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## June 16, 2009—Track 2: CDAD, HAPU, High Alert Meds and Med Safety

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### Evidence Based Pressure Ulcer Prevention:

- Risk Assessment of Pressure Ulcers:
  - Braden Scale performs best with the extremes: not at risk, high risk or very high risk
  - Skin Assessment key to diagnosis and requires expansion of knowledge and tactile not just visual assessment
  - Clinical conditions increase risk substantially
    - Skin Integrity conditions, Infections, and System Failure increase risk 5-10 times
- Effective Preventive Measures (*a pressure ulcer bundle?*)
  - Use Foam overlay mattresses in OR
  - Do not use Standard mattresses on any bed
  - Provide nutritional supplement in ICU
  - Moisturize the skin
  - Repositioning: 4 hr turning combined with foam mattress more effective than 2 hr turning with standard mattress

### Antibiotic Stewardship for SCIP and C.Difficile:

- Infection Control Plan: Prevent nosocomial infections and treat patients with appropriate antibiotics
  - Objective is to decrease the length of hospital stays, decrease mortality and morbidity, and to decrease the cost of antibiotics
  - Current estimates are that one of every 20 patients acquires a nosocomial infection
- Program should optimize clinical outcomes of antibiotics while minimizing the unintended consequences of antibiotic use and includes :
  - IV to Oral conversions, antibiotic guidelines and protocols, formulary restrictions, dose optimization, and de-escalation
- Effective Antibiotic stewardship program results in significant savings of Pharmacy dollars

### High Alert Medications:

- ISMP Error reduction strategies include (from most to least effective): forced functions and constraints, automation and computerization, standardization and protocols, checklist and double checks, rules and policies, and lastly; education
  - Start with 4 critical medications designated as *high alert* , cause of most ADEs
  - Develop protocols, order forms, and checklist standardizations, standardize dose strengths and concentrations, create better error detection systems to mitigate harm

### Preventing Clostridium Difficile Disease

- Pathogenesis: Antibiotic therapy – alteration of colonic flora, - *C.difficile* exposure- release of toxin A & B, - colonic mucosal injury and inflammation – diarrhea
- Controlling *C. difficile*: Wash hands frequently with soap, use gloves during patient care, clean surfaces with sporicidal agent, place symptomatic patients in private room, avoid rectal thermometers, targeted antibiotic restrictions

***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 September 2, 2009.**