



Dell Children's Medical Center Pathway to High Reliability

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HUMANCARE



A Little Bit About Us

- Located in Austin, TX
- One of 9 hospitals in the Seton Family of Hospitals (SFH)
- SFH joined Ascension Health in 2005; DCMC only free-standing children's hospital in the Ascension system



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A Little Bit About Us

- Originally opened with 60 inpatient beds and 4 pediatric ED beds in 1988 as Children's Hospital of Austin (CHOA)
- Moved to current location in 2005 and re-named Dell Children's Medical Center; expanded to 176 inpatient beds.
 - DCMC first and currently only Pediatric hospital in the world to achieve Platinum status under the Leadership in Energy & Environmental Design (LEED) program sponsored by the US Green Building Council
 - 3-Acre Healing Garden includes an outdoor theater, sculpture, water features, labyrinth, human sundial & butterfly garden; one of six gardens throughout the hospital representing 6 ecosystems of TX
 - Over 900 pieces of art (2nd largest collection in Austin) from local and global artists



A Little Bit About Us

- Today DCMC has over 40 specialties with a total of 248 beds with 72,000 ED visits annually and an ADC of 120.
 - Level One Trauma Center
 - Level IV NICU
 - Level IV Epilepsy Program
 - Children's Blood & Cancer Center
 - Magnet designation for nursing

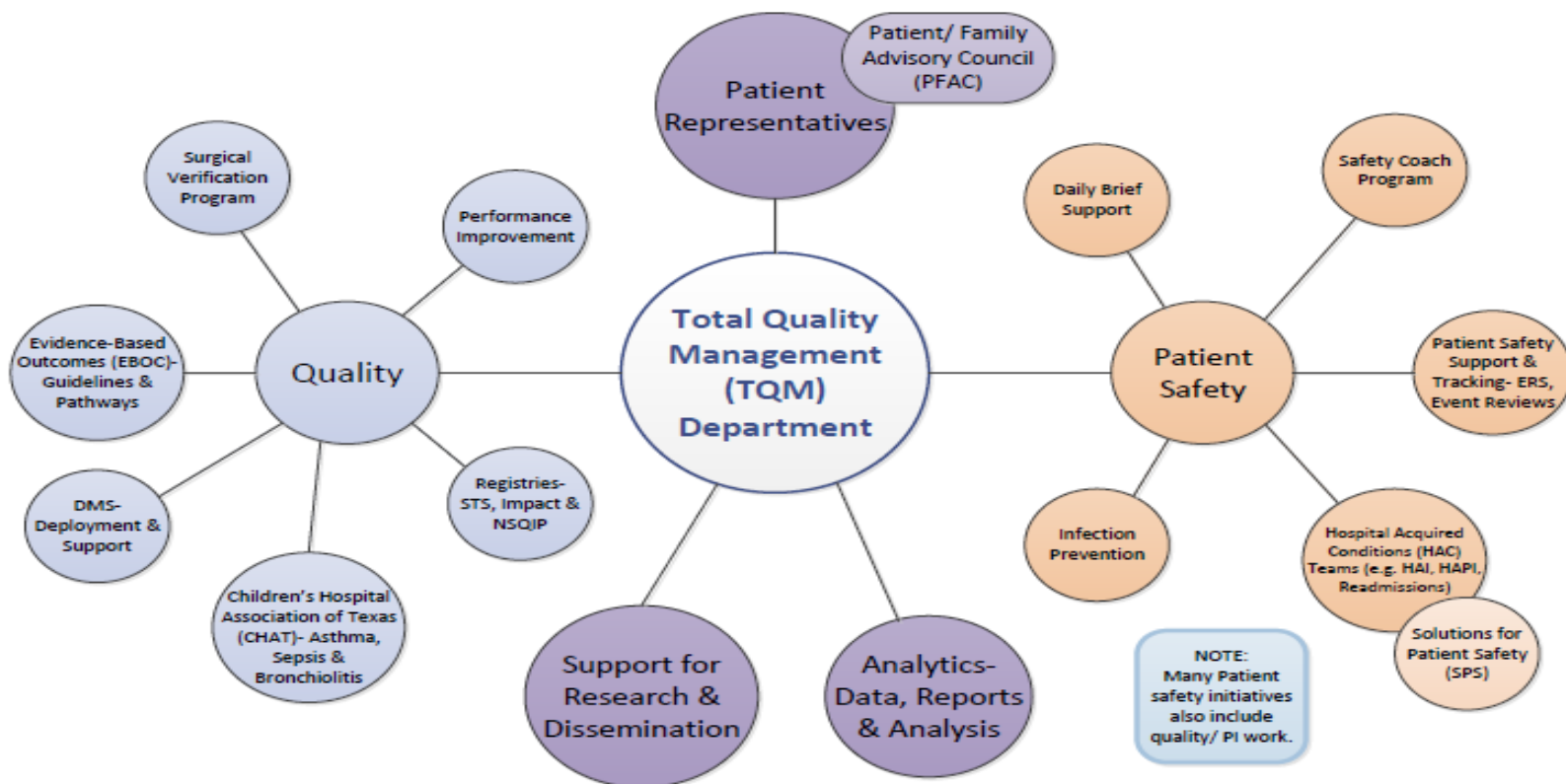


The Journey to High Reliability

- Healing Without Harm – 2010
- Situational Awareness – 2013
- Safety Coach Program – 2016
- Event Review Structures / Processes – 2016

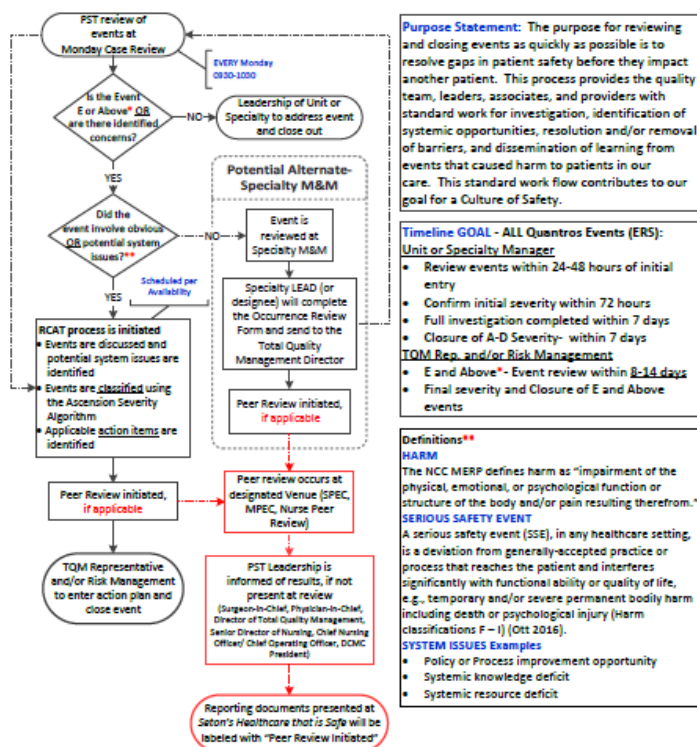


HRO Current State - Structure



Event Review Process

DCMC Patient Safety Team (PST) and Total Quality Management (TQM) Process for Event Review and Referrals



This document is a product of the Patient Safety and Total Quality Management Teams.
NOTE: Any case information sent via email as a result of this process should be labeled "Privileged and Confidential".

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medical center of central texas
September 2017

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Harm Dashboard



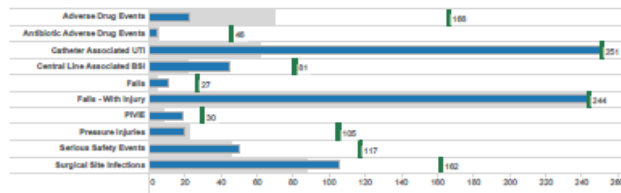
Patient Harm Dashboard

ALL Harm Events	Updated	8/18/2017
Days Since		19
FY 2016 Events		17
FY 2017 Events		103
FY 2018 Events		55
Record Days		30

	Days Event Free	Last Event Day	Record Days	FY 2016 Events	FY 2017 Events	FY 2018 Events
Adverse Drug Events	23	8/25/2017	166	1	5	4
Antibiotic Adverse Drug Events	5	9/13/2017	46	8	66	84
Catheter Associated UTI	251	1/10/2017	251		4	8
Central Line Associated BSI	45	8/4/2017	81	1	13	22
Falls	11	9/7/2017	27	19	78	73
Falls - With Injury	244	1/17/2017			1	
PWVE	19	8/30/2017	30	8	48	
Pressure Injuries	20	8/29/2017	105	4	22	9
Serious Safety Events	50	7/30/2017	117	3	6	7
Surgical Site Infections	105	6/5/2017	162		4	5

Analysis of days since last incident

GREEN: Record days between incidents
 BLUE: Current days since last incident
 GREY: Average days between incidents



Definitions

Adverse Drug Events: An adverse drug event (ADE) refers to any harm or potential harm occurring as a result of an error during the process of prescribing, dispensing, administration or monitoring. For our measure, we are including all ADEs of a Category E or Higher. This excludes exaggerated desired effects (e.g., daytime drowsiness after a sedative-hypnotic taken for sleep), undesired effects (e.g., constipation due to morphine), allergic reactions, and abnormal adverse reactions.

Antibiotic Adverse Drug Events: This measure is a subset of ADEs involving antibiotics. ALL antibiotic events are included in this measure (excluding adverse drug reactions). For FY17, one of our Seton goals is to reduce all antibiotic ADEs.

Catheter-Associated UTIs: These are Catheter-Associated Urinary Tract Infections, as defined by the National Healthcare Safety Network (NHSN).

Central Line Associated BSI: These are Central Line Associated Blood Stream Infections, as defined by NHSN.

Falls: These are patient falls captured in the Quentros Event Reporting System (ERS). Since patient falls at DCMCCT with harm are extremely rare, we are currently reporting all patient falls.

Falls - With Injury: These are patient falls captured in the Quentros Event Reporting System (ERS) that have documented major harm or death.

PWVE: Infiltration/Extravasation is the inadvertent administration of a nonvesicant/vesicant solution/medication into a surrounding tissue. Issues Date for this HAC started in FY17, so PWVEs are excluded from the counts of FY16 events.

Pressure Injuries: Pressure injuries include Stages I-IV, Deep Tissue Injuries, Mucosal Injuries and Unstageable. Stage 1 pressure events are not included. These injuries are staged by a Wound, Ostomy and Continence Nurse.

Serious Safety Events: These are reported serious safety events (SSE) captured in our ERS. SSE is a variation from expected practice followed by death, severe permanent harm, moderate permanent harm, or significant temporary harm.

Surgical Site Infection: These are Surgical Site Infections (SSIs) after Spinal Fusions, VP Shunts, Laminectomies, Cardiac surgeries, as defined by NHSN.

All Harm Events: Does not include Adverse Drug Events below Category E or falls without injury.



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All Teach All Learn Posters

Pressure Injury Huddle Results:

HAPU #2 for FY18

Date of event: 8/12/17

- Stage: Unstageable
- Location: Bilateral parietal-occipital areas
- Patient suffered hair loss, which may be permanent



RISK FACTORS

The risks identified for this patient include:

- Matted hair from EEG glue
- Extended Code Blue
- ECMO
- Low Braden Q scores 14-24
- Cardiac patient

Individual Missed Opportunities:

- Inadequate assessment of posterior head
- Discussion with EEG department regarding glue removal
- Washing/brushing of patient's hair to remove mats

Practice Tips:

- Ensure head is repositioned along with body
- Thoroughly inspect skin covered by hair
- Removal of EEG glue once completed (and patient stable enough to tolerate)
- Get parents involved to help inspect, wash and brush hair
- Encourage use of Device Assessment Job Aid—Hair care is included! ☺

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Safety Focus Newsletter



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Page 1

SAFETY *focus*



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SAFETY focus Contents

[Page 1 -](#)

HRO Hero
PICC Line vs Midline
Care and Use of Midline Catheters

[Page 2 -](#)

Charting of Midline Catheters
Quantros Event Reporting System

[Page 3 -](#)

DCMC Skin & Wound Committee
What is it?
Goals and Objectives
What are they working on?

[Page 4 -](#)

The DCMC Pressure Injury Prevention - Device
Assessment Job Aid

Have you been wondering what happened to the HRO Hero?

DCMC's HRO Hero is on their way! We apologize for the late start. There will be a winner for Fiscal Year 2017, randomly selected from over 500 good catches submitted to the ERS system in FY17. This soft launch will occur in late July. The monthly winners will begin in August. Thank you for your patience as we start this new project.

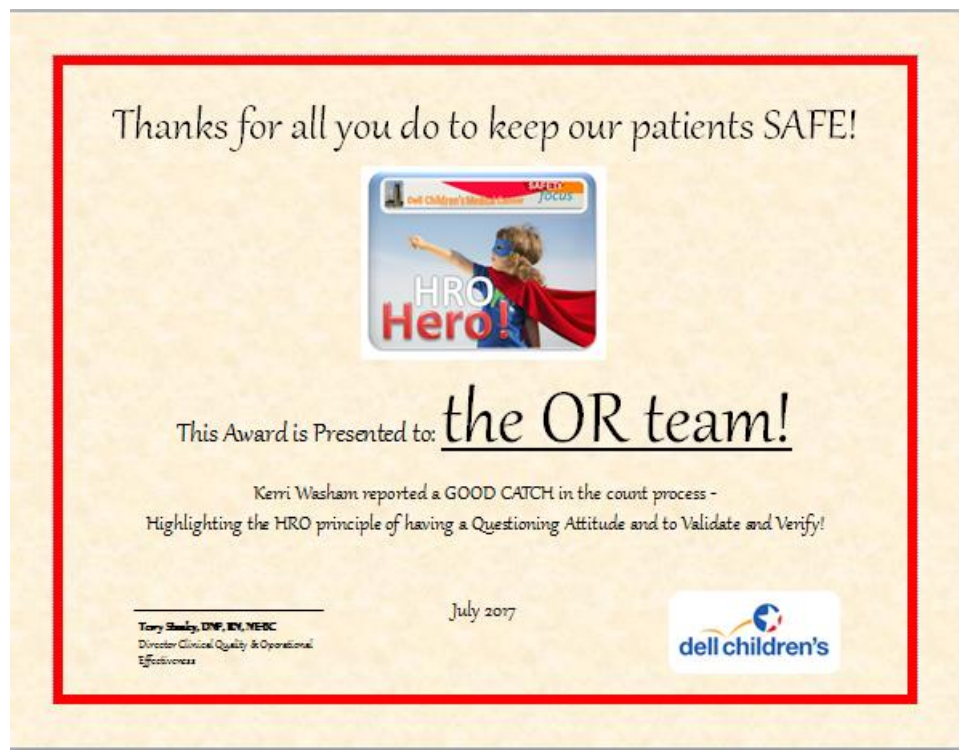
Thanks for ALL
you do to keep
our patients safe!



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HRO Hero



Quality/Safety Wins for FY 17

- CMS PPE Performance CY 2016 – no penalties for readmissions or complications
- USNWR Best Children's Hospitals: DCMC Ortho #47
- Finished FY 17 with 4.5% fewer events than in FY 16
- Increased # of Dashboards from 0 to 5 (Harm, Readmissions, CMI, ED, Cardiac Surgery)
- Introduced DCMC Quality Website
 - <http://intranet.seton.org/v2/dcmc-quality-and-patient-safety/>



HRO Journey – FY 18

- Maximize participation in SPS to include new HACs (UE, ESS) & next Culture Wave
- Next generation Harm Dashboard
- Biggest Harm opportunities – CLaBSI and HAPI
- Maximize Safety Coach program

