

Quality Collaborative

New AHRQ Site Features Healthcare Innovations and Tools

The Agency for Healthcare Research and Quality has launched a new Web site that allows users to learn about, share, and adopt innovations in the delivery of healthcare services. The Health Care Innovations Exchange is the federal government's repository for successful healthcare innovations, but it also includes useful descriptions of attempts at innovation that failed.

“Sharing information about important new developments in methods of delivering effective healthcare is typically a hit-or-miss process,” said AHRQ Director Carolyn M. Clancy, MD. “Such information exchanges often occur only within organizations, through conferences, and by chance over the Internet. AHRQ’s updated innovations exchange will encourage information sharing, reduce duplication, and save time and money.”

The Web site now includes 100 examples of innovations in the delivery of healthcare services and attempts at innovation; it is updated every 2 weeks. Examples of innovations include an intensive care unit’s successful efforts to shorten patient stays by setting and adhering to daily care goals; an initiative by geriatricians, nurse practitioners, and social workers to help seniors avoid institutional care by visiting seniors at home; and a patient/physician e-mail communication system that overcomes the inconvenience of automated phone systems and accommodates the difficult schedules of both the physician and the patient.

In addition to offering a venue for learning and networking, the AHRQ Health Care Innovations Exchange is providing a new home for AHRQ’s QualityTools, a collection of tools used in quality improvement efforts. Visit www.innovations.ahrq.gov for information, resources, and suggestions for improvements you can implement.

Joint Commission Q&A

Send your questions for the Joint Commission to e-news@nahq.org.

Question: Are emergency room physicians required to mark a site and/or do a time-out if they are repairing a laceration in the emergency department?

Joint Commission: It depends on several factors. Are there other lacerations on the patient—or just one? Does the repair require puncture or incision of the skin, or insertion of an instrument or foreign material into the body? Is the emergency room doctor the only clinician doing the repair? Although laceration repair is not one of the procedures specifically delineated in the Universal Protocol, please use the Frequently Asked Questions (FAQs) section of The Joint Commission Web site (www.jointcommission.org/PatientSafety/UniversalProtocol/up_faqs.htm) to guide you. As a reminder, the Universal Protocol applies to all areas of a healthcare organization, including the emergency department.

In general, site marking is not required if there is an obvious wound or lesion that is the site of the intended procedure. However, if there are multiple wounds or lesions and only some of them are to be treated, and if the decision on which ones are to be

treated is made some time before the procedure itself is performed, then the sites to be treated should be marked as soon as possible after the decision is made.

This protocol and its implementation guidelines apply to all operative and other invasive procedures that expose patients to more than minimal risk, including procedures done in settings other than the operating room, such as a special procedures unit, endoscopy unit, or interventional radiology suite. Certain routine “minor” procedures, such as venipuncture, peripheral intravenous line placement, or insertion of a nasogastric tube or Foley catheter, are not within the scope of the protocol. However, most other procedures that involve puncture or incision of the skin, or insertion of an instrument or foreign material into the body, including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, and endoscopies, are within the scope of this protocol.

Even when only one person is doing the procedure, a brief pause to confirm the correct patient, procedure, and site is appropriate. It is not necessary to engage others in this verification process if they would not otherwise be involved in the procedure.