QUALITY IMPROVEMENT MATTERS

VOL. 1, ISSUE 24	MAY 2018	PAGE 1
Top stories in this newsletter		
Patient Safety Culture	Peer-to-Peer Sharing	Flex Calendar

Welcome back to the Wyoming Flex *Quality Improvement Matters* newsletter! **CONGRATULATIONS!!!** Achieved 15 out of 15 CAHS on MBQIP Requirements: EDTC, Inpatient, and Outpatient. The ability to use data to target areas for improvement requires the data being collected and reported. WE DID THIS!!!

Patient Safety Culture

Tip of the Month. A "culture of patient safety" is often defined as an organization's collective commitment to patient safety as the number one priority. But cultivating a culture of safety is easier said than done. Heath care leaders should consider implementing these six tips to Cultivate a Culture of Safety:

- 1. Leadership Call to Action: An Essential Role—The active and visible participation of leadership is essential to making patient safety the number one organizational priority. Leaders can inspire cultural change by connecting with managers and staff by voicing the need for change, discussing with front-liners what *is* or *isn't* working, allocating the appropriate resources and removing barriers to performance.
- 2. **Conduct Leadership Rounds**—An effective way for leaders to demonstrate commitment to patient safety is through Leadership Rounds, where candid discussions with staff about safety issues serve as the catalyst for change.
- 3. Education for All—A comprehensive patient safety orientation is one of the best methods for raising awareness and demonstrating an organization's commitment to patient safety. These orientations reinforce a sobering truth that healthcare is a high-risk industry and *but for* mindfulness and fidelity to safe practices, anyone could find themselves on the sharp-end of medical error.
- 4. **Appoint Champions**—Every improvement project deserves a champion. Champions are healthcare leaders with the authority to bend the ear of executive leaders and the charisma to motivate and engage the masses. These intermediaries can assist with removing obstacles, ensuring adequate resourcing, voicing the concerns of front-line staff and improving patient safety; they help projects move forward.
- Tap Into Local Talent An Overlooked Resource—To identify the most effective and sustainable solutions to most patient safety problems, leaders should tap into the expertise of staff. Staff are familiar with workflow and the obstacles to performance, and often generate the simplest, most enduring and cost effective solutions.
- 6. Take the Temperature of Safety Culture—Studies on the perception of safety culture showed that as you ascend the organization's hierarchy from front-line staff to lower-level and then higher-ranking managers, the perception of safety culture become "rosier." Administering an anonymous cultural survey is an excellent way to get to the truth and flush out the unexpressed staff concerns. www.ahrq.org

QUALITY IMPROVEMENT MATTERS

VOL. 1, ISSUE 24

MAY 2018

Peer-to-Peer Sharing

The benefits of the 2018 Immunization Conference. The Conference started this year on updating the rules



and regulations changes, with Mandatory entering of vaccines of all ages into the Wyoming State Registry. The two new required vaccines for pre-school and licensed day-cares of rotavirus vaccines, and 4 doses of pneumococcal for school age children. We also learned more useful information about adolescent vaccines meningococcal ACWY with doses at 11 years of age and 16 for a booster dose. MenB giving 2 doses at 16 years of age and

booster 12 months later. We also learned more about HPV9, how important it is in prevention of several types of cancer, to prevent before adolescents are exposed to the virus, higher immunity rate when given at ages 11 years to 14 years so only 2 doses are required. Increase noted in oropharyngeal cancers from HPV as well as cancers such as anal, penal, cervical and genital warts. Does not require direct sexual intercourse to spread virus. We got to meet Tamika, a cervical cancer survivor, who is telling her story of HPV to help encourage people to have their children vaccinated. It was a very well, fast two days of learning. Thank you. Becky LeMasters

Wyoming Flex — **Rural Health Conference.** Thank you to everyone who attended the 2018 Power of Rural Conference in Casper May 16 and 17. The purpose for the conference was to network and share valuable information. My hope is that the conference met your expectation. I am thankful for the conversations we had and I apologize if we didn't get a chance to talk. Rochelle, Shanelle, and I agree that working together beats working alone and it is our honor to serve you. If you didn't make it to this conference this year, don't worry, we are planning next years now. As always - Kyle, Flex/SHIP Program Manager

Flex Program Calendar

Educational Webinars—**2018.** Below is a list of upcoming events related to education and/or training for the Wyoming Flex Program Activities.



- Rural Health Data Summit 2018: July 21—August 2nd
- QI Roundtable: July 12th @ 10 am-11 am
- QI Roundtable: September 13th @ 10 am-11 am

Brought To You By:

Kyle Cameron—Wyoming Flex-Office of Rural Health 1.307.777.8902 Kyle.Cameron@wyo.gov

Rochelle Spinarski—Rural Health Solutions 1.651.731.5211 Rspinarski@rhsnow.com







Commit to your health.

This project is/was supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00043-19-00 Medicare Rural Hospital Flexibility (Flex) Program, 464,345.00, 0% finance with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements to be inferred by HRSA, HHS, or the U.S. Government.