and all members are responsible for communication. At the core of the MHA Keystone Quality Initiative is the check list; a list of items specific to the OR, and comprised of evidence based surgical practices, that must occur to increase patient safety. This check list has been fully implemented into every surgical procedure performed at Dickinson Memorial Hospital and joins the information already gathered through PATT, the patient interview done by the anesthesiologist, and patient information received from the surgeon and referring physician.

Items on the check list that are reviewed prior to every surgical procedure include:

- Introduction of the team;
- Verification of patient identity, planned procedure (including laterality if indicated) and other clinically relevant information;
- Safety, equipment, instrument, implant or other pertinent concerns;
- Antibiotic prophylaxis within 60 minutes of procedure time (if indicated);
- Verification of proper and safe positioning of patient for indicated procedure(s);
- Verification of any special precautions;
- Patient warming (if indicated);
- Latest Laboratory results;
- Latest Radiology reports;
- Verification of equipment readiness and display of any essential imaging.

Staff in Dickinson's Quality Management Department reviews the results of every surgical procedure performed and documents any unusual occurrences. They look for trends that indicate that a change needs to be made, and the improvement process begins. (See Chart right)



Pam Maule and David Lorenson help to lead a motivated and inspired safety improvement team in Dickinson Memorial Hospital's Surgical Services Department. Ask them their job, and they will tell you ... "My job is to create the safest surgical experience for my patient - every patient, every time."

The Huddle Creates Efficiency

The "Huddle" is the newest process improvement to be initiated in Dickinson's OR. A key group of staff meets daily to review the upcoming day's procedures. Regular staff members present in the Huddle include: department manager, perioperative clinical coordinator, anesthesiologist, sterile processing staff, scheduling coordinator, supply chain coordinator, and any others as needed. The group reviews the following day's schedule of procedures and addresses all concerns. The concerns may be related to safety, equipment, supplies, or those that could cause a delay. The Huddle has improved the efficiency of the Operating Room, which also impacts patient safety.

"Anything that can decrease the time a patient spends under anesthesia is a benefit to that patient," explained David Lorenson, PhD, RN, Perioperative Clinical Coordinator. "Increased efficiency also potentially decreases the amount of time family members have to wait to hear the welcome news that their loved one is out of surgery."

Dedication Brings Results

The surgeons and OR staff at Dickinson Memorial Hospital began with the vision of providing the safest surgical environment for every patient who entrusted them with their care. That vision pooled their innate concern for each patient, their professional clinical skills, and necessary communication tools to create a new energy that permeates the surgical services provided at Dickinson Memorial Hospital. Ask them, and they will tell you, "My job is to create the safest surgical experience for my patient – every patient, every time." Whether a family, a hospital, a community, or a nation, wonderful things are possible when dedicated people have a shared Vision.



Key surgical support staff meets for a daily Huddle in the Operating Room at Dickinson Memorial Hospital to review the following day's schedule of procedures and to address all concerns that may be related to safety, equipment, supplies, or those that could cause a delay. The Huddle has improved the efficiency of the Operating Room, which also impacts patient safety. Pictured from L to R are: Nancy Morin, David Lorenson, Glory Augustine, Dr. Donald Kube and Sandy Mendini.

Quality Data Review:

Dickinson Surgical Care Improvement Project

Surgical Infection Rate

DCH System's overall surgical infection rate is less than 1% - measuring a very low 0.37%

Listed here are the key measures that must be taken to prevent Surgical Site Infection and DCH System's compliance rates in these areas:

Surgical Infection Prevention Rate Key Hospital Quality Measures	DCH Average	National Average
Patient given antibiotic one hour before incision	98%	96%
Patient given the appropriate antibiotic	100%	97%
Antibiotic stopped at right time	98%	94%
Safe hair removal	100%	99%
Management of patient temperature within the OR	100%	NR

Blood Clot Prevention Rate

DCH System's overall blood clot rate is less than 1% - measuring a very low 0.06%

Listed here are the key measures that must be taken to prevent blood clots and DCH System's compliance rates in these areas:

Blood Clot Prevention Rate Key Hospital Quality Measures	DCH Average	National Average
Blood clot prevention ordered by physician	97%	94%
Blood clot prevention administered by staff	97%	92%

As part of the Michigan Hospital Association (MHA) Surgical Keystone project, every surgical procedure is reviewed and data compiled that maps improvement in key categories. The above performance levels are reported quarterly to the MHA Keystone Center, Blue Cross Blue Shield, The Joint Commission and the Centers for Medicare and Medicaid Services (CMS).

**Data Reporting Period Q1 2009 - Q2 2010*

Surgery at YOUR Hospital

The Operating Room Suites and surgical staff at Dickinson Memorial Hospital provide support to 18 surgeons who provide surgery in eight surgical specialties including: Neurosurgery, General Surgery, Gynecology, Ophthalmology, Orthopaedic, Otolaryngology (ENT), Podiatry, and Urology.

The list below indicates the general areas of surgery that are locally available and does not detail specific procedures. Before experiencing the inconvenience of travel outside the area, check with your physician or call any of the local surgeons to see if what you need can be provided here at home.

General Surgery

- Laparoscopic Procedures
- Thyroid / Parathyroid surgery
- Chest Procedures
- Abdominal Procedures
- Bowel Procedures
- Endoscopy
- Catheter Insertions
- Pacemaker Insertions
- Skin Grafts
- Amputations
- Trauma Surgery

- Ligament Repair and Reconstruction
- Removal of Soft Tissue Masses
- Skin grafts
- Trauma Surgery

Otolaryngology

- Ear
- Plastic Surgery of External Ears
- Nose
- Throat
- Head & Neck
- Trauma Surgery

Neurosurgery

- Spinal surgery to repair discs
- Neck surgery

Obstetrics/Gynecological

- Hysterectomy
- Laparoscopy
- D & C
- Anterior & Posterior Repairs
- Laser Procedures
- Tubal Ligations
- Removal of Ovaries & Fallopian Tubes
- Cone Biopsy of the Cervix
- Suburethral Sling for Urinary Incontinence
- Caesarean-Section Delivery

Ophthalmology (Eye)

- Cataract Surgery with Lens Implant
- Corneal Transplant
- Eye Muscle Procedures
- Eye Lid Surgery
- Glaucoma Surgery

Orthopaedic

- Arthroscopy
- Total Joint Replacement
- Fracture Management
- Upper Extremity Surgery
- Rotator Cuff Repairs
- Tendon Repair

Podiatry (Foot)

- Surgery to the Bones of the Foot and Ankle
- Repair of Ruptured Tendons in the Foot & Ankle
- Repair of Fractures in the Foot & Ankle
- Total Implant of Big Toe joint
- Bunion Removal
- Hammertoe Repair
- Bone Spur Removal
- Flat Foot Repair

Urology

- Bladder Procedures
- Kidney Procedures
- Prostate / Urethra Procedures
- Scrotum, Testes, Penis Procedures

October Employee of the Month



Joy Bortolini, RN
Operating Room

YOUR Surgeons

General Surgery

- Richard D. Cecconi, Jr., MD, FACS
- Daniel J. Cecconi, MD, FACS
- Steven J. Terrian, DO
- Joseph Donohue, MD, FACS
(906) 774-0330 (800) 742-2636

Neurosurgery

- Craig Coccia, MD
(906) 225-4575 (888) 886-4644

OB / GYN

- John M. Cook, MD
(906) 779-1290 (800) 621-2737
- Douglas J. Henke, MD, FACOG
(906) 779-4270 (800) 222-1264
- James E. Merrill, DO
- Adam P. Ryan, MD
Dickinson OB / GYN Clinic
(906) 774-1094

Ophthalmology

- J. Michael Garrett, MD, FACS
(906) 774-1404 (800) 428-8149

Orthopaedic Surgery

- Michael J. Occhietti, MD
- Stephen Slajus, DO
- Michael Veale, MD
Northern Orthopaedics
(906) 779-9870

- Gary Roberts, MD
(906) 774-7647

Otolaryngology

- Ray H. Cameron, MD, PhD
(906) 779-7080

Podiatry

- Adina Maria Anderson, DPM
(906) 563-8112
- Donald Heilala, DPM, FACFAS
(906) 774-1155

Urology

- Kevin Scott, MD
(906) 774-8110