EDITORIAL

145 Please Stop Using Venous Thromboembolism (VTE) Outcomes for Pay-for-Performance and Public Reporting

E.R. Haut

To address the validity of venous thromboembolism (VTE) rate as a measure for hospital quality comparisons, Blay and colleagues examined how Patient Safety Indicator 90 scores would change if the VTE measure were removed from calculation of this measure. In this editorial, Haut challenges the continued inclusion of VTE rate in any public reporting metrics.

ORIGINAL ARTICLES

Quality Measurement

148 Evaluating the Impact of the Venous Thromboembolism Outcome Measure on the PSI 90 Composite Quality Metric

E. Blay, Jr.; R. Huang; J.W. Chung; A.D. Yang;
J.O. De Lancey; R.P. Merkow; C. Barnard;
K.Y. Bilimoria

Although the rate of venous thromboembolism (VTE) has been shown to be an invalid measure for hospital quality comparisons, it remains one of the most heavily weighted metrics of the Patient Safety Indicator 90. In this study, Blay and colleagues investigate the change in Patient Safety Indicator 90 scores for 3,203 hospitals when the VTE rate is removed.

156 A Postoperative Care Bundle Reduces Surgical Site Infections in Pediatric Patients Undergoing Cardiac Surgeries

T.J. Caruso; E.Y. Wang; H. Schwenk; J.L.S. Marquez;
J. Cahn; L. Loh; J. Shaffer; K. Chen; M. Wood;
P.J. Sharek

Guidelines have been published to reduce surgical site infections (SSIs) in pediatric cardiac patients in the perioperative period, but there have been few guidelines to reduce the risk during prolonged hospital recoveries. Caruso and colleagues studied a postoperative SSI reduction care bundle at a pediatric academic care center with a goal of reducing cardiac SSIs by 50%.

High Reliability

164 Self-Reported Adherence to High Reliability Practices Among Participants in the Children’s Hospitals’ Solutions for Patient Safety Collaborative

K.H. Randall; D. Slovensky; R. Weech-Maldonado;
P.A. Patrician; P.J. Sharek

Application of high reliability principles has the potential to improve the level of safety in the health care industry. To quantitatively assess and describe the integration of high reliability practices among a collaborative of children’s hospitals participating in the Children’s Hospitals’ Solutions for Patient Safety (CHSPS) network, Randall and colleagues developed and distributed a survey instrument based on the High Reliability Health Care Maturity Model.

Methods, Tools, and Strategies

170 Bringing Perioperative Emergency Manuals to Your Institution: A “How To” from Concept to Implementation in 10 Steps

A.V. Agarwala; L.K. McRichards; V. Rao; V. Kurzweil;
S.N. Goldhaber-Fiebert

Evidence from simulation and other high-risk industries have proven that use of emergency manuals can significantly improve event management and decrease omissions of key steps, but simply placing these tools in operating rooms is unlikely to be effective. In this prospective pilot study, Agarwala and colleagues present a detailed framework for successfully implementing emergency manuals.

Health Professions Education

180 Bachelor’s Degree Nurse Graduates Report Better Quality and Safety Educational Preparedness than Associate Degree Graduates

M. Djukic; A.W. Stimpfel; C. Kovner

Readiness of the nursing workforce in quality and safety competencies is an essential indicator of a health system’s ability to deliver high quality and safe healthcare. In this cross-sectional, comparative design study, Djukic and colleagues investigated the quality and safety educational preparedness differences between associate and bachelor’s nurse graduates from 13 states and D.C. licensed in 2007–2008 and 2014–2015.
Responding to the study by Djukic and colleagues, three experts on nursing education offer their perspectives on how best to prepare nursing students for the workforce.

Building a Nursing Workforce to Help Lead Improvements in Quality and Safety

A.B. McBride

Associate Degree Nursing Programs Continue Progress Through Quality, Safety, and Collaboration

D. Meyer

Addressing Health Equity by Promoting Academic Progression in Nursing

S.B. Hassmiller

Wrong-Patient Blood Transfusion Error: Leveraging Technology to Overcome Human Error in Intraoperative Blood Component Administration

N.B. Hensley; C.G. Koch; P.J. Pronovost; B.H. Mershon; J. Boyd; S. Franklin; D. Moore; K. Sheridan; A. Steele; T.L. Stierer

A sentinel event in which a seriously ill patient undergoing an emergent surgical procedure was transfused with a unit of incompatible red blood cells that had been intended for another patient in an adjacent operating room (OR) led to a quality improvement project to improve the safety of intraoperative blood component transfusions. Hensley and colleagues report on the four-phase implementation of bedside bar code transfusion verification for intraoperative blood product administration.

A Quality Collaboration in Heart Failure and Pneumonia Inpatient Care at Novant Health: Standardizing Hospitalist Practices to Improve Patient Care and System Performance

L. Weems; J. Strong; D. Plummer; J. Martin; T.N. Zweng; J. Lindsay; D. Paculdo; M. Tran; J. Peabody

Care standardization in heart failure and pneumonia potentially leads to better patient outcomes and reduced excess costs, but this objective is difficult to achieve. In this pre-post analysis of clinical practice, patient outcomes, and cost, Weems and colleagues aimed to determine if serial measurement and feedback improves patient care quality and reduces costs for these two common conditions.

Impact of Hospitalist-Led Interdisciplinary Antimicrobial Stewardship Interventions at an Academic Medical Center

S.J. Tang; R. Gupta; J.I. Lee; A.M. Majid; P. Patel; L. Efird; A. Loo; S. Mazur; D.P. Calfee; A. Archambault; D. Jannat-Khal; S.K. Dargar; M.S. Simon

Frontline providers such as hospitalists, house staff, and pharmacists are critical partners in efforts to improve antimicrobial use. In this article, Tang and colleagues report on a multidisciplinary intervention that integrated education, standardized documentation, and in-person antimicrobial stewardship rounds into the management of patients receiving antimicrobials, based on the hypothesis that inadequate prescriber reassessment of antimicrobial use in addition to knowledge and confidence gaps were key barriers to providing optimal antimicrobial management.

Utilization of Prostate Cancer Quality Metrics for Research and Quality Improvement: A Structured Review

D. Gori; R. Dulai; D.W. Blayney; J.D. Brooks; M.P. Fantini; K.M. McDonald; T. Hernandez-Broussard

The number of quality measures proposed, endorsed, and/or directed to health care providers in the United States for many diseases has increased rapidly in the past decade. In this review, Gori and colleagues aimed to identify and summarize proposed prostate cancer quality measures and describe their frequency and use in peer-reviewed literature.