

OSH Recovery Times

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Opportunities to Improve from JCAHO Survey

By *Ted Ficken*

OSH experienced its first unannounced survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) from Aug. 7 to Aug. 11. Six surveyors were present for parts of the week, including a physician, an RN administrator, a hospital RN, a behavioral health specialist (MSW), a life-safety specialist and a surveyor observer. The surveyors utilized “tracer” methodology, spending close to 90 percent of their time tracing patients through all aspects of patient care.

The final written report from the survey was received Sept. 25. The report contains requirements for improvements in several areas, which are listed below. Several of the requirements for improvement were completed at the time of the survey, and others are well on their way to completion.

The issues identified by the surveyors as needing improvements included:

1. Establishing a better system for tracking dietary consultation requests.
2. Enhancing our pain management policy and procedures.
3. Ensuring written orders for incidents of seclusion and restraint, especially for programmed seclusion.
4. Completing Interdisciplinary Annual Reviews in a timely manner.
5. RN verification of the “read back” of telephone and verbal orders.
6. Proper use of approved abbreviations, and not using “do not use” abbreviations (e.g., q.d. and o.d.).
7. Documentation of the timely sharing of critical lab results with physicians.
8. Proper storage of medications, including the maintenance of medication refrigerator temperature logs.
9. Handwashing, handwashing, handwashing.

10. Improving our infection control plan, and adding annual goals.
11. Implementation of a medication reconciliation process (i.e., checking a patient’s meds at the time of admission, transfer and discharge).
12. Ensuring checks of all fire extinguishers, fire suppression equipment, refrigerator temperatures and biomedical equipment.

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Filth, Germs and Disease

By Walt Lockett

OK, now that I have your attention, I want to talk about hand hygiene. Reports, including JCAHO, indicate that staff are not following basic guidelines. As your infection-control nurse these past three years, I've tried to bring you up right, but let me try to make it clearer.

There is nothing that a healthcare worker can do that will decrease the spread of infection more than good hand hygiene. It's easy to scoff at, often seems unnecessary, takes extra time, and can be difficult to accomplish, especially if you actually want to wash your hands rather than use a sanitizer.

But there are some nasty little bugs out there just waiting for a chance to make someone sick. MRSA, HIV, Hepatitis A, B and C, Norwalk virus, e. coli and many other germs can be passed on by our hands.

Please follow these basic guidelines for your own safety and the safety of your patients.

Use plain lotion soap and water, or antimicrobial soap and water:

- If hands are visibly soiled or contaminated with blood or other body fluids
- Before and after eating and after using the bathroom

Alcohol-based hand sanitizers may be used in place of hand washing in the following situations, unless hands are visibly soiled:

- Before and after direct patient contact
- Before inserting invasive devices
- After contact with patient's intact skin (taking pulse or blood pressure)

- After removing gloves
- After contact with objects and equipment in the patient's immediate vicinity
- When moving from a contaminated body site to a clean body site during patient care

Also, let's remember to take care when working with food. The purpose of hand hygiene changes from trying not to pick up germs that could make you or your patients sick to trying not to transfer the germs that are on you into the food that people will be eating.

Simple precautions can help avoid quarantines, embarrassing reports and even unpleasant news headlines.

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13. Completing assessments of the "risk for falling" on all patients at admission.
14. Moving some furniture out of hallways.
15. Updating out-of-date manuals.
16. Collecting data to demonstrate compliance rates with National Patient Safety Goals.

An action plan has been developed to address these issues. There is the possibility of an unannounced follow-up JCAHO survey to check on the progress of improvements. Additional information will be shared as it becomes available.

The JCAHO surveyors were highly complimentary of the staff

at OSH and commented that they felt patients were receiving good care.

We would like to thank all of the staff members who took the time to interact with the surveyors and to describe the good work that you do.

AS400 Migration Update

By *Chris Betts*

The AS400 Migration Project reached another milestone during September. Removal of the “89 pass-thru” to the Oregon Patient Residential Care System (OP/RCS) on the DHS mainframe started mid-September and was completed by early October. There have been very few problems, which speaks well of the hospital staff’s ability to embrace change.

Meetings with medical staff to gather requirements have been taking place on all wards over the past couple of months in an effort to complete the discovery phase of the project. These meetings are nearly complete, and we will be scheduling meetings with the other non-medical work units in an effort to complete the discovery phase of the project in October and November. We have been energized by the positive anticipation shown by our co-workers as we discuss changes in the way they will be receiving computing services, which will be occurring over the next several months.

Training is moving forward on several fronts with Diana Marshall. Having received management approval, we will be adding training for the proper and consistent use of the DHS “Add, Move, Delete” form (also known as AMD) to the curriculum over the next several weeks. We’ve conservatively estimated this effort will save the department more than \$3,000 annually in licensing and maintenance costs.

Improving DHS’ delivery of information services to you in support of the good work you do here at OSH is what we’re about. Please contact Joan Riley, Diana Marshall, Nancy Coddington or me if you have any questions or would like to give us feedback about the project. We can be reached via GroupWise at AS400-MIGRATION, OSH.



“HAND HYGIENE” continued from page 2...

Please begin with clean hands when serving food and then put on protective gloves. Remember that once you touch a surface with those gloves on, you’ve just picked up germs that you could spread to food.

Please try to make good hand hygiene a regular part of your day at OSH and also at home. As healthcare workers we have a duty to protect and take good care of our patients. Hand hygiene, which means both ensuring that our own hands are clean and encouraging patients to wash theirs as well, is a very important part of that. Thanks for letting me bend your ear, so to speak.

August Milestones

•New Hires•

Jason Bayne

Mental Health Therapy Tech

Stephen Darr

Food Service Worker 2

William Deben

Mental Health RN

Donna Halvorson

Executive Support Specialist 1

Elsa Johnson

Mental Health RN

Monte Rice

Executive Support Specialist 1

Thomas Sims

Mental Health Specialist

Trena Webster

Word Processing Tech 2

•Promotions•

Malinda Bates

Food Service Worker 3

Kimberly McIver

Mental Health Therapist 2

Ryan Sharp

Inventory Control Specialist

Eric Smith

Mental Health RN

•25 Years of Service•

Kathleen McKiernan, Food Srv

Gary Carignan, 50E

•20 Years of Service•

Lorre Worthington, P1A

David Gassner, 48C

•15 Years of Service•

Timothy Lehman, 50J

Than Dang, 35C

•10 Years of Service•

Faye Phan, Clinical Services

Steve Baca, 50G

•5 Years of Service•

Cherry Garma, 34A

Becki Hillweg-Dunn, Food Srv

Lawton Wroe, 35C

Tonya Broeke, 48C

Barbara Ashwell, Food Services

•Retirement•

Pamela Bradbury, Pub Srv Rep 2

The Garden Is Growing

By Nancy Johnston

During the summer, some said the 35 building had the best looking backyard on campus. In large part this was thanks to the attention staff and patients on 35B gave to their garden.

The garden, started by staff members Margarita Toole and Leanne Skinner, was cared for by patients Charla, Sally and Mary Lou, to name a few. Tomato, cucumber, watermelon, sweet pea, green bean, green onion, pumpkin and flower seeds were planted. The garden was tended at least once, and often twice a day by both shifts. With no sprinkler system, the patients proudly watered their plants and the grass themselves. They also pulled weeds, made sure the yard was neat, and even sprayed each other with the hose.

As the vegetables grew, patients harvested the vegetables and ate them with their meals. The pumpkin, which is still being watched over, is turning orange and will be harvested later. People throughout the hospital have benefited from the growth of the pole beans. We know this because many have admitted to picking them through the fence. When our gardeners hear about this they laugh and feel proud. It was a great experience to see the garden grow. Not only did it grow edible items, but it was also a growth experience for patients and staff.

Welcome, Sara

By Vern Eggiman

I am pleased to announce that Sara Slack joined the Community Reintegration program on Sept. 11, specifically the Co-Occurring Disorder Treatment Team, as a Rehabilitation Therapist. Sara, a practicing art therapist since 1996, comes to us from Indiana.

Most recently Sara co-created and directed an arts academy program that served seriously at-risk youth. This program used art therapy as primary intervention for addressing behavior, social skills and conflicts impeding daily living. Sara has been featured on television and on NPR radio for her expertise in art therapy. In addition, Sara has worked as a program coordinator and art therapist in settings including public schools, hospitals and counseling centers. She received her bachelor's in art education from Colorado College and master's in art therapy from Ohio State University Harding Hospital.

October Calendar

October is Polish American Heritage, German Heritage, and Gay and Lesbian History Month

2-6

National Healthcare Food Service Week, "Taking pride in what we do."

14 — 11:45 a.m.

OSH Foundation Annual Meeting

Cottage 22

Contact Jessica Loewen:
(503) 945-2892

18 — 1:30 p.m.

Diversity Committee

Treleaven Room

Contact Rebecca Sweetland:
(503) 945-2806

19 — 10:00 a.m.

Transgender Training

EDD

Contact Deb Howard:
(503) 945-7132

20 — 8:15 a.m.

Wellness Committee

Callan Room

Contact Sue Wimmer:
(503) 945-2886

25 — 2:30 p.m.

General Staff Meeting

30 Building Gym

Contact Pam Dickinson:
(503) 945-2852