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

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### **Key Facts to assist in the Prevention of Pressure Ulcers:**

- Approximately 60% of pressure ulcers develop in acute care settings with cost of treating one full thickness pressure ulcer is estimated at \$70,000.
- 8 Key Actions for PrU Improvement: (1) update staging definitions, (2) Conduct std. risk assessment on admission, (3) Institute PrU prevention program, (4) Nutrition assessment for “at risk” patients, (5) Standardize wound assessment, (6) Audit & provide staff feedback weekly, (7) Institute multi-disciplinary PU team, (8) Involve resident/patient & family.
- For risk assessment, use the same tool for acute care, LTC, Home care & communicate finding during transitions.
- Replace standard hospital mattresses with support surfaces. There is a 60% relative decrease in pressure ulcers with use of pressure reduction mattresses.

### **Hospital Leadership Quality Assessment Tool (HLQAT):**

- Allows hospitals to assess factors associated with improved clinical performance based on leadership culture, leadership structures and leadership systems.
- Based on research of high performing organizations that showed CEO dedication to quality as priority
- Helps leaders pinpoint where to focus attention and resources to have the greatest impact on quality.

### **Hospital Acquired Pressure Ulcers – Good Samaritan Hospital’s Experience:**

- Good Samaritan Hospital presented their best practices that have taken them from HAPU rate of 9.14% in Dec. 2006 to 1.36 in June 2009.
- Actions leading to successful rate reduction include: policy requiring Braden Scale being completed on admission and every shift; Nurses document and stage every PrU upon admission and/or upon discovery every shift; Photographs and measurements are taken upon admission and then every Monday; All nurses are educated on use of the Braden scale and to identify and stage PrU.

### **The CALNOC Medication Administration Accuracy Measure: Understanding Medication**

#### **Administration Processes and Outcomes:**

- CALNOC Med Admin Accuracy measure developed to identify medication error rate and a medication accuracy rate using an observational, prevalence plus medical record validation approach.
- Based on studies showing that 7% of medication errors are potential adverse drug events – more than 40 per day in a 300-bed hospital.
- Focused on nursing/pharmacy partnership and the complex role of the nurse. Nurses have dual roles: as the producers and as the defenders against failure.

### **TeamSTEPPS: Hand off communication**

- TeamSTEPPS is an evidence based technique used to improve teamwork & communication in health care.
- Resolve conflicts among team members by using CUS words (Concerned, Uncomfortable, Stop/Safety), the Two Challenge Rule and the DESC script (Describe, Express, Suggest and Consequences).

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

**Mark your calendars: the next Track 2 meeting will be held December 15, 2009.**