

NO HARM ACROSS THE BOARD

For internal use only

MEDICAL/SURGICAL UNIT-LEVEL 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	Falls/Falls with Injury						
	Potential Clinical Deterioration Identified (e.g., Severe Sepsis/Septic Shock)						
	Pressure Ulcer (PU)/Skin Breakdown						
	Readmissions						
	Venous Thromboembolism (VTE)						
Protocols	Evidence-Based Insertion and Maintenance Protocols, Including Using Alternatives for:	Indwelling Urinary Catheters					
		Central Lines					
	Criteria for Review of Continued Necessity of:	Indwelling Urinary Catheters					
		Central Lines					
	Evidence-Based Infection Prevention Protocols for:	Environmental Cleaning (Termi- nal and Daily)					
		Staff/Patient Protection (e.g., PPE, Cohorting, Handwashing)					
	Evidence-Based Prevention/Treatment Protocols for:	<i>Clostridium difficile</i>					
		Falls					
		High-Alert Medications					
		PU					
	VTE						

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			Always	Usually	Sometimes	Never	
Discharge Planning/ Readmission Prevention	Process to Continuously Identify Patients at High Risk for Readmission						
	Discharge Planning Process That: <ul style="list-style-type: none"> Is Initiated Early Continues Throughout Patient's Stay Has a Multidisciplinary Approach 						
	Process to Initiate Interventions to Prevent Readmission Based on the Risk Assessment and Re-assessment Results						
	A Process that Includes Teach Back to Ensure the Patient/ Caregiver Comprehends Discharge Instructions and Plan						
	Process to Implement Standard Interventions to Prevent Readmissions (e.g., Post-Discharge Follow-Up Phone Calls)						
Medication Reconciliation	Comprehensive Medication Reconciliation	Standard Process Accurately Reconciles Medications					
		Patients Involved in Medication Reconciliation and Discharge Planning Processes					
		Pharmacists Assist With Managing High-Risk Medications					
Quality Improvement	At the Organizational Level	There Is Executive-Level Sponsorship for Quality Improvement Initiatives					
	At the Unit Level	Frontline Staff Is Engaged in Quality and Patient Safety Initiatives (e.g., Safety Rounds, Data Monitoring, etc.)					



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