



Institutes of Medicine (IOM) ~ Basic Concepts of Patient Safety with Examples

- **User-Centered Design**
 - Dressing kits with “open here” printed by notched area on plastic occlusive wrapper.
 - Recycling bins with photos of tin cans or plastic bottles placed beside garbage cans
 - Red plastic wrapping over connection joints on sealed catheter bags to prevent opening closed systems unless absolutely necessary.

- **Avoid Reliance on Memory**
 - Supply cart for central line insertion
 - Assemble all central line insertion supplies and the checklist as kit
 - Pre-op checklist
 - Sponge count done at end of surgery
 - Use of bundles

- **Attend to Work Safety**
 - Engineering controls for equipment (ie. retractable needles)
 - Storing used sharps in plastic sharps containers
 - Putting up red or yellow cones over wet floors/spill sites
 - “Quite Zone” in nursing station to avoid distraction when charting
 - Surgical time out

- **Avoid Reliance on Vigilance**
 - IV pumps for fluid and medication infusion rates
 - Alarms on Monitors to alert to abnormal rhythms, apnea, etc.
 - Use of Pyxis machines to limit drugs selections
 - Set timer to know when the immersion time in disinfectant is complete

- **Train Concepts for Teams**
 - Interdisciplinary unit teams to address clinical/process improvement issues
 - Interdisciplinary teams for product selection and control at facility
 - Interdisciplinary committees to review policy and procedures
 - Interdisciplinary input for multiple perspectives re: buy-in for new products
 - Nursing and Respiratory Therapy collaborating to meet ventilator pneumonia bundle elements



- **Involve Patients in Their Care**
 - Hand-over hand teaching
 - Repeat demonstrations (ie. insulin administration)
 - Patient and family conferences for care planning
 - “It’s OK to Ask” for patients to query HCW if they have washed their hands

- **Anticipate the Unexpected**
 - Bring extra, sealed catheter for urinary catheterization
 - Alert other staff member to check in with you if you are doing a procedure in an isolation room and may need additional assistance or supplies.
 - Step-by-step departmental policies help new people follow the same process
 - Color coding products on EVS cart so correction product is used for correct purpose

- **Design for Recovery**
 - Role play what to say when you observe break in good infection prevention technique (lack of hand hygiene, not wearing PPE upon entering Contact Precaution room) so staff are comfortable speaking up and breaking the chain of infection
 - Disaster/decontamination/earthquake drills
 - Paper back-up systems for loss of electronic medical record
 - Back-up generators/supplies for loss of electricity, water, etc.

- **Improve Access to Accurate, Timely Information**
 - Have patient teaching materials available for sharing at the bedside (not just with specialty educators such as infection control or diabetic educators)
 - Make teaching materials accessible for all staff members (even evening or night shift) ie, online modules, packets, etc.
 - Have up to date materials available at the bedside
 - Ensure all members of the team have knowledge of new processes (including physicians, managers, housekeeping, etc.)
 - Enter hand hygiene observation data directly into your iPhone
 - Electronic scanning of patient wrist band and medication before administering

*Adapted from “On the CUSP: Stop HAI”
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Examples courtesy of Linda Becker, Tracy Lanier
Healthcare-Associated Infections Program*