

Patient safety experts highlight key concerns for 2016

For many healthcare facilities, a new year means new goals. As we say goodbye to 2015, patient safety experts from around the country share their focus areas for the coming year.

Improving EHR systems

After spending the last several years implementing, launching, and optimizing a system-wide electronic medical record (EMR) system, Henry Ford Health System (HFHS) is looking to leverage EMRs to transform care delivery, according to **Mary Voutt-Goos**, director of patient safety and clinical care design at HFHS in Detroit. In 2016, the five-hospital system is planning to transition its award-winning “No Harm Campaign,” in place since 2008, to “Harm 2.0,” which will offer real-time harm measurement and predictive analytics to identify patient risk.

The system is also using EMRs to expand the use of its MyChart tool in an effort to enhance patient communication, along with an interpreter services navigator and an advance care planning navigator embedded into the EMR.

Improving and sustaining patient safety culture

Following its recent report *Free From Harm: Accelerating Patient Safety Improvement Fifteen Years After To Err Is Human*, the National Patient Safety Foundation (NPSF) plans to focus most of its efforts toward improving patient safety culture.

Most clinicians and healthcare leaders are well aware of the myriad patient safety risks in the medical environment, but creating and sustaining a culture of safety eludes many organizations, says **Tejal K. Gandhi, MD, MPH, CPPS**, president and CEO of NPSF and president of the NPSF Lucian Leape Institute in Boston. She says NPSF plans to explore ways organizations can educate leaders about how to address disruptive behavior and create safe avenues for clinicians to report errors and near misses. NPSF is currently working to help organizations establish communication and resolution programs to improve transparency and prevent future mistakes.

“This is critical because it impacts so many other areas of patient and workforce safety,” Gandhi says.

Changing that culture starts at the top. **Lisa Eddy,**

RN, CPHQ, CSHA, senior consultant at The Greeley Company in Danvers, Massachusetts, says the best way that healthcare organizations can address patient safety concerns is to implement a daily 10–15 minute meeting where senior leadership reviews any significant events that have occurred in the last 24 hours.

“This allows executive leadership to know what is happening in their organization and to ensure there is proper focus and follow-up on the event,” she says.

Two new challenges for PSMF

The Patient Safety Movement is continuing work toward its goal of zero preventable deaths by 2020. Culture of safety remains among the 12 ongoing challenges the organization has set forth, along with two new challenges initiated for 2016, according to **Joe Kiani**, founder of the Patient Safety Movement Foundation.

The challenges are as follows:

- Airway safety. Incidence of failed airways can be as high as 1 in 50 in the ED and ICU, making it a high-risk procedure in those settings.
- Optimizing obstetric safety. According to the CDC, approximately 650 women die each year during or shortly after childbirth and maternal mortality has doubled in the last 20 years.

Kiani says the organization has also partnered with 44 medical technology companies to begin work on a “Personal Patient Data Superhighway,” in which medical devices would feed patient information into an algorithm to detect patient distress.

Infection prevention

Patricia Gilroy, MSN, MBA, senior performance improvement and patient safety coordinator at Nemours Children’s Health System in Wilmington, Delaware, says infection prevention is the organization’s “number one priority” in 2016. Nemours plans to devote more energy toward infection prevention bundles specifically targeted at surgical site infections, central line-associated bloodstream infection, catheter associated urinary tract infections, and ventilator-associated pneumonia. 