



March 4, 2009—Track 2: CDAD, HAPU, High Alert Meds and Med Safety

Key Facts to assist in the Prevention of Pressure Ulcers:

- Approximately 60% of pressure ulcers develop in acute care settings.
- Costs of treating one full thickness pressure ulcer is estimated at \$70,000.
- Stage 3 and 4 pressure ulcers are the most frequently reported adverse event in California with 581 reported in the first year, and 526 reported between July and December 2008.
- Pressure reduction measures are key. There is a 60% relative decrease in pressure ulcers with use of pressure reduction mattresses.
- **Replace standard hospital mattresses in key patient care units with pressure reduction mattresses and use support surfaces in the OR, Recovery Room and Emergency Room.**
 - The cost of treating pressure ulcers is 2.5 times the cost of preventing them.
- Focus on high risk admissions: All admissions from Nursing Homes, all admissions of elders from ED, and all patients over 65 years having surgery for more than 4 hours.
- Treat pressure ulcers as a sentinel event, have a hotline or email system for reporting.

Hospital Acquired Infections:

- Only 13% of hospital surveyed by Leapfrog in 2007 consistently follow recommendations to prevent most of the common hospital acquired infections.
- *Clostridium difficile*: Increasingly common hospital-acquired infection with new more severe strains resulting in a 6% mortality rate:
 - Hand gels do not kill spores which live for long while on surfaces.
 - Must use soap and water handwashing and bleach for environmental cleaning.
 - Rate to be reported to California Department of Public Health after April 1, 2008.

Medication Safety and High Risk Medications:

Use the Four Failure Rules:

- Make Failure Obvious: Bar code at point of care.
- Make Failure Impossible: One insulin, one heparin concentrations.
- Make Failure Easy to Fix: Clinical Pharmacist in specialty areas, scripting double checks.
- Make Failure a Priority: ISMP quarterly actions plans.

Don't use more than one type of smart pumps, and know that staff uses workarounds to bypass the safeguards. Nursing continues to use out of date reference books, when most hospitals have up-to-date online resources available.

Pharmacy: Remember every medication, syringe, dose must be labeled in all areas of the hospitals as of January 1, 2009.

Invest in scanning technology to augment the automated dispensing machines.

Deploy pharmacists to patient care units without increasing FTEs; change where the work is done.

Presentations and additional materials from this meeting will be made available at
<http://www.socalpatientsafety.org>

Mark your calendars: the next Track 2 meeting will be held June 16, 2009.