

How do we compare?



2013 National Patient Safety Goals

Main Line Health's compliance

IDENTIFY PATIENTS CORRECTLY

- Use at least two ways to identify patients. This is completed to make sure that each patient gets the correct medicine and treatment.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

- Ask the patient to state their name and date of birth. Involve the patient in the identification process. Patient identification has been defined as a Main Line Health Red Rule for key interactions that are considered a safety imperative.
- Use of two RN verification process at the bedside before administration of blood products.

IMPROVE STAFF COMMUNICATION

- Report critical results of tests and diagnostic procedures on a timely basis.

- Main Line Health has defined what tests are critical and what results are critical to be reported on to the ordering provider. Specific timelines for communicating critical results have been defined.

USE MEDICINES SAFELY

- Label all medications, medication syringes, cups and basins.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
- Medication reconciliation.



- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up. Take extra care with patients who take medicines to thin their blood.
- Use of evidence-based anticoagulation guidelines. Obtain baseline INR and monitor. Dietary precautions to avoid drug-food interactions.
- Obtain and record a list of the patient's home medications at the time of admission. Compare those medicines to new medicines given to the patient.
- Provide the patient at discharge with a list of medications to take at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

PREVENT INFECTION

- Use hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.
- Use proven guidelines to prevent infection of the blood stream associated from central lines.
- Use proven guidelines to prevent surgical site infection.
- Use proven guidelines to prevent infections of the urinary tract caused by catheters.
- Use proven guidelines to prevent resistant organisms that cause infections that are difficult to treat.

- CLABSI bundle available in EMR. Remove central line as soon as possible.
- Limit the use of urinary catheters. Evaluate whether the patient meets the criteria for the Nurse-Driven Foley Removal Protocol in the acute care hospitals. Ask seven days a week about the need for the urinary catheter.



IDENTIFY PATIENT SAFETY RISKS

- Find out which patients are at risk for suicide.

- Screening assessments conducted during triage/admission. Implement suicide precautions for patients at risk such as placement on one to one observation, obtain psychiatry consult, placed in safe room environment (no cords, tubing, hangers, etc.).

UNIVERSAL PROTOCOL PREVENT WRONG SITE, WRONG PATIENT SURGERY

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.

- Use of pre-procedural check list to verify correct patient, correct procedure and correct site.
- Surgical site marking done prior to surgery to identify correct site/laterality for procedure.
- Procedure team pauses before commencement of procedure to review for agreement from all members of the team for correct patient identification, procedure, site.