

University of Michigan Hospitals and Health Centers
The Joint Commission Sentinel Event Alert
Recommendations and Summary of UMHHC Compliance and Implementation of Recommendations

TJC Sentinel Event Alert Issue – Topic/Date/Recommendations	Current UMHHC Procedure
<p>Issue 1 - February 27, 1998 Medication Error Prevention – Potassium Chloride Alert announces TJC’s decision to publish Sentinel Event Alert Publication. First ‘Alert’ highlights medication errors as a result of mistakes made with Potassium Chloride (KLC) Injections. Recommends removing concentrated KCL from patient care units.</p>	<p>KCL concentrate has been removed from all inpatient units. It’s use is restricted to ECMO and the OR heart rooms in UH and Mott. It is stored away from other medications in those areas. For more information, contact Pharmacy.</p>
<p>Issue 9 - April 9, 1999 Infant Abductions: Preventing Future Occurrences Strategies to reduce occurrences of infant abduction include:</p> <ul style="list-style-type: none"> • Develop a proactive infant abduction prevention plan • Include information on visitor/provider identification as well as identification of potential abductors in staff orientation and inservicing • Enhance parent education around topic • Attach secure ID numbered bands to baby, mother, father or SO • Obtain footprints and color photo of baby and record of physical exam of baby within 2 hours of birth • Require up-to-date Photo ID of all staff • Discontinue publication of birth announcements • Consider options for controlling access to nursery • Consider implementing infant security tag or abduction alarm system 	<p>A multidisciplinary team reviewed and revised the policy and procedures around infant protection. UMHHC has an Infant Protection Policy (Code Pink)and Infant Protection System http://www.med.umich.edu/i/policies/umh/05-03-043.html</p> <p>Policy establishes procedure for a suspected or actual abduction including technical details of the Infant Protection System. The system includes CCTV, automatic locking of departmental accesses and deployment of Security Services and other hospital staff.</p> <p>Photo IDs are required of all employees</p>

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<p>Issue 10 - August 30, 1999 Blood Transfusion Errors: Preventing Future Occurrences Recommendations include:</p> <ul style="list-style-type: none"> • People focused actions including in-service training on transfusion –related procedures • Process redesign (pt. ID, pt. verification, informed consent) • Technical system redesign efforts (computer support, new ID system) • Environmental redesign (adding lab work stations, discontinuing OR refrigerators) • Discontinuing simultaneous crossmatching of multiple patients by same technologist • Not using patient room number to identify patient • Use of unique ID bands for blood transfusions • Computerized verification step 	<p>The Blood Transfusion Process Improvement Team reviewed the literature, conducted benchmarking, flowcharted processes and identified high-risk areas. Risk reduction strategies as a result of those efforts are:</p> <ul style="list-style-type: none"> • Implemented strategies to reduce multiple CPI numbers assigned to the same patient through: <ul style="list-style-type: none"> ➤ staff training around issuing registration numbers ➤ improving the process around capturing alias names ➤ 24 X 7 coverage for issuing confidential names • Endorsed future plans to link CIS to bar-coding for better patient identification • Collaborated with Environmental Services to eliminate lab forms stamped with previous patients name from patient rooms prior to admitting new patient • Implemented informed consent process for blood transfusions • Modified Blood Transfusion Record to discourage pre-checks • All nurses completed blood transfusion competency during Nursing Educational Blitz, January 2001 • Initiated and collaborated with MUPIC on an institutional wide patient identification policy. <p>This committee has undergone reconfiguration and is continuing to identify risk reduction strategies under new leadership as of August 2001.</p>

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<p>Issue 15 - November 30, 2000 Infusion Pumps: Preventing Future Adverse Events</p> <p>Recommendations include:</p> <ul style="list-style-type: none"> • Use of infusion pumps that require set based free flow protection • Reduction in the number of types of pumps used • Standardization of critical care drugs 	<p>Actions taken by UMHHC:</p> <ul style="list-style-type: none"> • Assessment of institutional vulnerabilities related to free flow tubing. Replaced existing tubing for Omniflow pump with non free-flow tubing. • Two sentinel/adverse events have led to other safety measures including: reduction of number of types of ambulatory pumps, broad-based email communications sharing pump safety information, review of recent pump purchase. • IVACs are used in pediatrics, Holden and with CVVH and ECMO patients. Anti free-flow valve must be added to IVAC tubing. Unable to use valve in CVVH, ECMO, Holden related to clinical issues. • AIM Plus Pumps, used in Home Med and Infusion Center do not have free-flow protection. Antigravity valve available and in use in these settings

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<p>Issue 20 - June 2001 Exposure to Creutzfeldt-Jakob Disease Organizations should establish policies for:</p> <ul style="list-style-type: none"> • Disinfection or disposal of instruments used in neurosurgery in general and when CDJ is suspected or confirmed • Quarantine of such surgical instruments until an unclear diagnosis or biopsy is clarified <p>A physician quoted in the Alert recommends that sterilization include high-pressure disinfection with sodium hydroxide for one hour and use of single-use instruments or destruction of instruments that come into contact with high infectivity tissues</p>	<ul style="list-style-type: none"> • UMHHC has a specific OR policy about this disease (Creutzfeldt –Jakob Disease, OR Precautions) which details our standards around caring for known or suspected patients with this disease. • Our sterilization protocol with known or confirmed CJD is to soak instruments for one hour in sodium hypochlorite (bleach) and steam sterilize for one hour at 270 degrees. * • Neurosurgery instruments are disinfected in concordance with standard operating room practice. A special policy does not exist for neurosurgery instruments. • Reusable and hard to clean items are avoided. Instruments are quarantined until diagnosis is confirmed. • Compliance with the stated policy is evident following discussion with the listed staff around this issue. <p>* This sterilization practice is different than the practice cited by the physician quoted in the Alert. The policy was developed by internal experts after review of multiple substantiating references. Sodium hydroxide is not used because of it's high toxicity.</p>

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