



# Patient Safety in the AMEDD



1 March 2013

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7/365  
7 days of recognition  
365 days committed  
to safe care

**PATIENT SAFETY  
AWARENESS  
WEEK**

**March 3-9, 2013**

Sponsored by the NPSF  
National Patient Safety Foundation®

### At Ease with Mr. Suwaid Khan By Dr. Cheryl Brown

Mr. Suwaid Khan recently joined the Medical Command (MEDCOM) Patient Safety (PS) family, and is assigned to Dental Command (DENCOM), in San Antonio, Texas.

Continuing to serve as Western Regional DENCOM PS Manager, he stated that this additional duty was a, “transfer from Western [Region] to DENCOM [in order] to assist with the development of the PS Program.” Mr. Khan retired from the Army in FEB 2012 after serving 20 years. He has experience not only as a dental specialist (68E) but also in occupational work place safety and PS. His initial start with PS was at the Ft. Lewis, WA DENTAC. His teacher and mentor, Ms. Katy Baker, enabled him to, “move on and move upward.” Mr. Khan and I sat down to discuss DENCOM goals, certification and accreditation:

Q: What are some of your goals in this position?

A: My goals are first to standardize the PS program across the DENCOM. Secondly, I'd like to provide clear guidance on how to run a PS program from positions, roles and responsibilities to submission of reports. And thirdly, I'd like to create a culture of trust amongst personnel because it helps with “communication,” which is the key factor in organizational business processes. It's important to function as a team. Relationships build between the dental assistants, dental hygienists and dentists, which inherently would benefit the organization and it's customers.

Q: What hot topics are you interested in working on?

A: Certainly PS certification, through the National Patient Safety Foundation, is a big one. I believe we should be well educated



in PS in order to execute the duties. It's brand new so, I feel that we need to look into it before we start mandating it, but more to follow on that.

Q: I understand that dental accreditation is under discussion; can you make a comment on that?

A: Sure, I know that accreditation is a costly process to the organization. I feel that accreditation forces people to follow the rules and do the right thing; that's what we need. Without an accrediting body, complacency sets in. Whether that will ever occur in the near future is a different story, given the current “Big Army” economic situation.

Q: What final message would you like to leave with the field?

A: I'm looking forward to continuing being part of the dental family/team and serving the dental community.

### NPSF Learning Series

The NPSF Professional Learning Series offers the convenience of continuing education and peer-to-peer collaboration in an online learning environment. The webinars are no cost to DoD participants. When registering simply use the 'coupon code' SUP4S2

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## ***Professional Opportunity of a Lifetime*** By Dr. Cheryl Brown

During December 2012, I was afforded an opportunity, through civilian academic colleagues, to speak at the annual AO Foundation Trauma Conference, Davos Switzerland. Arbeitsgemeinschaft für Osteosynthesefragen, literally meaning, “working group for the study of internal fixation”, or AO is a nonprofit organization dedicated to musculoskeletal injuries. AO was founded in 1958 by 13 visionary surgeons, now 10,000+, operating room personnel and scientists in over 100 countries. AO has specialty areas for trauma, spine, craniomaxillofacial, and veterinary surgery.

This year AO offered new, daily continuing professional development (CPD) lectures. I conducted four, one hour lectures on two subjects to three different groups. My CPD lecture entitled, “Quality Practices & Patient Safety for Surgeons” was given twice reviewing quality considerations that drive up surgical costs including: rework and post-operative infections. The lecture also provided teaming, transparency and mutual respect concepts with take-away checklists.

I, then, spoke to two separate groups on the “World Health Organization’s [WHO] Top 10 Patient Safety Facts”. One group consisted of operating room personnel while the other, the Socio-Economic Committee, was made up of the five world regional heads who manage AO education worldwide. The lecture addressed: global estimates of hospital harm events in developing countries; the importance of data gathering, managing, trending, and sharing; infections acquired in hospitals; unusable medical equipment due to lack of maintenance or training; the reuse of needles and syringes; surgical safety and avoidable adverse events; costs associated with litigation, additional hospitalization, HAIs and medical expenses; safety benchmarks

from other industries; and a comment on the World Alliance for Patient Safety’s work with 40 champions to help make health care safer worldwide. The lecture covered not only the 10 WHO facts but included “to-do” lists for each fact.

Many countries strive for patient safety standards similar to the United States, while other countries have seemingly unmovable, patriarchal practices. However, educating and networking with this diverse group reminded me how far the United States, as a whole, has progressed in patient safety and how hungry other countries are for our lead practices. Our transparency and willingness to share are profitable worldwide.

## ***TapRoot® Hints*** By Dana Rocha

Root Cause Analysis Tips: Root Causes Are the Absence of Best Practices:

Just a few quick best practice points to consider when analyzing a Causal Factor using the Root Cause Tree®, Root Cause Tree® Dictionary and your created SnapCharT® ...

Looking for Root Causes that contributed to the person’s, equipment or process inability to successfully perform a specific task (Causal Factor). The Causal Factors led to an Incident or made the Incident worse.

For example, the investigator needs to find Root Causes for why the mechanic pushed the lift control up instead of down which then caused the load to become unbalanced with the Incident being a Damaged Product.

1. You must use the Root Cause Tree®, Root Cause Tree® Dictionary and SnapCharT® together. **NO EXCEPTIONS. NO ASSUMPTIONS.**

2. Treat the bullets in the Root Cause Tree® Dictionary as black and white. Without reading between the lines. If there is disagreement during the analysis, you must get further clarification of your Condition and Events on your SnapCharT®. Clarify

the facts, identify the bullets in the dictionary, and then verbally repeat the Causal Factor that you are analyzing. If the logic still does not match, then it is not a Root Cause.

3. Select the Root Cause if it is a fact. **DO NOT** ignore a valid Root Cause and fail to select it because you think it can not or will not be changed. You can prioritize what gets fixed or what does not get fixed during steps 5 and 6 of our 7-Step Process.

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TapRooT® virtual software training sessions are coming soon!!!! DoD Patient Safety is confirming dates and times. You will receive options by late February 2013 for dates in March.

## ***DoD PSP RCA On-Line Course***

The DoD PSP developed an on-line Root Cause Analysis course aimed at providing PSP’s suggested practices for RCAs, thereby defining a consistent MHS-wide standard.

The course guides learners through the RCA process, highlighting important considerations and strategies for effectively completing an RCA and driving change.

Modules include:

- RCA Basic Facts
- Beginning the RCA Process
- Gathering and Processing Information
- Identifying Corrective Actions
- Developing an Action Plan
- Communicating Lessons from RCAs

The course will serve as just-in-time training for all newly appointed RCA team members as well as those who need to refresh their RCA training.

Review of the RCA module is encouraged to reorient team members to expectations even if they have participated in RCA teams before.

A link to the on-line RCA course will be provided as soon as it becomes available.



## National Patient Safety Awareness Week

In an effort to raise awareness and encourage the engagement of patients, families, health care providers, and the public, the Army Patient Safety Program announced its participation in the 2013 Patient Safety Awareness Week campaign, Patient Safety 7/365.

Patient Safety Awareness Week is an annual education and awareness campaign for health care safety led by the National Patient Safety Foundation (NPSF). Each year, health care organizations around the world take part in the event by prominently displaying the campaign logo and promotional materials within their organizations, creating awareness in the community, and utilizing NPSF educational resources with hospital staff.

Patient Safety Awareness Week, which NPSF created in 2002, will be recognized March 3-9, 2013. This year's theme, Patient Safety 7/365, highlights the need for everyone to understand the importance of focusing on patient safety all year round. The 7 days of the campaign also serve as time to recognize the range of work being done to improve health care safety worldwide.

The Army Patient Safety Program engages staff, patients, and the community through educational and awareness-building activities specific to patient safety. A poster design contest is underway offering the winners from our Medical and Dental facilities to earn funds for their Patient Safety programs. In addition, the Army Patient Safety Program distributed funds to each Patient Safety program at each facility for use in Patient Safety Awareness Week activities. Winning posters will be announced on 1 April 2013.

"Patient Safety 7/365 reminds us that providing safe patient care requires a constant and valiant effort, 365 days a year. This week encourages a sustainable and conscientious

collaboration between health care organizations, providers, and consumers, regardless of their current state of health. The week is intended to imprint an indelible statement that efforts toward patient safety must be collaborative and that we must never be satisfied with the status quo," said Patricia A. McGaffigan, RN, MS, interim president, National Patient Safety Foundation.

NPSF encourages creative collaboration among provider groups, patient advocates, and other community organizations to help patients and consumers understand how they can participate to be part of the solution. For more information on Patient Safety Awareness Week, please visit [www.npsf.org](http://www.npsf.org).

Patient Safety Managers are encouraged to take and send photos of the activities, individuals involved plus a brief description of the activity. We will use the photos for our newsletter and possibly the MEDCOM Mercury. Include a name and POC phone number to verify information as needed. Please send your photos and text to Mr. Fred Del Toro [fred.deltoro2.civ@mail.mil](mailto:fred.deltoro2.civ@mail.mil)

The Army Patient Safety Program's mission is to establish an environment of trust, transparency, teamwork and communication to facilitate an interdisciplinary proactive approach to improving safety and preventing adverse events to become America's premier Patient Safety Program inspiring trust in Army Medicine.

About the National Patient Safety Foundation: The National Patient Safety Foundation has been pursuing one mission since its founding in 1997 – to improve the safety of care provided to patients. As a central voice for patient safety, NPSF is committed to a collaborative, multi-stakeholder approach in all that it does. NPSF is an independent, not-for-profit 501(c)(3) organization.

*(Learning Series from page 1)*

in the coupon field and click "Apply Coupon". You must register with a '.mil domain email' or the site will not accept the code.

For a schedule of 2013 NPSF webinars go to: <http://www.health.mil/dodpatientsafety/Calendar.aspx?EventCatID=f6762106-f19b-428f-b6e7-ef7c97d7924e>

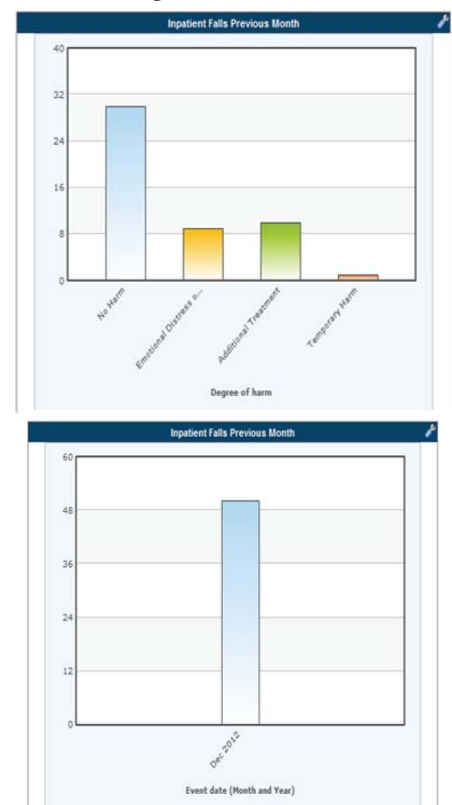
## Creating a PSR Dashboard

By Rafael Whispell

PSR v1.01 now offers a dashboard that allows easy, up-to-date access to popular reports. PSMs can design specific reports that are frequently needed for leadership briefs, etc. The Dashboard is a dynamic reflection of data from inception to present. It will automatically update each time a new event is added.

When creating a new search: type the following search function, "@lastmonth" (data for the previous month) into the "Event Date"[fall] and selected "Patient Status"[inpatient].

One new search will create the two following charts in PSR.





## PS Educational Opportunities

### DoD Patient Safety Program

#### News and Publications

<http://www.health.mil/dodpatientsafety/News.aspx>

#### Products and Services

<http://www.health.mil/dodpatientsafety/ProductsandServices.aspx>

### The Joint Commission Education Resources

<http://store.jcrinc.com>

### Mosby's Nursing Consult: AMEDD Virtual Library US Army Medical Command

<http://www.nursingconsult.com/nursing/index>

### DoD/VA Shared Learning (Look for Grand Rounds)

<https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/dod.jsp>

## *Migration to the Defense Enterprise Email (DEE)*

The MEDCOM Headquarters recently transitioned to the DEE. All of the MEDCOM PSP Team members now have new email addresses. Our MTFs will be transitioning to the DEE during the next month or two. Our new email addresses, linked to our names, are located in this newsletters contact information section.

The [medcompssc@amedd.army.mil](mailto:medcompssc@amedd.army.mil) address will be active only for a short while longer until we receive a new email address. This email address cannot be found in the GAL, you must type it into the TO/CC/BCC line when you wish to send us an email.

In addition, each PSM/PSO should pay attention to insure that they are receiving the normal flow of email traffic from us when they transition to the new email system. If you notice a change in email traffic from us you should contact us to make sure that we have your new email address.

Visit our milSuite group page for more information and to post your new email if you wish.

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## *Hails and Farewells*

### Hail

Ms. Lisa Kelly  
CRDAMC (Ft Hood)

Mr. Matt Trickle  
Weed ACH (Ft Irwin)

Mr. Arlin Guess  
Bassett ACH (Ft Wainwright)

### Farewell

Ms. Nancy Hontz  
BAMC (Ft Sam Houston)

*“Working Today for a Safer Tomorrow”*

Please send us your newsworthy information to be included in future editions of the Patient Safety newsletter. Give us the who, what, when, where and why and we will add it after editing. The POC for newsletter items is LTC Cindy Renaker.

