VAP Initiative Results Remarkable

After two years of data collection, the results are in: the Ventilator-Associated Pneumonia Initiative, which began in November 2003, has resulted in a 72 percent reduction in Miami Valley Hospital’s VAP rate. Patients who develop VAP can experience an increase in the number of days on the ventilator, increased length of hospital stay and mortality rates as high as 50 percent.

The results of the initiative are directly related to improved patient survival, explains James Murphy, MD, pulmonologist and critical care specialist. “We know for sure that a certain number of pneumonia cases lead to death, and we only have to prevent a few to save a life.”

“What we’ve been able to do – reducing cases of pneumonia by well over 50 percent – that’s a whole lot of happy families,” says Dr. Murphy. “What’s remarkable about this initiative is that the changes made were relatively simple. It was a win-win situation for patients and the hospital.”

Coding Urosepsis vs. UTI

Based on coding guidelines, the term “Urosepsis” codes to an ordinary Urinary Tract Infection (UTI). If the patient has an elevated white count, fever, and/or other symptoms of SIRS, then documenting “Sepsis due to a urinary tract infection” is a more accurate reflection of severity of illness for the patient. It also provides justification for the hospitalization; an ordinary UTI may not qualify. If the infection is a complication of an indwelling Foley catheter, the relationship should be clearly noted in the record.

Please document “Sepsis due to a UTI” as opposed to “Urosepsis.” Please document “UTI” for an ordinary urinary tract infection.

This information is based on recommendations provided by James S. Kennedy, MD, CCS, of VP-MA Health Solutions. For more information, contact Cathy Skardon, RN, at 208-6367.

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Medical Staff News

John S. Czachor, MD, was recently honored with the Outstanding Alumni Award from the Boonshoft School of Medicine at Wright State University.

Katrina Paulding, MD, joined Samaritan North Family Physicians located at Samaritan North Health Center on January 1. She comes from East Dayton Health Center where she worked for the past six years.

Thav C. Thambi-Pillai, MD, joins the Miami Valley Hospital medical staff to perform laparoscopic donor nephrectomy, a procedure using three small incisions and one larger incision to remove a kidney from a live, healthy donor and transplant it to a patient with kidney failure. Dr. Thambi-Pillai earned his medical degree from the National University of Ireland and completed an internship and additional training in Ireland. He completed a residency at the Graduate Hospital Drexel University College of Medicine in Philadelphia and most recently completed a fellowship in transplant surgery at the University of Cincinnati Academic Health Center.

Donovan D. Teel, MD, II, has joined the Weight Loss Surgery Center at MVH and Premier Bariatric Associates in partnership with John Maguire, MD. Dr. Teel received his medical degree from Loma Linda University School of Medicine. He completed his internship and general surgery residency at the University of Illinois College of Medicine.

Theodore Wymyslo, MD, is a one of four recipients of the 2006 Pride in the Profession Award. Presented by the American Medical Association (AMA) Foundation, the award is made to four domestic physicians who aid in underserved populations in the U.S. The AMA Foundation presents the award in association with the Pfizer Medical Humanities Initiative. The award was presented to Dr. Wymyslo on March 12, at the 2006 Excellence in Medicine Awards Ceremony preceding the National Advocacy Conference in Washington, D.C.

Breakthrough Stroke Prevention Procedure

William Protzer, MD, neuroradiologist in the interventional radiology section of Medical Imaging, is performing a new procedure using the Wingspan Stent System with Gateway PTA Balloon Catheter, a recently-granted Humanitarian Device Approval by the FDA and the MVH IRB. The Wingspan is designed to be gentler on fragile brain vessels than other devices and more flexible. It can be maneuvered to reach distal portions of the brain that previously could not be treated surgically.

The Wingspan stent is intended for patients who have failed medical therapy and have a brain blood vessel blockage greater than or equal to 50 percent of the vessel. Currently, Wingspan is being introduced to the most experienced neurovascular centers in the country.

Using a catheterization procedure, the Wingspan system is guided through the femoral artery in the leg to the blockage in the brain. A balloon catheter is used to crack open the plaque and then it is withdrawn. The stent is inserted and maneuvered into the plaque. As the protective sheath is removed, the stent deploys to prop open the artery. It is self expanding and can curve or taper to fit the specific brain blood vessel.

For more information or to schedule this procedure, call MVH Medical Imaging at 208-4508.
Bariatric Surgery Options at MVH

The Weight Loss Surgery Center at MVH provides comprehensive patient care through an interdisciplinary team approach. According to John Maguire, MD, the program’s medical director, “lots of very experienced people are participating in making this program a success.”

“Surgeons, anesthesiologists, hospitalists, home care nurses and other nurses all conference prior to surgery to discuss the case in detail to help minimize patient risk,” explains Dr. Maguire. Hospitalists are also involved while the patient is in the hospital, and extensive home care evaluations and preparations are completed to help ensure a successful recovery.

Also unique to the MVH program, notes Dr. Maguire, is that patients have only one needle stick prior to the surgery, which is used to both draw blood and for IV fluids. Normally, bariatric surgical patients must undergo several sticks.

Surgical Options
Two types of bariatric procedures are being performed at MVH:
1. Open and laparoscopic Roux-en-Y (RNY)
2. Open biliopancreatic diversion with duodenal switch (BPD/DS)

To be considered a candidate for one of these procedures, your patients must meet these criteria:

- **Weight:**
  - 100 lbs or 100 percent above desirable weight
  - BMI > 40kg/m²
  - BMI > 35kg/m² with medical co-morbidities
- Failure of non-surgical attempts at weight reduction
- Absence of endocrine disorders that can cause massive obesity
- Psychological stability
  - Basic understanding of how obesity surgery causes weight loss
  - Realization that surgery itself does not guarantee weight loss
  - Understanding of the risks and goals of surgery
  - Absence of alcohol and drug abuse
  - Commitment to post-op follow-up

For more information about the Weight Loss Surgery Center at MVH, contact Debra Anderson, interim bariatric program coordinator, at 208-3200 or danderson@mvh.org.

Women’s Health Conference

“Prescribing Healthy Lifestyles” is the theme of this year’s Nicholas J. Thompson Update on Women’s Health, on Wednesday, April 19, from 7:30 a.m. to 5 p.m., at the Ponitz Center (Building 12) at Sinclair Community College. Primary care physicians (particularly those in the specialties of family practice, OB/GYN and internal medicine), registered nurses and other healthcare providers are encouraged to attend.

Topics for this year’s conference include:

- Osteoporosis
- Lipids
- Exercise in disease prevention and physical limitations
- Metabolic syndrome
- Dietary choices for prevention of heart disease, obesity, diabetes and cancer

Participants will learn about “Prescribing Healthy Lifestyles” for their patients and will:

- Understand the health risks for women in the community;
- Learn to prescribe effective interventions for improving health in women – these include medical therapies, diet therapy and exercise;
- Learn the latest approach to hormonal therapy, lipid management, diabetes and obesity, osteoporosis and cancer.

Nicholas J. Thompson
Update on
Women’s Health

Maguire
Survey Results Show Nurse Satisfaction

Empowering nurses in decision-making appears to have made an important impact on nurse satisfaction at Miami Valley Hospital according to the results of the 2005 National Database of Nursing Quality Indicators (NDNQI) RN Satisfaction survey.

MVH RNs rank 90 percent of the work group and individual nurse satisfaction at the upper confidence or top quartile level in comparison to the NDNQI hospital means for participating hospitals.

Total Measures include over 100 indicators that are assessed by each RN who participates in the survey. The indicators are based on work group and individual analysis of perceptions of RN Satisfaction.

The NDNQI survey is used by over 380 hospitals in 48 states. Fifteen percent of the hospitals have over 500 beds. In 2005, a total of 144,207 RNs completed the survey nationally, and 1,218 were from MVH, where the participation rate was 77 percent.

Information obtained from the NDNQI survey is important for retention of experienced nursing team members. In addition, it provides data to analyze work environment, leadership and communication opportunities for improvement. In addition, results provide action plan ideas for the nursing strategic plan.

The NDNQI is a proprietary database of the American Nurses Association that collects and evaluates unit-specific nurse-sensitive data from hospitals in the United States. Participating facilities receive unit-level comparative data reports to use for quality improvement purposes.

For more information, please contact Jayne Gmeiner, RN, MS, nursing director, 208-6265 or jlgmeiner@mvh.org.

Key results areas that reflect “Upper Confidence Limit” and/or “Top Quartile Performance” when compared to national NDNQI mean averages include:

- RN-RN interaction
- RN-MD interaction
- Participation in decision making
- Autonomy, professional status
- Professional development
- Nursing management
- Nursing administration
- Time for patient care
- Teamwork between co-workers
- Physicians appreciate what I do
- Autonomy in daily practice
- Satisfied with status of nursing
- Career development opportunities
- Nurse manager is a good leader
- Satisfaction with chief nursing officer
- Job enjoyment
- Teamwork between co-workers
- Overall satisfaction with job

Featured speakers include:

- Alan Altman, MD, assistant clinical professor, Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School
- Thomas Dayspring, MD, North Jersey Institute of Menopausal Lipidology
- Joy Eyler, BA, coordinator, Wellness Center, Miami Valley Hospital
- Martha Grodrian, RD, LD, CDE, IBCLC, outpatient dietitian, diabetes educator and lactation consultant, Good Samaritan Hospital
- Thomas Koroscil, MD, PhD, associate professor of internal medicine and chief, Division of Endocrinology, Wright State University
- Sara Paton, PhD, assistant professor of community health, Wright State University
- Dusty Rhodes, DO, staff physician and coordinator of education and research, Miami Valley Hospital Sports Medicine Center
- Teri Nikolai Wilson, MS, CHES, health educator, CareSource Management Group

The conference is sponsored by Miami Valley Hospital, Good Samaritan Hospital, the Cancer Prevention Institute and Wright State University Boonshoft School of Medicine Department of Obstetrics and Gynecology.

Continuing education credits for this event will be awarded. For more information, call 208-2301 or visit www.med.wright.edu/fca/cme/activities.html.

For registration information, contact Denise Porter, conference coordinator, at 208-2301 or denise.porter@wright.edu.
Bedside Time Out Process

Keep in mind that the patient identification and “time out” process must be completed for all invasive bedside procedures. The time out process begins immediately before the procedure and includes all staff and physicians participating in the procedure.

The time out is an active process that involves stopping all activity. Each of the medical team participants should then verbally verify:

1. The correct patient (by name and birth date)
2. The correct procedure
3. The correct position
4. The correct site
5. All equipment needed is present and ready for use
6. Any implants are present if applicable

Inpatient History/Physicals

Vital signs, heart and lung exams are now required on inpatient history and physicals.

For more information, please contact Susan Moran, RN, BS, CPHQ, coordinator for regulatory compliance, at 208-6642 or semoran@mvh.org.

First Robotic Surgeries in Dayton Performed at MVH

In early March, three minimally-invasive prostatectomies were performed by Miami Valley Hospital urologists David Key, MD, and Mark Monsour, MD, of Urology Associates of Dayton, Inc., utilizing Dayton’s only robotic surgical system, located at MVH.

The da Vinci® System is a four-armed extension of the surgeon, who sits at a computer console and operates the arms using joysticks. Three of the arms are fitted with tiny “hands” that hold surgical tools. The fourth holds the scope that allows the surgeon to view the surgery under powerful magnification. Each arm enters the body through a dime-sized hole or “port.”

Tiny incisions mean less pain for the patient and magnification means that the surgeon can see the tissue planes much better than with the naked eye or even with a regular endoscope.

Sitting at the console, which is placed alongside the operating table, Drs. Key and Monsour have a full three-dimensional view of the prostate gland. The robot’s tiny metal hands operate “intuitively” so when they move the control stick to the left, the robot hand moves to the left.

Normal activity can often be resumed sooner rather than the six weeks for a conventional prostatectomy. Robotic surgery is associated with less blood loss, decreasing the need for transfusions.

Robotic surgery has other applications for minimally-invasive surgery including cardiac and bariatric surgery.

In December 2005, Miami Valley Hospital was the first Dayton-area hospital to purchase a robotic surgical system, the da Vinci® Surgical System. Approximately 300 hospitals worldwide currently utilize da Vinci® technology.
**C. Difficile Reporting Regulations**

By order of the Ohio Department of Health, all hospital and extended care facilities are required to report weekly to the local health department the numbers of health care-associated C. difficile positive patients, January through June of 2006. C. difficile specimens should be sent promptly and patients be treated empirically while awaiting test results.

Patients will also be placed in contact isolation if their specimen is positive for C. difficile.

Infection control has investigated several cases of patients with diarrhea who have stools ordered for C. difficile who have not had the specimens sent. Infection Control is working with nursing to assure that ordered specimens are collected and sent to the laboratory.

Alcohol foam for hand cleaning is not effective in killing C. difficile spores. Hand washing with soap and water is required hygiene when caring for a patient with C. difficile. The mechanical action of washing with soap and water and effective rinsing facilitates the removal of spores from the hands.

**If you have questions about the new requirements, please contact Terry Accuntius, RN, manager in Quality Management at 208-6353 or email taccuntius@mvh.org.**

**Revised Staff Rules, Regulations**

On January 24, the Board of Trustees approved the following revisions to the Medical Staff Rules and Regulations:

**Article II. Emergency and Trauma Center**

6. On-call physicians who have been contacted by the hospital to provide an onsite emergency screening or stabilization that cannot otherwise be provided by emergency staff should arrive at the hospital within ninety (90) minutes after being contacted. Failure to do so may require disciplinary action through medical staff/administrative channels.

**Article VI. Medical Record Rules**

3. Progress Note

For obstetrical patients – for laboring patients, a progress note is to be made at least every 24 hours and when there is a significant change in the patient’s status.

**If you have questions about these revisions, please call Pat Beals in the Medical Staff Office at 208-2055 or prbeals@mvh.org.**

**Anesthesia Consent Forms**

The Department of Anesthesiology at MVH has created a separate consent form for all patients receiving anesthesia services by an anesthesiologist or CRNA at Miami Valley Hospital.

The form is located with the other consents in the patient record. The anesthesia provider will take care of all information and documentation related to the consent for anesthesia.

**For more information, please contact Susan Moran, RN, BS, CPHQ, coordinator for regulatory compliance, at 208-6642 or semoran@mvh.org.**

**Next Issue of Chart**

The next deadline for Chart is Friday, March 17, 2006. Submit your news to Carol Markel, editor, in the Miami Valley Hospital Communications Department by calling 208-3070 or by emailing cjmarkel@mvh.org.