New York State
Partnership
for Patients

# Accelerating Improvement Patient Safety Commitments

## Team Planning Worksheet

| PATIENT SAFETY COMMITMENTS | KEY STRATEGIES | HOSPITAL-ACQUIRED COMPLICATIONS IMPACTED |
|---|---|---|
| **Expand Interdisciplinary Teams to Include Clinical Pharmacists to Reduce Adverse Events** | • Include pharmacists in the medication reconciliation process on admission and at discharge.<br>• Convene a pharmacy-driven anticoagulation management team.<br>• Convene a pharmacy-driven insulin management team. | • Preventable Readmissions<br>• Adverse Drug Events (ADE)<br>• Venous Thromboembolism (VTE)<br>• Injuries From Falls and Immobility |
| **Implement "Hard Stops" or Reliable "Soft Stops" for Hardwiring Quality and Patient Safety Processes** | • Early Elective Delivery Hard Stop: Implement a hard stop policy when an attempt is made to schedule an elective delivery in women of 36 0/7 to 38 6/7 weeks gestation without a medical or obstetrical indication.<br>• Catheter-associated Urinary Tract Infections (CAUTI) Hard Stop: Implement hard stop policies for catheter insertion that is not medically necessary and timely discontinuation. Essential elements of the policies should include:<br>  ◦ assurance that all emergency department insertions are medically necessary;<br>  ◦ requirement of ongoing nursing assessment of the need for a line/catheter including at the time of transfer (example: transfer out of critical care or the operating room with prompt discontinuation protocol); and<br>  ◦ implement a physician-ordered, nurse-driven catheter removal protocol.<br>• Medication Management Hard Stop: Implement a hard stop to eliminate all discrepancies before finalizing medication reconciliation at discharge. | • Early Elective Delivery (EED)<br>• CAUTI<br>• Central Line-associated Bloodstream Infections (CLABSI)<br>• ADE<br>• Preventable Readmissions |

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|---|---|---|
| **Adopt, Implement, and Effectively Use a Safe Surgery Checklist That Includes a Brief and Debrief with the Full Team** | • Ensure that the hospital's Safe Surgery Checklist (SSC) is up to date and includes processes for pre-, intra-, and post- surgery phases. SSC should include the SSI bundle elements and should address antibiotics, normothermia, glucose control, and any other potential complication risks.<br>• Implement a process for comprehensive pre-operative briefs with the full team.<br>• Institute a process for timely and comprehensive debriefing that includes the entire team.<br>• Promote the adoption and use of critical language to encourage a culture of patient safety (i.e., TeamSTEPPS). | • Surgical Site Infections (SSI)<br>• CAUTI<br>• Injuries From Falls and Immobility<br>• ADE<br>• Pressure Ulcers (PU) |
| **Promote Innovative Practices in Ventilator Care and Management to Prevent Harm** | • Implement protocols to mobilize or increase the activity level of patients on a ventilator.<br>• Implement protocols to reduce or eliminate the use of sedation.<br>• Promote effective use of medications for pain management. | • Ventilator-associated Events (VAE)<br>• ADE<br>• PU |
| **Implement Patient-Centered Practices to Improve Patients' Experience of Care** | • Use white boards as a shared communication tool.<br>• Implement a process that includes patients and families in bedside reports.<br>• Implement purposeful rounding.<br>• Utilize rounding for periodic leadership safety review, discharge planning, etc.<br>• Adopt and implement daily goal worksheets.<br>• Develop and implement protocols for structured hand-offs.<br>• Perform daily high-risk and prevention assessments.<br>• Promote the use of critical language to encourage a culture of patient safety (i.e., TeamSTEPPS). | • Injuries From Falls and Immobility<br>• PU<br>• Preventable Readmissions<br>• CAUTI<br>• CLABSI |