Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Patient Safety Culture and Control of Nosocomial Infections

Participants
Raul Rivera-Moscoso, MD

What Patient Safety Challenge does your Commitment address?
Challenge 1 - Culture of Safety

Commitment Start Date
03/01/2017

How Many Hospitals Will This Commitment Represent
1

Commitment Summary
1) In the chapter of Patient Safety Culture
   a. Improve the knowledge of patient safety principles
   b. Compliance with patient safety standards
      i. Medical staff
      ii. Nursing staff
      iii. Paramedical personnel (laboratory personnel, cleaning personnel, clerks, etc)
      iv. Patients and family members
2) In the chapter of Nosocomial Infections
   a. To keep the rate of bloodstream infections secondary to intravenous therapy in 0 at the ICU.
   b. To reduce significantly the number of cases of nosocomial pneumonia in patients hospitalized at the ICU and in general wards.

Commitment Description & Detail
The Institute is a national reference tertiary care institution, with a remarkable tradition in medical care, teaching and research throughout 70 years. The search for high quality clinical care has been a constant objective. We also form medical specialists and subspecialist in surgery and internal medicine. Also, the Institute has been recognized and distinguished for the development of new models for medical care applying throughout the national health system. Whereas, it is the Institute intention to establish a formal agreement with the organization “Patient Safety Movement” with the purpose of achieving the meaningful objectives proposed during a four-year term:

1) To strengthen the implementation and follow-up of international patient safety goals with the purpose of achieving international standards.
   a. Proper identification of patients, especially in hospitalization services, including the emergency room, the intensive care unit and surgery.
   b. Effective communication improvement, especially during shifts of physicians and nurses well as in the patient transfer.
   c. Improve the safety in administration of high-risk drugs; in particular it is our major concern to intensify the safety of the administration chemotherapy in those patients with hemato-oncological diseases.
   d. Correct procedures, we will focus this goal to patients who are going to surgery and also in those who require endovascular procedures.
   e. Reduce the risk of infections associated with health care, which is described in the following great objective.
   f. Reduce the risk of damage to the patient due to falls, eliminate the falls in patients who
are hospitalized in our institution, with emphasis over those falls with a higher impact on the patient and that may cause disability or greater dependence.

2) To reinforce the program of prevention and control of nosocomial infections with the following specific objectives:
   a. Strengthen the prevention measures in the intensive care unit with the purpose to maintain in 0 the rate of infections associated with intravenous therapy.
   b. Improve the prevention measures to reduce the rate of hospital-acquired pneumonia, in the intensive care unit therapy and the general wards.

Action Plan
1) For the first objective we propose:
   a. Develop review and motivation workshops for medical, nursing and other personnel with contact with patients.
   b. Establish monitoring mechanisms through appropriate committees, as well as with the support of the specific medical treatment groups determine the progress and improvement of processes to increase the quality of medical care.
   c. Evaluate the improvement of the management of the high-risk drugs through the pharmacovigilance committee.
   d. Evaluate the development of the programs through clinical audits.
2) For the second purpose we propose:
   a. Maintain ongoing activities of the infection control committee.
   b. Continue the strict surveillance program on infections associated with intravenous therapy in the intensive care unit in conjunction with the medical and nursing staff in this area.
   c. Continue the active surveillance program in conjunction with the Medical and Nursing Divisions, the Infectious Diseases Department and the Laboratory of Clinical Microbiology.

Commitment Timeline
1) First objective, we propose 24 months.
2) Second objective, we propose 36 months.