

Patient Safety Practices in Pennsylvania Healthcare Facilities Survey Aggregate Results

Leadership Domain

Formal patient safety walkarounds with members of the Board of Trustees provide senior leaders the opportunity to listen to the patient safety issues identified by staff. Regular walkarounds provide a forum to learn about issues related to team practice, communication, and a transparent culture in order to create improvements. They also provide an opportunity for senior leaders including board members to demonstrate their commitment to their organization’s patient safety efforts.

Measure 1 — In the past year, your organization has conducted formal patient safety walkarounds with members of your Board of Trustees.

| Responses | All Facilities in PA |
|-----------------------|----------------------|
| A. Four or More Times | 17% |
| B. Three Times | 3% |
| C. Two Times | 6% |
| D. One Time | 11.5% |
| E. None | 62.5% |

Senior leaders can also demonstrate their leadership on patient safety by inviting Patient Safety Officers to address their Board of Trustees and to make patient safety a standing item on the Board agenda. Doing so demonstrates that management and Trustees view patient safety as an important component of the Trustee’s oversight responsibility. It allows the Board to hold management accountable for patient safety and to ensure that management allocates appropriate resources to patient safety within the institution. Without insight into what the organization is doing to correct problems that are identified or to improve clinical processes, Board members cannot effectively monitor patient safety.

Measure 2 — In the past year, the Patient Safety Officer has attended the Board of Trustees meetings.

| Responses | All Facilities in PA |
|-----------------------|----------------------|
| A. Four or More Times | 46% |
| B. Three Times | 5% |
| C. Two Times | 9% |
| D. One Time | 12% |
| E. Never | 28% |



A healthcare organization’s culture exerts a strong influence on how it responds to patient safety concerns and how it treats individuals who raise issues about safety and those involved in adverse events. There is a tension between the need to hold individuals accountable for safety while creating an environment in which they are comfortable acknowledging mistakes and working to fix the problems that cause them. A “just culture” is one that does not punish individuals for honest mistakes or for reporting safety concerns and injuries. It also does not go to the opposite extreme by permitting repeated, intentional rule violations. Rather, a just culture seeks a middle ground that tries to find system- or engineering-solutions to reduce inevitable human errors, while holding individuals accountable for intentionally violating safety policies or procedures. This balance is a fair compromise between a punitive approach that encourages people to hide their mistakes and a “blame-free” approach that tolerates deliberate poor performance.

Measure 3 — Your organization’s written instructions for staff about error reporting include the “just culture” principles. (Open communication with accountability to promote a safe environment to learn from mistakes.)

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 60.5% |
| B. This item is fully implemented in some areas of the organization. | 3% |
| C. This item has been partially implemented in some or all areas of the organization. | 7.5% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 13% |
| E. There has been no activity to implement this item. | 16% |

A reward and recognition program formally acknowledges the positive contribution of staff who identify error-prone situations that may adversely affect patient safety. These programs reward desired behavior, improve staff morale, increase retention, and motivate employees to reach a higher level of performance. This program elevates staff members as positive role models, encouraging others to follow their example. They also demonstrate the organization’s commitment to act on safety issues brought to light, giving staff further incentive to voice their concerns when safety is at stake.

Measure 4 — Leadership has established a formal rewards and recognition program that acknowledges staff who identify error-prone situations.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 13% |
| B. This item is fully implemented in some areas of the organization. | 5% |
| C. This item has been partially implemented in some or all areas of the organization. | 11% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 18.5% |
| E. There has been no activity to implement this item. | 52.5% |

Medication Safety Domain

Healthcare organizations have increasingly recognized the benefits of anticoagulation management services in the inpatient and outpatient settings to monitor the effects of these high-alert medications. anticoagulation management services programs benefit inpatient and outpatient healthcare organizations, along the entire continuum of care. Patients being treated in organizations with anticoagulation management services have shortened hospital stays, lower Medicare charges, and decreased rates of bleeding and transfusions compared to patients in institutions without such services. anticoagulation management services programs standardize anticoagulation therapy and produce safer patient care and outcomes.



Measure 5 — Your organization has established an anticoagulation management service.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 36.5% |
| B. This item is fully implemented in some areas of the organization. | 4% |
| C. This item has been partially implemented in some or all areas of the organization. | 9% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 9% |
| E. There has been no activity to establish this item. | 6% |
| F. Not applicable. | 35.5% |

Many drugs may increase a patient’s risk for falling, and consideration of these medications as part of the overall fall risk assessment can help reduce this risk or may serve to initiate fall precautions. Involving a pharmacist in an interdisciplinary fall prevention program can help to address this gap. Pharmacists can proactively identify drugs that may increase a patient’s risk of falls during routine screening of medication orders. This medication screening data can then be included in the fall risk assessment and help direct any fall prevention strategies.

Measure 6 — The standard practice in your organization is for a pharmacist to evaluate a patient’s medications as part of fall risk assessment.

| The standard practice in your organization is for a pharmacist to evaluate a patient’s medications as part of fall risk assessment. | All Acute Care Hospitals in PA |
|---|--------------------------------|
| A. This item is fully implemented throughout the organization. | 13% |
| B. This item is fully implemented in some areas of the organization. | 3.5% |
| C. This item has been partially implemented in some or all areas of the organization. | 8% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 13% |
| E. There has been no activity to establish this item. | 23% |
| F. Not applicable. | 39.5% |

Propofol is an IV anesthetic commonly used in both inpatient and outpatient surgeries and used as a sedative for treatment of agitation in mechanically ventilated patients in intensive care units (ICUs). Propofol infusion syndrome (PRIS) is a rare, potentially fatal adverse effect of propofol that warrants attention to identify its mechanism, patients who are at risk for it, and how it may be prevented.

Measure 7 — Propofol infusion syndrome risk screening is required for patients who are prescribed propofol in your organization.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 14% |
| B. This item is fully implemented in some areas of the organization. | 2.5% |
| C. This item has been partially implemented in some or all areas of the organization. | 4.5% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 8.5% |
| E. There has been no activity to establish this item. | 35.5% |
| F. Not applicable. | 35% |



Safety frequently competes with other priorities when healthcare facilities add new drugs to their formulary, such as costs and contractual agreements with purchasing groups or vendors. Healthcare practitioners who prescribe, dispense, or administer medication may not be included in the evaluation process and the potential for error may not be considered ahead of time. This may lead to unexpected problems, such as medication errors due to drug names that look- or sound-alike or drug labels that can be confusing to read. These problems may be avoided by a proactive assessment by a multidisciplinary team to examine the use of new drugs to identify potential problems before any error actually occurs.

Measure 8 — Your organization’s standard practice when introducing a new drug to your formulary includes a formal risk assessment of the potential for look-alike/sound-alike problems and other medication errors.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 69.5% |
| B. This item is fully implemented in some areas of the organization. | 3.5% |
| C. This item has been partially implemented in some or all areas of the organization. | 3% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 3.5% |
| E. There has been no activity to implement this item. | 20.5% |

A robust pharmacy computer-order entry system that screens new drug orders for unsafe dosages or potential drug interactions is an important tool in preventing serious injury from medication errors. In order to ensure a pharmacy computer system is catching errors, facilities can routinely test their systems using simulated unsafe medication orders. If the system is not able to identify unsafe orders, pharmacy and information technology staff can work with the computer system vendor to provide system modifications to prevent future errors.

Measure 9 — In the past year, pharmacy has tested the pharmacy computer system’s ability to catch medication errors, using simulated unsafe medication orders.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 19.5% |
| B. This item is fully implemented in some areas of the organization. | 4% |
| C. This item has been partially implemented in some or all areas of the organization. | 3% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 8% |
| E. There has been no activity to establish this item. | 18% |
| F. Not applicable. | 47.5% |



Patients may be at risk for infections when healthcare practitioners re-use or re-enter vials of injectable medications with needles or syringes previously used on another patient. Re-entering medication vials with used needles and reusing syringes places patients at risk for infection from contamination. Even bacteriostatic multidose vials have the potential to exhibit viable organisms and contain debris such as red blood cells, epithelia cells, and lint fibers. A safer practice is to use patient-specific vials and discard them immediately after use.

Measure 10 — Your organization uses *only* patient-specific medication vials to prevent iatrogenic cross-contamination.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 41.5% |
| B. This item is fully implemented in some areas of the organization. | 15% |
| C. This item has been partially implemented in some or all areas of the organization. | 17.5% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 3% |
| E. There has been no activity to establish this item. | 23% |

One way to reduce the risk of medication errors is to limit the number of different drug formulations and concentrations available. The fewer choices available, the greater the chance the correct choice will be made. Having concentrated heparin available in patient care areas and relying on nurses for dilution for flushing IV lines increases risk that the incorrect concentration or dilution will be chosen. Heparin overdoses are extremely dangerous and can result in uncontrolled bleeding or death. A safer practice is to eliminate heparin vials in patient care areas and to use only pre-diluted heparin flush syringes for flushing IV lines.

Measure 11 — Your organization dispenses pre-filled heparin flush syringes and has eliminated heparin vials in patient care areas.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 43.5% |
| B. This item is fully implemented in some areas of the organization. | 6% |
| C. This item has been partially implemented in some or all areas of the organization. | 7.5% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 5.5% |
| E. There has been no activity to establish this item. | 37.5% |

Verbal orders — in person or by telephone — offer more room for error than orders that are written or sent electronically. Interpreting speech can be a problem because of different accents, dialects, and pronunciations. Background noise, interruptions, unfamiliar drug names, medications with sound-alike names, and terminology may affect the accuracy of verbal orders. Once received, a verbal order must be repeated back and documented, which adds additional steps to this process, and increases the risk of potential error.

Measure 12 — Your organization has established explicit mandatory elements of a telephone or verbal order that includes the use of read-back.

| Response | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 83% |
| B. No. | 5% |
| C. Not applicable. | 12% |



Transdermal patch delivery systems release active ingredients through the skin and are absorbed and released slowly in a sustained manner. This produces a constant serum drug concentration for long periods of time. Poor patch visibility, inadequate skin assessment and documentation, or not removing old patches prior to the application of a new patch may hinder the ability of emergency personnel to properly identify and treat patients who may be prescribed medications in this delivery system.

Measure 13 — Your organization’s policy for skin assessments in the Emergency Department includes skin inspections for medication patches.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 20% |
| B. No. | 28% |
| C. Not applicable. | 52% |

Bags of sterile water for injection and inhalation may be mistaken for IV solution. Errors related to the prescribing, dispensing, packaging, labeling, storing, and administration of plain sterile water or inhalation water IV have occurred. Administering sterile water by direct IV infusion can lead to hemolysis and patient death. Organizations can develop protocols, establish safeguards, and ensure sterile water bags cannot be provided without pharmacy oversight.

Measure 14 — Your organization has removed sterile water in patient care areas to prevent accidental IV administration.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 55% |
| B. This item is fully implemented in some areas of the organization. | 5% |
| C. This item has been partially implemented in some or all areas of the organization. | 5.5% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 2% |
| E. There has been no activity to establish this item. | 32.5% |

For patients requiring insulin to treat diabetes, special insulin syringes are used to withdraw the high-alert medication from a vial. Vaccines, on the other hand, are administered with a small syringe, often referred to as a “tuberculin” (TB) syringe. Confusion with these syringes have led to medication errors in which TB syringes were used in place of insulin syringes. A mix-up between these two syringes can lead to a ten-fold overdose of insulin. One reason for these errors have been the resemblance in packaging of the TB syringe and the insulin syringe.

Measure 15 — Your organization physically segregates insulin syringes separately from all other syringes in the pharmacy and on patient care units.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 51% |
| B. This item is fully implemented in some areas of the organization. | 10.5% |
| C. This item has been partially implemented in some or all areas of the organization. | 8% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 1% |
| E. There has been no activity to establish this item. | 29.5% |



Safe Surgery Domain

Many sponges (gauze pads), sharps (e.g., surgical blades, needles) and instruments (e.g., scissors, forceps) are typically used during surgical procedures. Leaving a sponge, sharp, or instrument inside of a patient who undergoes a surgical procedure may cause serious patient harm. These items may be left in a patient during procedures in the OR and following minimally invasive procedures performed outside of the OR, such as in interventional radiology. Counting sponges, sharps, and instruments before, during and after any procedure involving an incision or a puncture of the skin is an established way to prevent these items from being left inside of a patient.

Measure 16 — Sponge, sharps, and instrument counts are conducted before, during, and after each invasive interventional radiology procedure.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 31% |
| B. No. | 14.5% |
| C. Not applicable. | 54.5% |

Many devices and supplies in the OR also may contain latex, such as adhesive tape, gloves, oxygen masks, and syringes. Reactions to latex range from mild, such as a skin rash or itching, to severe, such as shock leading to cardiac or respiratory failure. Surgical procedures may cause some of the most severe reactions to latex because latex comes into direct contact with moist areas of the body and internal surfaces.

Measure 17 — Your organization’s OR pre-op checklist includes verification of latex sensitivity.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 74% |
| B. No. | 11.5% |
| C. Not applicable. | 14.5% |

During a surgical procedure, many containers, such as basins, bowls, or cups, are placed in the surrounding area. Errors may occur if medications and/or other solutions are removed from their original containers and placed in unlabeled containers. To help reduce the risk that unidentified drugs and/or solutions are used in error, many facilities do not allow staff to use unlabeled basins, bowls, and cups in the OR or in any area where an invasive procedure is performed.

Measure 18 — Unlabeled basins, bowls, and cups are prohibited in the operating room and/or in areas where invasive procedures are performed.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 71% |
| B. This item is fully implemented in some areas of the organization. | 5% |
| C. This item has been partially implemented in some or all areas of the organization. | 4% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 2% |
| E. There has been no activity to establish this item. | 18% |

Before undergoing surgery, the patient must give their informed consent for the procedure. Giving informed consent means that the patient has been fully informed of his or her diagnosis, the type of procedure, the risks



and benefits of the procedure, and any alternatives to the procedure. When the person has consented to the surgical procedure, the person then signs a consent form. One of the purposes of the consent form is to provide information about the procedure to the healthcare team. Inadequate or missing consent forms for surgical procedures are a potential source of error during the surgical process.

Measure 19 — In the past year, your organization has analyzed the causes of inadequate or missing consent forms for surgical procedures.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 25.5% |
| B. This item is fully implemented in some areas of the organization. | 5% |
| C. This item has been partially implemented in some or all areas of the organization. | 14% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 11.5% |
| E. There has been no activity to establish this item. | 44% |

Wrong-site surgery involves all surgical procedures performed on the wrong patient, wrong body part, wrong side of the body, or wrong level of a site, such as the spine. Organizations that check for errors at every opportunity have more success in preventing misinformation from reaching the patient. The patient frequently provides a further check to the accuracy of OR documents. This verification is completed by the patient’s in answering questions that require an active expression of information, not a passive acknowledgement.

Measure 20 — Your organization requires *both* the patient’s (or representative’s) involvement in confirming the surgical site *and* that the surgical site mark is made prior to sedating the patient.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 79.5% |
| B. No. | 0.5% |
| C. Not applicable. | 20% |

One of the greatest potential for system improvement to prevent wrong site surgery is compliance with the Universal Protocol, which involves standardized steps in the OR process, and radiologic (x-ray) confirmation of the correct level during spinal surgery. Incorrect information communicated when scheduling a procedure, sometimes included on the consent or in the history and physical may also be a patient safety risk.

Measure 21 — Surgical site (including side where applicable) is indicated and documented at the time of scheduling an operating room for a procedure.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 71.5% |
| B. This item is fully implemented in some areas of the organization. | 6% |
| C. This item has been partially implemented in some or all areas of the organization. | 1% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 0% |
| E. There has been no activity to establish this item. | 1% |
| F. Not applicable. | 20.5% |



To help promote surgical safety, the WHO developed a Surgical Safety Checklist to help ensure that OR teams consistently follow critical safety steps in the surgical process. The goal of the checklist is to minimize the most common and avoidable risks that may endanger surgical patients. When this checklist was pilot tested in eight hospitals in cities around the world, the rate of death decreased from 1.5% to 0.8%, and the rate of complications decreased from 11% to 7%.

Measure 22 — Your organization uses the World Health Organization (WHO) surgical safety checklist which includes Sign in (confirmation pre-procedure), Time out (verification), and Sign out (confirmation post-procedure).

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 33% |
| B. No. | 47% |
| C. Not applicable. | 20% |

Infection Control Domain

Traditionally, healthcare associated infections (HAI) prevention in many healthcare facilities has not been well integrated into broader patient safety activities. One of the goals of Act 52 of 2007 was to clarify that HAIs were considered Serious Events under the MCare Act. Our survey uncovered evidence that, at least in Pennsylvania, HAIs are seen as a patient safety concern and that the separate “silos” of infection prevention and patient safety may be less prevalent. Patient Safety Committee review of reports on HAIs is important to merge potential gaps between infection prevention and patient safety.

Measure 23 — The Patient Safety Committee reviews data or reports on healthcare associated infections.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 92.5% |
| B. This item is fully implemented in some areas of the organization. | 4% |
| C. This item has been partially implemented in some or all areas of the organization. | 3.5% |

The single most important thing healthcare workers can do to reduce infections is to consistently and reliably wash their hands. For busy practitioners caring for multiple patients, this can mean washing your hands 60 to 100 times a day. A frequently complaint of healthcare workers, and a reason they often cite for failing to wash their hands or to use necessary sterile precautions, is that the necessary supplies were unavailable at the time of handwashing.

Measure 24 — Your organization’s Infection Control Plan specifies the inspection frequency of patient care areas for handwashing capabilities and availability of other supplies (e.g., full alcohol handrub dispensers, gloves, gowns).

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 79% |
| B. This item is fully implemented in some areas of the organization. | 19.5% |
| C. This item has been partially implemented in some or all areas of the organization. | 1.5% |



Many healthcare facilities have enlisted the help of patients in promoting hand hygiene among their staff, including providing written information to patients encouraging them, for example, to ask staff if they have washed their hands.

Measure 25 — Your organization supplies patients with written information about hand hygiene to encourage patient assistance in improving staff compliance.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 40.5% |
| B. This item is fully implemented in some areas of the organization. | 8.5% |
| C. This item has been partially implemented in some or all areas of the organization. | 11.5% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 13.5% |
| E. There has been no activity to establish this item. | 26% |

Device Safety Domain

“Smart” infusion pumps are computerized drug delivery devices that deliver IV drugs and other fluids at specific rates that are appropriate for the type of drug, the strength or concentration, and the dose that is prescribed. The pumps are programmed by clinicians using a touch screen to deliver the right dose over the right time period. What makes these pumps smart is that they have a library of drugs in memory, and if a medication is programmed beyond the dose limits in the library, the pump will either generate an alert or not allow the drug to be given.

Measure 26 — Describe your organization’s use or implementation of smart infusion pumps—those that store dosing guidelines in a computerized library and warn clinicians of potential errors during programming.

| Responses | All Facilities in PA |
|--|----------------------|
| A. All infusion pumps used in our facility are smart pumps. | 20.5% |
| B. Smart pumps are available in some patient care areas. | 13% |
| C. Infusion pumps are used in our facility, but we have not implemented smart pumps. | 23% |
| D. Infusion pumps are not used in our facility. | 9.5% |
| E. Not applicable | 34% |

If smart infusion pumps have been programmed inaccurately and are unable to catch some unsafe orders, or if the dose limits are overly restrictive it could lead to too many unnecessary alerts, leading practitioners to ignore or override them. Facilities can prepare to maintain their smart infusion pumps by collecting and reviewing log analysis data on a regular basis, evaluate overrides and reprogrammings, and modifying drug libraries when necessary.

Measure 27 — In the past year, your organization has reviewed computer logs from smart infusion pumps to evaluate the performance of the drug library and dosing limits.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 18.5% |
| B. No. | 15% |
| C. Not applicable. | 66.5% |



Fires during surgical procedures can have tragic consequences both for patients and healthcare workers. These events are also completely preventable, and OR staff should be prepared to respond quickly to extinguish fires when they occur. One method of preparedness is to have OR staff participates in surgical fire drills. People are better equipped to handle emergencies if they periodically rehearse their response to emergency situations.

Measure 28 — In the past year, all staff of the operating room and/or in areas where invasive procedures are performed in your organization have participated in a surgical fire drill.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 64% |
| B. No. | 20.5% |
| C. Not applicable. | 15.5% |

Defibrillators are devices that deliver a shock to a patient’s heart in response to certain abnormal heart rhythms. Defibrillators have been used as auxiliary physiologic monitors when regular monitors have been unavailable. Leaving a defibrillator connected to a patient for extended periods for monitoring places the patient at risk of receiving a shock unintentionally.

Measure 29 — Your organization prohibits defibrillator use for routine physiologic monitoring.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 69% |
| B. This item is fully implemented in some areas of the organization. | 1% |
| C. This item has been partially implemented in some or all areas of the organization. | 0.5% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 1% |
| E. There has been no activity to establish this item. | 28.5% |

Tourniquets are used when starting an IV or drawing blood, but if they are left in place longer than necessary they can cause significant and sometimes permanent damage to nerves, blood vessels, or tissues. Analysis of the causes cited as factors for forgotten tourniquets is one way facilities can reduce the amount of system-related issues involved with forgotten tourniquets.

Measure 30 — In the past year, your organization has analyzed the causes of tourniquets left on patients.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 18% |
| B. No. | 38% |
| C. Not applicable. | 44% |



Pulse oximetry is a routinely used non-invasive technology for monitoring the level of oxygen in the blood. A sensor clipped to the patient’s finger is considered safe for up to eight hours if the application site has normal blood flow. If left on for longer periods, or on a patient with poor circulation, these devices can cause burns or injury from decreased blood flow. Regular skin assessments provide organizations the ability to identify blood flow issues associated with pulse oximetry.

Measure 31 — Your organization has developed a policy and clinical protocols that include regular skin assessments during the use of pulse oximetry equipment.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 16.5% |
| B. This item is fully implemented in some areas of the organization. | 5% |
| C. This item has been partially implemented in some or all areas of the organization. | 6.5% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 5% |
| E. There has been no activity to establish this item. | 67% |

Patient Identification Domain

A consortium of local and regional Pennsylvania healthcare organizations collaborated together and developed recommendations to clearly define and implement practice for identifying and communicating patient risk factors or special needs by standardizing the use of color-coded bands and color-band alerts thereby reducing the risk of potential confusion associated with color-coded wristbands.

Measure 32 — Your organization has adopted the Color of Safety Taskforce recommendations for color coding wristband standardization.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 53% |
| B. No. | 32.5% |
| C. Not applicable. | 14.5% |

Patient misidentification can be a factor in many adverse events including high-alert medication administration, invasive procedures, transfusions, phlebotomy, and pathology specimen preparation. Healthcare facilities use a variety of system elements to correctly identify patient and catch identification errors when they occur. By using the Joint Commission’s national patient safety goal 2B – use of two-patient identifiers - and documenting the two patient identifiers, facilities will be able to monitor each patient interaction and verify correct identification, which serves as a system safeguard when identification errors are present.

Measure 33 — Your organization requires providers to document the two patient identifiers used in patient identification when administering high-alert medications, blood products, and at the time of phlebotomy.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 45.5% |
| B. No. | 27% |
| C. Not applicable. | 27.5% |



Transitions of Care Domain

Implementing a standard approach to the hand-off of patients with supplemental oxygen includes the education of transferring and receiving staff with a formal hand-off communication tool that includes the delivery device information. This may reduce the potential for adverse events when supplemental oxygen is needed during a patient transport.

Measure 34 — Your organization’s written hand-off communication tool includes supplemental oxygen and delivery device information (e.g., nasal cannula, ventiface mask).

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 50.5% |
| B. No. | 9.5% |
| C. Not applicable. | 40% |

Environmental Domain

The safe handling of hazardous drug spills is uniquely different from other healthcare spills and exposure extends beyond patients and healthcare practitioners because nonclinical staff are often involved with the containment and disposal of spills. The risk of exposure extends along the drugs’ entire life cycle. Consistent managing of spills and disposing of hazardous spills cleanup materials minimize risks to patient and staff in areas where these medications are used.

Measure 35 — Your organization’s hazardous drug disposal practices include the handling, containment, and disposal of hazardous spills, separately from biohazard disposal.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 64% |
| B. This item is fully implemented in some areas of the organization. | 6% |
| C. This item has been partially implemented in some or all areas of the organization. | 4% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 2% |
| E. There has been no activity to establish this item. | 2.5% |
| F. Not applicable | 21.5% |

Care Management Domain

Hemolyzed specimens represent a unique patient safety concern. Monitoring patterns of rejected specimens and analyzing the various causes may provide organizations opportunities to implement standardization of processes, facilitate accurate laboratory diagnosis, influence therapeutic decisions, impact patient length of stay, lower hospital and laboratory costs, influence laboratory efficiency, and directly affect patient care and outcomes.

Measure 36 — In the past year, your organization has analyzed the causes of rejected hemolyzed laboratory specimens.

| Responses | All Facilities in PA |
|--------------------|----------------------|
| A. Yes. | 32% |
| B. No. | 23% |
| C. Not applicable. | 45% |



Fall Prevention Domain

The use of bed exit alarms may improve an organizations’ response to a situation but do not prevent falls by themselves. Bed exit alarms warn caregivers and in some cases patient themselves when a patient leaves or attempts to leave the bed. Including bed exit alarms in the overall fall prevention program will allow facilities to provide closer monitoring of patients at high risk of falls.

Measure 37 — Your organization utilizes bed exit alarms in the overall fall prevention program.

| Responses | All Facilities in PA |
|---|----------------------|
| A. This item is fully implemented throughout the organization. | 46% |
| B. This item is fully implemented in some areas of the organization. | 9% |
| C. This item has been partially implemented in some or all areas of the organization. | 2% |
| D. This item has been formally discussed and considered, but it has not been implemented. | 2% |
| E. There has been no activity to establish this item. | 2% |
| F. Not applicable | 41% |

