

APPENDIX B

Clear Opportunities for Safety Improvement

The following eleven patient safety practices were the most highly rated in terms of strength of the evidence to support more widespread implementation, out of 79 practices reviewed in detail. Practices appear in descending order, with the most highly rated practices listed first.

1. Appropriate use of prophylaxis to prevent venous thromboembolism in patients at risk.
2. Use of perioperative beta-blockers in appropriate patients to prevent perioperative morbidity and mortality.
3. Use of maximum sterile barriers while placing central intravenous catheters to prevent infections.
4. Appropriate use of antibiotic prophylaxis in surgical patients to prevent perioperative infections.
5. Asking that patients recall and restate what they have been told during the informed consent process.
6. Continuous aspiration of subglottic secretions (CASS) to prevent ventilator-associated pneumonia.
7. Use of pressure relieving bedding materials to prevent pressure ulcers.
8. Use of real-time ultrasound guidance during central line insertion to prevent complications
9. Patient self-management for warfarin (Coumadin) to achieve appropriate outpatient anticoagulation and prevent complications.
10. Appropriate provision of nutrition, with a particular emphasis on early enteral nutrition in critically ill and surgical patients.
11. Use of antibiotic-impregnated central venous catheters to prevent catheter-related infections.

This list is generally weighted toward clinical rather than organizational matters, and toward care of the very, rather than the mildly or chronically ill. Although more than a dozen practices considered were general safety practices that have been the focus of patient safety experts for decades (i.e., computerized physician order entry, simulators, creating a “culture of safety,” crew resource management), most research on patient safety has focused on more clinical areas. The potential application of practices drawn from outside health care has excited the patient safety community, and many such practices have apparent validity. However, clinical research has been promoted by the significant resources applied to it through Federal, foundation, and industry support. Since this study went where the evidence took it, more clinical practices rose to the top as potentially ready for implementation.

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