

## **National Patient Safety Goals / Universal Protocol**

### **Goal 1 - Identify patients correctly**

- Use at least 2 identifiers when providing care, treatment and services and giving medications. NEVER use the room number. Label specimens in the presence of patient.
- Match blood components to the order and to the patient using a 2 person verification. One person must be the transfusionist.

### **Goal 2 - Report critical results timely**

- Define the critical results / values.
- Evaluate the timeliness of reporting critical results of tests and diagnostic procedures.

### **Goal 3 - Improve the safety of using medications**

- Label all medications both on and off the sterile field as soon as it is prepared.
- Verify all medications are labeled both verbally and visually.

#### **Anticoagulation Therapy:**

- Use oral unit dose, pre-filled syringes and premixed infusions when available.
- Use approved protocols for initiation and maintenance of anticoagulant therapy.
- Educate prescribers, staff, patients/families

#### **Medication Reconciliation:**

- Compare the patients medications on admission to those orders while in the hospital.
- Provide a complete list of medications to the patient at discharge.
- Encourage patient to manage his/her medication list and give copy to primary care provider

### **Goal 7 - Reduce the risk of healthcare associated infections**

- Comply with WHO/CDC hand hygiene guidelines: wash hands, no artificial nails or overlays in clinical areas
- Implement evidence-based practices to prevent healthcare associated infections due to multi-drug resistant organisms
- Educate patients and their families who may be infected with a multi-drug resistant organism
- Provide multi-drug resistant organism process and outcome data to key stakeholders

- Implement best practices for preventing central line associated infections and surgical site infections; educate staff, LIP's, patients/families; provide infection rate data and outcome measures to key stakeholders
- Implement evidence-based practices for preventing surgical site infections; educate staff, LIP's, patients/families; provide process and outcome measure results to key stakeholders
- Implement evidence-based practices to prevent catheter-associated urinary tract infections (CAUTI); insert and manage according to guidelines; measure and monitor process and outcomes; full implementation by 1/1/13

### **Goal 15 - Identify patients at risk for suicide**

- Identify patients at risk for suicide using a risk assessment tool.
- Address patient's immediate safety needs.
- Provide information such as crisis hotline numbers to patients & their families for crisis situations.

### **Universal Protocol (UP):**

#### **UP - Conduct a preprocedure verification process**

- Verify that the correct procedure, for the correct patient, at the correct site with patient involvement if possible.
- Relevant documentation, any required blood products, implants, devices, special equipment, and relevant test results / images are present.

#### **UP - Mark the procedure site**

- Physician marks the operative site
- Marking is done with the patient's involvement if possible.
- Site marking is unambiguous and clearly visible even after site preparation.

#### **UP - Time Out**

- Initiated by a designated member of the procedure team.
- Involves all members of the team including the individual performing the procedure, anesthesia providers, circulating nurse, OR technician, and all other active participants.
- All members must agree to the correct patient identity, correct site, and correct procedure to be done
- Time-Out is documented.



## **National Patient Safety Goals: Target on Infections**

### **I. Prevention of Infections from Multi-Drug Resistant Organisms**

Multi-drug resistant organisms (MDROs) such as Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant *Enterococcus* (VRE), *Clostridium difficile* (C. diff), and other MDROs can cause serious illnesses in hospitalized patients.

To prevent acquisition and transmission of MDROs and to appropriately treat related infections, healthcare providers (HCP) must:

- Clean their hands before and after caring for every patient
- Follow Contact Precautions when caring for patients infected or colonized with MDROs
- Carefully clean their personal medical equipment
- Work with hospital staff to ensure that all vendor instruments/equipment is adequately processed before use
- Communicate patient MDRO history to hospital staff and consultants before admission
- Inform patients and their families about the MDRO and control measures
- Support facility screening and control programs
- Practice antibiotic stewardship to minimize development of antibiotic resistance

### **II. Prevention of Central Line-Associated Bloodstream Infections**

Implementing best practices in preventing central line-associated blood stream infections (CLABSI) has led to the adoption of the Institute for Healthcare Improvement (IHI) bundle for management of central lines. There are 5 key components to the bundle:

- Hand hygiene
- Maximal barrier precautions
- Chlorhexidine skin antisepsis
- Optimal catheter site selection to include avoiding the femoral vein in adult patients
- Daily review of line necessity with prompt removal of unnecessary lines

CHRISTUS Hospital has adopted a central line insertion checklist that will help validate implementation of these best practices.

### **III. Prevention of Surgical Site Infections**

Infections develop in about 1 to 3 out of every 100 patients who have surgery. Studies have shown that some groups of patients are more susceptible to surgical site infections (SSI) than others, such as geriatric, neonatal, and obese patients. In addition, those who have a history of smoking, poor nutritional status, pre-existing diseases and infections are at a greater risk of developing SSI.

The best defense against SSI is creating a clean/sterile environment during surgery. Proper hand washing, room disinfecting, instrument sterilization, skin preparation, length of surgical time, method of wound closure, and maintaining a “surgical conscience” help prevent contamination during surgery.

Prophylactic Antibiotic selection and preoperative administration (timing of infusion) has had a positive impact after certain types of surgery.

Proper postoperative wound care must also be maintained in the hospital and at home, to avoid infection. By increasing awareness and using proper technique these infections can be avoided.

## **INFECTION CONTROL**

The goals of Infection Control practices "surveillance, prevention, and control of infection" are to:

- < identify and reduce the risks of acquiring infections,
- < prevent transmission of infections among patients, healthcare workers, and visitors,
- < provide Surveillance and
- < Evaluate trends to help develop actions to improve prevention and control of infections.

### **Who is responsible for our Infection Control Program?**

Clinical Services Committee, Infection Prevention & Control department (Cindy Powers, Gerald Duhon and Connie Keeton, Surveillance). All Providers & Associates for policies and activities.

### **What is the nosocomial infection rate for your hospital?**

We have excellent outcomes. A hospital-wide infection rate is not reported. SBoth Hospitals do targeted surveillance such as; central-line related bacteremias, surgical site infections, Healthcare pneumonia related to ventilation, nosocomial incidence of MRSA, VRE, C. Diff. and infection rates for high risk units (ICU's). Most are well below national comparable data.

### **What activity do you do to prevent the spread of infection?**

Hand hygiene. Standard precautions, proper isolation technique, screening for TB, routine cleaning of patient care equipment. Special studies or actions: reducing post operative infection (CABG, Colon), ventilator associated pneumonia, discontinuation of line/invasive devices no longer needed, etc.

### **How do you report Infection Control issues/reportable disease?**

Leave an order to notify IC, phone, email, pager, face-to-face meetings, and section meetings.

**Other Infection Control projects:** MRSA reduction Team, WHO hand hygiene initiative, pandemic flu plan, product review, construction protection.

### **How is information given to physicians?**

Summary reports to section and other meetings, winfax to office if important impact for your practice, physician newsletter, annual reports for surgeons.

### **How do I order isolation?**

You may write the type of isolation or "isolate for (disease/suspect disease)" and we will begin the proper type of isolation and facilitate room change if necessary.

Please call if we can assist in discontinuation of isolation, reportable disease to proper authorities or to report any trends noted.

**For more information on Infection Control, contact Cindy Powers, Infection Control, ext. 3838.**