Healthcare Organization Commitment

Contact Details

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Position
Assistant Vice President Quality & Patient Safety

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Commitment Details

Commitment Name
Reduce Adverse Drug Events with Harm

Participants
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What Patient Safety Challenge does your Commitment address?
Challenge 3A - Medication Errors
Commitment Summary
The IH med safety team has had a significant commitment to reducing ADEs with harm and has reduced the system rate from 2.5 per 1000 patient days in 2007 to 0.94 in 2013. Initiatives have included expanding the settings where bar code medication administration is used, standardized order sets (and CPOE), standardized IV pump library, optimization current alerting limits within the library, reduction of basic mode use and ADE trigger tool alerting to clinical pharmacists. It is of note that IH is moving to an integrated EMR (Cerner) and is expecting significant variation in processes and workflow. The overall goal is to drive out variation and develop more robust standardization.

Commitment Description & Detail
Continue reduction of ADEs with harm
Intermountain Healthcare commits to the following goal targets:
Entry Goal Rate: 0.92 per 1000 patient days (2% reduction)
Target Goal Rate: 0.90 per 1000 patient days (5% reduction)
Stretch: 0.88 per 1000 patient days (7% reduction)
Improvement is driven through the system Medication Safety Team with representatives from each region, Quality and Nursing Services. Improvement teams are replicated at the region and facility level. ADEs with harm will be monitored and reported monthly along with quarterly reports of local action plans.

Action Plan
The following is a high level overview of the implementation plan:
• Baseline Analysis – Conduct baseline performance at the system, region and hospital levels
• Identify top drugs in the system and region levels responsible for ADEs with harm
• Action Plan – Based on the above analysis regions will build action plans for targeted drugs
  o At the system level we will continue implementation of the capnography use in patients on IV opioids (Sentinel Event Alert Opioid Safety task force)
  o Continue anticoagulant order sets and initiation protocol standardization (Anticoagulation Team)
  o Smart pumps – Monitor top 10 drugs alerting, modify alerts to decrease false positive alerting (Alarm management team)
  o Continue optimization of ADE trigger tool to result in real time clinical decision support
• Monitor – continue to monitor rate of ADEs with harm at system, region and facility level. Provide feedback to local leadership and support local improvement plans
• Innovation – any new innovations will be piloted, results analyzed, spread plans considered, and facility support for implementation where indicated