

# Getting Their Attention, Making It Worthwhile

## Getting Their Attention, Making it Worthwhile

### A Discussion of Meaningful Data Display




Information for Health Care Improvement

HSAG

### 10 Patient Safety Tips for Hospitals

Medical errors may occur in different health care settings, and those that happen in hospitals can have serious consequences. The Agency for Healthcare Research and Quality (AHRQ), which has sponsored hundreds of patient safety research and implementation projects, offers these 10 evidence-based tips to prevent adverse events from occurring in your hospital. Ordering information and links to free AHRQ tools are also provided.

- 1. Prevent central line-associated blood stream infections.** Be vigilant preventing central line-associated blood stream infections by taking five steps every time a central venous catheter is inserted: wash your hands, use full-barrier precautions, clean the skin with chlorhexidine, avoid femoral lines, and remove unnecessary lines. Taking these steps consistently reduced this type of deadly health care-associated infection to zero in a study at more than 100 large and small hospitals.<sup>1</sup> Additional AHRQ resources on preventing health care-associated infections are available at <http://www.ahrq.gov/qual/has.htm>.
- 2. Re-evaluate hospital discharges.** Reduce potentially preventable readmissions by assigning a staff member to work closely with patients and other staff to reconcile medications and schedule necessary followup medical appointments. Create a simple, easy-to-understand discharge plan for each patient that contains a medication schedule, a record of all upcoming medical appointments, and names and phone numbers of whom to call if a problem arises. AHRQ-funded research shows that taking these steps can help reduce potentially preventable readmissions by 30 percent.<sup>2</sup> An online toolkit is available at <http://www.hs.edu/fammed/peprojected/>.
- 3. Prevent venous thromboembolism.** Eliminate hospital-acquired venous thromboembolism (VTE), the most common cause of preventable hospital deaths, by using an evidence-based guide to create a VTE protocol. This free guide explains how to take essential first steps, lay out the
- 4. Educate patients about using blood thinners safely.** Patients who have had surgery often leave the hospital with a new prescription for a blood thinner, such as warfarin (brand name: Coumadin<sup>®</sup>), to keep them from developing dangerous blood clots. However, if used incorrectly, blood thinners can cause uncontrollable bleeding and are among the top causes of adverse drug events. A free 10-minute patient education video and companion 24-page booklet, both in English and Spanish, help patients understand what to expect when taking these medicines. Ordering information for *Staying Active and Healthy with Blood Thinners* (AHRQ Publication No. 09-0086-DVD) and *Blood Thinner Pills: Your Guide to Using Them Safely* (AHRQ Publication No. 09-0086-C) is available at <http://www.ahrq.gov/consumer/btpills.htm>.
- 5. Limit shift durations for medical residents and other hospital staff if possible.** Evidence shows that acute and chronically fatigued medical residents are more likely to make mistakes. Ensure that residents get ample sleep and adhere to 80-hour workweek limits. Residents who work 30-hour shifts should only treat patients for up to 16 hours and

2

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# Getting Their Attention, Making It Worthwhile

**Stop the spread of germs that make you and others sick!**


## Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.




Put your used tissue in the waste basket.





## Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds or clean with alcohol-based hand cleaner.

**3**

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**Healthy habits help keep your family well.**

**Take care: Cover coughs and sneezes. Keep hands clean.**

Healthy habits can protect you and your children from getting germs or spreading germs at home, work and school. Simple actions can stop germs and prevent illnesses.

**Cover your mouth and nose.** Use a tissue when you cough or sneeze and drop it in the trash. If you don't have a tissue, cover your mouth and nose as best you can.

**Clean your hands often.** Clean your hands every time you cough or sneeze. Hand washing stops germs. Alcohol-based gels and wipes also work well.

**Remind your children to practice healthy habits, too.** Germs that cause colds, coughs, flu and pneumonia can spread easily.

**Healthy habits help reduce illnesses and sick days.** Feel good about doing the right things to stay well.

**Healthy habits stop germs. At home, work and school.**

This message is from the Centers for Disease Control and Prevention and the Department of Health and Human Services. To learn more, please visit [www.cdc.gov/germsblog](http://www.cdc.gov/germsblog).



**Cleaning Hands Keeps Students In School**



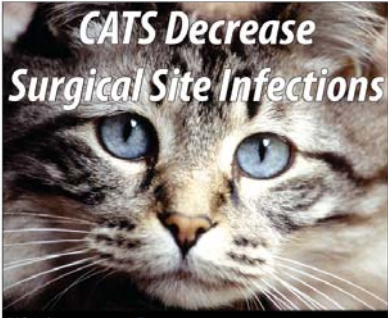
Category	Days Missed per Student per School Year
Elementary school students	2.42
Students who wash their hands regularly	3.02

**4**

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### CATS Decrease Surgical Site Infections

**Hair Removal:**  
If hair needs to be removed from the surgical site, clippers and the hair clipper. Never use a razor.

**Prophylactic Antibiotics:**  
Antibiotics combined with national guidelines should be administered within 1 hour of anesthesia and discontinued within 24 hours (48 hours for cardiac, oncologic, or orthopedic surgery).

**Normothermia:**  
Surgery patients should be normothermic (36°C). If 36°C or higher, start 15 minutes after leaving the operating room.

**Glucose Control:**  
Cardiac surgery patients should have controlled glucose (100-180 mg/dL) on postoperative Day 1 and Day 2.


# Clippers Antibiotics Temperature Sugar

Additional information about reducing surgical site infections is available at [www.medic.org](http://www.medic.org).

**HSAG** HEALTH SERVICES ADVISORY GROUP

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**5**

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## NPO Except:



### Continue Beta-Blockers even when patients are NPO for Surgery

**Patient-Safety Concern**  
Missing a beta-blocker dose during the peri-operative period is associated with increased morbidity and mortality.

**Evidence/Support**  
The American College of Cardiology / American Heart Association recommend continuation of beta-blocker therapy in the peri-operative period as a Class 1 priority.

**Best Practice**  
Patients who routinely take a beta-blocker should continue their beta-blocker on the day of surgery. If the patient's routine dose cannot be given at the regular time due to surgery, give with a sip of water prior to going to surgery.


*And remember: CATS Decrease Surgical Site Infections.  
(Clippers, Antibiotics, Temperature, & Sugar)*

Additional information about improving surgical care is available at [www.medic.org](http://www.medic.org).

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**6**

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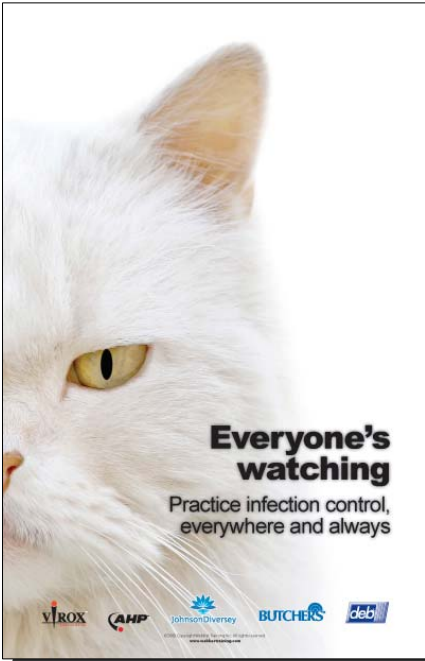


**Clean your paws**  
Before you eat

**VIROX** **AMP** **JohnsonDiversey** **BUTCHERS** **dab!**

7

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**Everyone's watching**  
Practice infection control,  
everywhere and always

**VIROX** **AMP** **JohnsonDiversey** **BUTCHERS** **dab!**

8

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## ***What Did You See***

- Identify the posters you just saw in this display

11

## ***Which Ones Did You Remember?***

- What was the message?
- Did the creator use color?
- How large was the print?
- What caught your eye?
- Was the art related to the message?

12

## ***Before You Begin***

- Who is the target audience?
- What “message” do you want to convey?
- What information is most pertinent?
- What 3 adjectives best describe the message?
- What is the first thing you want the viewer to see?

*Poster Design Work Sheet* **13**

## ***Crucial Elements***


- Attractiveness – what draws your eyes to the poster?
- Originality – what makes a poster more distinctive than all of the other posters in your halls?
- Appeal – connect to your target audience.
- Easy to understand content – concise.

—Kaye Z. Marks

*The Four Crucial Elements of a Marketing Poster*

**14**

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**2. Re-engineer hospital discharges.** Reduce potentially preventable readmissions by assigning a staff member to work closely with patients and other staff to reconcile medications and schedule necessary follow-up medical appointments. Create a simple, easy-to-understand discharge plan for each patient that contains a medication schedule, a record of all upcoming medical appointments, and names and phone numbers of whom to call if a problem arises. AHRQ-funded research shows that taking these steps can help reduce potentially preventable readmissions by 30 percent.\* An online toolkit is available at <http://www.hc.edu/funded/projects/>.

**3. Prevent venous thromboembolism.** Eliminate hospital-acquired venous thromboembolism (VTE), the most common cause of preventable hospital deaths, by using an evidence-based guide to create a VTE protocol. This free guide explains how to take essential first steps, lay out the

evidence and identify best practices, analyze care delivery, track performance with metrics, layer interventions, and continue to improve. Ordering information for *Preventing Hospital-Acquired Venous Thromboembolism: A Guide for Effective Quality Improvement* (AHRQ Publication No. 08-0075) is available at <http://www.ahrq.gov/qual/vtguide/>.

**4. Educate patients about using blood thinners safely.** Patients who have had surgery often leave the hospital with a new prescription for a blood thinner, such as warfarin (brand name: Coumadin)™, to keep them from developing dangerous blood clots. However, if used incorrectly, blood thinners can cause uncontrollable bleeding and are among the top causes of adverse drug events. A free 10-minute patient education video and companion 24-page booklet, both in English and Spanish, help patients understand what to expect when taking these medicines. Ordering information for *Staying Active and Healthy with Blood Thinners* (AHRQ Publication No. 09-0086-DVD) and *Blood Thinner Pills: Your Guide to Using Them Safely* (AHRQ Publication No. 09-0086-C) is available at <http://www.ahrq.gov/consumer/bpills.htm>.

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15

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## Help Make PRESSURE ULCERS a Thing of the PAST.

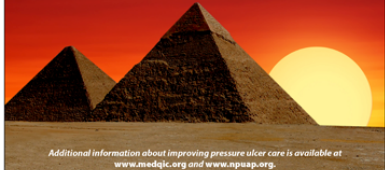
Prevent

Assess


Stage

Treat

- Be diligent in consistently providing good skin care to all.
- Consider all persons who are at risk to report themselves to be at risk for developing pressure ulcers. Provide consistent repositioning assistance according to a schedule established in the care plan.
- Identify additional risk factors such as poor nutrition, dehydration, and incontinence.
- Provide pressure-relieving surfaces (like cushions, etc.) for at-risk persons.
- Implement pressure-ulcer prevention education programs for all patients/residents, health care providers, caregivers, and family members.
- Use the Braden Scale or other valid tool to assess all patients/residents at the time of admission, at regular intervals thereafter, and with any change of condition that increases pressure-ulcer risk.
- Always assess skin when assisting with bathing and toileting.
- Check pressure points such as sacrum, heels, trochanters, heels, elbows, and the back of the head.
- Use the National Pressure Ulcer Advisory Panel (NPUAP) guidelines to regularly document the stage of pressure ulcers when they occur. (Regular and consistent staging provides essential information regarding the effectiveness of treatment interventions.)
- Heal pressure ulcers within 24 hours of identification.
- Provide pressure-ulcer treatment education, including positioning guidelines, to everyone who provides care to the person with pressure ulcers.



Additional information about improving pressure ulcer care is available at [www.msdqic.org](http://www.msdqic.org) and [www.npuap.org](http://www.npuap.org).



16

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## *Essentials of Design*

- Design big enough to grab attention.
- Stay focused on your message.
- Use contrasting colors.
- Use humor or nonsensical elements to garner attention.

—PsPrint

*Poster Design Essentials*

17



18

## Charts on Your Poster

- Large enough to be readable
- Not too complex
- Eye catching
- Clearly labeled
- Easy to understand

—UNC Health Sciences Library  
*Designing Effective Posters*

19

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**Cleaning Hands Keeps Students In School**

Hand Hygiene Program	Absenteeism Rate (Days Lost)
Schools with hand hygiene programs	2.42
Schools without hand hygiene programs	3.02

Sources: CDC, 2008

**CDC**

20

## One More Thing

1. Location
2. Location
3. Location
4. Location
5. Location
6. Location
7. Location
8. Location
9. Location

21

*Over 1 million drug-related injuries occur every year in health care settings. The Institute of Medicine estimates that at least a quarter of these injuries are preventable.*

**To find out how to prevent medication errors, go to**  
<http://www.hsag.com/azproviders/drugsafety.aspx>.



[www.hsag.com](http://www.hsag.com)

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22