

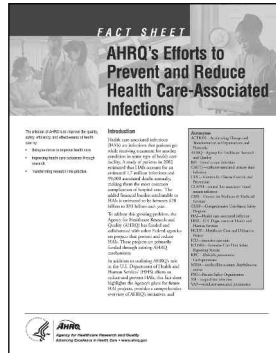


10 Patient Safety Tips for Hospitals

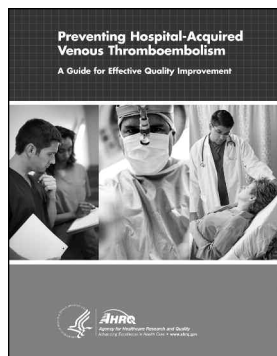
Medical errors may occur in different health care settings, and those that happen in hospitals can have serious consequences. The Agency for Healthcare Research and Quality (AHRQ), which has sponsored hundreds of patient safety research and implementation projects, offers these 10 evidence-based tips to prevent adverse events from occurring in your hospital. Ordering information and links to free AHRQ tools are also provided.

1. Prevent central line-associated blood stream infections.

Be vigilant preventing central line-associated blood stream infections by taking five steps every time a central venous catheter is inserted: wash your hands, use full-barrier precautions, clean the skin with chlorhexidine, avoid femoral lines, and remove unnecessary lines. Taking these steps consistently reduced this type of deadly health care-associated infection to zero in a study at more than 100 large and small hospitals.ⁱ Additional AHRQ resources on preventing health care-associated infections are available at <http://www.ahrq.gov/qual/hais.htm>.



2. Re-engineer hospital discharges. Reduce potentially preventable readmissions by assigning a staff member to work closely with patients and other staff to reconcile medications and schedule necessary followup medical appointments. Create a simple, easy-to-understand discharge plan for each patient that contains a medication schedule, a record of all upcoming medical appointments, and names and phone numbers of whom to call if a problem arises. AHRQ-funded research shows that taking these steps can help reduce potentially preventable readmissions by 30 percent.ⁱⁱ An online toolkit is available at <http://www.bu.edu/fammed/projectred/>.

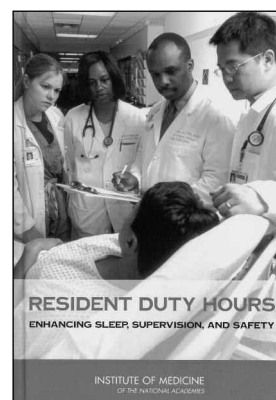
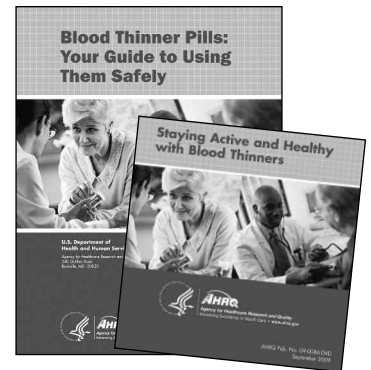


3. Prevent venous thromboembolism. Eliminate hospital-acquired venous thromboembolism (VTE), the most common cause of preventable hospital deaths, by using an evidence-based guide to create a VTE protocol. This free guide explains how to take essential first steps, lay out the

evidence and identify best practices, analyze care delivery, track performance with metrics, layer interventions, and continue to improve. Ordering information for *Preventing Hospital-Acquired Venous Thromboembolism: A Guide for Effective Quality Improvement* (AHRQ Publication No. 08-0075) is available at <http://www.ahrq.gov/qual/vtguide/>.

4. Educate patients about using blood thinners safely.

Patients who have had surgery often leave the hospital with a new prescription for a blood thinner, such as warfarin (brand name: Coumadin[®]), to keep them from developing dangerous blood clots. However, if used incorrectly, blood thinners can cause uncontrollable bleeding and are among the top causes of adverse drug events. A free 10-minute patient education video and companion 24-page booklet, both in English and Spanish, help patients understand what to expect when taking these medicines. Ordering information for *Staying Active and Healthy with Blood Thinners* (AHRQ Publication No. 09-0086-DVD) and *Blood Thinner Pills: Your Guide to Using Them Safely* (AHRQ Publication No. 09-0086-C) is available at <http://www.ahrq.gov/consumer/btpills.htm>.



5. Limit shift durations for medical residents and other hospital staff if possible.

Evidence shows that acute and chronically fatigued medical residents are more likely to make mistakes. Ensure that residents get ample sleep and adhere to 80-hour workweek limits. Residents who work 30-hour shifts should only treat patients for up to 16 hours and



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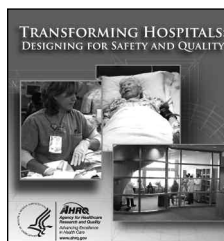
PATIENT SAFETY

should have a 5-hour protected sleep period between 10 p.m. and 8 a.m.ⁱⁱⁱ *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety* is available at http://books.nap.edu/openbook.php?record_id=12508&page=R1.



6. Consider working with a Patient Safety Organization. Report and share patient safety information with Patient Safety Organizations (PSOs) to help others avoid preventable errors. By providing both privilege and confidentiality, PSOs create a secure environment where clinicians and health care organizations can use common formats to collect, aggregate, and analyze data that can improve quality by identifying and reducing the risks and hazards associated with patient care. Information on PSOs and Common Formats is available at <http://www.pso.ahrq.gov/>.

7. Use good hospital design principles. Follow evidence-based principles for hospital design to improve patient safety and quality. Prevent patient falls by providing well-designed patient rooms and bathrooms and creating decentralized nurses' stations that allow easy access to patients. Reduce infections by offering single-bed rooms, improving air filtration systems, and providing multiple convenient locations for hand washing. Prevent medication errors by offering pharmacists well-lit, quiet, private spaces so they can fill prescriptions without distractions. Ordering information for a free 50-minute DVD, *Transforming Hospitals: Designing for Safety and Quality* (AHRQ Publication No. 07-0076-DVD), is available at <http://www.ahrq.gov/qual/transform.htm>.



8. Measure your hospital's patient safety culture. Survey hospital staff to assess your facility's patient safety culture. AHRQ's free *Hospital Survey on Patient Safety Culture* and related materials are designed to provide tools for improving the patient safety culture, evaluating the impact of interventions, and tracking changes over time. If your health system includes nursing homes or ambulatory care medical groups, share culture surveys customized for those settings. Free patient safety culture surveys for hospitals (AHRQ Publication No. 04-0041), nursing homes (AHRQ Publication No. 08-0060), and medical offices

(AHRQ Publication No. 08(09)-0059) are available at <http://www.ahrq.gov/qual/patientsafetyculture/>.

9. Build better teams and rapid response systems. Train hospital staff to communicate effectively as a team. A free, customizable toolkit called TeamSTEPPS™, which stands for Team Strategies and Tools to Enhance Performance and Patient Safety, provides evidence-based techniques for promoting effective communication and other teamwork skills among staff in various units or as part of rapid response teams. Materials can be tailored to any health care setting, from emergency departments to ambulatory clinics. A free 2 ½-day train-the-trainer course is currently being offered in five locations nationwide. Ordering information for the TeamSTEPPS Multimedia Resource Kit (AHRQ Publication No. 06-0020-3) and information on the training sessions are available at <http://teamstepps.ahrq.gov/index.htm>.



10. Insert chest tubes safely. Remember UWET when inserting chest tubes. The easy-to-remember mnemonic is based on a universal protocol from the Joint Commission and stands for: **U**niversal Precautions (achieved by using sterile cap, mask, gown, and gloves); **W**ider skin prep; **E**xtensive draping; and **T**ray positioning. A free 11-minute DVD provides video excerpts of 50 actual chest tube insertions to illustrate problems that can occur during the procedure. Ordering information for *Problems and Prevention: Chest Tube Insertion* (AHRQ Publication No. 06-0069-DVD) is available at <http://www.ahrq.gov/qual/chesttubes.htm>.

For free copies of AHRQ tools, please call the AHRQ Publications Clearinghouse at 1-800-358-9295.

ⁱ Pronovost P, Needham D, Berenholtz S, Sinopoli D, Chu H, Cosgrove S, Sexton B, Hyzy R, Welsh R, Roth G, Bander J, Kepros J, Goeschel C. An intervention to decrease catheter-related bloodstream infections in the ICU. *N Engl J Med* 2006 Dec 28;355(26):2725-32.

ⁱⁱ Jack BW, Chetty VK, Anthony D, Greenwald JL, Sanchez GM, Johnson AE, Forsythe SR, O'Donnell JK, Paasche-Orlow MK, Manasseh C, Martin S, Culpepper L. A reengineered hospital discharge program to decrease rehospitalization: a randomized trial. *Ann Intern Med* 2009 Feb 3;150(3):178-87.

ⁱⁱⁱ Institute of Medicine, 2009. *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*. Washington, DC: The National Academies Press.