

Reported to the Board of Trustees
September 9, 2011

Semi-Annual Report on the Safety Program of the
University of Illinois Medical Center

The primary purpose of this report is to present the analysis of staffing adequacy and effectiveness as identified by Joint Commission requirements. The hospital must identify undesirable patterns, trends, or variations in performance related to the staffing available in the various care units. Adequacy includes the number, skill mix, and competency of all staff. In the analysis, the hospital also examines issues related to workflow, competency, credentialing processes, supervision of staff and orientation, training, and education. While originally intended to focus on nursing staffing, we have extended the program to assess all levels of hospital personnel.

1. Near Miss and Unsafe Conditions. There were 87 occurrences reported in FY11. The highest volume of reports were turned in by the nursing staff. Issues generally related to patient acuity, numbers of available staff, and staff perceptions of the impact on patient care. The Medical Center established a content review process as the responsibility of a Nursing Care Committee. No significant trends were established by this committee.
2. Significant Harm Events. Several recommendations were implemented to assure better patient safety. Anesthesia coverage was extended to the Cardiac Catheterization laboratory for moderate sedation, the discharge planning process was expanded across a greater breadth of services and to include the weekend, the pediatric team has extended services into the Labor and Delivery suite to provide more effective resuscitative efforts, the specimen handling processes have undergone revision to assure effective, accurate handling of both tissue and clinical chemistry specimens, and finally, a human factors analysis was done in the telemetry units to reduce 'alarm fatigue' and eliminate redundant paperwork.
3. The next steps include: a project to coordinate the flow of information for various reporting methodologies, aggregating data by discipline to better identify patterns that are practice specific, and centralizing a key content expert committee to become familiar with the complexities of the analyses.

Additionally, the program through its IPSE (Institute for Patient Safety Excellence) continues to influence the development of national programs.

1. On the National Level:
 - a. The Seven Pillars program, with which the Board is familiar, has garnered national attention. A recent visit to Washington, DC by key IPSE members focused on the utility of the full disclosure/rapid settlement program to improve safety which has reduced malpractice costs. Interest was high amongst legislators

and the leadership in the Center for Medicare and Medicaid Services. IPSE is participating in several demonstration projects with various state societies and agencies across the country.

- b. Discussions with the Accrediting Council for Graduate Medical Education and the American Association of Medical Colleges have explored the possibilities of implementing mandatory reporting of occurrences by residents and students. UIC leads these discussions toward the development of a national Patient Safety Organization for the reporting and analysis of the resultant information.
2. On the State Level: we are working with The Illinois State Medical Insurance Exchange and the Illinois Hospital Association to move toward legislation that would further enhance the capacity to make the Seven Pillars Program a realistic approach within Illinois by protecting physicians and hospitals during the disclosure process. IPSE members have already made presentations in 12 other states to their legislatures and medical governing bodies to enhance the message and help states come to grips with health safety issues.

The Safety Programs continue to be innovative and successful, working to provide a safer care environment for both patients and staff.