New York State Partnership for Patients

Accelerating Improvement
Patient Safety Commitments

Team Planning Worksheet

PATIENT SAFETY COMMITMENTS	KEY STRATEGIES	HOSPITAL-ACQUIRED COMPLICATIONS IMPACTED
Expand Interdisciplinary Teams to Include Clinical Pharmacists to Reduce Adverse Events	• Include pharmacists in the medication reconciliation process on admission and at discharge. • Convene a pharmacy-driven anticoagulation management team. • Convene a pharmacy-driven insulin management team.	• Preventable Readmissions • Adverse Drug Events (ADE) • Venous Thromboembolism (VTE) • Injuries From Falls and Immobility

Implement "Hard Stops" or Reliable "Soft Stops" for Hardwiring Quality and Patient Safety Processes	• Early Elective Delivery Hard Stop: Implement a hard stop policy when an attempt is made to schedule an elective delivery in women of 36 0/7 to 38 6/7 weeks gestation without a medical or obstetrical indication.
	• Catheter-associated Urinary Tract Infections (CAUTI) Hard Stop: Implement hard stop policies for catheter insertion that is not medically necessary and timely discontinuation. Essential elements of the policies should include:
	  ◦ assurance that all emergency department insertions are medically necessary;
	  ◦ requirement of ongoing nursing assessment of the need for a line/catheter including at the time of transfer (example: transfer out of critical care or the operating room with prompt discontinuation protocol); and
	  ◦ implement a physician-ordered, nurse-driven catheter removal protocol.
	• Medication Management Hard Stop: Implement a hard stop to eliminate all discrepancies before finalizing medication reconciliation at discharge.
		• Early Elective Delivery (EED)
		• CAUTI
		• Central Line-associated Bloodstream Infections (CLABSI)
		• ADE
		• Preventable Readmissions

PATIENT SAFETY COMMITMENTS	KEY STRATEGIES	HOSPITAL-ACQUIRED COMPLICATIONS IMPACTED
Adopt, Implement, and Effectively Use a Safe Surgery Checklist That Includes a Brief and Debrief with the Full Team	• Ensure that the hospital's Safe Surgery Checklist (SSC) is up to date and includes processes for pre-, intra-, and post- surgery phases. SSC should include the SSI bundle elements and should address antibiotics, normothermia, glucose control, and any other potential complication risks. • Implement a process for comprehensive pre-operative briefs with the full team. • Institute a process for timely and comprehensive debriefing that includes the entire team. • Promote the adoption and use of critical language to encourage a culture of patient safety (i.e., TeamSTEPPS).	• Surgical Site Infections (SSI) • CAUTI • Injuries From Falls and Immobility • ADE • Pressure Ulcers (PU)
Promote Innovative Practices in Ventilator Care and Management to Prevent Harm	• Implement protocols to mobilize or increase the activity level of patients on a ventilator. • Implement protocols to reduce or eliminate the use of sedation. • Promote effective use of medications for pain management.	• Ventilator-associated Events (VAE) • ADE • PU
Implement Patient-Centered Practices to Improve Patients' Experience of Care	• Use white boards as a shared communication tool. • Implement a process that includes patients and families in bedside reports. • Implement purposeful rounding. • Utilize rounding for periodic leadership safety review, discharge planning, etc. • Adopt and implement daily goal worksheets. • Develop and implement protocols for structured hand-offs. • Perform daily high-risk and prevention assessments. • Promote the use of critical language to encourage a culture of patient safety (i.e., TeamSTEPPS).	• Injuries From Falls and Immobility • PU • Preventable Readmissions • CAUTI • CLABSI