Army Patient Safety Center

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

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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)
$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

Reason, 1991
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

  – 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
Information Flow

Office of the Chief Medical Officer
Patient Safety Division/Program Office

DoD Patient Safety Center
Patient Safety Registry

DoD Patient Safety Center
Patient Safety Registry

Initial Data:
JAMRS
MSRs
RCAs
FMEAs

Quarterly, Annual, Focused Reviews, Alerts, Advisories

AF HQ Rep
Army HQ Rep
Navy HQ Rep

Reports

Healthcare Team Coordination Program (HCTCP)

Patient Safety Planning & Coordinating Committee

Reports

Feedback

Draft Reports

Reports

Reports

Reports

Air Force MTFs
Army MTFs
Navy MTFs

Patient Safety Tools – MEDMARX Analysis and Reporting
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
    - Chlorhexidine 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
MEDCOM Patient Safety Team

Manager – LTC Jorge D. Carrillo
Nurse Consultant – Marcia Harmon
Nurse Consultant – Cheryl Brown
Nurse Consultant – Robbie Sjelin
Senior Systems Analyst – Dana Rocha
Database Administrator – Ben Solomon
Senior Systems Analyst – James Wedgeworth
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