

# **TN IMPROVING PATIENT SAFETY BEST PRACTICES**

## **SUMMARY**

The “Best Practices” contained within this document were developed as a result of data collected via the Unusual Incident Reporting System (UIRS). T.C.A. 68-11-211 directs the department to use information obtained via UIRS to develop best practices for all licensed health care facilities to improve their delivery of health care services. The following four “best practices” comprise the department’s initial effort to supply providers with information which can help providers furnish a higher quality of care to the citizens of Tennessee.

## **GUIDELINES FOR CARE AND MAINTENANCE TO REDUCE VASCULAR ACCESS COMPLICATIONS**

The National Guidelines Clearinghouse has proposed the following comprehensive best-practice guidelines for care and maintenance of Vascular Access Devices. (VAD).<sup>1,7</sup>

### **Prevention:**

1. For peripheral insertion, ensure proper selection site. Ensure proper selection of peripheral insertion site.
2. For central venous catheter insertion, ensure optimal catheter site selection.
3. Ensure the use of routine practices and precautions to prevent the spread of infection including hand hygiene, assessment of client risk factors, screening, hazard or risk reduction and application of maximal barrier precautions upon insertion.
4. Perform catheter site care using aseptic techniques i.e. Chlorhexidine Skin Antisepsis.
5. Confirm central venous access device (CVAD) tip placement prior to therapy delivery.
6. Consider type of dressing, frequency of dressing change, and client choice, tolerance and lifestyle when selecting and changing VAD dressing.
7. Stabilize VAD with tape, sutures, securement device.
8. Maintain patency using locking and flushing techniques.
9. Consider risk factors including client, device and infusion factors.
10. Assess catheter occlusion.
11. Minimize CVAD access.
12. Change all add-on devices at least every 72 hours.
13. Daily review of central line necessity with prompt removal of unnecessary lines.

Management:

1. Document condition of VAD
2. Provide client education.

Major Outcomes Considered:

1. Rates of completion of therapy
2. Complication rates
3. Client satisfaction

Twenty recommendations were made by the panel that developed these best practices, most of which have levels of evidence of III or IV.

### **PREVENTION OF FALLS IN THE ELDERLY**

A number of publications on prevention of falls and injury in the elderly were reviewed. The following interventions/care strategies for fall prevention are provided by the National Guideline Clearinghouse.<sup>2,3</sup>

1. Familiarize patient with environment (i.e., identify call light, bathroom and may need to label).
2. Maintain call bell in reach and have patient demonstrate ability to call for the nurse.
3. Place bed in low position with brakes locked.
4. Ensure footwear are fitted, non-slip, and used properly.
5. Determine appropriate use of side rails based on cognitive and functional status.
6. Utilize night light.
7. Keep floor surfaces clean and dry.
8. Keep room uncluttered and make sure that furniture is in optimal condition.
9. Make sure patient knows where personal possessions are and that he/she can safely access them.
10. Ensure adequate handrails in bathroom, room, and hallway.
11. Establish a plan of care to maintain bowel and bladder function.
12. Evaluate effects of medications that increase the individual's risk of falling.
13. Encourage participation in functional activities and exercise at patient's highest possible level and refer to physical therapy as appropriate.
14. Use of hip protectors.
15. Monitor patient regularly.
16. Least restraint – avoid use of side rails or other physical or chemical restraint.

## **BEST PRACTICES FOR PREVENTION AND CONTROL OF THE TRANSMISSION OF CLOSTRIDIUM DIFFICILE AND DIARRHEA ASSOCIATED WITH C. DIFFICILE (CDAD)<sup>5,6</sup>**

### **Risk Factors for C. difficile**

- A history of antibiotic usage
- Bowel surgery
- Chemotherapy
- Prolonged hospitalization
- Increased age
- Serious underlying illness or debilitation

### **Surveillance**

- New onset of diarrhea that is unusual or different for the patient
- There is no other recognized etiology for diarrhea, such as laxative use, inflammatory bowel disease or other etiology.

### **Infection Prevention and Control Precautions for CDAD**

- Routine infection control practices
- Contact precautions for any patient or resident at risk for CDAD at the onset of symptoms and prior to the C. difficile cytotoxin testing results
- Discontinue antibiotics if conditions permit
- Place patient in a single room or cohort patients if an outbreak occurs
- Appropriate personal protective equipment
- Gloves for all contacts with patients and their environment
- Dedicated equipment
- Thorough cleaning and disinfection of all such equipment
- Commodes and bedpans must be handled carefully to avoid spread of C. difficile spores to the environment
- Hand hygiene with soap and water. Alcohol based disinfectants may not kill spores but may be used as an alternative. Hand hygiene should not be carried out at a patient sink because recontamination of hands may occur.
- Clean horizontal surfaces potentially contaminated with hospital grade disinfectant
- Judicious use of antibiotics
- Contact precautions may be discontinued when patient has been free of symptoms for 48 hours

## **UNIVERSAL PROTOCOL FOR PREVENTING WRONG SITE, WRONG PROCEDURE, WRONG PERSON SURGERY<sup>4</sup>**

Wrong site, wrong procedure, wrong person surgery can be prevented. This universal protocol is intended to achieve that goal. It is based on the consensus of experts from the relevant clinical specialties and professional disciplines and is endorsed by more than 40 professional medical associations and organizations.

In developing this protocol, consensus was reached on the following principles:

- Wrong site, wrong procedure, wrong person surgery can and must be prevented
- A robust approach-using multiple, complementary strategies is necessary to achieve the goal of eliminating wrong site, wrong procedure, wrong person surgery
- Active involvement and effective communication among all members of the surgical team is important for success
- To the extent possible, the patient (or legally designated representative) should be involved in the process
- Consistent implementation of a standardized approach using a universal, consensus-based protocol will be most effective
- The protocol should be flexible enough to allow for implementation with appropriate adaptation when required to meet specific patient needs
- A requirement for site marking should focus on cases involving right/left distinction, multiple structures (fingers, toes), or levels (spine)
- The universal protocol should be applicable or adaptable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room

In concert with these principles, the following steps, taken together, comprise the Universal Protocol for eliminating wrong site, wrong procedure, and wrong person surgery:

### Pre-operative verification process

- Purpose: To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with the patient's expectations and with the team's understanding of the intending patient, procedure, site and, as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure.
- Process: An ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the preoperative preparation of the patient, up to and including the "time out" just before the start of the procedure.

### Marking the operative site

- Purpose: To identify unambiguously the intended site of incision or insertion
- Process: For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped

### “Time out” immediately before starting the procedure

- Purpose: To conduct a final verification of the correct patient, procedure, site and, as applicable, implants
- Process: Active communication among all members of the surgical/procedure team, consistently initiated by a designated member of the team, conducted in a “fail-safe” mode, i.e., the procedure is not started until any questions or concerns are resolved.

# Resources

1. "Care and Maintenance of Vascular Access Devices (VAD)," Registered Nurses Association of Ontario (RNAO), National Guidelines Clearinghouse, [www.guideline.gov](http://www.guideline.gov).
2. Scott, Vicky RN, PhD et al, "A Review of the Literature on Best Practices in Falls Prevention for Resident of Long-Term Care Facilities," Registered Nurses Association of Ontario, September 2003, [www.rnao.org/bestpractices](http://www.rnao.org/bestpractices).
3. National Guidelines Clearinghouse (NGC), "Guideline Synthesis: Prevention of Falls in the Elderly," National Guideline Clearinghouse, Rockville (MD), October 2006, [www.guideline.gov](http://www.guideline.gov)
4. "Universal Protocol For Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery," Joint Commission on Accreditation of Health Care Organizations, 2003.
5. "Infection Control Recommendations for Clostridium Difficile – Associated Diarrhea in Health Care Facilities," Ohio Department of Health.
6. "Clostridium Difficile: Information for Health Care Providers - Fact Sheet," (updated 7/22/2005), [www.cdc.gov/ncidod/hip/gastro/clostridiumDifficileHCP](http://www.cdc.gov/ncidod/hip/gastro/clostridiumDifficileHCP).
7. Institute for Healthcare Improvement (IHI), "Implement the Central Line Bundle," [www.ihl.org/IHI/Topics/CriticalCare/IntensiveCare/Changes/ImplementtheCentralLineBundle.htm](http://www.ihl.org/IHI/Topics/CriticalCare/IntensiveCare/Changes/ImplementtheCentralLineBundle.htm)