

NO HARM ACROSS THE BOARD

For internal use only

EMERGENCY DEPARTMENT GAP ANALYSIS

BEST PRACTICES	FOCUS AREAS AND PREVENTION STRATEGIES		APPLICATION OF STRATEGIES				ACTION PLAN FOR IMPROVEMENT (Who, What, Where, and by When)
			Always	Usually	Sometimes	Never	
Evidence-Based Risk-Assessments & Screening Tools	Early Identification of Severe Sepsis and Septic Shock						
	Falls/Falls with Injury						
	Pressure Ulcer (PU)/Skin Breakdown						
	Readmissions						
	Venous Thromboembolism (VTE)						
Protocols	Evidence-Based Protocol to Prevent Over-Utilization, Including Medical Necessity Criteria for:	Indwelling Urinary Catheter					
	Evidence-Based Insertion Protocols Used for:	Indwelling Urinary Catheter					
		Central Line					
	Evidence-Based Infection Prevention Protocols Used for:	Environmental Cleaning					
		Staff/Patient Protection (e.g., PPE, Cohorting, Handwashing)					
	Evidence-Based Prevention/Treatment Protocols Used for:	CAUTI (maintenance)					
		CLABSI (maintenance)					
		Falls					
		PU					
		Readmission					
Severe Sepsis and Septic Shock							
VTE							

BEST PRACTICES	FOCUS AREAS AND PREVENTION STRATEGIES	APPLICATION OF STRATEGIES				ACTION PLAN FOR IMPROVEMENT (Who, What, Where, and by When)
		Always	Usually	Sometimes	Never	
Medication Management	Process Exists to Obtain and Document a Complete List of Current Medications					
	Process Exists for Conducting Medication Reconciliation					
	Process Exists for Identifying Patients Who Are on High-Alert Medications (e.g., Anticoagulants, Insulin, and Opioids)					
	Process Exists for Identifying Potentially Dangerous Drug Interactions					
Handoff Process	Standardized Handoff Process In Place When Transitioning a Patient to Another Area, Department, or Unit (e.g. Nurse-to-Nurse, Physician-to-Physician Handoffs)					
	Standardized Process Exists for Documenting Handoffs					
Discharge Planning/ Readmission Prevention	Standard Process Exists for Early Case Management/Discharge Planning Consultations or Referrals					
	Process Exists to Ensure There Is a Timely and Effective Handoff to the Next Provider and Document the Handoff					
	Process Exists to Ensure that the Patient and Caregiver Comprehend Discharge Instructions and Plan					
	Process Exists to Discuss Alternatives to Admissions with the Admitting Provider (PCP or Hospitalist) and Case Management (e.g., Observation, Home Care, Long Term Care, etc.)					



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