Patient Safety Improvement Solutions

Demo Tour

⊕ **Programs that *work* – tested and proven in health care organizations.**

⊕ **No investment of capital funds for hardware or software.**

⊕ **No additional staff required.**

HospitalPolicyNet.com

- Private corporation based in Safety Harbor, Florida. Together with HTSI, our on-site consulting corporation, Hospital Policy Net (HPNI) has been serving hospitals since 1988.

- Our exclusive focus is to design, create, test and publish and present *only survey-proven solutions*.

- Offering easy to implement, *common sense solutions – not mere opinions or confusing interpretations* – based on 1.6 million miles traveled to perform 700+ client hospital visits.

HospitalPolicyNet.com

⊕ **Introducing 8 sample Patient Safety Improvement (PSI) pages.**

⊕ **Your solutions are presented in easy to customize MS © Word, with additional contributions offered as Excel spreadsheets, Access databases, and PowerPoint presentations.**

⊕ **Save countless hours by enabling you to have all of your organization's Patient Safety answers and documentation at your fingertips.**

Falls Prevention Analysis

Transitional Care Unit
Falls Prevention Analysis and Improvement

An Excellent 95 Frame Fall Prevention Analysis Study is
Included In All Patient Safety Improvement 2 CD-ROM Sets

**95 slides demonstrating the Six Sigma methodology process in action.
Cost, risk and process analysis PI reports.**

PATIENT SAFETY IMPROVEMENT PROGRAM FEATURES

Our PSI Plan follows the Joint Commission format to the letter.

Universal and easy to customize policy header formats.

Institution Name / Logo		
Department / Function: Nursing	**Policy Number:**	**Policy Title:** Interdepartmental Patient Transfer / Hand-off Policy
Effective Date:	**Originator:**	**Approval:**
Revision Date:		

POLICY
Patients are matched with the level and type of care and services within the hospital that are most appropriate to their assessed needs. When transferred within the hospital, appropriate communication between the transferring and receiving patient care areas is to occur.

PURPOSE
To ensure the accurate and efficient transfer of the patient to a nursing unit or procedure area that is best able to meet the patient and family's physical, psychological and emotional needs. The patient or patient's family or legal guardian are informed as early as possible as to the condition that may result in transfer to a procedural area, another organization or level of care, alternatives to transfer, if any, the basis for discharge, and the anticipated need for care post discharge.

RESPONSIBILITY
Attending physician, Registered Nurse, LPN

EQUIPMENT
Transfer Summary, ID Plate, patient chart, patient medications and transfer check list if applicable.

PROCEDURE

Anticoagulation Therapy Answers

The latest knowledge- and experience-based policies, resulting from our team's extensive research in scores of leading hospitals in the nation.

We did the research and policy development -- so you don't have to.

Institution Name / Logo		Intranet Reference / ID	
Department / Function: Pharmacy	Policy Number:	Policy Title: Anticoagulation Guidelines	
Effective Date: Revision Date:	Originator:	Approval:	

INDICATION	INR
Orthopedic	
Total Hip and Knee Arthroplasty	1.8 – 2.5
Hip Fracture	1.8 – 2.5
Cardiology	
Atrial Fibrillation	2.0 – 3.0
Cardiomyopathy	2.0 – 3.0
Myocardial Infarction	2.0 – 3.0
Bioprosthetic Heart Valve	2.5 – 3.0
Mechanical Valve Replacement	2.5 – 3.5
Treatment of Venous Thrombosis	
Deep Vein Thrombosis	2.0 – 3.0
Pulmonary Embolism	2.0 – 3.0

INITIAL DOSE OF WARFARIN
Orthopedic for INR range of 1.8 – 2.5
Men: 5 mg (7.5 mg if < 60 years old >240 lbs)
Women: 5 mg (2.5 mg if > 80 years old or interacting medications)

All Falls-related assessment / scoring forms, intervention guidelines, unit safety tour checklist, and PI measures embedded in the policy.

Institution Name / Logo		Intranet Reference / ID	
Department / Function: Nursing and Patient Care / Patient Safety	**Policy Number:**	**Policy Title:** **GUIDELINES:** Falls Prevention Assessment Policy	
Effective Date: **Revision Date:**	**Originator:** Patient Safety Committee Nursing Services	**Approval:**	

POLICY

This policy represents the identification criteria by which all patients will be assessed, upon admission to an inpatient care unit, to determine the potential for them to slip and fall during their hospitalization. It is through early identification of all risk factors that may predispose the patient to fall, that we will formalize fall precaution plan to further protect our patients from harm.

The Fall Risk Assessment Form is to be completed on all patients as an integral part of the initial nursing assessment. The separate Fall Risk Assessment Form (Appendix A) is appended to the initial nursing admission database form and completed during the admission nursing assessment of the patient upon admission.

(Appendix A) Fall Risk Assessment Tool

PURPOSE
To establish a framework for assessing risk factors to prevent patient falls, reducing the risk for falling, and protecting patients from injury if a fall should occur, through:

- Early identification of patients who are at risk for falls and fall related injures;
- Provide a safe environment to minimize the risk for falls throughout the patient's hospitalization;
- Prompt assessment and treatment of fall related injuries.

We developed a two-level Critical Values response system.

Not all critical test results require STAT responses – especially at 3:00 AM.

Institution Name / Logo		Intranet Reference / ID	
Department / Function: Diagnostics & Laboratory Services/ Patient Safety	Policy Number:	Policy Title: Critical Test Results Policy	
Effective Date:	Originator:	Approval:	
Revision Date:			

DEFINITION

A critical diagnostic test or panic value is any value defined by the Medical Director of the Department and approved by the Medical Staff to be outside the normal range for the patient's age and sex for which lack of intervention and control may result in harm to the patient.

PREFACE

The policy presented below has been written to designate universal timeframes for a medical center to respond to laboratory, diagnostics and respiratory critical test results. (continued in actual policy)

TEST / ANALYTE	LEVEL ONE	LEVEL TWO
Troponin T	>12mcg/ml for first instance	No repeat calls for critical values within 1 week
Magnesium	<1 or >5 for first instance	Not first instance, complete alert within 8 hours
Hematocrit	< 15% (inpatients) <25% or >60% (outpatients)	No repeat calls for critical values within 3 months
Cryptococcal antigen (CSF or Blood)	Positive for first instance	No repeat calls unless significant increase (4 fold)

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Infection Control Patient Safety Improvement

More and more, the Joint Commission, CMS, IHI, APIC and other leading infection control authoritative bodies are looking to our IC leaders to do all possible to increase hand hygiene compliance, reduce central line, blood stream and surgical infections and battle back the impact that MRSA, VRE and the flu is thrusting upon our communities and our nurses.

Our Infection Control and Prevention PSI Collection contains over 30 IC plans, policies and forms to help you quickly meet the National Patient Safety Goals that are challenging your hospital. Our reduced cost collection also includes the complete PSI Dashboard with all organization-wide NPSG PI indicators, naturally including those that are infection control-based.

| Access	Risk Management Contributions to Patient Safety Improvement	Resp	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2004 Totals
RM01	Total number incidents	RM	81	66	70	72	83	67	84	97	95	96	84	96	991
RM01A	Rate / 1000 adjusted patient days	RM	11%	12%	10%	12%	13%	11%	14%	17%	16%	15%	14%	0%	14%
RM02	Total number non-patient/visitor incidents	RM	4	4	5	1	3	0	3	1	2	6	5	5	39
	FALLS RELATED														
RM02A	Visitor falls	RM	4	4	5	1	3	0	3	0	2	3	3	5	33
RM02B	Number of patient falls (Total)	RM	25	24	25	20	22	24	23	31	31	22	33	31	311
RM02C	Home Health/Hospice falls	RM	0	0	0	0	0	0	0	0	0	0	0	0	0
RM02D	Rehab falls	RM	6	5	5	2	3	0	9	5	8	3	3	4	53
RM02E	Outpatient falls	RM	2	0	1	0	1	0	0	2	1	1	5	3	16
RM03	Patient Falls rate (# /1000 adjusted patient days)	RM	3.9%	4.1%	3.9%	3.6%	3.9%	4.3%	4.2%	5.8%	5.6%	3.8%	6.0%	5.8%	4.60%
RM03A	Attended / injury	RM	2	1	1	0	1	3	1	1	0	0	0	1	11
RM03B	Attended / no injury	RM	2	3	2	3	2	2	2	3	1	1	3	1	25
RM03C	Unattended / injury	RM	10	8	4	5	6	3	6	6	11	8	6	10	83
RM03D	Unattended / no injury	RM	11	12	17	12	13	16	14	21	17	13	24	19	189
	MEDICATION RELATED														
RM04	Number of medication incidents	RM	77	31	21	15	10	6	22	38	16	16	10	21	299
RM04A	Rate / 100 adjusted patient days	RM	1.1%	0.5%	0.3%	0.2%	0.2%	0.1%	0.4%	0.7%	0.3%	0.3%	0.2%	0.3%	0.4%
RM04B	Incorrect medications	RM	0	0	0	0	0	0	0	0	0	0	0	0	0
RM04C	Incorrect dose / rate	RM	1	2	2	4	1	0	4	5	2	3	1	0	25
RM04D	Incorrect administration / route	RM	1	2	2	0	0	0	0	0	0	0	0	0	5
RM04E	Wrong patient	RM	0	2	2	4	3	1	0	0	1	0	1	3	17
RM04F	Omitted dose	RM	60	19	8	2	6	1	5	25	7	4	1	8	146
RM04G	RM04G. Wrong time / delay	RM	0	0	1	0	0	0	0	0	0	1	2	1	5
RM04H	Transcription error	RM	0	0	0	0	0	0	0	0	0	0	2	0	2
RM04I	Pharmacy related	RM	1	0	0	1	0	0	3	2	3	1	0	2	13
RM04J	Unauthorized drug	RM	7	5	4	2	0	1	4	2	3	4	3	3	38
RM04K	Adverse drug reactions	RM	19	15	32	15	17	12	8	19	24	21	24	24	198
RM05	Number of General IV related incidents	RM	1	1	1	0	3	0	1	1	3	0	1	3	15
	SURGERY RELATED														
RM06	Number of operative / invasive procedures	RM	1602	1603	1989	1856	1660	1816	1758	1849	1729	1752	1740	1921	21275
RM06A	Rate / 1000 adjusted patient days	RM	23%	26%	30%	30%	27%	31%	30%	32%	28%	28%	29%	34%	29%
RM06B	Number of surgical cases	RM	1047	1054	1323	1240	1095	1217	1188	1229	1171	1162	1179	1257	14162
RM06C	Inconsistent counts	RM	3	1	1	0	1	2	0	1	1	3	1	1	15
RM06C1	Needle	RM	1	1	1	0	0	0	0	0	1	1	1	1	7

2004 PS Dashboard Summary | 2004 National PS Goals | Risk Management | Infection Control | Pharmacy | EC - Safety | Human Resources

PATIENT SAFETY IMPROVEMENT PI DASHBOARD – Sample Data

Over 150 PS Critical Success Measures defined, explained, and set up to capture your 12-month track record in an MS Excel worksheet.
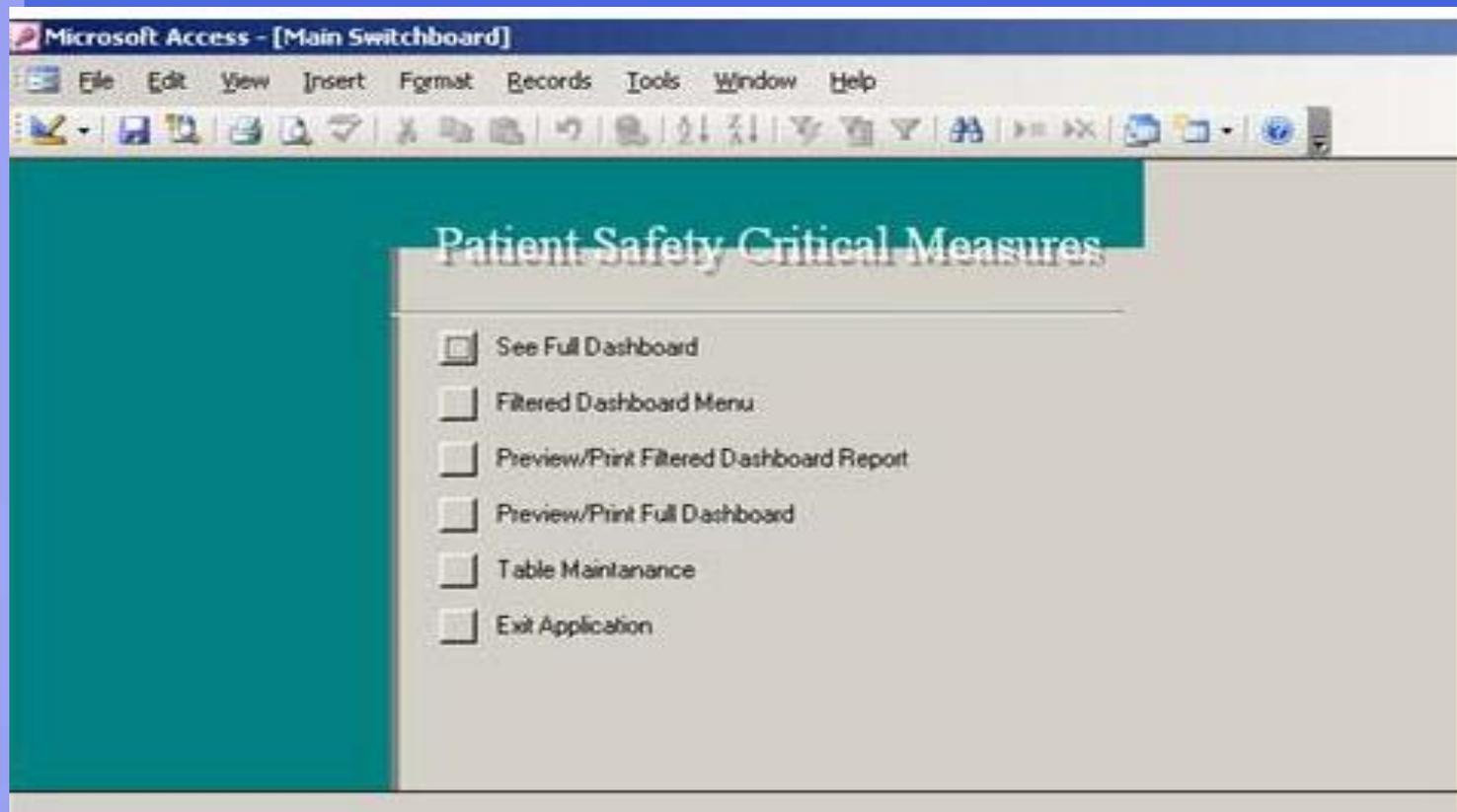
PSI Dashboard in ACCESS Database

Created in MS© Access, this switchboard automatically converts the Excel PSI spreadsheet to a powerful, interactive tool enabling your PS team to enter data from their desks.
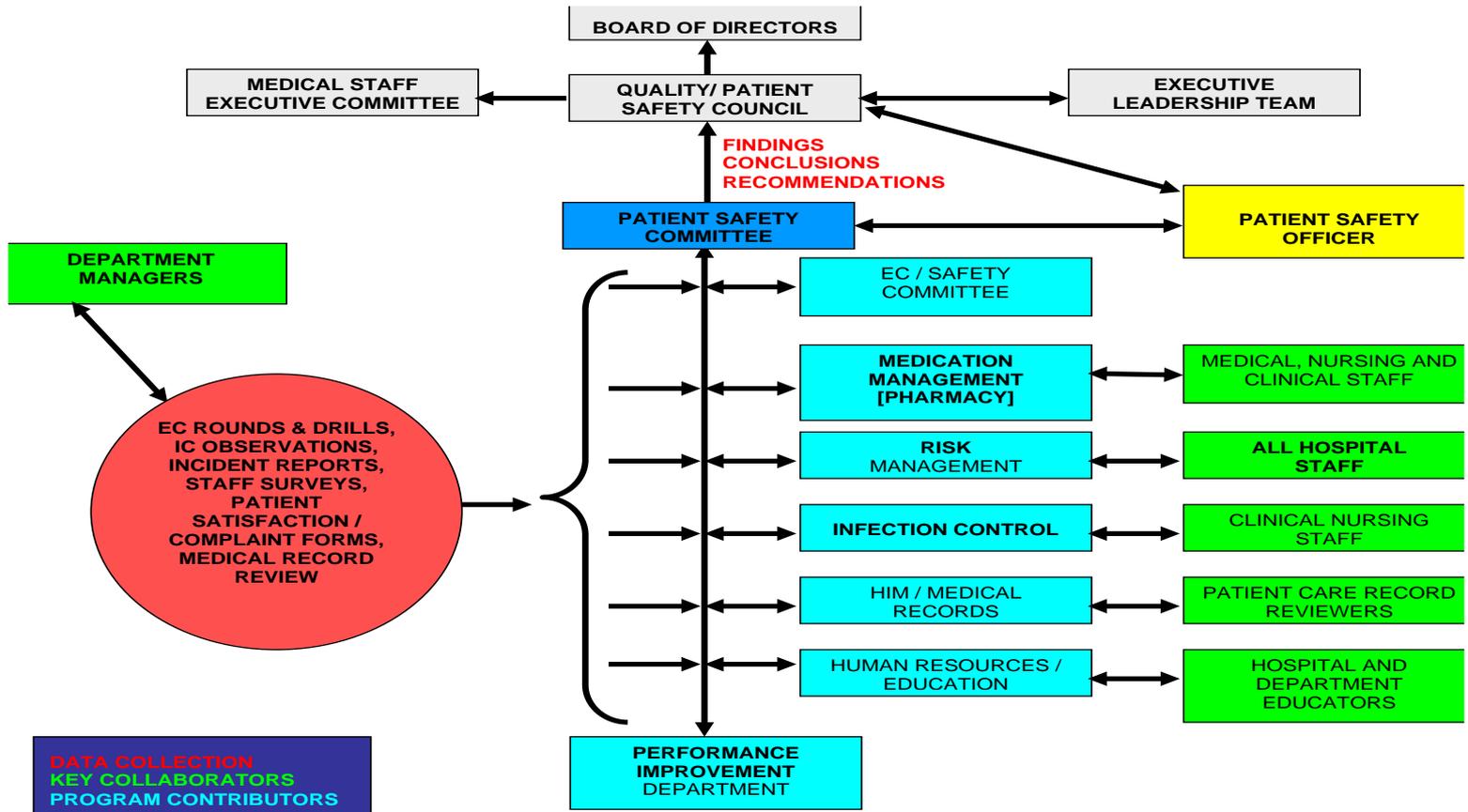
Define the interrelationships of ALL the hospital's key contributors to patient safety improvement on a single page.

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If experienced help and training are needed:

± Our on-site Joint Commission & CMS preparation services have helped hundreds of hospitals since 1988. Call 1.800.749.7144 for a free consultation.
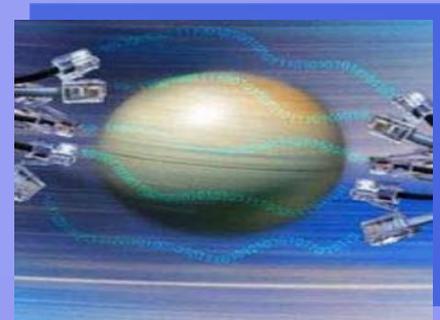
If better answers, plans, policies, forms and PI Dashboards are needed:

± Available in immediate download

± Free 48-hour shipping on CD-ROM

± Multiple product discounts to hospitals and PSI equipment vendors

HospitalPolicyNet.com

Please contact Hospital Policy Net and request a sample of your choice.

1.800.749.7144

⇪**Sample Request**

Thank you