1 Universal Suicide Risk Screening in the Hospital Setting: Still a Pandora's Box?
L.M. Horowitz, E.D. Boudreaux, M. Schoenbaum, M. Pao, J.A. Bridge
The authors state that Parkland Health and Hospital System’s experience suggests that universal suicide risk screening is feasible in a large public hospital.

4 Development and Implementation of a Universal Suicide Risk Screening Program in a Safety-Net Hospital System
K. Roaten, C. Johnson, R. Genzel, F. Khan, C.S. North
A quality improvement project involving a universal suicide screening program was designed and developed in a large safety-net health care system. Prevalence data on suicide risk levels provided for 328,064 adult encounters from the first six months of the screening program indicate that in the emergency department, 6.3% of the screens were positive, as were 1.6% in the inpatient units and 2.1% in the outpatient clinics. The burden from universal screening was managed effectively through thoughtful allocation of clinical resources.

23 Promising Practices for Improving Hospital Patient Safety Culture
J. Campione, T. Famolaro
A study was conducted to gain knowledge about promising best practices used by hospitals to improve patient safety culture. Composite-level and aggregate improvement was measured for 536 hospitals, resulting in the identification of “top-improving,” large hospitals (400+ beds). Among six such hospitals with improved hospitalwide culture score, the common best practices were the implementation of routine culture measurement with a wide dissemination of results, strong action planning for improvement that includes leadership support and involvement from all staff levels, and multifaceted patient safety programs and education.

33 Surgical Transfer Decision Making: How Regional Resources are Allocated in a Regional Transfer Network
K. Kummerow Broman, M.J. Ward, B.K. Poulose, M.L. Schwarze
Tertiary care centers often operate above capacity, limiting access to emergency surgical care for patients at nontertiary facilities. For nontraumatic surgical emergencies there are no guidelines to inform patient selection for transfer to another facility. Such decisions may be particularly difficult for gravely ill patients when the benefits of transfer are uncertain. A qualitative analysis of semistructured interviews was conducted with 16 general surgeons who refer and accept patients within a regional transfer network. The interviews suggest, for example, that surgeons sometimes transfer dying patients to exhaust all treatment options or appease families, but that they are conflicted about the value of transfer. Current decision-making strategies fail to optimize patient selection for transfer and can inappropriately allocate scarce tertiary care beds.
TOOL TUTORIAL

43 The Daily Operational Brief: Fostering Daily Readiness, Care Coordination, and Problem-Solving Accountability in a Large Pediatric Health Care System

L.F. Donnelly, K.C. Basta, A.M. Dykes, W. Zhang, J.E. Shook

At a pediatric health system, the Daily Operational Brief (DOB) was updated to better foster daily readiness and coordinate delivery of care. The process changes included a visual board of data prepopulated prior to the DOB, a focus on outlier data, involvement and participation by executive hospital leadership, and increased attention to problem-solving accountability and project management. The DOB provides a framework through which to identify a large number of issues, to accurately categorize issues as simple and complex, and to track the solutions to those issues to completion.

INNOVATION REPORT

52 Can We Do That Here? Establishing the Scope of Surgical Practice at a New Safety-Net Community Hospital Through a Transparent, Collaborative Review of Physician Privileges


Stewarding of physician privileges wisely is imperative, but no guidelines exist for how to incorporate system-level factors in privileging decisions. To tailor the scope of surgical practice, a newly opened, safety-net community hospital developed a collaborative, transparent process for review of physician privileges. An initial list of 558 procedures across 11 specialties was reduced to 321 (57.5%). As the hospital’s capabilities mature, a blueprint has been established for expanding surgical scope of practice based explicitly on system-level factors.

61 INFORMATION FOR AUTHORS