



Army Patient Safety Center

HQ, Army Medical Command
Quality Management Division
Fort Sam Houston, TX 78234

Jan 2010

What is Patient Safety?



- Patient Safety is the identification and control of hazards that could cause harm to patients
- Patient Safety is the prevention of harm or injury to patients
- Patient Safety includes actions undertaken by patients and staff to protect patients from being harmed by the effects of health care services



Patient Safety: What is the Problem?

- 1.5 million harmed/year from **medication errors**; 7000 deaths/year (IOM, 2006)
- 2.5 million patients treated for **pressure ulcers**/year in U.S. acute care facilities; flat incidence over past several years (AHRQ, 2008)
- 2.2-7 **falls**/1000 bed days in acute care per year; 29-48% with injury; 7.5% with serious injury (Morse)
- **Hospital-acquired infections**: 5 infections per 1,000 acute care patient-days (> 2 million cases/year); doubles the mortality and morbidity risks of any admitted patient (NNISS)

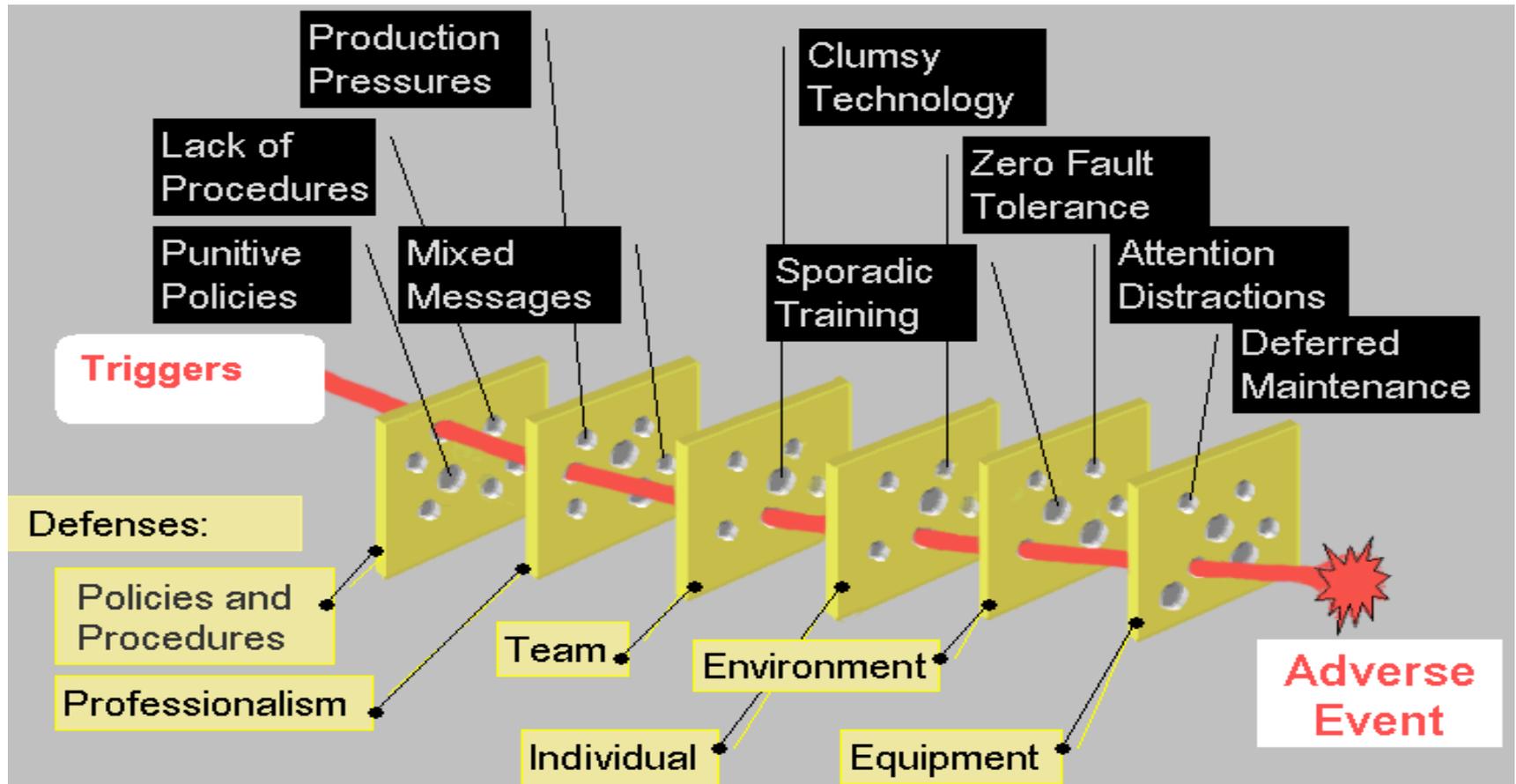
Patient Safety: What is the Cost?



- \$37.6 billion year; \$17 billion costs associated with **preventable errors**; 50% of the \$17 million are for direct health costs
- \$3.5 million estimated to treat **drug-related injuries** occurring in hospitals
- Avg. cost of **pressure ulcer**: \$2,731 (Xakellis and Frantz, 1996)
 - Stage II - \$1,119
 - Stage III and IV - \$10,185
- Avg. cost of **nosocomial infection**: \$15-40K (Roberts et al, 2003; Zhan and Miller, 2003)
- Avg. cost of **fall with injury** - \$4,233 (Bates, 1995)



Multi-Causal Theory “Swiss Cheese” Diagram



Patient Safety – Past



- 1999 – IOM Report “To Err is Human”
 - 98,000 preventable deaths yearly
 - National cost per year \$17-29 billion
 - 10-35% of the patients suffer from preventable adverse drug events
 - Nosocomial infections results in \$2 million and 90,000 deaths per year

Patient Safety Program



- National Defense Authorization Act 2001
 - Sections 742 and 754
 - Establish centralized patient care error reporting and management system
 - Study errors, identify systemic factors, and provide corrective actions
 - Expand Teamwork Training



Patient Safety – Present

- DoD 6025.13 (June 2004) - Currently in Revision
 - Patient Safety Center
 - Maintain DoD Patient Safety Registry
 - Review and analyze events, near misses, and RCAs
 - Create quarterly reports
 - Program
 - Coordinate, promote, and perform research in support of the DoD Patient Safety Program

Patient Safety - Present



- “Despite best efforts, serious quality and safety problems persist”
- “Routine safety processes break down”
- “Bad things still happen in good hospitals”

Dr. Mark R. Chassin, MD, MPP, MPH
President, The Joint Commission



Army Patient Safety Program

- **Mission**

Establish an environment of trust, transparency, teamwork and communication to facilitate an interdisciplinary proactive approach to improving safety and preventing adverse events.

- **Vision**

An integrated, responsive and proactive Patient Safety Program that facilitates the critical concepts of a Patient Safety culture.



Army Patient Safety Program

- **Goals:**
 - Engage leadership at all levels to foster a culture of Patient Safety
 - Analyze AMEDD Patient Safety cultural elements to drive program initiatives
 - Integrate teamwork concepts, knowledge, skills and attitudes to improve the quality of Patient Safety
 - Provide facilities with meaningful and useful data to identify safe practices, to mitigate potential risks and hazards and to improve clinical outcomes



Leadership Engagement

- Leadership is critical to the success of Patient Safety
- Joint Commission Sentinel Event Alert
 - August 2008
- Designate time for Patient Safety activities
 - Brief Command group
 - Patient safety rounds
- Patient Safety education at leadership schools

Patient Safety Culture



- Patient centered care
- Focus on systems and processes
- Emphasis on reporting events
- Non-punitive approach
- Trust
- Communication
- Assess Patient Safety culture
 - DoD Patient Safety Culture Survey



Teams and Team Training

- Safe healthcare requires teamwork
- Characteristics
 - Develop appropriate authority gradients
 - Trust
 - Effective communication
- Strategies
 - TeamSTEPPS concept
 - Encourage staff to Speak Up
 - Effective introductions and debriefings
 - SBAR to improve communications



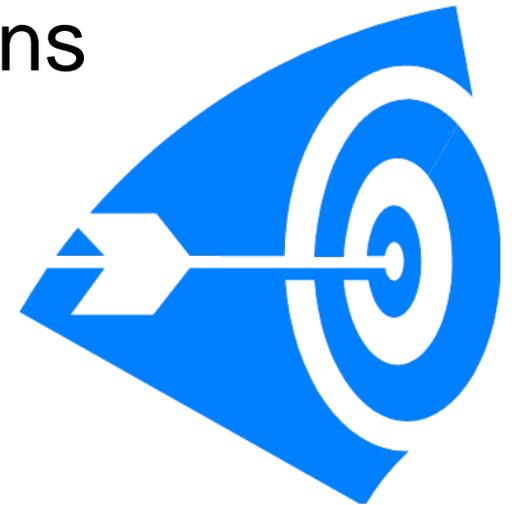
Event Reporting & Analysis

- Fundamental component of Patient Safety
- Encourage reporting of events
- Provide Feedback
- JAMRS, MSR, DMSR, Form 4106, e-4106
- DoD Patient Safety Reporting (PSR Tool)
 - Web-based, Intuitive
 - Initial Deployment - February 2010
 - Kimbrough ACH, Martin ACH, Madigan AMC
 - Full Deployment – September 2010



National Patient Safety Goals

- Patient identification
- Communication
- Medication safety
- Healthcare-associated infections
- Medication reconciliation
- Identify patients at risk
- Universal protocol





Two Patient Identifier

- Mandatory Use of Full Patient Name and Date of Birth for Patient Identification
 - MEDCOM Memo,
 - Dated: 27 Mar 2007
 - Patient Identifiers:
 - Full Patient Name
 - Date of Birth
 - Local policy to address identification of patients not covered in the memorandum



Hospital-Acquired Infections

- Central Line Associated Blood Stream Infections (CLABSI)
 - MEDCOM Policy 07-044
 - CLABSI Bundle *
 - Hand Hygiene
 - Maximal Barrier Precautions
 - Persons & Patient
 - Chlorhexidene Skin Antisepsis
 - Optimal Catheter Site Selection
 - Daily Review of Line Necessity
 - Data Collection
 - Bundle Compliance & Infection Rate

* Institute for Healthcare Improvement recommendations



Hospital-Acquired Infections

- Ventilator-Associated Pneumonia (VAP)
 - MEDCOM Policy 09-051
 - VAP Bundle *
 - Elevating head of patient's bed to between 30 and 45 degrees
 - Daily “sedation interruption” and daily assessment of readiness to extubate
 - Administration of peptic ulcer disease prophylaxis
 - Administration of deep venous thrombosis prophylaxis
 - ** Comprehensive oral care
 - Data Collection
 - Bundle Compliance & Infection Rate

* Institute for Healthcare Improvement recommendations

** Not part of the IHI bundle recommendations

Universal Protocol



- Universal Protocol: Procedure Verification Policy
 - MEDCOM Regulation 40-54
 - Three components:
 - Pre-operative/pre-procedural verification
 - Marking of the operative/procedural site
 - Time-Out for all surgeries or procedures
 - Documentation is required using:
 - MEDCOM Form 741: Universal Protocol: Procedure Verification Checklist
 - MEDCOM Form 741-1: Non-OR Procedure Verification Checklist



Army PSC Webpage



U.S. ARMY MEDICAL DEPARTMENT
Office Of Quality Management

Musculoskeletal Tools

PATIENT SAFETY

Mission/Vision | Program Goals

MISSION:
Establish an environment of trust, transparency, teamwork and communication to facilitate an interdisciplinary proactive approach to improving safety and preventing adverse events.

VISION:
An integrated, responsive and proactive Patient Safety Program that facilitates the critical concepts of a patient safety culture.

PROGRAM

- Patient Safety Home
- Patient Safety Basics
- National PS Goals
- Sentinel Event/RCA
- TeamSTEPPS
- ACOP
- Dental PS
- Medication Safety
- Patient Safety Culture
- Policies
- Resources
- National PS Week
- Helpful Links
- Videos
- Tools
- OMO Home Page

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