Patient Safety: A Multidisciplinary Approach
Talk Objectives

What is patient safety?

Why is it important?

Who is responsible for patient safety?

What is a “Culture of Safety?”

What can you do?
What is Patient Safety? Why is it important?

What is Patient Safety?
- Freedom from adverse events related to medical errors or treatment
- Planning safer systems and processes of care

Why is it important?
- Healthcare is a complex, high-risk “industry”
- More lives lost per encounter per year than things we consider as dangerous (bungee-jumping, flying)
Why a Safety Culture?

- Between 1996 to 2006 estimated 44,000 to 1.2 million deaths due to medical errors (Institute of Medicine and HealthGrades 2009)

- Estimates of up to 50% of deaths from hospitals acquired infections were preventable

- 1.5 million preventable adverse drug events each year (2006 Institute of Medicine Report)
  - Each preventable adverse drug event adds about $8,750 to hospital cost

- Recommended care received about 54.9% of the time (2003 NEJM)
The Swiss Cheese Concept of Safety

Triggers
- Mixed messages
- Production pressure
- Inadequate training
- Clumsy technology
- Attention distractions

Defenses
- Institution
- Organization
- Information
- Technical
- Individual

Latent Failure

Accident

Modified Reason 1991, Cook 1997
Who is responsible for patient safety?

EVERYONE!

- Administrators
- Managers
- Physicians
- Nurses
- Pharmacists
- PCT’s
- PCL’s
- Therapists
- Transporters
- Facilities
- Food and Nutrition
- Patient
- Family
- Other ancillary services
What is a “Culture of Safety?”

- Moving away from the old “who is to blame?” mentality...
- Toward an open or transparent culture where errors and near misses are reported and used for improvement
- Recognizes that human error is NOT 100% avoidable, but....
- Looks at the **system** of care, rather than the individual(s) providing it
- Uses data to help drive decisions
Common Causes Associated with 80% of Safety Events

Failure to Perform “BASICS”

Tunnel Vision

Lack of Adequate Communication/Coordination
Improving the System

**Failure to plan**
- Evidence-based resources increasingly available to help with medical decision making

**Failure to recognize**
- Rapid response teams
- Review of critical events for education

**Failure to communicate**
- Team skills training (TeamSTEPPS)
- SBAR communication
Improving the System: Communication is Key

Process by which information is clearly and accurately exchanged among team members.

“Communication is the response you get from the message you sent regardless of its intent.” ~ Author Unknown
TeamSTEPPS Communication
Creating a Culture of Safety

Strategies & Tools to Enhance Performance and Patient Safety
(TeamSTEPPS)

Putting Communication Tools to Use
Strategies of a Cohesive Team Builds a Culture of Safety

- Leadership
- Communication
- Mutual Support
- Situation Monitoring
Leadership

“The art of getting someone else to do something you want done because he wants to do it...”

Dwight D. Eisenhower
Communication

“Communication is the response you get from the message you sent regardless of its intent.”

Author Unknown
“Words that Work”
the Keys to Consistent Messages

- Patients are distracted, frightened, and many times in pain
- **Key Words** take the guesswork out of our care:
  “I am pulling this curtain for your *privacy*”
  “I’m washing my hands for your *safety*”
  “Do you have any *concerns or complaints* that I could address?”

- Consistent communication helps manage expectations
- **Key Words** help patients remember our outstanding service when they complete their patient satisfaction survey.
Situation
• “I’m calling about Mrs. Smith...”

Background
• “she’s the 45 year old who is one day post op from her appendectomy”

Assessment
• “she’s having much worse abdominal pain; I’m worried she may have a wound infection”

Recommendation
• “I think you need to come and evaluate her; when can you get here?”
Mutual Support

“A chain is only as strong as its weakest link...”

Author Unknown

“True collaboration is a process, not an event.”
Situation Monitoring

“Attention to detail is one of the most important details...”

Author Unknown
Domino Game

- 4 Volunteers
- Round 1
  - Debrief
- Round 2
  - Debrief
- Round 3
  - Debrief
Personal Lines of Defense to Prevent Errors

• Recognize that head-down tasks greatly reduce one’s ability to monitor others and patient status.

• Treat interruptions as red flags. Any conversation or behavior that interrupts or distracts has the potential to take a person “off focus”.

• Don’t make assumptions... ASK for clarification.

• Don’t be afraid to ask questions and to point out processes that could be improved.
What Can You Do?

Know the “red flags” for error (how often each day do these happen?)

- Ambiguity
- Pre-occupation
- Verbal Violence
- Task Saturation
- Deviating from Normal Procedure
- Interruptions
- Communication
- Poor
- Unresolved Issues
- “This isn’t right”
- Rushing
- Fatigue
- Trying something new under pressure
What Can You Do?

- Get involved! Participate in quality improvement (error/risk reduction) efforts
- Learn about the National Patient Safety Goals
- Develop good communication skills
- Report errors and near misses ASAP
  - They are our safety learning opportunities!
- Ask (& speak up) when you’re unsure
- Write legibly
- Partner with patients and families
Rapid Response Team (RRT)

- Purpose of the RRT is to respond to changes in a patient’s condition to hopefully avoid a Code Blue.

- The RRT will NOT take over the care of the patient. Their primary role is to assist the primary care nurse and provide a mentoring role model in an urgent situation.

- Adult RRT: Supervisor/Crisis Nurse and Respiratory Therapist.

- CHOI PERT: Physician, ICU RN and Respiratory Therapist (Children’s Hospital of Illinois, Peoria, IL).
Rapid Response Team (RRT)

- Staff nurse concerned about the patient
- Respiratory distress, threatened airway, change in breathing pattern
- Acute change in B/P, HR
- Acute change in Level of Consciousness
- Pain
- Decreased urine output without history of renal dysfunction
- Family Concerns
“Every doctor and nurse must realize they are fallible. They must treat each other as equal partners when it comes to patient safety. They must listen to each other, listen to the patient, and listen to the parent. Only then will we have a solid foundation on which to build technologies and more perfect systems.”

-Sorrel King
General Safety and Emergency Codes
Where to Find Safety Information

- Where to find safety information:
  - For region specific safety information, please check with your manager.
Event Reporting

- Each facility has specific processes for reporting occurrences and near misses.
- Check with your supervisor for details for your facility
## Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE BLUE</td>
<td>Medical Emergency - Cardiac/Respiratory Arrest</td>
</tr>
<tr>
<td>CODE RED</td>
<td>Fire</td>
</tr>
<tr>
<td>CODE ORANGE</td>
<td>Hazardous Material Spill</td>
</tr>
<tr>
<td>CODE PINK</td>
<td>Infant/Child Abduction</td>
</tr>
<tr>
<td>CODE SILVER</td>
<td>Unauthorized person with weapon</td>
</tr>
<tr>
<td>CLEAR</td>
<td>Code or alert cancelled</td>
</tr>
<tr>
<td>“PLAIN LANGUAGE-CLEAR TEXT”</td>
<td>Script-specific announcements</td>
</tr>
</tbody>
</table>
Category: General Safety

What key word tells you what to do in case of fire?

A. **RICE** (Rescue, Inform, Control, Evacuate)

B. **REST** (Remember, Eliminate the Smoke Threat)

C. **RACE** (Rescue, Alarm, Confine/Contain, Extinguish/Evacuate)

D. **RATS** (Run Away To Safety)
Category: General Safety

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A. RICE (Rescue, Inform, Control, Evacuate)
B. REST (Remember, Eliminate the Smoke Threat)
C. RACE (Rescue, Alarm, Confine (Defend in Place), Extinguish/Evacuate)
D. RATS (Run Away To Safety)
Category: General Safety

What key word tells you how to use a fire extinguisher?

A. **PASS** (Pull, Aim, Squeeze, Sweep)

B. **PANIC** (Pull, Aim Nozzle, In Circles)

C. **PAST** (Point, Aim, Squeeze Trigger)

D. **PLANE** (Point, Lock, Aim Nozzle, Extinguish)
What key word tells you how to use a fire extinguisher?

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Using a Fire Extinguisher

- **P** – Pull the pin
- **A** – Aim at the base of the fire
- **S** – Squeeze the handle
- **S** – Sweep the nozzle from side to side across the base of the fire

☆ Make sure you are able to exit the room, keep your back towards the exit.

☆ If the fire is bigger than a small garbage can an extinguisher will not put out the fire

☆ Do not enter a room if the fire is too large. If a door is warm, do not open it.
Fire Alarm Pull Boxes

- Located near exits and stairwells
- Look for them in your department and know where they are.
Keep Hallways Clear

Clutter in corridors will make it difficult to evacuate. You must maintain an 8 foot clearance in all patient care areas. Never block pull boxes, fire doors, fire extinguishers, exits, or any other life safety features. Electrical panel require 3 ft. clearance.
Category: General Safety

- Be aware of the number to contact at your facility in your department to report Code Red.
- Check handout in packet
An Incident Involving Radioactivity
- Remember – Anyone working around Radiation are considered the “experts in Radiation Safety”.
- They will remove everyone from the area and contain it – (Time, Distance, Shielding)
- Call Security and have the RSO (Radiation Safety Officer) paged.
HICS

Hospital Incident Command System
Emergency Preparedness

Incident Command Center activities include making arrangements for:

- Medical Supplies
- Food and Water
- Sanitation Facilities
- Emergency Power
- Extra Space
- Support Services
Hazardous Materials

- Chemical Waste
- Infectious Waste
- Radioactive Waste
- Hazardous Drug Waste
Hazardous Communication

- **Globally Harmonized System (GHS)**
  - Internationally Recognized System for Hazard Classification and Labeling
    - Physical Hazards
    - Health Hazards
    - Environmental Hazards
    - Labeling
    - Safety Data Sheets (SDS) with specified 16-section format
Hazardous Communication

- Physical and Health Hazard Classifications
- Pictograms
  - 9 Symbols
    - Determined by Hazard Classification
Labeling

- **Required Elements**
  - Product identifier
  - Signal word (DANGER, WARNING)
  - Hazard statement(s)
  - Pictogram(s)
  - Precautionary statement(s)
  - Name, address, and phone number of the responsible party
  - All information is legible, in English, and prominently displayed
- Safety Data Sheet, MSDSonline, program; there is a MSDS link on the OSF Portal Homepage.
  - For online access to an MSDS click the MSDSonline link on your intranet portal under Tools and Resources tab

- To have an MSDS faxed to you contact MSDSonline:
  - The online address should be on stickers on the phones in your area.

- When contacting MSDS, have the product name, manufacturer name and your fax number available. (product code is optional)
Code Orange - Toner
Special Safety Issues

Latex Balloons

- Due to the potential of patients, visitors, and staff having possible latex allergies, latex balloons are not to be brought into the hospital.

MRI Special Safety:

- Due to MRI special magnet process, no metal can go into the MRI process area. Always stop at desk and check with MRI staff.
MRI Magnet

- The MRI unit contains a very powerful magnet
  - The magnet is ALWAYS turned on, even when the machine is not scanning, including all night, every night, every weekend, and even holidays.
MRI Safety Zones

Zone 1
- This region includes all areas that are freely accessible to the general public.
MRI Safety Zones

Zone 2

– Patients are under the general supervision of MR personnel.

– Zone 2 may include the reception area, dressing room and interview room.
MRI Safety Zones

**Zone 3**

- Only approved MR personnel and patients that have undergone a medical questionnaire and interview are allowed inside Zone 3.
- The MR control room and/or computer room are located within Zone 3.
MRI Safety Zones

Zone 4

- The room within which the MR scanner is located.

- This area is clearly marked as being potentially hazardous due to the presence of very strong magnetic fields.
Hazardous Drugs

- Drugs defined by the National Institute for Occupational Safety and Heath (NIOSH)
- Drugs used to treat cancer.
- Drugs used to treat transplant patients.
- Drugs that can cause fetal harm or demise
How can I be exposed to drugs?

- Transportation of drugs
- Administration of drugs
- Disposing/wasting of drugs
- Removing or disposing of personal protective equipment
How will I know what is hazardous?

- Special packaging indicates a hazardous drug.
  - All hazardous drugs will be labeled with the official label per policy
  - Compounded hazardous drugs dispensed from Pharmacy will be placed in Yellow Chemotherapy, ziplock bags.
    - These same bags will be used for disposal.
Transport of Hazardous Drugs

- The pneumatic tube system
  - NOT for any liquid hazardous drug preparation.
  - OK for oral, non-liquid, hazardous drugs (ie. solid doses → tablets, capsules, etc)

- Unit personnel pick up:
  - All hazardous drugs that are injected, infused or implanted.
  - All on-call hazardous drugs.
What are the risks?

- Routinely working with or near hazardous drugs in healthcare settings may cause skin rashes, infertility, miscarriage, birth defects, and possible blood disorders or cancers.

- Employees who are pregnant will not handle hazardous drugs
  - Should you become pregnant during your employment, contact your manager. This discussion will be confidential and appropriate measures will be taken to maintain your safety.

- Medical surveillance offered through Occupational Health
  - Annual, optional monitoring for all employees that come in routine contact with hazardous drugs
Routinely working with or near hazardous drugs in health care settings may cause:

A. skin rashes
B. infertility
C. birth defects
D. blood disorders
E. all the above
Routinely working with or near hazardous drugs in health care settings may cause:

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Remember

We all work together to create a Safe Work Environment