

Clinical Patient and Health Care Safety Education

This course will help develop a culture of safety for patients, visitors, and caregivers within Providence.

Learner Objectives

By the end of this presentation, you will be able to:

- Understand how you can meet the expectations of those who regulate our industry and the public that seeks care from us.
- Recognize the essential elements of a culture of safety, including communication and the reporting of events.
- Identify what Providence Regional Medical Center Everett (PRMCE) is doing to meet the National Patient Safety Goals, to protect ourselves and our patients from illness and injury.

What to expect in this course

This course will go through

- A description of how PRMCE is developing a Culture of Safety
- The process for reporting safety concerns
- Ways to better communicate as a team
- Ways I can prevent the spread of infection
- The behaviors that are expected of me at work
- Ways to care for those who don't speak English or have physical communication barriers
- The special needs of our patients that are dying
- A summary of the annual National Patient Safety Goals
- A look ahead at what expectations are coming

What is our Vision?

Together, as people of Providence, we answer the call of every person we serve:

- Know me,
- Care for me,
- Ease my way.



Throughout this module, think about how each topic helps us achieve our mission.

What is a Culture of Safety?

The concept of the "Culture of Safety" is to provide a healthcare environment that is safe, supportive and respectful for all persons

Ways we seek to maintain a Culture of Safety:

- **Promote a culture for sharing information and lessons learned.**
 - I can do this through completing Unusual Occurrence Reports.
 - I can do this through participating Performance Improvement teams when asked
- **Identify partners with whom to learn and share best practices.**
 - PRMCE actively benchmarks with other hospitals across the nation.
- **Foster effective teamwork with people on all levels**
 - I can do this through listening to the voice of those with whom I work.
- **Engage patients and families in care delivery workflow process design and feedback**
 - I can do this through listening to my patients and their families. Every concern is valid and deserves to be heard.
 - Patients and families are frequently invited to participate on our work teams.

What if I have a concern about patient safety?

We are committed to providing only the highest quality care

Talk to a Patient Safety Consultant by calling
425-261-3927

or

You may report events or concerns through the UOR link on the right side of the Northwest Washington intranet homepage

I Need to Report...

- Employee Incident (EIR)
- Integrity Issue
- PHI Disclosure
- Unusual Occurrence (UOR)



or

You may report events to your manager

What concerns should be reported?

- When a patient or visitor is injured or harmed, regardless of severity
- All patient and visitor falls, regardless of harm
- Near misses / close calls
 - *Example, if it could cause harm, injury, or death to a patient or visitor*
- Events that potentially meet criteria as Sentinel or Adverse Event
 - *Examples: unintentionally retained object, wrong site procedure*
- Anything that makes you flinch, is unusual, is less than expected, or has the potential to cause harm
 - *Examples: patient ID errors (i.e. mislabeled specimen, wrong tray to a patient on a special diet), environmental hazards, or even malfunctioning patient care equipment*



***If you ask the question;
“Should this be reported?”
The answer is always “Yes”.***

If your concern about patient safety is not resolved...

You are welcome to report your concern, free of retaliation or disciplinary actions, to either

Washington State Department of Health

1-800-525-0127

or

The Joint Commission

1-800-994-6610 or www.JointCommission.org



*How does a culture of patient safety help us achieve
our vision: know me, care for me, ease my way.*

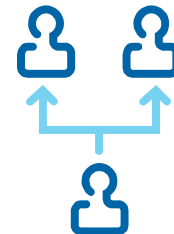
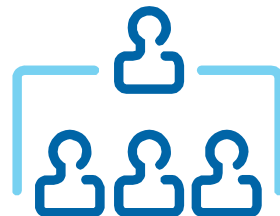
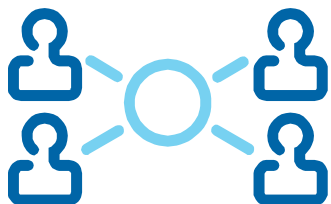
Cultural Competency

- Our capacity to provide high quality care for diverse populations.
- Health care which recognizes that patients vary greatly in terms of their world views, values and beliefs.



What are some varying views of Social Structure

- In an egalitarian society, such as the U.S., our common belief is that people are inherently equal.
- In a hierarchical society, people are not inherently equal. Social status is based on characteristics such as age, gender, lineage or occupation.
- Social structure may be related to religious beliefs.



How can this impact a health care decision or conversation?

- In Western healthcare, all competent adult patients have equal authority and power to make health care decisions for themselves.
- In a hierarchical structure:
 - Husbands may make decisions for their wives and children.
 - A patient may expect the provider to make treatment decision for him or her.



Understanding world view



- According to the world view of Western medicine, infection is caused by microorganisms.
 - Ms. P believes that her bacterial pneumonia is the result of an imbalance of “hot” and “cold” in her body.
 - Ms. P may be noncompliant with taking antibiotics if she does not believe they can address her “hot and cold” imbalance.

*We must Know Ms. P in order to Care for her,
and Ease her way*

How to improve patient and provider communication?

- Recognize that world views vary greatly.
- Listen and observe well
- Acknowledge a patient's core values and beliefs, and be respectful of differences.
- Ask questions!
- Consider incorporating traditional healing rituals into the treatment plan if important to the patient.



*How does clear communication help us achieve our vision:
Know me, Care for me, Ease my way?*

How do we **Care Reliably** for our patients and each other?

Caring Reliably is at the center of patient and workplace safety. With our collective commitment to safety and reliability, we serve and mission and achieve our vision.

It involves speaking directly, openly, honestly, and respectfully through consistently using our Caring Reliably Toolbox for Everyone's tones, behaviors, and tools.

Effective **Team Communication** means that all people are equally heard, and have equal authority, to "stop the line" when there is a safety concern.

Toolbox for everyone

With our collective commitment to safety and reliability, we serve our mission and achieve our vision.

Our Mission

As people of Providence, we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.

Our Promise

Together, we answer the call of every person we serve: know me, care for me, ease my way.®

Our Vision

Simplify health for everyone

Core Values

Respect, Compassion, Justice, Excellence, Stewardship



Tones for respect of others at all times

Smile and greet others; say "Hello"

Introduce using preferred names and explain roles

Listen with empathy and intent to understand

Communicate positive intent of our actions

Provide opportunities for others to ask questions

Through consistently utilizing our Caring Reliably behaviors and tools 100% of the time, we can decrease our serious safety events by 80%.

Universal behaviors and tools



PAY ATTENTION TO DETAIL

- Self-check using STAR (Stop, Think, Act, Review)
- Peer check



COMMUNICATE CLEARLY

- SBAR (Situation, Background, Assessment, Recommendation)
- Three-way repeat-back and read-back
- Phonetic and numeric clarification
- Clarifying questions



HAVE A QUESTIONING ATTITUDE

- Validate and verify
- Know why and comply



OPERATE AS A TEAM

- Brief, execute and debrief



SPEAK UP FOR SAFETY

- Escalation using CUS (Concerned, Uncomfortable, Stop) and chain of command
- Event reporting systems (UOR)

CUS is a tool to **effectively communicate** for conflict resolution, advocacy, and mutual support.

C I am CONCERNED about

U I am UNCOMFORTABLE about.....

S STOP. This is a safety issue.

If no success, use your chain of command to seek further assistance.

CUS can be especially helpful if we feel hesitant or intimidated to raise a concern to someone we perceive to be in a position of higher authority

This tool prevents communication related errors, primarily misinterpretation and wrong assumptions, and gives a framework or template to communicate concisely.

Since information is used in making choices, these errors are primarily rule-based and knowledge-based errors.

Situation - Who or what you're calling about, the immediate problem, your concerns

Background - Review of pertinent information, procedures, patient condition

Assessment - Your view of the situation: *"I think the problem is..."* or *"I'm not sure what the problem is"*; urgency of action: *"the patient is deteriorating rapidly - we need to do something"*

Recommendation - Your suggestion or request

Operate as a Team: Brief, Execute, and Debrief

Conducted for high-risk, infrequent, or new tasks.

Everyone involved in the task participates

Facilitated by a team member



Briefs are for planning

- Briefs:
 - Help us know who is on the team, what needs to be done, and issues that need to be resolved for success
 - Might be helpful before a procedure, a shift, or a complicated task involving multiple people.
 - Briefs are usually conducted by the team leader covering items on a checklist, covering who will carry out tasks.

EXECUTE is the “just do it.”

| Brief <i>What we're going to do...</i> | Execute <i>Do it...</i> | Debrief <i>Review it...</i> |
|--|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Roles and responsibilities<input type="checkbox"/> Procedure steps<input type="checkbox"/> What could go wrong, what are the signs, and how we would respond<input type="checkbox"/> Any lessons from past experiences<input type="checkbox"/> Tones and tools we will practice | <ul style="list-style-type: none"><input type="checkbox"/> Carry out the procedure according to the plan<input type="checkbox"/> Be a good wingman | <ul style="list-style-type: none"><input type="checkbox"/> What went well?<input type="checkbox"/> What could we have done differently? |

Debriefs are for after an event

- Debriefs:
 - Useful to help us identify issues that went well or could be improved during an event.
 - Helps us improve performance *next time*.
 - Most effective when honest mistakes are viewed as learning opportunities.
 - Most effective by not assigning blame or failure to an individual.

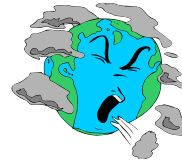
Huddles are for reinforcing or updating plans as situations evolve.

- **Huddles:**
 - As information or situations change from the original plan, it may be necessary to reconvene during a task.
 - May involve sharing information
 - May involve redistribution of work
 - May involve evaluating the task's progress



How do we **ALL** share ways of preventing infections?

- Information on infection prevention is distributed to patients upon admission in a booklet.
- “Cover your cough” education and supplies are at every hospital entrance.
- Specific infection prevention information is given to those effected by an infectious disease.
- Standard protocols are used for prevention of certain conditions, e.g. surgical and central line infections.



What are the **most** important things I can do to prevent spreading infections?

1. Wash your hands
2. Cover your cough
3. Follow precautions as directed on signs
4. Systematically clean the environment
5. Get the seasonal flu vaccine
6. If you are ill, stay home.

**In a hospital, unexpected
things happen**



What if I find someone that is passed out, on the floor, and needs help right away!

1. Stay with the person
2. Call for help
3. Call phone number **66**

Tell the operator:
where you are and
what you need!



Stay on the line for more questions.

How do the **CORE Values** help me provide care to all of our patients from different cultures?

ALL patients are guaranteed care with **compassion** and **respect**, free of discrimination, regardless of their age, race, color, national origin, physical disabilities, or their ability to pay.



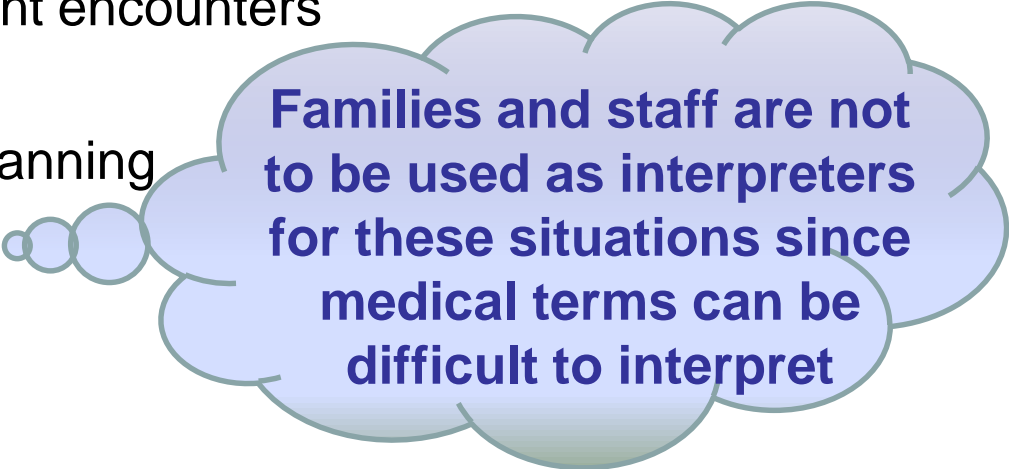
How do I care for patients who don't understand English?

1. *Use an interpreter*

HOW? Over-the-phone, in-person or by video interpreter

WHEN? Any situation in which effective communication is needed to assure access to care or quality of care such as:

- Emergency department encounters
- Patient care planning
- Inpatient discharge planning
- Patient Teaching
- Informed Consent



Families and staff are not to be used as interpreters for these situations since medical terms can be difficult to interpret

Video Interpreting

- In Demand video interpreting units are available throughout the hospital.
- A unit is called an “InDemand” Video Interpreter.
- To borrow a unit, call to locate an available unit. The location list is available on the intranet under resources/interpreters.
- The borrower is responsible to pick up and return.
- Instructions for use are on the unit.



Need a phone interpreter quickly?

Here's What To Do:

1. Find out what language the patient needs.
2. Dial 1-888-747-4843 anytime 24/7
3. Give them your name and department
4. Tell them what language the patient needs
5. In a short time they will have an interpreter on the line with you.

More information about Interpreters and Auxiliary Aids is available on the Northwest Washington Intranet on the Resource page called Interpreters and Auxiliary Aids.

***How do interpreters help us achieve our vision:
Know me, Care for me, Ease my way.***

What can I do so my deaf patient can use the phone?

TTY phones provide the deaf with a means to communicate.

1. Call extension 20000
2. Ask that a TTY be brought to the patients room.
3. The patient can place a call by calling 1-800-833-6388 (instructions delivered with phone)
4. Or, the operator will call the Washington Relay operator for you. You will talk with the relay operator who will type your message to the patient's TTY.

How does the Spiritual Care department help us meet the diverse needs of our patient's?

They lead us in providing the spiritual dimension of wellness, healing, and wholeness in a culturally and religiously diverse organization.

They lead us in dialogue with the community on meaning-of-life experiences.

They lead us to assist and nurture the whole person through openness to individual needs and we honor the chosen spiritual path of each person.

PRMCE's Diversity Council offers regular education to help us learn about the needs of people from different cultural backgrounds.

How do we care for the spiritual needs of our patients, even those that are dying?

At Providence, **spiritual care** is the expression of our commitment to the health and well-being of the whole person within a network of communal relationships.

Spiritual care is characterized by:

- Reverence for human dignity in a diverse and changing world;
- Sensitivity to special moments of grace and transformation for those in need of healing;
- Special concern for the poor and vulnerable; and by
- Unconditional love of others which is the heart of compassion.

Spiritual Care holds these as tangible manifestations of a Provident God.

What do we offer dying patients and their families?

Spiritual Care integrates Complementary Treatment Modalities such as healing touch, music thanatology and guided imagery.

Hospice inpatient beds are available to meet the needs of people that can no longer stay at home.

A Palliative Care Team has been created to guide us in providing compassionate, pain-relieving comfort and care for those who are dying.

We believe people facing serious illness and approaching the end of life should receive care that is compassionate, competent and that addresses the needs of the whole person – body, mind and spirit.

National Patient Safety Goals





What are National Patient Safety Goals?

The purpose of the **NPSGs** is to improve patient safety.

As new problems are identified through out the nation, new **NPSGs** are created each year.

Some goals will carry-over for multiple years.

Other goals become such basic expectations that they are moved into Joint Commission standards.

*How do compliance with the National Patient Safety Goals help us achieve our vision:
Know me, Care for me, Ease my way.*



National Patient Safety Goals

We are expected to be fully compliant with an evidence-based practices to prevent indwelling **C**atheter-**A**ssociated **U**rinary **T**ract **I**nfections (**CAUTI**).

- Limit the use and duration of catheters
- Use aseptic technique for site prep and insertion
- Secure catheters without obstructing flow
- Collect urine samples while maintaining sterility
- Measure and monitor CAUTI processes and outcomes in high risk areas.



Improve the accuracy of patient identification

Use 2 identifiers: Name & Date of Birth

Helps make sure each patient gets their medications, tests, treatment, & education.

HINT:

Scanning a barcode does **not** replace the need for asking the **Name and Date of Birth**



All specimens are labeled at the bedside and in the presence of the patient.

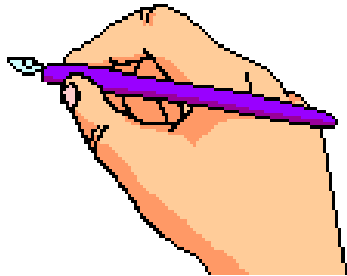


Improve Staff Communication

Critical Values of tests

Read back *Critical Test Results*

*Call them to providers within **15** minutes*



Read Back
includes
Write Down
and then
Read Back



Medication Safety

For ALL liquids, even if not a medication!

Label all meds and liquids (including cleaning supplies)

Every medication and EVERY liquid must be labeled when it is removed from its original container from the manufacturer

Label 1 medication or liquid at a time.

Don't label 2 basins or syringes, then fill 2 basins or syringes

The CORRECT PROCEDURE: *Label one, fill one. Label one, fill one.*

Applies to cups, basins, syringes, bottles, bowls

Include the Name, strength, quantity, diluent & volume, expiration date & time



Prevent Patient Harm Associated With the Use of Anticoagulants

- **Anticoagulation Therapy:**
 - Monitor for signs and symptoms of bleeding
 - No IM injections
 - Educate patient and family on purpose of anticoagulation treatment
- **Warfarin (Coumadin)**
 - Starting therapy; must have a baseline INR. (Pharmacist will order an INR if not available)
 - Dose ordered daily based on the INR value
 - Each patient will receive a Warfarin education handout, reinforce and assure understanding of the dietary restrictions, follow up visits for INR monitoring and therapy compliance.
- **Heparin:**
 - Baseline PTT, PT, HCT and Platelet prior to starting therapy
 - Infusions: Standard premixed solution 50 units/ml, Infusion pump required, Rate adjustments by the Pharmacist based on PTT values
- **LMWH (Enoxaparin, Fondaparinux, Dalteparin)**
 - Baseline Renal Function (SCR) otherwise no laboratory monitoring required
 - Each patient to be discharged on LMWH will receive an Education Kit containing a video, booklet and sharps container. Reinforce and assure competence for injection, follow up visits and signs/symptoms of bleeding to report to their care provider.



Prevent Infections in the Hospital

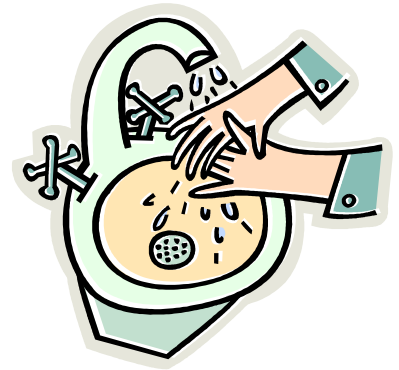
Wash Hands Before **and** After;

EVERY contact with a patient

EVERY contact with patient's environment

EVERY time gloves are put on

EVERY time gloves are taken off



EVERY visitor or staff person that has a cough should wear a mask in the hospital.

When a patient becomes very ill from an infection that they get while in the hospital, it can become a Serious or Adverse Event.



Other ways we prevent infections in the hospital...

Use proven guidelines to prevent infections that are difficult to treat

Examples of Multi-Drug Resistant Organisms include VRE, C.Diff, MRSA

Use proven guidelines to prevent infection of the blood

Use Checklists, Kits, and Protocols for insertions of central lines.

Use disinfectant prior to access central line ports.

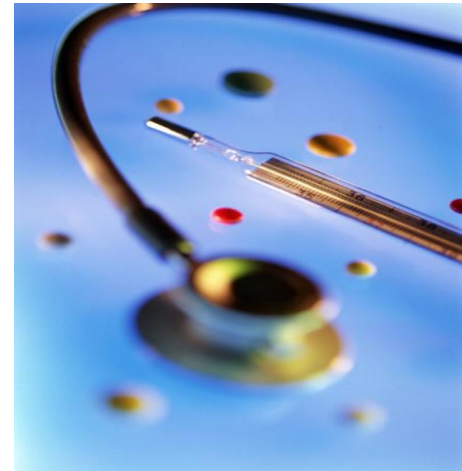
Use safe practices to treat the part of the body where surgery was done.

Teach patients and families about prevention.

Give antibiotics before surgery to prevent infection.

During long surgeries, re-administration may be necessary.

Stop antibiotics after surgery within 24 hours.



NPSG

Record the Patient's Home Medications

Compare **Current** and **New** Med Orders

Compare upon admit to the hospital.

Compare upon transfer within the hospital.

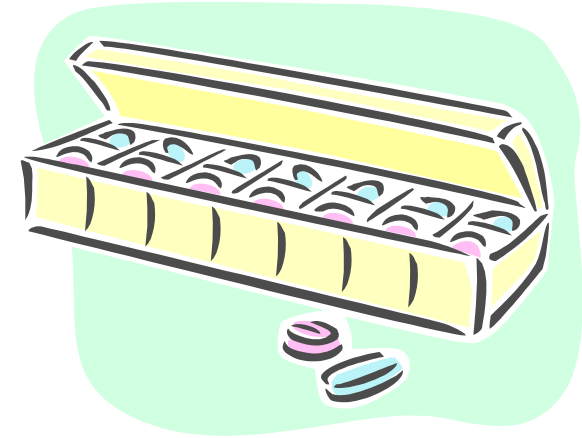
Compare upon leaving the hospital.

Share the **FULL** list with the **next provider**

Includes nursing homes, SNF, LIP, etc

Give the **FULL** list to the **patient or care provider**

Give to every patient or family, regardless of where they will be going after leaving hospital, even if they are going to another care facility.



Essentially, for each visit we have with a patient, essentially, we should review all of the patients current medications, even if no medications are planned to be given during a test or procedure



Identify Patient Safety Risks

Seek out which patients are at risk for suicide and take action to prevent it.

We identify which patients are at risk for suicide through medical assessment and through completing the Admission Assessment.

We implement special monitoring and precautions as needed to keep our patients safe.

Patients that are at risk for suicide are placed with a sitter.

They are **NEVER** left alone.

They are **NEVER** unsupervised.

They are **ALWAYS** visually monitored.





Prevent Errors in Surgery

Mark every procedure site

Includes the OR, Cath Lab, Interventional Radiology, and essentially ANY time a consent is required.

For specific exceptions, refer to the Site Verification Procedure in Lucidoc

Do a Time-Out check before each procedure

May use a Special Checklist

We have started using a checklist that was first developed by the World Health Organization, then adopted by all Washington State Hospitals.

It is called the SCOAP Checklist.

It is used with EVERY surgical procedure.



When a Time-Out is being done, EVERYONE in the room must stop what they are doing, pay attention, and participate in the Time-Out.

Some past NPSG's that are now considered so basic, that they are "standards" we are expected to be proficient at following include:

* **Readback of Telephone Orders**

* Write it down and then read it back. Every time.

* **Do Not Use Prohibited Abbreviations**

* This includes ANYWHERE in the medical record.

* All decimal numbers should be preceded by a leading zero (write out 0.5, do not just write .5)

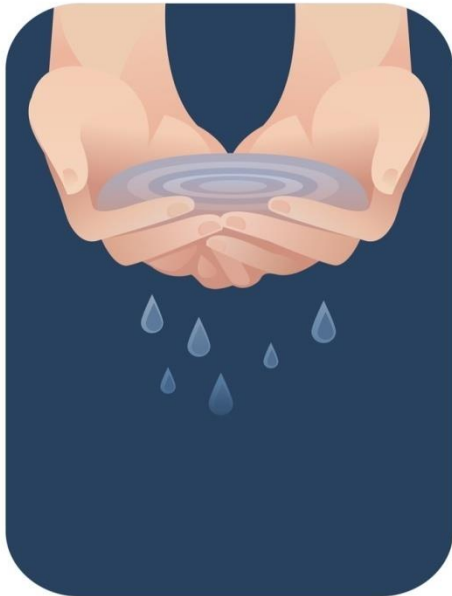
* All whole numbers should exclude a decimal point and never be followed by a zero (write 5, not 5.0)

* Never write **QD** (write out *every day*)

* Never write **U** (write out *units*)

NPSG “Standards”

HAND HYGIENE:



Hands are to be washed
before and after:

- every contact with a patient
- every contact with a patient’s room

Hands should be washed every time:

- you go to the restroom
- you touch something dirty
- you cough

Hands should **ALWAYS**
be washed **before and**
after using gloves

Striving for the Quality Strategic Goals of Providence
and following the National Patient Safety Goals
will help us achieve a caring and safe environment for our
patients, visitors, and caregivers.

**Quality and Safety is the
responsibility of EVERY person**

**Together, as people of Providence,
we answer the call of every person we serve.**

Know me, Care for me, Ease my way.