SCOREing patient safety with a proactive approach

Avoiding preventable harm in the OR is the goal of any surgical services department, and meeting that goal requires excellent communication and collaboration among staff members. At Cedars-Sinai Medical Center in Los Angeles, the Safe Care in the OR Everytime (SCORE) project has raised awareness about safety and engaged front-line staff in process improvements.

“We use teams to proactively identify and address safety issues and concerns before a problem occurs,” says Joan Dawson, MSN, RN-BC, CNOR, NEA-BC, service line manager for OR, anesthesia, and surgery center services at Cedars-Sinai.

In all, 20 projects have been completed since the project began in 2013, and 18 are in progress. The staff’s perception of a culture of safety, as measured by an employee survey, has increased by more than 6%, and these scores are higher than the organization-wide results.

“It’s a grassroots effort,” says Ann Gilligan-Maruca, MSN, RN-BC, assistant nurse manager for OR, anesthesia, and surgery center services. “The staff usually identifies an issue that needs to be addressed.”

Dawson and Gilligan-Maruca say organizational support, a team-based approach, ongoing reporting, and celebrating successes all contribute to the program’s effectiveness.

Support at the top
For a program like SCORE, “It’s important to have senior vice presidents involved so they support the program and so that you have a budget with which to make the necessary changes,” Gilligan-Maruca says.

In 2012, a group of leaders from anesthesiology, surgery, operations, and administration visited Johns Hopkins Hospital in Baltimore with the goal of increasing involvement of department leaders as a strategy for improving patient safety.

The team discussed the Comprehensive Unit-based Safety Program (CUSP) being used by Johns Hopkins and obtained tools and resources. This participation from leadership evolved into SCORE, a project designed to promote the team approach to safety in the OR.

After successfully initiating a pilot on one OR floor, Cedars-Sinai, which has a surgical volume of 30,000 cases, now has 12 SCORE teams working among the six OR floors and procedural areas. The concept also has expanded to the cardiac catheterization lab, interventional radiology, and the postanesthesia care unit (PACU).

Support from administration has been ongoing. “We have senior leadership from surgery and human resources who sit in on some of the meetings where we discuss SCORE,” Dawson says. “It’s nice for staff to see that support.”

Dawson says a SCORE team might include a surgeon, anesthesia provider, surgical technologist, OR nurses, or PACU nurses, depending on the identified potential safety issue.
Effective teams

“No one person can solve a problem on a unit,” Dawson says. “You need teamwork and involvement from all levels.”

The team members, not the leaders, drive projects. “The managers know what is happening, but we don’t push ideas and solutions on the staff,” Dawson says. Although the immediate team is primarily responsible for the project, involvement extends farther. “The whole floor participates,” Gilligan-Maruca says. That might be in the form of interventions discussed during daily huddles or discussions at staff meetings.

In some cases, a project can prompt change beyond the OR. In one SCORE project, “Pause, Clear, Go,” a pause was initiated to move patients more safely from the OR bed to a cart. The anesthesiologist says “pause,” then names the airway, lines, and drains (stating “clear” after each) to ensure they are in clear view and won’t get pulled out accidentally. Once these are cleared, the anesthesiologist says “go,” and the patient is safely moved.

This “safety pause” was trialed on one OR floor, implemented throughout the other OR floors (the typical pattern for SCORE projects), and is now being used throughout the hospital.

Finding time to work on projects can be a challenge, but staff are encouraged to remind supervisors that they need time to do so. “Staff are also working in rooms with members of their team or seeing them in the hallways, so some of the work gets done that way, too,” Gilligan-Maruca says.

Monthly meetings also provide a means of identifying the need for more time or other staff needs for the project. The SCORE team, chief of anesthesiology, OR director, performance improvement representative, the vice president assigned to the floor, Dawson, and Gilligan-Maruca, all attend these meetings, which last 15 to 30 minutes and are held on different days and times for each floor.

Initially, Gilligan-Maruca was responsible for the operational side of SCORE, but now a performance improvement staff member dedicated to the OR coordinates the program.

Sharing successes

SCORE teams share their success stories by making a presentation, complete with PowerPoint, to other staff and the leadership team. Teams follow a general template to make it easier for them to craft their information. Here are examples of past presentations.

OR floor eight

Problem: Incidents of chin ulcers in patients positioned prone during posterior spine surgery
Goal: Reduce or eliminate chin ulcers
Interventions:
Project “Chin Up” included the following actions:
• use different kind of foam to protect skin
• create an audit tool so staff evaluate skin preoperatively, intraoperatively, and postoperatively (in the OR and PACU)
• apply Mepilex dressing to the chin and other high-risk areas
• anesthesia and staff collaborate to lift the head to relieve pressure every hour during surgery.
Result: Ulcers decreased from eight to one immediately after changes implemented and none since.

Night shift (one OR floor is open 24/7)

Problem: Difficult to open bottles in the OR
Goal: Find easier ways to open hard-to-open bottles
Interventions:
• Found bottle openers that we could use in the OR to open triple antibiotic solutions and other hard-to-open bottles
• Worked with pharmacy to see what could be done on their part to decrease the difficulty with opening: the department changed the way it was tightening the lids
Other projects have included perioperative deep venous thrombus prevention, difficult airway management, and needlestick prevention.

Sharing results and celebrating success

The SCORE teams share the results of their projects at quarterly meetings, a joint meeting of the same people who attend the monthly meetings, along with the vice president for perioperative services.

“They [team members] do an oral report before the entire group,” Dawson says.

The report includes the safety concern, pre- and post-implementation data, the process, and interventions (sidebar). “They show what they started with, what they
Some staff are intimidated about speaking in public. However, Gilligan-Maruca says that having a PowerPoint template helps to ease anxiety, and making the presentation “helps some people come out of their shells.”

The chief of anesthesia and chief of surgery round on the OR floors, which also helps put staff at ease. “They [the staff] are getting their voices heard,” Gilligan-Maruca says.

Staff who are part of SCORE initiatives often enjoy success when it comes to performance review time. “We are strong believers in staff participating in process improvement,” Dawson says.

Project successes are also reinforced at quarterly meetings. “Success breeds success,” Gilligan-Maruca says.

Cynthia Saver, MS, RN, is president of CLS Development, Inc., Columbia, Maryland, which provides editorial services to healthcare publications.

Joan Dawson and Ann Gilligan-Maruca will be presenters at the OR Manager Conference, October 7-9, in Nashville. Visit www.ormanagerconference.com.