**Solution:** Creativity in Addressing some of the Biggest Factors Impacting Patient Safety on an Inpatient Comprehensive Rehabilitation Unit (Halsted 3)

**Organization:** The Johns Hopkins Hospital

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**Identification:**
Maintaining momentum for optimal safety outcomes requires managerial persistence and creativity integrated with a planned program, in addition to support and collaboration from front-line staff and a multi-disciplinary team. Effectively implementing planned program changes can achieve the desired goal of sustaining a culture of safety.

The Comprehensive Unit-based Safety Program (CUSP) began at the Johns Hopkins Hospital in 2002 in the ICU setting. The basic tenants of this 6-step process include a culture that targets system failures rather than individual fault and respects the wisdom of front-line staff to identify defects. In addition, an Executive relationship is established in this multi-disciplinary team to help prioritize safety efforts and facilitate resolution of defects.

Four defects were identified by the Halsted 3 CUSP team:

- Patient Falls
- Handwashing Compliance
- Congested Halsted 3 Corridor
- Pharmacist Conducted Discharge Medication Counseling

Baseline data existed for all four defects: Patient Safety Net (PSN), the error reporting system, is used to track errors and event reporting including patient falls, Hospital Epidemiology and Infection Control (HEIC) monitors handwashing compliance and reports this weekly to hospital leadership, a review of the card swipes through Halsted 3 confirmed the anecdotal reports of corridor congestion and reported patient satisfaction via MedTel for adequacy of discharge medication instruction was 65%.

**Process:**
The Halsted 3 CUSP team has worked on 4 primary safety goals over the past year:

1) Decrease the number of patient falls per month for at least 3 months to 0-2.
2) Improve hand hygiene compliance to 75% by January 2009.
3) Decrease through-put (“traffic”) on the unit to:
   a. Decrease congestion with delivery carts and non-essential personnel
   b. Increase patient privacy
   c. Improve the ability of staff to work with patients ambulating in the corridor
4) Increase patient satisfaction with the discharge medication counseling so that the patient/family feels prepared to manage their medications at home.

**SOLUTION:**
Decreasing the number of patient falls:
Following several interventions, including a staff education program and new patient beds, Halsted 3 was able to decrease the number of patient falls from 5 to 6/month to 2/month. However, breaking the 2 falls/month barrier proved quite difficult. The unit received new beds in December 2008 due to the persistent fall rate. These beds have more sensitive and louder alarms. This new intervention was enough to help Halsted 3 sustain a 5 week fall free period, the longest recorded fall free time period in the last 2 years.

Improving hand hygiene:
Hand hygiene is an important institutional initiative, with a stated goal of 75% compliance by January 2009. After the routine program implementation of staff education, hand hygiene audits reported staff compliance at 40-50%. The unit made three changes after multiple brainstorming sessions based on staff input. First, large posters were placed on each entry door reminding everyone entering the unit to use the Purell® prior to entry and putting red duct tape across the floor of the entrances, as another visual reminder. The second change was driven by a staff member, who took pictures of staff using the Purell® going into and going out of a room. These were posted near the Purell® dispensers by each patient’s doorway to their room. The final intervention recruited patients who were cognitively and physically able to actively be involved with hand hygiene. Each patient is given a 2”x4” multicolored, laminated picture of a hand stapled to a tongue depressor, with a slogan about hand washing. Patients given the hand sign are instructed to wave it at anyone who enters their room and has not washed their hands. Not only do the patients feel empowered over their environment, they love actively interacting with all levels of staff members coming into their rooms. Our hand hygiene audits improved to 74% within one month.

Decreasing corridor congestion:
The final safety initiative in this triad is making the decision to restrict access to the unit. Halsted 3 was the default super highway of the institution because of its geographic proximity to the nearby coffee bar, staff parking garage and adjacent buildings. Halsted 3 experienced “rush hour traffic” at the beginning and end of every shift that impeded medical rounds, prevented patients from practicing their therapy techniques in the hallways and propagated the universal patient dissatisfiers of high noise levels, lack of privacy and security. When the Department of Security ran the reports of card swipes for one defined week, the administrative and medical leadership were shocked to discover an average of 250/day building to a climax of over 600/day, before the numbers fell off for the weekend. The staff anticipates that this intervention will improve the quality of every patient’s stay by eliminating the patient dissatisfiers and maximizing the hallway space for patient care.

Increase Patient Satisfaction with Discharge Medication Counseling
A six-month pilot was completed to test the efficacy of having a pharmacist reinforce discharge medication counseling on those patients who met a predetermined list of criteria. Out of 103
criteria eligible patients, 58 received counseling. The average time spent with each patient was 46 minutes. From the 58 patients, two cases of adverse drug reactions were caught and six cases of previous non-adherence to drug regimens were identified. The two largest groups of targeted medications were anticoagulation (45 cases) and diabetes regimens (36 cases). An unintended benefit of this pilot was that 13 medication discrepancies were documented during this six-month pilot. All were significant and three could have potentially necessitated a re-admission of the patient. The Pharmacy service has hired a Pharmacist, who will be oriented to continue the Pharmacist counseling for discharge medications as part of their regular duties. The committee is also planning on expanding the pilot to 2-3 other units with the intention of going hospital-wide.