Patient Safety

If you have any questions, contact:

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Learning Objectives

In this presentation, you will learn:

– The goals of the Patient Safety Program.
– Who is part of the Patient Safety Program.
– Where to locate the organization’s Performance Improvement/Patient Safety Plan.
– What CFV is doing to address the National Patient Safety Goals and other Patient Safety Initiatives.
– How to report a Patient Safety concern.
– How Patient Safety issues are addressed.
– What you can do to improve Patient Safety.
Why is Patient Safety Important?

With our Performance Compass, CFV puts the Patient at the Center.

We can stay focused on “Doing the Right Thing, the Right Way, at the Right Time, Every Time”.

This helps us meet Joint Commission and Centers for Medicare and Medicaid Services standards.

Let’s look at this illustrated in the next slide.
It’s the right thing to do

“Big Dots”:
• Improve Evidence-Based Care,
• Reduce Hospital Acquired Conditions
• Reduce Mortality,
• Reduce Readmissions

Keep patients safe

Patients will feel better and have a better experience
### What are the Goals of the Patient Safety Program?

One of the goals of the Patient Safety Program is to incorporate quality and safety in all we do. The four “big dots”:

- Improve Evidence-Based Care
- Reduce Hospital Acquired Conditions
- Reduce Mortality
- Reduce Readmissions

Another goal is to improve patient safety and reduce risk to patients by educating staff, and involving patients and families in all aspects of their care.
We are all part of the Patient Safety Program. Employees who do not work with patients support employees who do, so every employee in the organization shares the goal.

Patients and their family members are also responsible for Patient Safety. Upon admission they are provided information that informs them of ways they can participate in Patient Safety, identify risks, and notify the health system of their concerns.
Does the Organization have a PI/Patient Safety Plan?

Cape Fear Valley has a Performance Improvement (PI)/Patient Safety Plan.

The plan describes the structures and functions of the Patient Safety Program and defines the responsibilities necessary to assure that the Patient Safety Program is effective.

It can be found on the InfoWeb under:

- 2012-2013 Performance Improvement/Patient Safety Plan
What are the Joint Commission’s National Patient Safety Goals?

The 2013 National Patient Safety Goals are to:

- Improve the accuracy of patient identification.
- Improve the effectiveness of communication among caregivers.
- Improve the safety of using medications.
- Reduce the risk of health care associated infections.
- Identify safety risks inherent in the hospital’s patient population.
Goal 1: Improve the accuracy of patient identification.

Wrong-patient errors occur in virtually all stages of diagnosis and treatment.

There are two aspects to this National Patient Safety Goal:

– To reliably identify the patient as the person for whom the service or treatment is intended, and
– To match the service or treatment to that person.
Goal 1: Improve the accuracy of patient identification.

How do you ensure you have the right patient before you do any procedure, test, treatment, or transfer?

Always use 2 patient identifiers:

- **Full** Name – Including middle initial and JR/SR/III
- **Full** Date Of Birth

Ask the patient their **full** name and date of birth. If they are unable to state their **full** name/date of birth, verify their identity with a family member or caregiver if they are available.
Goal 1: Improve the accuracy of patient identification.

For blood/blood product transfusions, check the patient identification and blood product before transfusion:

- Verify the blood order set with the lab.
- Verify the blood product against the patient’s barcode armband and the order set with another nurse at the bedside.

Label all specimens at the bedside.
Goal 1: Improve the accuracy of patient identification.

The MAK (Medication Administration Check) system helps prevent med errors by helping to identify that the right patient is getting the right medication.

Also, a “Time-Out” is performed prior to any invasive procedure.
Goal 2: Improve effectiveness of communication among caregivers.

What do you do to make sure you communicate effectively with other caregivers?

Read back all telephone orders. Document the order and read back in the Medical Record.

Do not use any of the unapproved abbreviations.

Use SBARR (Situation, Background, Assessment, Recommendation, Read-back) when calling a physician.

Use SBARR when giving a shift-to-shift or a transfer report to another nurse, and when calling a physician.
Goal 2: Improve effectiveness of communication among caregivers.

Communicate critical test and diagnostic procedure results to the physician in a timely fashion so the patient may be promptly treated.

Use a Ticket to Ride to communicate pertinent patient information when a patient is going to diagnostics/procedures unescorted by licensed nursing staff.
Goal 2: Improve effectiveness of communication among caregivers.

Nurses use a pre-op checklist to communicate information to the staff in the operating room or procedural area.

The Interdisciplinary Plan of Care is used by all disciplines to communicate the plan of care.
Goal 2: Improve effectiveness of communication among caregivers.

DNR (Do Not Resuscitate) and DNI (Do Not Intubate) status is communicated when transferring a patient to another department, and at the change of shift.

- DNR patients have a purple armband and a purple dot on the chart.
- DNI patients have a purple striped armband.
What do you do to make sure you are giving medications safely?

Medication orders are verified by comparing the order with what has been entered in MAK/MAR (Medication Administration Record) by Pharmacy.

The patient’s ID armband is scanned before giving medications, and the patient is asked to state their full name (including middle initial and SR/JR/III as applicable) and date of birth.

Visualize the MAK screen before giving medications to ensure both the medication and patient are correct.
Goal 3: Improve the safety of using medications.

A CFV list of look-alike, sound-alike medications has been developed to improve the safety of using medications. There are Pyxis alerts to remind staff of these meds.

A 2nd nurse verification is required to ensure patients are receiving the correct medication and dose for certain high risk medications and critical drips.

CFV has policies and procedures for the administration of anticoagulants and patient education to help keep our patients safe.
Goal 3: Improve the safety of using medications.

An immediately administered medication is one that a qualified staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process (e.g. the medication never leaves the staff member’s hand prior to administration).

If a preparation is administered immediately, it does not have to be labeled.
**Goal 3: Improve the safety of using medications.**

If medications are not immediately administered, then the medication container is labeled with medication name, strength, amount (if not apparent from the container), expiration date (if not used within 24 hours), and expiration time when expiration occurs in less than 24 hours.

Medication containers include syringes, medicine cups, and basins.
Goal 3: Improve the safety of using medications.

To improve the safety of using medications, maintain and communicate accurate patient medication information.

Where medications are administered or prescribed, a current medication list is obtained with the involvement of the patient, reconciled against new drug therapies, and an updated list is reviewed with the patient upon discharge.

This is the medication reconciliation process.
Goal 7: Reduce the risk of healthcare-associated infections.

What do you do to reduce the risk of infections on your unit?

We practice good hand hygiene - the number one way to prevent the spread of infections - and we hold our peers accountable for hand washing.

To prevent central line associated bloodstream infections, follow the bundle for insertion.

According to the CDC, each year millions of people acquire an infection while receiving care, treatment, and services in healthcare organizations.
**Goal 7: Reduce the risk of health care-associated infections.**

Use chlorhexidine for skin preparation for central lines, including insertion and dressing changes.

Surgical preps are done in pre-op holding; but if they have to be done on the unit, we get clippers from CSS (Central Sterile Supply) or the OR. Do not shave patients going to surgery.

We have a group of nursing interventions called a “bundle” to prevent ventilator associated pneumonia. We use a chlorhexidine product for oral care with ventilated patients.
Goal 7: Reduce the risk of health care-associated infections.

Antibiotics are given in the OR in order to ensure the antibiotics are given within 60 minutes of the surgery.

Educate the patient/families about isolation procedures and hand washing.

We comply with isolation precautions to protect both our patient and ourselves.
Goal 7: Reduce the risk of healthcare-associated infections.

Respiratory risk assessments are completed on admission for all patients.

Assess patients with foley catheters daily for medical necessity; if applicable, communicate with the physician to discontinue the foley catheter as soon as possible.

A new cap is put on the end of the IV tubing if it is disconnected from the patient.

We scrub the hub of IV access ports with alcohol swabs prior to connecting luer locks.
Goal 15: Identify safety risks inherent in patient population.

What would you do to identify patients at risk for suicide?

A risk assessment for suicide is done on all patients.

Patients who are identified as at-risk for suicide have a safety attendant with them at all times.

Patient belongings are put in a designated area on the nursing unit, not in the patient’s room.

At discharge, patients receive information about the crisis hotline.
Goal 15: Identify safety risks inherent in patient population.

Patients on suicide precautions are identified with a pink armband and “eye” sign.
Conduct a pre-procedure verification process. Before the procedure, use a pre-operative checklist (paper or electronic) to make sure all relevant documents/information/appropriate test results/equipment are:

- available before the start of the procedure;
- correctly identified, labeled, and matched to the patient’s identifiers; and
- reviewed and are consistent with the patient’s expectations and with the team’s understanding of the intended patient, procedure, and site.
The three components of the Universal Protocol are:

1. **Mark the procedure site.** The surgeon or person performing the procedure marks the site with his or her initials after verifying with the patient that it is the correct site/side.

2. **Perform a “Time-Out” immediately prior to starting the procedure.** This applies to surgical procedures and all non-surgical invasive procedures.
   - e.g. chest tube insertion, thoracentesis, lumbar puncture, bone marrow, or insertion of CVC

3. **Documentation of Time Out is completed on the Time Out Sticker or electronically in the procedure pathway.**
How would you report a Patient Safety concern?

There are several ways that you can report a Patient Safety concern:

– Notify your Supervisor or Department Manager.
– Notify the Performance Improvement/Patient Safety Department.
– Notify the Risk Management Department.
– Report the concern on a QCC (Quality Care Control).
How are Patient Safety issues addressed?

There are several ways that Patient Safety issues are monitored and addressed. Here are a few major examples:

- **Quality Care Control Reports (QCCs)** are reviewed and monitored by Performance Improvement, Risk Management, Nursing, Pharmacy, Patient Relations and other multidisciplinary team members.

- There is a Quality Council/Patient Safety Team that reviews, measures and has oversight of many projects for improving Patient Safety.
Quality Care Control Reports (QCCs)

QCCs are Cape Fear Valley Health’s mechanism to report, identify, and analyze quality of care issues and potential threats for patient and employee harm.

A health system our size should have 10,000-15,000 QCCs a year.
Quality Care Control Reports (QCCs)

These QCCs represent thousands of lost opportunities to identify potential or actual risks to patient safety, quality care, and employee safety.

A report of a singular incident may result in immediate steps taken to protect our patients.

Each QCC is reviewed by a multidisciplinary team of people to gain insight from different perspectives.
Quality Care Control Reports (QCCs)

Fill out a QCC every time for:

- Delays in treatment
- Equipment failures, issues, or problems
- Patient identification issues
- Patient injuries, falls
- Medication issues (orders, labeling, reactions, prescribing)
Quality Council/Patient Safety Team

Other items the Quality Council/Patient Safety Team reviews:

- All the National Patient Safety Goals
- Medication Error Rates
- Falls
- Patient Injuries
- Patient Identification Issues
- Universal Protocol/Timeouts
- Occurrence Trends
- High Alert Medications
- Infection Rates
- Blood Transfusion Reactions
- Environment of Care
- Critical Results
- Medication Labeling
- Patient Perception of Safety
The Harm Events Analysis Team (HEAT) identifies, approves, and reviews Failure Modes and Effects Analysis (FMEAs) and Root Cause Analyses (RCAs).

FMEAs identify actual or potential safety issues and corrects them before an adverse incident occurs.

HEAT ensures the FMEA recommendations are carried out and follows up to measure effectiveness of change following implementation.
Root Cause Analysis (RCA)

An RCA (Root Cause Analysis) identifies the causative factor(s) of a safety issue by identifying and prioritizing opportunities to improve the process and reduce the risk of the sentinel event or near miss from recurring.
CFV also maintains a Patient Safety Response Team (PSRT).

The PSRT is activated when there is an actual or potential serious threat that might cause harm to patients, staff, or visitors within CFV.

The purpose of the PSRT is to provide a rapid response to prevent/mitigate harm.

Any staff member, patient, or family member may activate the system by notifying the Nursing Supervisor/Department Manager.
An Event Response Team (ERT) meeting can also be convened to address a Patient Safety concern.

The ERT will determine whether a Sentinel Event has occurred and to establish a RCA Team. The Performance Improvement/Patient Safety Department initiates a meeting of the ERT.
Rapid Response

Rapid Response Team responds immediately when a patient’s condition is worsening. Rapid Response is also called if visitors or staff need medical assistance.

Anyone can call Rapid Response - a patient, family member, and/or any hospital staff member.

Dial 22 from any CFV and Rehab telephone, HRSH red sticker telephone and tell the operator Rapid Response is needed and your location.

Dial 9-911 for BHC/All Other Locations.
Rapid Response

Always call Rapid Response to assess the patient if you feel the patient does not look right.

- e.g. not responding, chest pain, difficulty breathing, seizure.
What can you do to improve Patient Safety?

- Practice the National Patient Safety Goals.
- Be aware and vigilant in preventing any type of medical error.
- Implement all applicable precautions.
  - e.g. fall precautions
- Involve the patient and family in their own care.
- Always follow policy - don’t take short cuts!
- Report actual and potential errors.
What can you do to improve Patient Safety?

Other things you can do include:

– Keep an eye out for environmental issues, and immediately take steps to resolve.
– Wear your ID badge.
– Keep patient rooms and hallways free of clutter.
– Know where the emergency exits and fire extinguishers are located.
– Know the different codes/alerts and your responsibility.
Benefits of Success

All this adds up to what we are looking for with our Performance Compass:

– Reducing Hospital Acquired Conditions, Mortality and Readmissions.
– Increasing Evidence Based Care and Patient and Staff Satisfaction.

Reduced hospital acquired conditions, mortality, and readmissions

= and

Increased evidence based care and patient staff satisfaction
Remember: Improving Patient Safety is the responsibility of all Cape Fear Valley employees.

For further information please contact the Performance Improvement/Patient Safety Department at 615-7749.