Level 1 News

Spring 2012

Bronson in Nation's Top Five Percent for Emergency Medical Care

For a third year, HealthGrades®, a leading independent healthcare ratings organization, has rated Bronson Methodist Hospital in the nation's top five percent for emergency medicine. The 2012 Emergency Medicine in American Hospitals study shows that of nearly 5,000 hospitals reviewed, 263 are in the top five percent and Bronson is the only one in southwest Michigan.

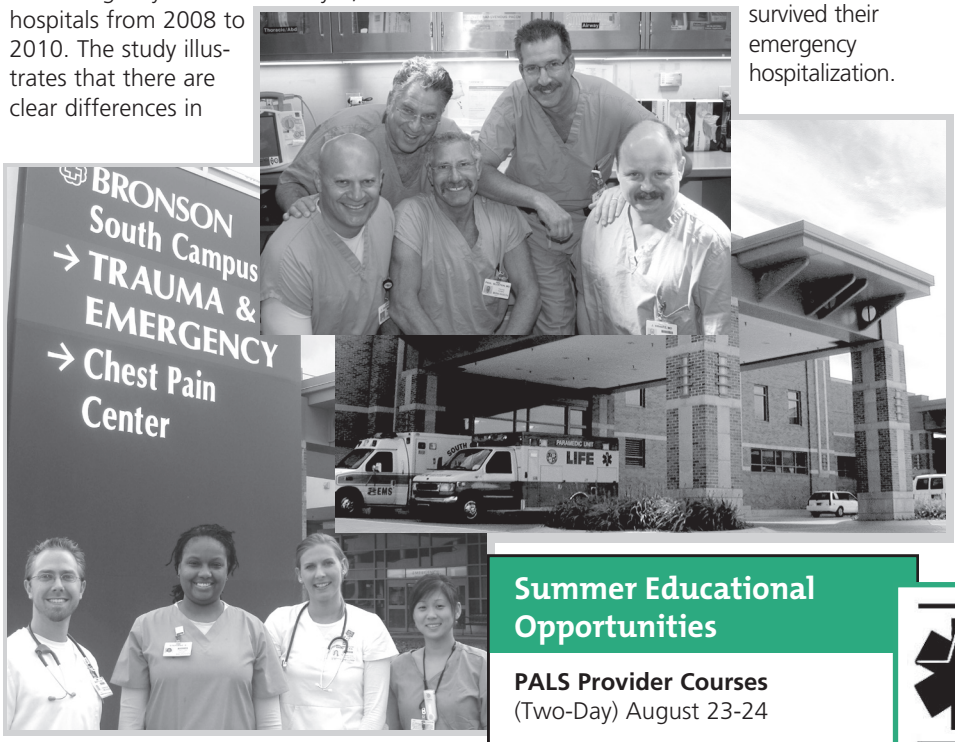
Findings are based on an analysis of more than seven million Medicare records of patients admitted through the emergency rooms of nearly 5,000 hospitals from 2008 to 2010. The study illustrates that there are clear differences in outcomes between the best-performing hospitals and all other hospitals with regard to emergency admissions. These differences include:

- For the group of patients studied, Emergency Medicine Excellence Hospitals had, on average, 41.52% lower risk-adjusted mortality than all other hospitals across the 12 diagnoses studied.
- If all hospitals performed at the level of the Emergency Medicine Excellence Hospitals from 2008 through 2010, 170,856 more people may have survived their emergency hospitalization.

Bronson president and CEO Frank Sardone says, "Receiving this honor is a credit not only to all of the emergency medicine physicians, nurses and staff, but also to all of our inpatient units, hospitalists and intensivists who continually have our patients' best interests at heart. I'm proud of all our staff for working together to provide exceptionally high quality care, while seeing patients efficiently and safely — especially during continued growth."

As an accredited chest pain emergency center, certified stroke center, Level I trauma center and southwest Michigan's only children's hospital, Bronson is a major destination for emergencies affecting patients of all ages. At present, its emergency department is the largest in the region providing care to more than 95,000 patients annually.

Top-performing hospitals vary most dramatically from other hospitals in their mortality rates for five specific health emergencies: COPD, gastrointestinal bleed, heart failure, pneumonia, and pulmonary embolism.



Summer Educational Opportunities

PALS Provider Courses
(Two-Day) August 23-24

PALS Renewal Courses
(One Day) June 7 or June 8

PHTLS Provider Courses
(Two Day) August 17-18

PHTLS Renewal Course
(One Day) August 4

The deadline to register is two weeks before the start of the course. Classes fill quickly. Early registration is recommended. For more information or to register, contact Bronson Life Support at (269) 341-8934 or lifesupport@bronsonhg.org.

Celebrate National EMS Week

EMS MORE THAN A JOB. A CALLING.

Tuesday, May 22, 2012
11:30 a.m. – 3 p.m.
Kalamazoo Public Safety Training Center (Station 45)
601 N. Park St., Kalamazoo

Thank you for all you do!

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Bronson Level I News is published quarterly by Bronson Methodist Hospital. The information included is intended to educate and inform the southwestern Michigan emergency medical services community. Want to receive Level I News? Need to change your address or be taken off our mailing list? Contact the Executive Editor at 601 John Street, Box 19, Kalamazoo, MI 49007.
Phone: (269) 341-6328
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bronsonhealth.com

Bronson Cardiac Surgery Program Reports Quality Improvement Initiatives with Lower Mortality

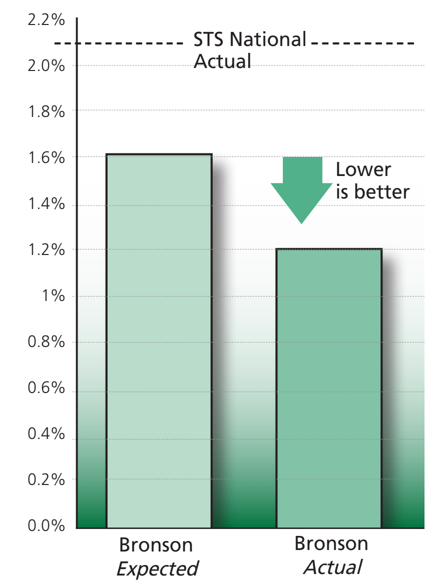
Bronson Methodist Hospital's cardiothoracic team has made many process improvement changes in the operating room and on the inpatient units. These initiatives have improved total patient care from pre-admission through post-discharge. A few of these include:

- Interdisciplinary preop consults for all high-risk open heart patients with surgeon, cardiologist, intensivists etc.
- Briefings and debriefings in the OR based on Agency for Healthcare Research & Quality patient safety recommendations
- Standardized checklists for each phase of care from preadmission through discharge (assuring a complete treatment plan individualized for each patient)
- Blood conservation program adoption resulting in fewer blood transfusions
- Review of all aspects of the open heart program for opportunities to improve patient care and outcomes

Results show that Bronson has an observed to expected mortality rate that is 26 percentage points better than the national rate from the Society of Thoracic Surgeons Database for coronary artery bypass graft, valve, and valve and bypass combined surgery patients.

HealthGrades® has rated Bronson Methodist Hospital best in the region for cardiology services and overall cardiac services for 2012.

Coronary Artery Bypass Graft, Valve, and Combined Valve and Bypass Procedures: Actual and Expected Mortality Rates (January-June 2011)

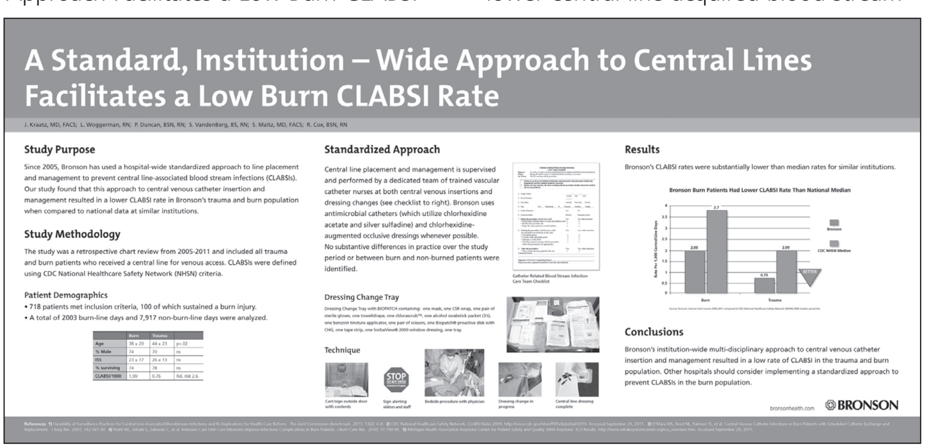


Trauma Staff Research Presented at National Conference Shows Lower Infection Rates for Bronson Burn Patients

Rita Cox, BSN, RN, trauma program manager, presented a research poster entitled, "A Standard, Institution-Wide Approach Facilitates a Low Burn CLABSI Rate" at the annual American Burn Association conference in Seattle last month. The poster highlighted Bronson's lower central line-acquired blood stream infection (CLABSI) rate in our trauma and burn population when compared to national data at similar institutions.

Since 2005, central line placement and management has been supervised and performed by a dedicated team of trained vascular catheter nurses at both insertions and dressing changes. The team, coupled with a strict adherence to infection control best practices, has consistently resulted in significantly fewer CLABSIs in one of our most critical patient populations.

The research team included James Kraatz, MD, FACS; Linda Woggerman, RN; Pat Duncan, BSN, RN; Sheri VandenBerg, BS, RN; Sheldon Maltz, MD, FACS and Rita Cox, BSN, RN.



A Standard, Institution – Wide Approach to Central Lines Facilitates a Low Burn CLABSI Rate

J. Kraatz, MD, FACS; L. Woggerman, RN; P. Duncan, BSN, RN; S. VandenBerg, BS, RN; S. Maltz, MD, FACS; R. Cox, BSN, RN

Study Purpose

Since 2005, Bronson has used a hospital-wide standardized approach to line placement and management to prevent central line-associated blood stream infections (CLABSIs). Our study found that this approach to central venous catheter insertion and management resulted in a lower CLABSI rate in Bronson's trauma and burn population when compared to national data at similar institutions.

Study Methodology

The study was a retrospective chart review from 2005-2011 and included all trauma and burn patients who received a central line for venous access. CLABSIs were defined using CDC National Healthcare Safety Network (NHSN) criteria.

Patient Demographics

- 718 patients met inclusion criteria, 100 of which sustained a burn injury.
- A total of 2003 burn-line days and 7,917 non-burn-line days were analyzed.

	Burn	Trauma	
Age	38 ± 20	44 ± 23	p=.02
% Male	74	70	ns
ISS	23 ± 17	26 ± 13	ns
% surviving	74	78	ns
CLABSI/1000	1.99	0.76	Rel. risk 2.6

Standardized Approach

Central line placement and management is supervised and performed by a dedicated team of trained vascular catheter nurses at both central venous insertions and dressing changes (see checklist to right). Bronson uses antimicrobial catheters (which utilize chlorhexidine acetate and silver sulfadine) and chlorhexidine-augmented occlusive dressings whenever possible. No substantive differences in practice over the study period or between burn and non-burned patients were identified.

Catheter-Related Blood Stream Infection Care Team Checklist

Dressing Change Tray

Dressing Change Tray with BIOPATCH containing: one mask, one CSR wrap, one pair of sterile gloves, one towel/drape, one chloroscrub™, one alcohol swabstick packet (3's), one benzoin tincture applicator, one pair of scissors, one Biopatch® proactive disk with CHG, one tape strip, one SorbaView® 2000 window dressing, one tray.

Technique

Cart/sign outside door with contents
Sign alerting visitors and staff
Bedside procedure with physician
Dressing change in progress
Central line dressing complete

Results

Bronson's CLABSI rates were substantially lower than median rates for similar institutions.

Bronson Burn Patients Had Lower CLABSI Rate Than National Median

Rate Per 1,000 Central Line Days; Burn: 2.00, 3.7; Trauma: 0.75, 2.00; Bronson; CDC NHSN Median; BETTER

Conclusions

Bronson's institution-wide multi-disciplinary approach to central venous catheter insertion and management resulted in a low rate of CLABSI in the trauma and burn population. Other hospitals should consider implementing a standardized approach to prevent CLABSIs in the burn population.

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