Healthcare Organization Commitment

Contact Details

Name
Ernesto Arriaga-Morales

Phone
5555505050

Email
urgencias.sur@hsai.com.mx

Position
Emergency Department Chief

Organization Name
Hospital San Ángel Inn Sur

Organization Address
Avenida México 2, Tizapán San Ángel, Delegación Álvaro Obregón, CP 01090
Mexico City, Mexico City 01090
MX

Participants
Fernando Góngora Iriarte, Medical Director

APSS

Have you reviewed the Patient Safety Movement Foundation's Actionable Patient Safety Solutions (APSS)?
Yes

What Patient Safety Challenge does your Commitment address?
Challenge 10 - Systematic Prevention and Resuscitation of In-hospital Cardiac Arrest
Commitment Name
Zero Cardiac Arrests in Hospitalization

How Many Hospitals Will This Commitment Represent?
1

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Commitment Details

Commitment Summary
In-hospital cardiac arrests are not events that occur abruptly in most cases and are preceded by events that lead us to that outcome, mostly patients have deterioration even more than 24 hours prior, the detection of those patients and having a response plan can reduce the possibility of cardiac arrest. At the San Ángel Inn hospital, the constant turnover of clinical staff combined with growth as a reference hospital has been increasing the volume of more complex patients in the areas of hospitalization, care and evaluation of the health status of patients is carried out during the passes Visiting doctors on call, however, the lack of a standardized surveillance process has caused the constant activation of rapid response teams to prevent deterioration of the patient until a cardiorespiratory arrest.

Action Plan
The Hospital San Angel Inn Sur action plan is based on the following elements 1. Areas of opportunity Boosts prevention and care • A plan for the acquisition of technology will be established that allows us to perform a more precise monitoring such as monitors with Capnography. Responsible: General Directorate Create a safety culture • The review of clinical cases will be established in the Cardiopulmonary Resuscitation, Pediatric Morbidity and Maternal Morbidity Committee of patients for the improvement of care processes, case review, video review in the care process. Responsible: Intensive Care Unit Coordinator Checklist for trainers in cardiac arrest • A plan for the acquisition of devices will be established to determine the quality of compressions performed by clinical professionals. Responsible: General Directorate / Teaching Coordination 2. Action plan Cardiopulmonary Resuscitation Committee • A multidisciplinary committee is in charge of monitoring the necessary supplies for the care of patients in cardiac arrest, training of personnel in critical areas. Responsible: Nursing coordination. • Compliance with training by external suppliers is monitored, drills are carried out. Responsible: Human Capital • Review the indicators to improve the care of patients in cardiac arrest. Responsible: Intensive Care Coordinator Promoting Prevention and Care • A Rapid Response Team and an action plan are integrated in the event of an unstable patient or with sudden deterioration of his health status, which we seek to prevent events of this type. Responsible: Intensive Care Coordinator • Implementation of clinical early warning systems to detect the deterioration of patients as early as possible. Through the NEWS 2 score. Responsible: Emergency Department
Coordinator Implementation of a patient addressing system, preventing serious patients from entering hospitalization floors, using the same score as triage in the emergency room and on the floor (that is, the patient is reassessed at least once per shift and it is decided if You can still stay on the floor, in a room with telemetry, intermediate therapy or intensive therapy). • A policy is implemented by the Directorate of patient safety, the rapid response team receives full support from the governing body to make decisions for patient safety and to prevent the activation of a blue floor code. Responsible: General Directorate • Training of clinical staff to detect the appearance of signs of deterioration in patients to activate a rapid response team. Responsible: Hospitalization Coordination • Training of all staff doctors, with certification in advanced cardiovascular life support and training in critical ultrasonography. Responsible: Nursing and Medical Education Coordination • Training of doctors in training in basic and advanced CPR, and training in critical ultrasonography has also begun. Responsible: Emergency Department Coordinator • Training of staff doctors in handling the NEWS 2 score with certification from the Royal College of Physicians Responsible: Emergency Department Coordinator

Impact Details

Lives Saved

Predicted Lives Spared Harm

0.5

For reporting purposes, the number has been rounded up to the nearest whole number. Predicted Lives Spared Harm

1