



The Latest Tool for Helping Fight Infection Is Not From a Medical Company.

*Every day thousands of hospitalized patients fall victim to preventable medical errors often resulting in fatal diseases and disabilities. According to the Centers for Disease Control and Prevention (CDC), two million hospital patients contract infections each year, and about **90,000 die as a result.***

*Moreover, according to the Institute of Medicine (IOM), preventable patient care-related injuries **cost the economy \$17 billion to \$29 billion annually.** Most staggering is that many of these medical errors, and their resulting costs, are all but avoidable.*



Hospital Video Auditing: The New Standard in Patient Safety

Introducing Arrowsight Medical™

Arrowsight Medical™, an innovative hospital video audit service to monitor compliance with best practices and reduce medical errors, delivers significant and measurable improvements in patient safety and overall performance. The technology introduces an ongoing system of **video and clinical alarm-based compliance scorecards and audits**, enabling hospitals to achieve the highest level of quality care—with every patient, every day of the year.

Daily, Weekly and Monthly Audit Reports

Arrowsight generates daily, weekly and monthly compliance scorecard reports measuring performance at critical areas in the hospital. Replete with quality analytics tied to actual video events, the reports cover adherence to a wide range of clinical and non-clinical processes including **hand-hygiene guidelines, central-line safety, alarm-response timeliness, ventilator safety protocols and surgical-infection prevention.**

A New Method for Benchmarking Best Practices

The critical-area checklists and quality analytics provided by Arrowsight Medical™ enhance both clinical and non-clinical compliance. The quality analytics offered by Arrowsight Medical™ provide a new set of tools to:

- Enable continuous monitoring of performance on safety protocols and procedures
- Enhance compliance with safety protocols and procedures in clinical and non-clinical areas
- Solve the pressing need for consistent, reliable and sustainable data collection on clinical process of care measures to meet requests of outside regulators and reporting agencies (e.g., public reporting initiatives linked to CMS reimbursement)

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Monitor, Report and Act on the Following:

Infection Safety:

- Compliance with hand-hygiene policies and protocols
- Consistent use of isolation procedures
- Use of sterile barriers and other infection control steps during invasive procedures
- 'Traffic' flow through high-risk areas (OR rooms, reverse isolation rooms)

Critical Care/ICU Safety:

- Central line insertion safety procedures (IHI 'central line bundle')
- Processes to prevent ventilator-acquired pneumonias (IHI 'ventilator bundle')
 - Optimal management of ventilator circuits
 - Positioning of Head-of-bed
 - Performance of daily ventilator 'wake up'
 - Performance of daily RISB—rapid-shallow-breathing index
- Rotation of patients to limit skin breakdown
- Correct and continuous use of Sequential Compression Devices (effectiveness of DVT prophylaxis interventions)

Timing and Responsiveness to Alarms and Events:

- Telemetry alarms
- Infusion pump alarms
- Code Team and Rapid Response Team (Medical Emergency Team) response times

Fall Reduction and Prevention:

- Adherence to fall-reduction strategies/protocols
- Response times to bed alarms
- Screen for inactivation or 'silencing' of bed alarms
- Performance of "sitters"
- Compliance with restraint policies

OR and Surgical Safety:

- Timing of peri-operative antibiotic prophylaxis (CMS Quality Improvement Program)
- 'Traffic' in OR rooms during procedures
- Turnover times and room readiness
- Pre-procedure anesthesia equipment and circuit checks
- Tissue specimen transfers and specimen 'chain-of-custody'

Pharmacy Process Safety:

- Safety and protocol compliance for batch processing (e.g., tpn, CVVH solutions)
- Safe performance of serial dilutions in high-risk drugs

Hospital Video Auditing *versus* Traditional Data Collection Techniques to Improve Patient Safety

	Hospital Video Auditing <i>versus</i> Traditional Data Collection Techniques to Improve Patient Safety			Intervention and Reporting	
	Baseline Compliance	Cost of Inaction	Preventable Deaths	Traditional Data Collection Techniques*	Remote Video Auditing
Hand Hygiene	Low	\$	+	+	+++
Central Line Infections	High	\$\$\$	++++	+	++++
Ventilator Protocols	Medium	\$\$	++	+	+++
Alarm Response	Unknown	\$\$	++	++	++++

(*e.g., hospital information system audits, chart review, direct observation)

This chart shows several areas of ICU care and the impact of Remote Video Auditing vs. Traditional Data Collection Techniques to document quality and improve outcomes.

About Arrowsight

Arrowsight, a Web-based Application Services Provider, is the leading developer of remote viewing services and software. Arrowsight has helped improve practices, compliance and employee morale in safety-sensitive industries, such as food processing, food services and manufacturing. Arrowsight technology is also being used at leading companies including Plumrose USA, Limited Brands and leading McDonald's franchisees.

For more information, please visit: www.Arrowsight.com

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