Intermountain-led HEN Patient Safety Recommendations from Subject Matter Experts

"Just One Thing" Matrix

Updated with Strength of Evidence as reported by *AHRQ Making Health Care Safer II*
http://www.ahrq.gov/research/findings/evidence-based-reports/ptsafetyuptp.html

Blue	*High Evidence*
Yellow	*Moderate-high Evidence*
Green	*Moderate*
Pink	*Low level of evidence*

What to do for:	Getting Started	Working Harder	Ahead of the Curve
Early Elective Delivery	Identify administrative infrastructure for initiative including nursing and provider champions. Create improvement & education tools for all stakeholders including patients	Create a "hard stop" process to proactively address non-compliance by providers	Create infrastructure tools for monitoring, reporting, & enforcement
Patient Falls and Immobility	Implement standard Assessment tools, protocols and prevention strategies **(high level of evidence)**	Appoint "leads" to drive improvement & identify SWAT (or champion) teams that includes unit nurse **(high level of evidence)**	Implement decision algorithms and/or computerized decision support in the electronic medical record based on patient risk factors
Patient Readmissions	Transitional care providers capable of performing in-person visits (e.g. home, SNF) to selected patients following hospital discharge.	Pharmacist-led medication management (reconciliation, regimen streamlining at discharge; post-discharge follow up regarding medication access and side effects **(moderate level of evidence)**	Robust readmission risk stratification tools.
Pressure Injuries	Identify areas needing most attention & appoint a leadership supported "lead" to drive improvement & education SWAT (or champion) teams that includes unit nurse. **(moderate-high level of evidence)**	Adopt decision algorithms for RNs to select appropriate surfaces make decisions independently of surface decisions. **(moderate-high level of evidence)**	Establish monthly prevalence studies or incidence rates from electronic medical records then feed that data back to the SWAT teams. **(moderate-high level of evidence)**
Adverse Drug Events	Identify accountable teams to review all ADEs and work on performance improvement. **(moderate level of evidence)**	Build in automated medication administration alerts and processes, i.e., bar coding. **(low level of evidence)**	Automate ADE triggers and implement into pharmacy work flow with patient specific alerts.

HOSPITAL ENGAGEMENT NETWORK

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What to do for:	Getting Started	Working Harder	Ahead of the Curve
Venous Thrombo-embolism	Establish a functional, workflow friendly VTE ordering process at time of admission that complies with an institutionally agreed upon VTE prophylaxis program. **(high level of evidence)**	Develop feedback systems to ensure each patient has a VTE-P in place. **(high level of evidence)**	Develop a real-time VTE prophylaxis status monitoring system that allows prompt identification and correction of process gaps throughout the longitudinal course of the patient's hospital stay. **(high level of evidence)**
Surgical Site Infections	CMS Core Measures: Follow SCIP guidelines for antibiotic administration, hair removal and temperature control.	Provide feedback on SCIP compliance and SSI incidence to surgeons, and encourage accountability.	Monitor antibiotic re-dosing in prolonged operations.
Ventilator Acquired Pneumonia	Track and internally report/ publicize, patient-level compliance with four VAP bundle elements in each ICU. *supported by AHRQ "Making Health Care Safer" 2013 report **(high level of evidence)**	Integrate VAP prevention and surveillance measures as part of an ICU daily quality checklist. *supported by AHRQ "Making Health Care Safer" 2013 report **(high level of evidence)**	Implement automated head-of-bed elevation monitors with electronic alarms to alert ICU providers *supported by AHRQ "Making Health Care Safer" 2013 report **(high level of evidence)**
Central Line Associated Blood Stream Infections	Track institutional infection rates and implement the IHI central line bundle. **(high level of evidence)**	Measure compliance with the IHI bundle and focus on catheter maintenance: • Frequency and quality of dressing changes. • Scrubbing the hub of access ports. **(high level of evidence)**	Reducing access: • Bundling blood draws. • Appropriate IV to PO medication conversion. **(high level of evidence)**
Catheter Acquired Urinary Tract Infections	Adopt insertion and maintenance bundles. Inform all stakeholders of CAUTI definition and method used to identify. Provide monthly data to all nursing staff for CAUTI incidence. **(moderate-high level of evidence)**	In room audits to check for maintenance compliance with just in time feedback. Track CAUTI and review where inserted-utilize practice review/update or simulation for higher rates. **(moderate-high level of evidence)**	Nurse driven Foley catheter removal protocol. Drill down of each CAUTI for opportunity to improve. Share learning with practice council/standards team.

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