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EMPLOYEE OF THE MONTH nomination forms are now available online on the Queen's Intranet under HR>Employee Resources>Employee of the Month. Paper submissions are also still available in the Dining Room and by the QET elevators on the first floor.

THE 2017 SUMMER RESEARCH Internship Program through the Office of Research & Development is accepting applications through February 1. The program is designed for undergraduate college students interested in biomedical research and a career in the medical field, and will be held June 5 - August 11, 2017. For detailed information, visit ord.queens.org/sri, or download the application at <http://queensmedicalcenter.org/careers/2017-summer-research-internship>. A maximum of five students will be selected and notified by the end of March. Email SRI@queens.org or call (808) 691-4843 with any questions.

HEALING THROUGH ART for Queen's Cancer Center patients and their caregivers starts the 2017 sessions with acrylic painting in the Na'e'a Gazebo on January 24, from 10:00 am - 4:00 pm. Join Artist in Residence and cancer survivor Jocelyn Chang, RN, as she leads art classes in a friendly group setting to help provide healing from within. Drop in anytime throughout the day. No experience is necessary and all materials are provided.


ONE LAST CHRISTMAS photo for those of you who still haven't taken down your Christmas tree: North Hawai'i Community Hospital surgery and PACU staff pose before wrapping Christmas gifts for a family they "adopted" this holiday season (right).



"EAT RIGHT IN THE NEW YEAR," a free community health lecture, will be held at the Queen's Conference Center on Wednesday, January 25, from 5:30 - 7:00 pm. Ready to lose weight? Find out what foods can help prevent chronic disease and improve health with registered dietitians from Queen's. Eloise Guckelberger, of the Queen's Comprehensive Weight Management Program and Christina Vimini of Queen's - West O'ahu Diabetes Management and Education Center will discuss: the basics of an overall healthy diet; creating a supportive food environment; the benefits of self-monitoring and mindfulness; how to make your own eating plan; and how to read nutrition labels and shop healthy. Register online at www.queensmedicalcenter.org/health-lectures or call the Queen's Referral Line at 691-7117.

ANNE KEMBLE, MD, Queen's Heart Physician Practice, will be presenting at "CATCH: Caring for Adults and Teens with Congenital Heart Disease." The conference is on Friday and Saturday, January 27 and 28 at the Hilton Hawaiian Village. Expert faculty from Hawai'i and California will provide a comprehensive overview of research-based, cutting-edge care and an exciting, interactive evening ses-

sion using live echocardiogram scans. Physicians, residents, fellows, nurses, echocardiographers, technicians, and other allied health professionals interested in cardiac disease are encouraged to attend. The conference link can be found at: <http://www.cvent.com/events/catch-2017-caring-for-adults-and-teens-with-congenital-heart-disease/event-summary-a1a6c0aa4e4345a69073d7cdf35ff9ad.aspx>.



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QHS/QMC Pres. Art Ushijima

Publisher Keala Peters

Editor/Writer Jason Kimura

Assist. Ed./Writer Glee Stormont

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Sepsis a Success Story at Queen's



QMC – Punchbowl Emergency Department staff

Editor's note: This article is adapted and excerpted from a report by Health Catalyst, a mission-driven, data warehousing, analytics, and outcomes-improvement company that helps health care organizations improve clinical, financial, and operational outcomes.

EVERY YEAR, severe sepsis strikes more than 1 million Americans, and between 28 percent and 50 percent of these people die. Review of national, statewide, and The Queen's Health System (QHS) data indicated that sepsis is an issue at the national and statewide levels. Given Queen's focus on keeping the health of Hawai'i strong, improving sepsis outcomes became one of the leadership team's highest priorities.

QHS reinvigorated its previous sepsis improvement efforts through active support from executive leadership, recruiting strong physician and administrative champions, and enabling the participation

of all affected disciplines in a new sepsis improvement team. By leveraging data and technology to reinforce the use of the evidence-based 3-hour bundle (best practices developed by the national Surviving Sepsis Campaign), guide interventions, and informed decision-making, the new team's work has enabled QHS to save lives while also contributing to the financial viability of the organization, in line with overall Transformation 2020 efforts (see sidebar). "Sepsis improvement has shown that we can save lives and reduce the time that patients spend in the ICU while also saving money and contributing to the financial viability of the organization," said Tamara Pappas, Queen's Director of Medical Staff & Quality Improvement.

An Alarming Trend

Severe sepsis, a serious medical condi-

Sepsis Improvements at Queen's

Achievements include:

- 4 percentage point decrease in mortality rate for severe sepsis and septic shock, equating to 48 lives saved.
- 94% increase in compliance with the sepsis 3-hour bundle.
- 25% faster delivery of the components of the 3-hour bundle.
- An average 2-day reduction per case in intensive care unit (ICU) length of stay (LOS) for severe sepsis and septic shock not present on admission.
- \$1.5 million savings in variable costs.

tion caused by an overwhelming immune response to infection, strikes more than 1 million Americans each year. The immune system's response to fight the infection causes inflammation, which leads to blood clots and problems in the circulatory system. This in turn damages the body's organs by depriving them of nutrients and oxygen. In the downward spiral of this disease, it is classified as severe sepsis if one or more organs fail. In the worst cases, blood pressure drops, the heart weakens, and the patient progresses to septic shock. Once this happens, multiple organs, including lungs, kidneys, and liver, may quickly fail and the patient can die. An estimated 28 to 50 percent of people who develop severe sepsis die as a result.

In response to this alarming national trend, publicly reported core measures were instituted by the Centers for Medicare & Medicaid Services (CMS) to monitor key metrics related to sepsis, a national Surviving Sepsis Campaign was launched, and a statewide sepsis task force was formed by the State of Hawai'i. Like oth-

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Sepsis Success

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er health systems across the country, Queen's recognized that sepsis was a problem that would need to be evaluated and addressed within its own hospitals.

Removing Barriers To Success

While the importance of sepsis improvement had been on the radar for some time at Queen's and progress had been made, things had to be done differently for improvements to be sustained, so leaders identified barriers that would need to be addressed. Solutions included recruiting a motivated team supported by a five E's framework (see below), best practice bundles, data, and informatics. "From a physician perspective, data is what was missing from previous efforts to improve the treatment of sepsis," says Matthew Ing, MD, ED Physician Lead, Sepsis. "Now we can demonstrate the difference in outcomes."

Five E's framework

- *Engage:* Identifying champions in each discipline/facility, including physicians, administrators, and other key members such as pharmacists, laboratory, finance, and a nursing informaticist to provide expertise in improvement science and technology.
- *Educate:* Sharing best practices and ensuring understanding, which involved identifying and addressing knowledge gaps by topic and discipline.
- *Execute:* Setting a course of action and



QMC – West O'ahu Emergency Department staff

following through. Focus on methods of early identification of patients with sepsis and quick execution of the 3-hour bundle was put on the ED since a large percentage of them present there.

- *Evaluate:* Access to data to measure and compare results, and an increased focus on a data-driven approach.
- *Endure:* Continuous improvement and sustained change. Developed sepsis alert system that limited false positives, while continuously finding ways to begin treatment even more quickly.

"Physicians and nurses have responded positively to timely and useful data," said Ann Muneno, Coordinator, Clinical Decision Support. "It's rewarding as an analyst to witness data driving positive changes for patients."

The sepsis improvement team's next effort, in addition to expanding the sepsis alert system pilot across QHS, will focus on implementing the 6-hour bundle to further improve inpatient care of sepsis patients. The team also is focused on providing earlier interventions by collaborating with EMS to identify sepsis patients even before they reach the ED.

Queen's has demonstrated that a well-led, focused improvement team supported by executive leadership, best practice bundles, and powerful data and analytics can save lives, reduce length of stay in the ICU, and contribute to the financial viability of the organization. The success of the sepsis improvement team and its effective use of data and technology are serving as a model for future improvement initiatives throughout QHS.

Judie Tokairin, RN, Says Farewell

AN OLD JOKE at Queen's for those who have worked here for decades is: "When did you start, when you were 5?" Well, Judie Tokairin, RN, who has been at QMC for 38 years and just retired, started in 1978 when she was 18 as a ward clerk on Kamehameha cardiac while she attended nursing school at the University of Hawai'i. She always wanted to be a nurse. Judie started as a new grad on Kamehameha 2 surgical post-op in 1982. Seven years later, the unit moved to Kamehameha 4 and was called Short Stay, which became an "everything" unit. It got too big and split; Judie stayed with the



med-surg section on Kamehameha 4, which finally ended up on Kinau 3.

Judie plans to travel more and spend more time with family in retirement. She would like to visit Iceland, , Arizona, and finish off seeing all the national parks (she's seen two-thirds so far). Aside from

travel, Judie wants to look for something less stressful to do. In spite of the stress, Judie's coworkers at Queen's have been like a family and she will miss them. "I'll see what's out there in the world after 38 years in the same place," she said, "something light, where there are no codes!"

Care For Hale Shows Care For Patients

THE PLACE WHERE YOU WORK is a lot like your home, or perhaps a second home, considering that most of us spend a good deal of time here. The Queen's pledge to treat every patient as if they were family makes that even more relevant as we invite them into our hale, our house. To treat patients like family, we also must treat the place where we work like our own home. Two issues come to mind in our pledge to put patients first: keeping pests out and caring for the facility itself.

Keeping it Clean

Your mom forbade you to eat and drink in bed, but now that you have your own place...get out the chips and soda! That might cause unsanitary conditions in your bedroom, which is bad enough, but in sterile and procedure areas, it can become a serious issue, especially over time when it can attract unwelcome guests that may carry diseases. Reasons for other restrictions are meant to protect staff, such as in areas where food and drink



may become contaminated.

For the sake of our patients and staff, it's everyone's responsibility to eat and drink only in designated areas and to report violations when you see them. A new QHS policy, Insect Management Program, IC-16-46 B, addresses not only food and drink, but other ways to prevent pests from entering buildings or even from infesting outside areas.

Our Facility, Our Hale

When we have family and friends over to our home, it would be embarrassing if there was a hole in the hallway wall. The same holds true at QHS facilities, where a high standard of cleanliness and care must be kept, and where the care of our facilities go hand-in-hand with putting patients first and treating each of them like family. The appearance of the facility reflects the care QHS takes in treating patients, so every time a gurney hits a door or wall, we have to fix it. Facilities and Building Services estimates that the cost of damages to be \$2.5 million per year!

Most people wouldn't be so careless as to let the walls of their home get scratched up when they install a new piece of furniture, much less knock a hole in the wall with the dolly used to move it in. That type of carelessness is expensive—and preventable with a little care. The same is

Examples of Facilities Damage



Annual Cost: Approximately \$2.5 million/year

true at our facilities. The cost of maintaining the facilities for normal wear and tear is already costly, but repairing preventable damage takes an extra toll on resources. Treating QHS facilities like your own home when using gurneys, handtrucks, and other moving equipment frees up funds that could be used to benefit patients and improve finances.

Queen's staff is second to none, and eager to treat every patient as if they were family. Let's take care of our hale too!

Diana Samiano, RN Concludes Career

DIANA SAMIANO, RN, almost didn't become a nurse. "I actually wanted to be a dental hygienist, but their quota was filled," the California native confessed at her retirement party last week. No matter the reason, she did become a nurse and served her profession faithfully for 41 years, the last 21 of them at Queen's. Diana retired as a clinical data base coordinator, doing chart abstraction, but truly spent the bulk of her career as an operating room nurse. It was also in the OR that she met her husband, Pete, who retired from QMC five years ago after his own long tenure. Pete and their son Paul both attended Diana's aloha lunch celebration on Lauhala 4.

"When I started here, we still had glass IV bottles," Diana said, marking one of the many changes in the field since her career began. "I just feel like it's time. It's so surre-



al to think this is ending. Queen's has been a wonderful place to work; really beyond my imagination. It's a wonderful organization, and it's the great people who work here. I will miss everyone and all of the support I've had for so many years."

Diana doesn't have a lot of big plans for her retirement other than a summer trip to Japan for the lavender festivals in

Hokkaido. But her son assured everyone that she won't just be sitting around. "She'll find something to fill her schedule—Mom's a doer," he confirmed, as co-workers praised her organizational skills and her tenacity. Diana's eyes lit up as someone mentioned certain thrift shops around town and their week day only hours. "See, there she goes," he smiled.