

REPORT ON SAFETY
UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO
NOVEMBER 2004

Summary of Fiscal Year 2004 Activities

1. Embarked upon institutional-wide educational program with implementation of all of the 2004 JCAHO 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 Patient Safety Awareness Week
 - d. Created a Patient Safety Newsletter highlighting the 2004-5 Goals

2. Established and began collecting data on several process improvement initiatives related to patient safety
 - a. Moderate sedation medication and documentation compliance
 - b. Use of intraoperative x-rays to decrease risk of retained surgical instruments/sponges
 - c. Standardization of patient verification and “time-out” processes prior to all invasive procedures
 - d. Clinical care guidelines developed for the prevention of deep vein thrombosis/pulmonary embolism.
 - e. Electronic medical record expanded to include anesthesia preoperative evaluation work

3. Other patient safety initiatives commenced in 2004
 - a. Began work on instructional video for employee education on patient safety issues
 - b. Medical Staff Executive Committee/Hospital Executive Committee reports
 - c. Established Patient Safety Hotline: 3-4RSK
 - d. Began work on an instructional video for employee education on patient safety issues

**The University of Illinois Medical Center is required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to share the information contained in the attached report with the Board of Trustees on an annual basis.*

Proposed Fiscal Year 2005 Patient Safety Committee Goals

1. Implement processes to assure compliance to the 2005 JCAHO Patient Safety Goals
 - a. Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt of critical test results by the responsible licensed caregiver
 - b. Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
 - c. During 2005, for full implementation by January 2006, develop a process for obtaining and accurately and completely reconciling medications across the continuum of care. Document and communicate a complete list of the patient's medications to the next provider of service upon referral or transfer of a patient to another setting, service, practitioner or level of care within or outside the organization.
 - d. Reduce the risk of patient harm resulting from falls. 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.
 - e. Reduce the risk of surgical fires by educating staff on how to control heat sources and manage fuels, and establish guidelines to minimize oxygen concentration under drapes.
2. Begin an investigational project researching the relationship between team building and the improvement of patient safety.
 - a. IRB approved project
 - b. Multidisciplinary involving nursing service, physicians and ancillary staff
 - c. Pilot project on surgical services; expand if effective
3. Key process improvement goals (non-JCAHO) for 2005
 - a. DVT prophylaxis project: pilot to commence in Nov 04.
 - b. Second floor integration of diagnostic services
 - c. Establishment of EMR documentation guidelines/standards
 - d. Follow-up and reporting of abnormal laboratory test results
 - e. Complete net-learning module for physicians