

## Patient Safety Initiatives by members of the Alliance of Specialty Medicine

*The Alliance of Specialty Medicine believes that physicians, other health care providers, and patients working together can design safety processes into the nation's health care system.*

*Specialist physicians strive to provide the best medical care to their patients. As in all other professions, however, adverse events can occur in the delivery of that care. Creating a health care environment that encourages the development of safety systems and eliminates the culture of blame is essential for improving patient safety.*

*As part of our commitment to safety and quality in the nation's healthcare system, Alliance member organizations have already implemented a number of safety programs. Below is a brief list of some of those patient safety accomplishments:*

The **Society of Thoracic Surgeons'** risk-stratified National Cardiac Surgical Database is the largest voluntary clinical database in medicine with over 2.1 million patient records harvested since its inception in 1989. While individual data is held confidential – to encourage reporting – every participating hospital and surgeon can readily compare its outcomes, risk-stratified, against the outcomes of other facilities or surgeons, encouraging faster adoption of best practices. Use of this data has contributed to the 40 percent reduction in mortality from bypass surgery in the last ten years.

The **American Academy of Orthopaedic Surgeons** launched the "Sign Your Site" initiative, an education program that urges surgeons of all surgical specialties to mark the operative site, in consultation with the patient, as part of their pre-surgery routine. AAOS supports the "Sign Your Site" initiative as a required protocol for every hospital seeking certification by the Joint Commission on Accreditation of Healthcare Organizations.

Over the past 20 years, the **American College of Cardiology** has collaborated with the American Heart Association, the Society for Coronary Angiography and Intervention, and other cardiovascular organizations to provide guidance in the diagnosis and management of various cardiovascular conditions and to establish protocols for patient care that is consistent and based on timely clinical evidence.

The **American Society for Clinical Pathology** hosted a "Consensus Conference on Second Opinions in Diagnostic Anatomic Pathology: Who, What and When." The conference, which was open to the public, convened with pathology experts of various disciplines, surgical representation, and a patient advocate. The conferees worked to reach a consensus on what specimens should be reviewed under second opinions, whose opinion prevails upon a second review, when a second opinion should occur, and to develop general guidelines for second opinions in diagnostic anatomic pathology. Second opinions are a key aspect in the assurance of patient safety for tissue and cytology based

The **American College of Emergency Physicians** assigned a task force to define appropriate data elements that should be collected to further patient safety, and have already developed clinical policies that incorporate safe care for the patient.

The **American Academy of Dermatology Association** has developed 49 guidelines of care for medical and surgical dermatologic services, ranging from acne to psoriasis to office-based medicine. New guidelines of care are appropriately developed and updated.

**National Association of Spine Specialists** created Clinical Guidelines for Multidisciplinary Spine Care Specialists that represent a complete guideline from primary care to chronic, multidisciplinary treatment that includes specific time frames for treatment, and definitions of end points for treatment and treatment success or failure.

Transfusion medicine laboratory professionals have a long tradition for error detection and prevention systems by following standard operating procedures and conducting audits. Blood administration-related accidents and errors -- which occur outside the confines of blood bank/transfusion service laboratory -- represent a significant cause of transfusion morbidity and mortality. To address this issue, the **American Society for Clinical Pathology** joined with the American Organization of Nurse Executives in a Patient Safety Transfusion Medicine Project Team to identify seven essential components of the blood transfusion process. The joint project team developed flow charts and standard operating procedure checklists to assist hospital personnel in assessing the status of their own processes and procedures and take necessary actions to close gaps that may compromise blood transfusion safety.

The **American Urological Association** is part of an ongoing effort to create model federal and state guidelines to ensure optimum patient safety in the office and ambulatory surgical settings. In addition, the AUA strongly supports patient education efforts as the first line of patient safety and publishes a series of patient education brochures and treatment guidelines as well as offers a patient oriented website regarding the treatment of urological diseases.

The **American Academy of Orthopaedic Surgeons** conducted a series of closed-claim professional liability insurance studies, through on-site retrospective review of the records of insurance companies across the country, in order to assist orthopaedic surgeons in providing optimum patient care. Several orthopaedic diagnoses and procedures have been reviewed that have resulted in the publication of two books and numerous articles that have identified trends in unexpected outcomes and medical errors. From these studies, appropriate treatment protocols and operating methods have been established or clarified leading to promotion of patient safety and appropriate surgical practice.

The **American College of Cardiology** operates the National Cardiovascular Data Registry - the only national cardiovascular data repository for cardiac catheterization laboratory measures of care that enables physicians and facilities to compare their practice patterns and outcomes with those of national and peer groups. Participants use this data for improving patient care at their facilities and supporting local quality improvement programs.



The **American College of Radiology** established its own Patient Safety Task Force that represents all segments of radiology, including residents, radiologic technologists, radiological nurses, and a National Electronics Manufacturers Association representative. The purpose of the Task Force was to study the issues of patient safety as they relate to radiology and radiation oncology. The Task Force's mission now has been incorporated into the Commission on Quality and Safety.

The **American Academy of Dermatology Association** has produced a number of comprehensive manuals designed to assist dermatologists with compliance with a number of federal statutes covering quality and safety issues.

The **American Urological Association** initiated a Documented Outcomes Collection System (DOCS) as a way in which outcomes data could be used to analyze significant trends and outcomes in the treatment of kidney stones.

**National Association of Spine Specialists** designed a "Sign, Mark & X-ray" program to prevent wrong-site spinal surgery, including a health care provider checklist for safety. A Take Home Sheet: Patient Diagnosis Diagram provides patients with a diagram for the physician to outline the site(s) of surgery as well as information on the differential diagnosis and the plan of treatment. The handout serves as a summary that may be used on office visits with other health care providers as well as in the surgical suite.

The **American College of Emergency Physicians** developed curriculum for teaching emergency physician residents about patient safety.

The Agency for Healthcare Research and Quality funded research and analysis of data in the existing **Society of Thoracic Surgeons'** risk-stratified data base on outcomes in Coronary Artery Bypass and Graft Surgery. This 2001 AHRQ-funded analysis demonstrated that wider adoption of two practices - pre-operative use of beta blockers and, in older patients, use of the Internal Mammary Artery for at least one bypass (use of the IMA was already accepted as state of the art for younger patients) would significantly improve outcomes - that is, that adoption of these practices would save lives.