



Patient Safety: The Road Ahead

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LW Medicine

Today's objectives

- Describe the external environment for quality and safety
- Identify the key components of the UWMC Patient Safety Vision
- Discuss specific patient safety practices to achieve the vision

NOTE: This program contains information that is protected by coordinated quality improvement/peer review confidentiality under RCW 70.41.200/4.24.250/ 43.70.510. It is intended for use by participants in UW Medicine QI programs and activities.

The Focus on Quality & Safety is Very Recent

- 1999-To Err is Human
- 2000-AHRQ, Establishment of the Leapfrog Group
- 2001-IOM-Crossing the Quality Chasm
- 2002-JCAHO National Patient Safety Goals
- 2003-Medicare Prescription Drug, Improvement and Modernization Act
- 2003-National Voluntary Hospital Reporting (CMS), Leapfrog 30 Leaps
- 2004-IHI 100,000 Lives
- 2005-CMS Publicly Displays Data, JCAHO Quality Check, SCIP, CMS Premier Hospital Quality Demonstration Project
- 2006-Leapfrog Hospital Rewards Program, HCHAPS

A New Standard of Care has been Established...

Performance for Survival

- Centers for Medicare and Medicaid Services (CMS) Quality Initiative- Core Measures
- Joint Commission National Patient Safety Requirements
- Institute for Healthcare Improvement 100,000 Lives Campaign / 5M Lives Campaign
- The Leapfrog Group
- Magnet Nursing Status (NDNQI indicators)

CMS Quality Initiative

- Heart Failure
- Acute Myocardial Infarction
- Community Acquired Pneumonia
- Surgical Infection Prevention
- Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS)

IHI 100,000 Lives

- Prevent Ventilator-Associated Pneumonia
- Prevent Central Line Infections
- Prevent Adverse Drug Events
- Prevent Surgical Site Infections
- Deploy Rapid Response Teams
- Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction

JCAHO Accreditation and the National Patient Safety Goals

- 2 Patient Identifiers
- Read Back Verbal Orders
- Do Not Use Abbreviations
- Critical Test Results
- Medication Reconciliation
- Safe Medication Labeling
- Look-Alike, Sound Alike Drugs
- Reduce Fall Risk
- Hand Off Communication
- Universal Protocol
- Involve Patients In Safety
- Identify Patients at Suicide Risk

What counts in quality?

- | | |
|--|---|
| <p>THEN</p> <ul style="list-style-type: none"> • Reputation • Impression of overall care • Stand-alone quality • Processes • "Best doctor" polls | <p>NOW</p> <ul style="list-style-type: none"> • Results • Success with specific conditions • Comparison quality • Outcomes • Best doctor scorecards |
|--|---|

The Relationship of Cost and Quality FY06 You do the math



The CMS Quality Initiative alone is worth > \$2.4 million to UWMC

A fall with harm costs between \$15,000 - \$30,000 per event (5)

An ADE costs between \$3,500-\$6,000 and adds between 2.2 - 4.6 days to LOS (76)

The average cost per infection ranges from \$600 for a UTI to up to \$25,000 for a surgical site infection (78)

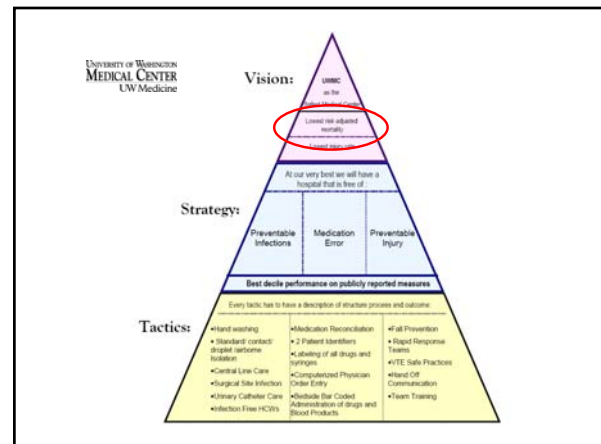
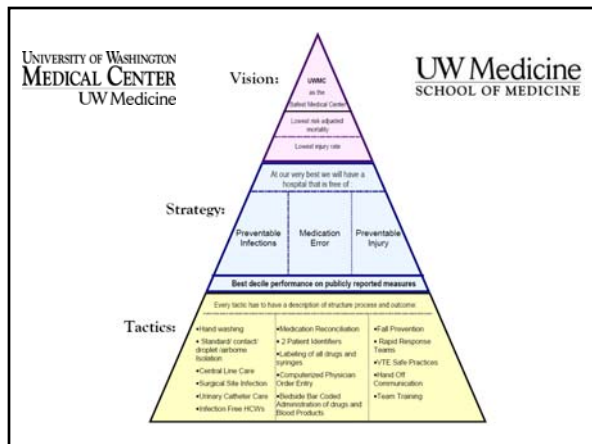
\$360,000 in write-offs

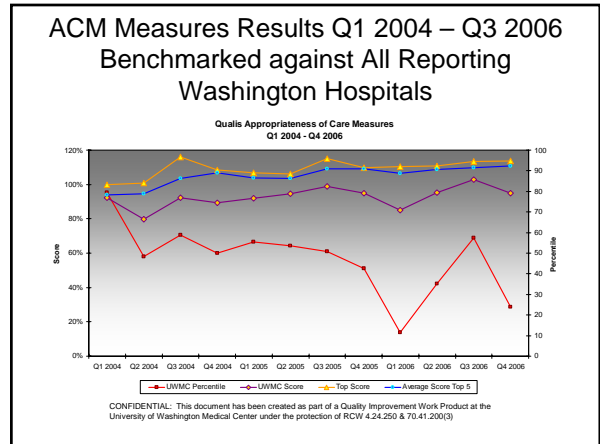
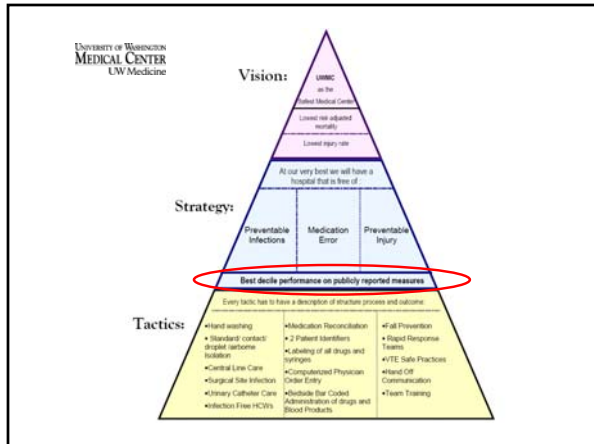
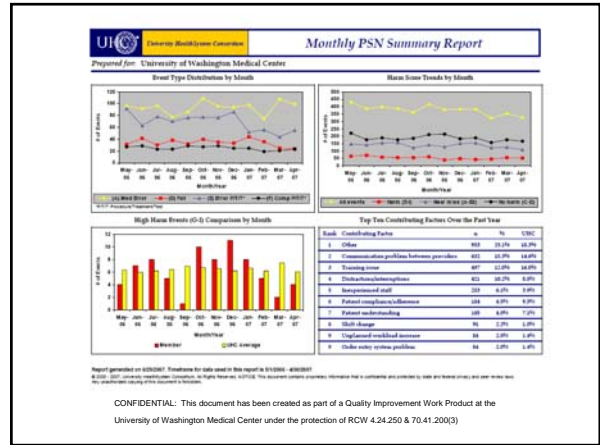
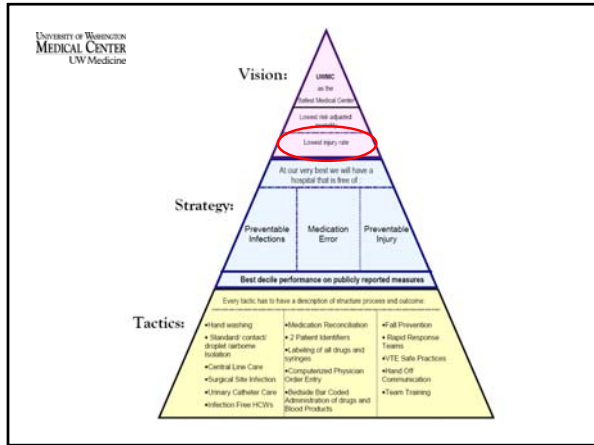
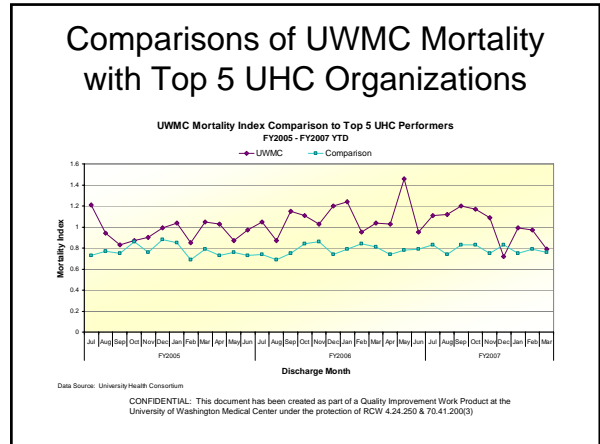
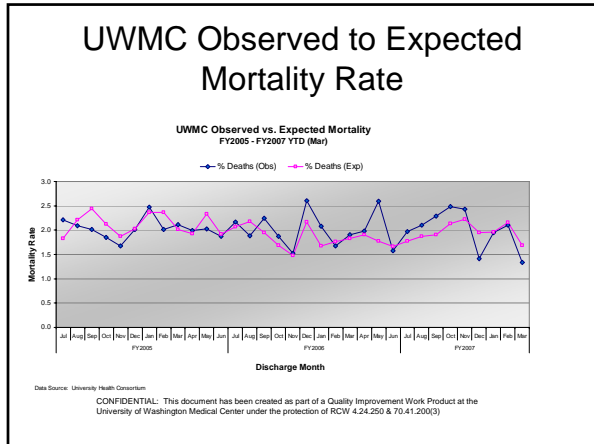
Summary

OLD WISDOM
No margin, no mission

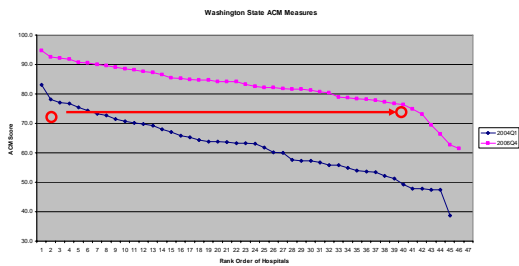
NEW WISDOM
No outcomes, no incomes

We need to do both to survive!
Quality is the dominant strategy
for survival in 21st century healthcare

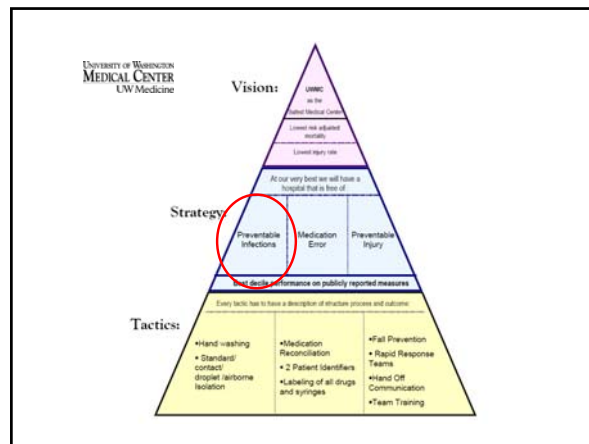




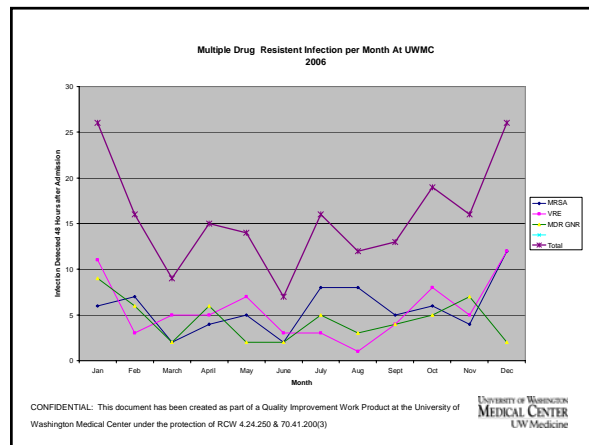
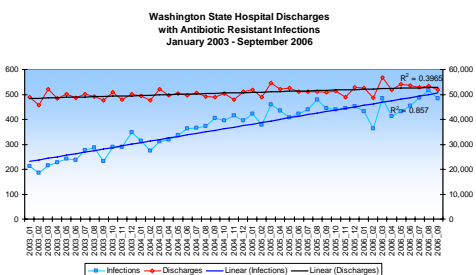
ACM Measures for the State of Washington Q1 2004 - Q4 2006



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Washington Hospital Data 2003-2006



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Infection Control Tactics

Handwashing

- The basics-reading, writing and 'rithmetic of infection control
- Gel in, gel out or wash in and wash out every patient every time and everyone - **NPSG, CDC**

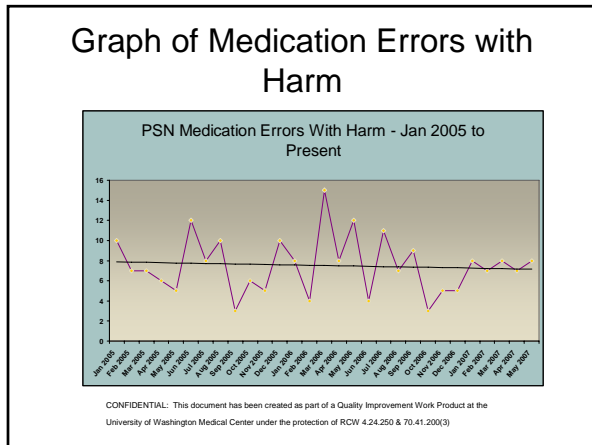
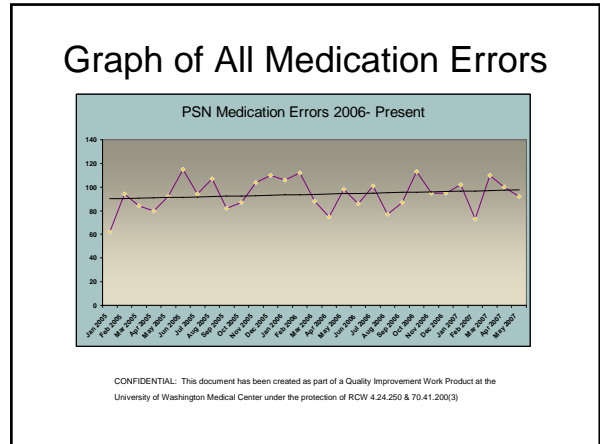
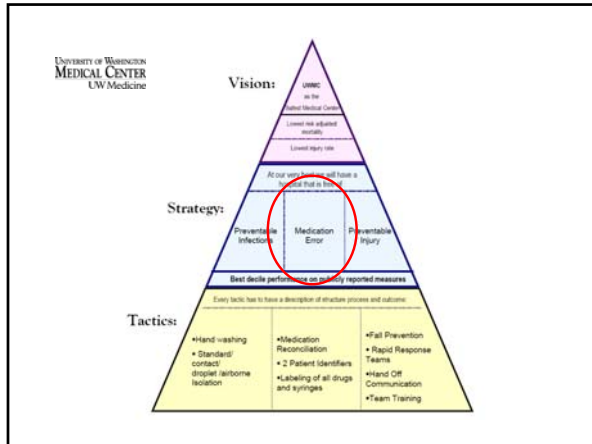
Isolation Standards - NPSG, CDC

- Standard
- Contact isolation
- Droplet isolation
- Airborne isolation

Protect our patients, protect our environment

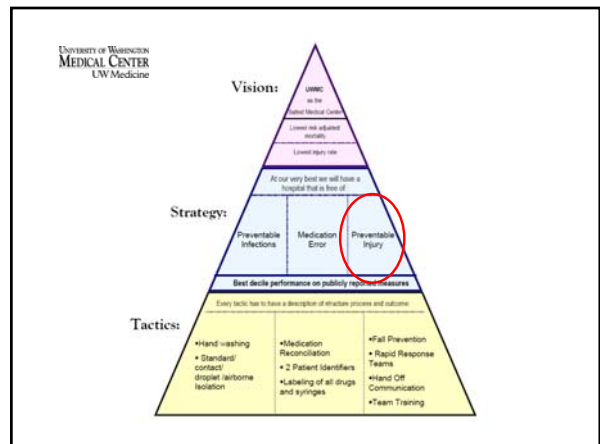
No preventable infections

- Full barrier precautions, chlorhexidine skin preparation - **IHI 100 k Lives AHRQ UWMC Operating Plan**
- Prevention of intraoperative hypothermia by both prewarming and intraoperative warming- **IHI 100 K Lives and SCIP**
- Meticulous control of glucose by UWMC protocol - **IHI 100 K Lives and SCIP**
- Vaccination for prevention of influenza for patients and ourselves - **CDC**



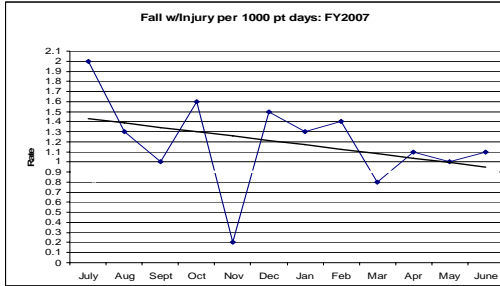
- ### Prevention of Medication Errors Tactics
- Two Patient Identifiers- **NPSG**
 - Medication Reconciliation – **NPSG, IHI 5 Million Lives**
 - Labeling of all Drugs in Syringes and Containers - **NPSG**

- ### No medication errors
- Vigilance with high alert meds – anticoagulants, insulin, and opioids – **NPSG, IHI 5 Million Lives**
 - Use of patient's U number, guardrails and libraries for Alaris pumps - **UWMC policy**



Patient Falls with Injury

- Although not yet to target, trend is favorable
- Improvement from previous year (FY06=1.4; FY07=1.2)



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Preventable Injury

- Fall Risk Assessment – **NPSG, Magnet**
- Rapid Response Team Mobilization (222) – **IHI 5 Million Lives**
- Hand Off Communication 4Ps – **NPSG**
 - patient
 - problem
 - plan
 - precautions

Hospital free of preventable injury

- Participation in confirmation of final verification- **NPSG**
- Confirmation of proper DVT prophylaxis - heparin and SCDs-**SCIP CMS**
- Report events on Patient Safety Net (PSN)

Fundamentals for the Road Ahead

- Further development our culture of safety
- Internal/External transparency
- Telling Stories
- Learning/education systems

Your turn...

What else do you believe we need to do to achieve our UWMC Patient Safety Vision to be the safest Medical Center in America?

