



Implementation Follow-Up Executive Summary April, 2008

BACKGROUND

“*Banding Together – for patient safety*” was kicked off in March, 2007 following the work of the Missouri Center for Patient Safety’s (MOCPS) 16-member Colored Wristband Work Group. The Work Group assessed findings of a survey of Missouri hospitals and nursing homes about how colored wristbands were being used. The Group also assessed other state’s activities to standardize colored wristbands.

The survey revealed that most Missouri hospitals were using colored wristbands - red being used to designate seven different clinical conditions, yellow to designate nine different conditions and “do not resuscitate” being designated by seven different colors. These results led the Work Group to conclude risk existed from possible confusion about the use of colored wristbands among health care providers in Missouri.

The Work Group finalized the following recommendations for hospitals to voluntarily implement for the use of colored wristbands:

- **Red** to designate allergy risk
- **Yellow** to designate fall risk
- **Purple** to designate “DNR”
- Use of text on the bands in addition to the colors
- Removal of personal wristbands from patients upon entry to the hospital
- Hospitals to serve as community leaders by sharing and encouraging other providers, as appropriate, to implement the same recommendations.

At the time the Work Group made its recommendation, six other states had implemented standardization of colored wristbands – all using red to denote allergy risk and yellow for fall risk, and all but one state designating purple for “do not resuscitate”.

The MOCPS Work Group developed an Implementation Toolkit that was distributed in June of 2007 to the 113 hospitals that indicated their interest in participating in the project. The toolkit was also posted on the Center's Web site at www.mocps.org. A series of Webinars were held with participating organization project leaders to review the toolkit and how to use the resources provided in the toolkit to implement *Banding Together – for patient safety*. The Webinars were also posted on the Center's Web site.

SIX-MONTH FOLLOW-UP

In an effort to assess the extent of implementation of *Banding Together – for patient safety*, an on-line survey was sent to individual contacts at each of the 113 facilities that expressed interest in participating in the project in December, 2007. Additional follow-up was performed in March, 2008 to collect information from individuals not responding to the initial online survey. Below is a summary of the follow-up findings:

- 81 hospitals responded to the assessment.
- 80% of respondents indicated their facility had implemented all or part of the project.
- Most facilities implemented the project within five months.
- All but two of the facilities that had not implemented the project planned to do so in 2008.

IMPLEMENTATION OF RECOMMENDATIONS

Red for allergies – 93%

Yellow for fall risk – 87%

Purple for “do not resuscitate” – 72%

Use of text on wristbands – 69%

Removal of personal wristbands worn in to the hospital – 69%

USE OF RED DESIGNATING “ALLERGIES”

The survey revealed one organization that expressed an adjustment for staff to band only patients with an allergy as prior practice was to band all patients and indicate “NKA” as applicable. The organization indicated following implementation no other concerns were expressed by their staff.

Although results of the survey did not indicate such, Center staff has talked with a small number of organizations that dealt with concerns about changing the practice of no longer banding all patients and those whose practice was to write allergies on a band. Since such questions were not specified on the survey and no additional comments were provided we are not aware to what extent organizations have retained their practice of banding all patients and writing allergies on the band.

USE OF PURPLE DESIGNATING “DNR”

Banding of patients that are DNR was an issue discussed with concerns expressed by some organizations that considered implementing the project. Additional questions were included in the survey about implementation of this recommendation. Of the 48 facilities implementing purple DNR banding, 82% are using text on the band designating “DNR” or “Do Not Resuscitate.”

Common reasons provided for not implementing purple banding for DNR were:

- Concern about the facility’s use of different DNR levels that could result in a greater risk than not banding.
- A desire for the record to be the source of DNR status.
- Concern if a DNR status changed the bands would not be removed leading to risk of failure to resuscitate.
- Medical staff did not want to band DNR patients.

USE OF OTHER COLORED WRISTBANDS

Thirty-six percent of implementing facilities indicated they have implemented or are considering implementing other colored wristbands for other conditions. Of those, the most common was using pink to designate a restricted extremity. Other band color designations being considered or in use are:

Blue for level of care designations

Green for latex allergy

Green for anticoagulant therapy

Green for blood bank

Black for elopement risk

Orange for difficult airway/intubation

Orange for organ donor

Orange for DepoDur infusions

One facility indicated they are considering implementing a band/color for patients on isolation.

IMPLEMENTATION AT OTHER HOSPITAL-BASED LOCATIONS

Twenty-four facilities indicated the recommendations had been implemented in other hospital-based locations.

- 46% implementing in psychiatric units
- 46% implementing in ambulatory surgery centers
- Other locations where the recommendations had been implemented are urgent care (4 facilities), nursing home (2 facilities), and home health care agency (2 facilities).

COMMUNITY STAKEHOLDER CONTACTS

Eighty-three percent of implementing facilities indicated they had shared their implementation of the project with community newspapers. Other community stakeholders contacted by implementing facilities were regional or local medical societies (5 facilities), local television outlets (6 facilities), and local radio stations (5 facilities).

IMPLEMENTATION TOOLKIT

Ninety-six percent of respondents rated the Implementation Toolkit as excellent or good.

The most used sections of the Toolkit were:

- 83% - policy and procedure template
- 69% - patient/family brochure
- 68% - staff presentation
- 68% - staff brochure

Two facilities have had the patient materials translated into Spanish for their patient populations.

BANDING PRODUCTS UTILIZED

Participating organizations were asked about their selection of banding materials, revealing:

- 37% using Precision Dynamics Corporation® product.
- 31% are using LaserBand®.
- 23% are using The St. John Companies™ product.

There were no reports of difficulties working with any vendor, and any problem encountered during planning and implementation was appropriately addressed.

BARRIERS TO IMPLEMENTATION

Respondents indicated the following were some barriers to their implementation of the project.

- Large health systems with multiple facilities needing to come to agreement on the colors/policy.
- Numerous implementation projects going on simultaneously, thereby causing time/resource/financial constraints.
- Small facilities not having the financial resources available in the current budget year.
- Locating pediatric-sized red allergy bands.
- Obtaining “Buy-In” from senior leadership.

OVERALL COMMENTS ON THE PROJECT

Respondents were asked to provide any other comments about the project. Most comments were very positive, with some adding a few suggestions. The following are some examples:

- “I really feel this was a worthwhile project. Our staff embraced the changes. Understanding that it was a state wide initiative really encouraged them to be a part of the BIG picture for patient safety.”
- “I believe to do this right, it would have been more effective to have the bands not only the same color, but insist they all have the large print, rather than let that be optional.”
- “A nurse manager recommends that the term ‘Allow Natural Death’(AND) be used instead of DNR; she also pointed out that the ‘Power Port’ VAD after-insertion band is purple also and could be mistaken for a DNR band.”
- “The toolkit was well laid out, easy to follow and the implementation has gone very smooth. The follow up is showing 100% compliance.”
- “I really appreciate the materials and support from you. Great job, thanks!”

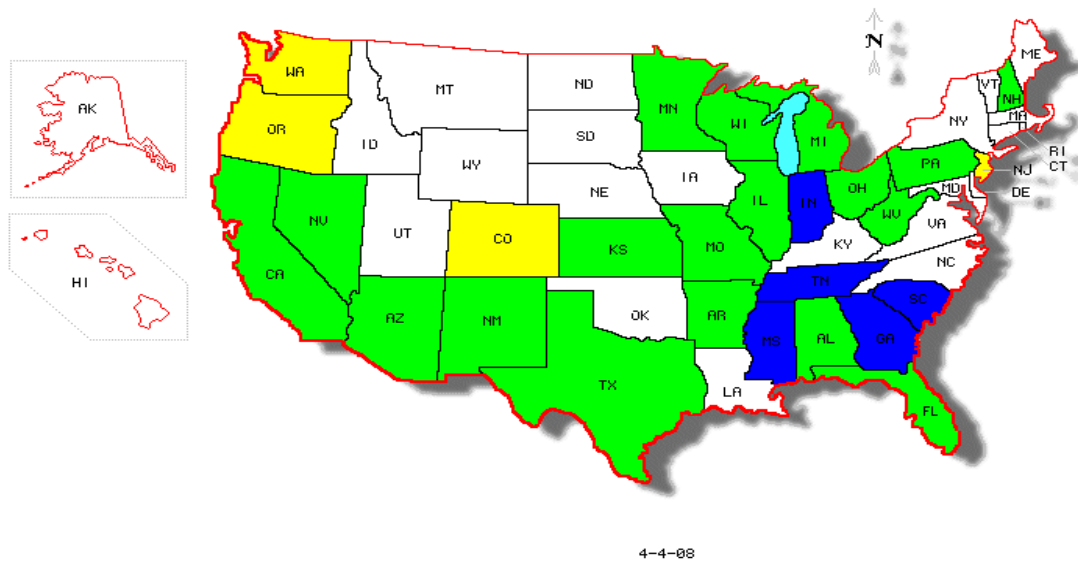
One respondent suggested further collaboration with other states and Missouri organizations that have implemented wristband standardization to identify implementation barriers, how they reached consensus and if we can quantify the impact of the project on practice change and error reduction.

CONCLUSION

There are currently over 20 states that have standardized colors for wristbands with virtually all of them using red for allergy, yellow for fall and purple for DNR. The MOCPS Work Group has established an informal dialogue with some of the other states that have implemented standardization, many of which have sought information from Missouri about our implementation process and asked to use portions of our Implementation Toolkit.

Standardization of Wristband Colors

- - 3 colors
- - 3 colors and others
- - Pending Concensus



The American Hospital Association is leading efforts to coordinate discussions among the states that have standardized wristbands, of which MOCPS is participating with the assistance of the Missouri Hospital Association. We hope to learn more about implementation issues and how we can identify or quantify improvement related to the project by maintaining this dialogue and through future follow-up.

The American Society of Healthcare Risk Managers surveyed its members revealing 60 percent were discussing, developed a model or adopted an existing model to standardize the use of colored wristbands. The survey identified the most common standardization are those adopted for the Banding Together – *for patient safety* project. Based on these results, ASHRM has recommended the use of red for allergy, yellow for falls and purple for DNR.

The MOCPS Colored Wristband Work Group will reconvene to:

- Review results of this follow-up and current status of implementation of Banding Together – for patient safety.
- Discuss comments from some Missouri facilities about potential standardization of additional wrist band colors.
- Activity in some states to standardize overhead paging for fire, tornado, disaster, infant abduction, violent patient, etc.
- Potential for offering translated materials to all participants.

In addition, the Center will perform another follow-up at 12 months following project implementation to update this report and provide additional feedback to participating organizations.

Comments regarding implementation of Banding Together – *for patient safety* are always welcome by contacting the Center at (573) 636-1014, Becky Miller at bmiller@mocps.org or Carol Hafley at chafley@mocps.org.