Patient Safety 2020

What is the definition of Patient Safety?

- ## Institute of Medicine (IOM) defines Patient Safety as:
  - Freedom from accidental injury.

- ## Safety is protecting people from HARM
  - ### Harm resulting from **direct care**
    - Example: medication errors.
  - ### Harm **associated with a care setting**
    - Example: falls.
  - ### Harm **not directly related to the patient**
    - Example: unplanned computer down time or missed supply order.

What Are The Risks of Being Harmed?

- Institute of Medicine (IOM) – At least 100 patients will die in US hospitals today from their care, not from their diseases.

- If 100 patients die each day and there are 5,000 hospitals, what are the odds?

Roughly one death per hospital every two months!

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Patient Safety – What can I do?

1. *Pay Attention to Detail.*

   Be more compliant and Stop, Think, Act, Review (STAR) when performing tasks. Pay attention to your colleagues by Peer Checking them and preventing harm.

2. *Communicate Clearly.*

   Complete and accurate communication is a practice habit that ensures that we understand the task we are doing. Use SBAR, 3-Way Repeat/Read Back, Phonetic/Numeric Clarification, Clarifying Questions to aid in this understanding.

3. *Have a Questioning Attitude.*

   Know how patients may be harmed, anticipate those conditions that lead to harm, act to prevent harm. Use the Validate and Verify, and Know Why and Comply tools to help you.

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4. *Operate as a Team.*

When performing an activity as a team, communicate before, during, and after to optimize learning. Use the tool Brief, Execute, and Debrief.

5. *Speak up for Safety.*

If you see conditions that lead to harm use **C**oncerned, **U**ncomfortable, **S**top (**CUS**) and Chain of Command if colleagues are unresponsive to your concerns. Be sure to report an event and speak up for safety.

We all play a role in being reliable and keeping patients safe!

National Patient Safety Goals (NPSG)

- The purpose of the Joint Commission National Patient Safety Goals are to focus attention on key patient safety risk areas:
  - Identify patients correctly
  - Improve staff communication
  - Use medicines safely
  - Use alarms safely
  - Prevent infection
  - Identify patient safety risk – reduce suicide
  - Prevent mistakes in surgery

  Click on The Joint Commission website for more information on the 2020 National Patient Safety Goals.

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NPSG: Proper Identification

Name and Date of Birth are the two identifiers used to ID patients.

- _DO NOT_ rely on room number or physical location.
- Refer to Patient Identification and Alert Bracelets Policy, 699.07.00

Containers used for blood and other specimens _must_ be labeled in the presence of the patient.

- All specimens _must_ have the following information on the container:
    1. Patient full name.
    2. Patient date of birth.
    3. Date and time of collection.
    4. Collectors Initials.
- Refer to Bedside Specimens Labeling – Final Check Policy, 607.70.00

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NPSG: Proper Identification

PAY ATTENTION TO DETAIL

CARING RELIABLY
Be Compassionate. Be Safe. Be Reliable.

Blood/Blood Products: Before initiating a blood or blood component transfusion, double check transfusion ID using a **two person** process to assure the correct patient gets the correct blood.

– Refer to Patient Identification (Kadlec) Policy 55.11.00

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NPSG: Clear Communication

More than anything else, *communication* affects safety and quality.

- More than 60% of all reported sentinel events are caused by breakdowns in communication.

- Patients get hurt when critical information relevant to their care is miscommunicated
  - Two reasons for this are:
    - Providing care with incomplete or missing information.
    - Executing poor patient hand-offs with relevant data not clearly communicated.

- Use SBAR, 3-Way Repeat/Read Back, Phonetic/Numeric Clarification, Clarifying Questions to end communication errors.

NPSG: Clear Communication

COMMUNICATE CLEARLY

CARING RELIABLY
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Identify a list of Critical Results Notification.

- **RED/Critical** results that are covered by standing orders or established protocols will be acted upon immediately.

- New, unexpected or worsening results will be reported **immediately with repeat calls every 15 minutes for 1 hour to a provider who can take action. This must be documented in the patient electronic medical record**.

Report critical results to a provider who can take action.

- If there is no response within the reporting period allotted, the results will be reported using the Chain of Command.

Refer to Critical Results Notification to Providers (Kadlec) Policy, 699.03.00

Use *SBAR* during hand-off and when reporting a problem or question in person, over the telephone or by email.

- **S –** Situation
  - Keep it simple. What do you need.
  - 5-10 second – "What's the issue?"

- **B –** Background
  - The Context – "How did we get here?"

- **A –** Assessment
  - "What do I think the problem is?"

- **R –** Recommendation
  - "What do I recommend be done about the problem?"

All medications, medication containers (syringes, medication cups, basins), or other solutions on and off the sterile field are labeled even if only one medication is being used.

– Labeling occurs when any medication or solution is transferred from the original packaging to another container and will contain the following:

- Name of drug or solution
- Strength
- Quantity (when not obvious with universal markings, i.e. 2.5mls on a syringe)
- Diluent name and volume (if not apparent)
- Expiration *date* when not used within 24 hours
- Expiration *time* when expiration occurs in less than 24 hours

NPSG: Medication Safety

- If two persons participate in the preparation and administration of medications or solutions, a label verification check by both participants is required. If the same person prepares and administers a medication or solution, then verification by two persons is not required unless special handling procedures for the product are specified in KRMC's high risk medication policies and procedures.

- Refer to Labeling of Procedural Medications and Medication Containers (Kadlec) Policy, 699.54.00

NPSG: Medication Safety

COMMUNICATE CLEARLY

CARING RELIABLY
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- Not more than one medication or solution is labeled at one time.

- Any medication or solution found to be unlabeled is immediately discarded. If there is indication for potential concern it could be a controlled substance, it should be isolated and two witnesses maintain the drug to return the medication to the pharmacy department.

- At shift change or break, all medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting personnel.

- Refer to Labeling of Procedural Medications and Medication Containers (Kadlec) Policy, 699.54.00

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NPSG: Medication Reconciliation

1. All inpatients will have a medication history gathered as part of the admission assessment process and documented in the KRMC Electronic Health Record (HER).
2. In review of the medication list, the provider will select which medications to continue during the patient's hospitalization and which to discontinue.
3. Transfer reconciliation will take place any time the patient is transferred to a different level of care within KRMC (i.e. Critical Care to General Care).
4. Discharge reconciliation will take place anytime an inpatient is discharged from KRMC or transferred to another organization and is the responsibility of the discharging physician.
5. Patients receive information about discharge medication as part of the discharge education process provided by KRMC staff.
6. Outpatient's medication history: In settings where medications are used minimally, or prescribed for short duration, modified medication reconciliation processes are performed.

Refer to Modified Medication Reconciliation Policy 600.03.01.

Remember, Medication Reconciliation is done at each patient visit.

NPSG: Alarm Management

HAVE A QUESTIONING ATTITUDE

CARING RELIABLY
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Improve the safety of clinical alarm systems

- Clinical staff must ensure that all alarms are set to activate at appropriate settings at admission and handoff.

- Equipment alarms will not be disabled. In extraordinary circumstances and with direct supervision of the clinical care providers, a risk assessment will be performed before any clinical alarms can be disabled.

- At no time shall staff or Medical Staff bypass, shut off or adjust medical equipment alarm volumes at the bedside to a level that cannot be readily heard when the alarm activates.

- Staff members and/or physicians assigned to or treating the patient must immediately respond to medical equipment alarms.

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HAVE A QUESTIONING ATTITUDE

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- Monitor alarms are never to be turned off or have alarm functions hindered by monitor technician or other patient care staff.

- Telemetry monitor staff must respond to alarms immediately by assessing the alarm and following the chain of command notification process when patient monitoring issues arise.

- Fetal Monitor Alarm volume levels must be maintained at an easily audible level at all times by patient care and medical staff.

Improve your compliance. *Know Why and Comply* ensures that our choices are compliant with best practice.

- Refer to Patient Clinical Alarms (Kadlec) Policy, 670.02.00

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Comply with hand hygiene guidelines

- The organization endorses the WHO Guidelines for Hand Hygiene in Healthcare Settings recommendations for hand hygiene and to restrict wearing of artificial nails in caregivers who have direct contact with patients or with certain products or duties that are intended for patients (e.g. sterilization; product chain; dietary; lab, etc.).

NPSG: Infection Prevention

- Compliance with the proper hand hygiene procedure before and after patient contact is an expectation of all healthcare disciplines.

- The preferred method of hand hygiene for most patient care settings is use of a waterless alcohol based hand rub/sanitizer

- When hands are visibly soiled, soap and water will be necessary to solubilize organic matter. Friction generated by hand rubbing for at least 15 seconds covering all surfaces of hands and fingers is required. Rinsing with running water is necessary to remove organic matter from the hands.

- Waterless surgical hand antisepsis products require a prewash of hands and forearms with soap including cleaning the nails under running water at the beginning of the work shift. Skin is dried before applying the waterless antisepsis product.

- Refer to Policy: PSJH-CLIN 1205 Hand Hygiene

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NPSG: Infection Prevention

HAVE A QUESTIONING ATTITUDE

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- ## Implement evidence-based practices to prevent:

  - C-Difficile – Clostridium Difficile Associated Diarrhea Policy, 1139

  - Central Line Associated Blood Stream Infections (CLABSI0 – Central Line Insertion Policy, 699.94.00

  - Surgical Site Infections (SSI) – Surgical Preparation of the Skin Policy, 88.12.00

  - Catheter Associate Urinary Tract Infections (CAUTI) – Catheter Associated Urinary Tract Infection Policy, 699.93.00

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NPSG: Risk of Suicide

HAVE A QUESTIONING ATTITUDE

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- Patients identified as being at risk for suicide will have Suicide Precautions initiated immediately.

- In the event that a suicide attempt is believed to have occurred, it is the responsibility of the staff to notify the attending physician immediately and make sure that the patient is placed in a safe setting.

- Screen patients for suicide risk using evidence based validated screening tools based on the unit and each patient's needs.

- Implement interventions to mitigate risk for suicide in the hospital setting based on overall level of risk and patient needs.

- Consult with a mental health professional for patients who screened high/serious/imminent risk on the C-SSRS suicide risk assessment. A consult may be considered for low/moderate suicide risk patients based on their presenting needs.

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NPSG: Risk of Suicide

Upon discharge, provide Suicide education to patient and encourage patient to develop a crisis plan or wellness plan. Consider giving the 24 hour crisis line number to patients who are safe to be discharged home.

- The local Crisis Response Unit number is (509) 783-0500
- National 24 hour Suicide Prevention Lifeline number is 1-800-273-TALK
- En Español: 1-888-628- 9454
- National Suicide Prevention Lifeline (Deaf and Hard of Hearing Options) 1-800-799-4889
- Crisis Text Line 24-hour, text HOME to 741-741

Refer to Suicide Prevention and Management (Kadlec) Policy, 641.00.00

Use Brief, Execute, Debrief

Pre-procedure process: Identify a process to ensure the correct procedure is performed on the correct patient for all operative and invasive procedures.

Pre-procedure:

- Verification of the correct patient, procedure and site will occur at these times any discrepancies will be resolved before proceeding with the procedure. Interpreter services are used with patients with a language barrier.

- At the time surgery/procedure is scheduled

- At the time of admission or entry into the hospital

- Any time the responsibility for care of the patient is transferred to another caregiver

- Before the patient leaves the pre-operative area or enters the procedure/operating room

- If possible, the patient will be awake and participate during this process

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OPERATE
AS A TEAM

CARING
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Procedure Site:

Site marking will be performed on all invasive and operative procedures that involve laterality, multiple structures (fingers and toes) or multiple levels (spinal surgery).

The procedure or operative site will be marked prior to the patient entering the procedure or operating room by the licensed independent practitioner who will be present at the procedure and with involvement of the patient.

Marking should be made with indelible ink and include the initials of the provider

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Time Out: The time out which involves active communication will include but not limited to the following elements:

– Confirmation of the patient using two identifiers – name and date of birth and compare to name band

– Identification of surgeon performing procedure

– Consent verification by reading from consent exactly what procedure is anticipated

– Allergies

– Site marking is appropriate and visible

– Sterilized items are validated.

If a second procedure by a different surgeon is being performed, a second consent is required. An additional timeout just before that procedure begins is also required.

Refer to Universal Protocol Time Out (Kadlec) Policy, 695.00.00

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Reporting Safety Concerns

SPEAK UP FOR SAFETY

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Speak Up For Safety!

Individual event reporting mechanism is <u>non-punitive</u>.

- Use the DATIX Quality Review Reporting (QRR) module found on the Kadlec Intranet to report safety issues or harm events.

- Report harm events and hazards even if they do not reach the patient and cause harm.

- Types of harm events or safety issues may include:
  - Medication errors, falls, equipment failure, procedural errors, or patient complaints or feedback.
  - A multidisciplinary group including managers will review reported events and act upon them.

Refer to Quality Review Reporting (Kadlec) Policy 1906

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Reporting Safety Concerns

Inform and encourage patients to report concerns.

- – All hospital patient rooms display a poster describing the process of reporting concerns

- – Assist patients or family by accessing your Manager, PCC, or Patient Advocate when needed

- – Visitor concerns can be entered into the QRR system under Feedback

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Speak Up for Safety

SPEAK UP FOR SAFETY

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At Kadlec we all have responsibility for the safety of the patient. We ask that you participate in reducing the risk or harm to the patient through:

– Falls Reduction

– Early identification of changes in patients condition – **R**apid **A**ssessment **T**eam (**RAT**)

– Encourage patient involvement in care

– Report concerns – Electronic QRR located on the Kadlec Intranet

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Fall Risk Assessment

- All patients admitted to the hospital and outpatients that require a full admission assessment will have a fall risk assessment documented in the electronic medical record.

- Assess the patient's ability to safely ambulate using a Fall Risk Assessment scoring tool.

- Instruct patient/family to call for assistance prior to patient getting up and stay within arm's reach of the patient at all times.

- Instruct the family that formal training is required before they can assist family with transfers or ambulating.

- Instruct family to inform staff prior to leaving the patient bedside.

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Fall Risk Assessment

Kadlec In-House Caregivers:

- Black border signs signify patient at high risk of falling.

- Red border signs signify patients at high risk of falls injury.

  Refer to Fall Prevention: Risk Assessment and Guidelines (Kadlec) Policy 650.19.00

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Rapid Assessment Team

Improve recognition and response to changes in patient's condition.

Early recognition and response method:
- **RAT** (**R**apid **A**ssessment **T**eam).
- Pediatric and Adult Teams are available for assistance.
- Empower patients and families to request assistance when concerned about the patient.
- **Anyone may access the RAT Team**.

Procedure for Activation of RAT
- In-house caregivers, **Dial 4444** and state "**Adult"** or **"Pediatric" RAT Activation with Room #**. This will be paged overhead via the operator.

- The RAT will respond to the bedside immediately when a RAT is activated.

Refer to Rapid Assessment Team (Kadlec) Policy 600.06.01 and 600.06.02

Kadlec Mission

CARING RELIABLY
Be Compassionate. Be Safe. Be Reliable.

Provide Safe, Compassionate Care.

Ask Yourself:

"What can I do to contribute to Patient Safety and the Mission at Kadlec?"

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Thank You

Congratulations, you have completed the Kadlec Patient Safety 2020 course.

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