

Reported to the Board of Trustees  
November 10, 2005

Board Meeting  
November 10, 2005

## MEDICAL CENTER SAFETY REPORT

The Joint Commission on Accreditation of Healthcare Organizations requires an annual report to the Governing Board of the University of Illinois Medical Center at Chicago on the status of its Safety Program. This report identifies the substantive progress made through the Program for Fiscal Year 2005.

# **Department of Safety and Risk Management Safety Report to the University of Illinois Board of Trustees**

## **Summary of Fiscal Year 2005 Activities Successfully achieved all 2004 Safety and Risk Management Goals**

1. Continued with institutional wide educational program with implementation of all of the JCAHO National Patient Safety Goals
  - a. Presentation of goals to all Nursing Departments and ancillary staff
  - b. Presentation of goals to all Clinical Medical Services including resident and faculty physicians
  - c. Conducted a second annual Patient Safety Awareness Week
  - d. Regularly published the Patient Safety Newsletter
  
2. Established and began collecting data on several process improvement initiatives related to patient safety
  - a. Reviewed 17 cases of sentinel and significant systems-related and peer-related events
  - b. Designed process to assure attending presence in the OR prior to initiation of case
  - c. Created an electronic medical record enforcement for appropriate assessment and prevention of deep vein thrombosis/pulmonary embolism
  - d. Standardized scheduling of surgical cases to include laterality
  - e. Merged preoperative checklists to include review of all pertinent records and assure compliance with Universal Protocol
  - f. Standardized documentation and assessment of IV site in neonatal patients
  - g. Revised policy and process communication links to resolve conflicts in patient care issues
  
3. Other patient safety initiatives commenced in 2005
  - a. Completed instructional video for employee education on patient safety issues and distributed to all new residents prior to their orientation to the medical center
  - b. Provided availability of patient safety video on patient education channel
  - c. Established oversight of all medical error investigations and associated process improvements
  - d. Began process of acquiring virtual reality simulation for high risk invasive procedures

- e. Established a task force to investigate and implement a full disclosure with apology program
- f. Conducted pilot of medical center online occurrence reporting process
- g. Successfully advocated for a reduction in the excess medical malpractice insurance rates based on improvements in patient safety

### **Fiscal Year 2005 Accomplishments for National Safety Committee Goals**

1. Implemented processes to assure compliance to the 2005 JCAHO Patient Safety Goals
  - a. Identification and regular review of look-alike/sound-alike drugs used in the organization, with actions to prevent errors involving the interchange of these drugs.
  - b. Participation in IHA Collaborative for Medication Safety and development of process for obtaining and accurately and completely reconciling medications across the continuum of care.
  - c. Developed process using EMR to assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks.
2. Submitted a proposal for a 2010 multidisciplinary seed grant creating the research arm of the *Institute of Patient Safety Excellence (IPSE)*
3. We are considering obtaining BOT approval for a process of full disclosure with apology and rapid settlement
4. Investigational project researching the relationship between team building and the improvement of patient safety submitted for publication showing attitude changes