 <p>ST. JOSEPH HEALTH SYSTEM Northern California Region</p>	<p>LAST DATE REVISED: 9/2015 LAST DATE REVIEWED: 9/2015 ORIGINAL DATE ADOPTED: POLICY / PROCEDURE #: PAGE NUMBER: 1 of 6 APPROVED BY: Medical Staff, Senior Leadership /Quality and Patient Safety</p>	<p>APPROVALS Ministry Quality and Safety Committee 5/2015 Medical Executive Committee Ministry EMT 8/2015 Ministry Quality Committee of the Board 10/2015</p>
<p>Stop the Line for Patient Safety</p>		

I VALUES CONTEXT

We expect personal and professional development, accountability, innovation, teamwork, and commitment to quality and safety. We recognize that the patient has expectations of safe care and quality services provided by the Northern California ministries of t St. Joseph Health. Practicing within the context of our core values of *Dignity, Excellence, Service and Justice* we ensures the provision of respect for each person, accountability, commitment to quality and safety, opportunities to serve each other and a sense of community and among all persons. We extend these values to include our imperative as Healthcare providers to **Do No Harm**. SJH is committed to providing high quality patient care with patient safety as the highest priority. We encourage physicians and employees to communicate freely in support of patient safety and take action, if necessary, when patient safety may be at risk.


II PURPOSE

Adoption of standard best practices in healthcare communication has led to the assurances of high reliability and reduced risk when implemented and executed among all members of the healthcare team. We bring Stop the Line policy and procedure to SJH as an adjunct to our existing Crew training and best safe practices to extend our mission of the Sisters of St Joseph.

The Stop the Line Policy will:

- A. Support a culture of safety by outlining steps to be followed when an individual believes there is a potential risk to patient safety.
- B. Provide a minimally disruptive method to verify or reinstate the safety of the patient.
- C. Ensure administrative support for every person who uses this approach in good faith.
- D. Express the expectation that:
 - 1. Members of the healthcare team have the responsibility to speak up and Stop the Line when conditions warrant.
 - 2. Anyone who initiates Stop the Line will be supported.
 - 3. Failure to acknowledge a Stop the Line request may result in disciplinary action.
 - 4. Adherence to the Standards of Behavior is expected

The acknowledgement of a request to Stop the Line must be done in a timely and respectful manner. The intended recipient of the request shall respond to the requestor to achieve the best results for all involved.

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III RESPONSIBILITY

This policy applies to administration, physicians, employees, volunteers, healthcare students, contracted management and non-management staff, independent contractors, nursing and non-nursing registry staff.

IV POLICY

SJH is committed to high quality care with patient safety as the highest priority. To achieve the highest standards in safety, all members of the healthcare team must be able to communicate freely in support of patient safety and take action, if necessary, when patient safety may be at risk.


This Stop the Line policy is a best practice that will support the actions needed for times when a significant or potential threat to patient safety is identified. Situations that may harm a patient may occur during the provision of care or when team member behaviors are inconsistent with safe practices and place patients, visitors, and any member of the healthcare team in harm’s way. Stopping the process by initiating Stop the Line empowers members of the healthcare team to effectively address the perceived risk and stop the process that is in question or is identified as potentially harmful.

DEFINITIONS

Stop The Line – A process that is based on the premise that every member of the healthcare team is responsible for the safety of patients. The Stop the Line request is initiated by any member of the healthcare team when a potential risk to patient safety is perceived and requires clarification or interruption of a process. The following are examples when Stop the Line is initiated:

- A. When members of the healthcare team are engaged or are about to engage in an action perceived to be a potential threat to patient safety or staff safety; or
- B. A member of the healthcare team requests clarification regarding a non-emergency clinical situation when the requestor feels there is a breakdown in communication related to unprofessional or disrespectful demeanor/dialogue. In these situations, the individual might avoid raising concerns in the future that will impact patient safety.

Universal Safety Language-Key assertive communication terms to be utilized when it is absolutely necessary to achieve resolution among team members regarding a patient safety concern. Standardized vocabulary using these key terms provides clear understanding among all team members regarding the gravity of the patient safety concern that is being raised.

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A. Universal safety language at SRMH includes the following terminology:

- “I AM CONCERNED”**
- “I AM UNCOMFORTABLE”**
- “THIS IS A SAFETY ISSUE”**

B. If a team member uses the universal safety language this indicates the Stop the Line policy is initiated. Using universal safety language to express safety concerns can get the attention of the team to focus on an appropriate review and response to the concern.

V **PROCEDURE**

When patient safety is at risk we have an individual responsibility to speak up assertively and persistently in a firm and respectful manner until safety is restored.

When an initial assertion is ignored...It is your responsibility to respectfully and assertively voice your concern at least two times to ensure that it has been heard.

- Be sure the team member being challenged hears and acknowledges the concern. You are empowered to STOP the line and seek further clarification or assistance if you have a serious safety concern.
- If the outcome is still not acceptable take a stronger course of action, including following the Chain of Command.


A. Step One: Using SBAR (Situation, Background, Assessment, Recommendation) clearly state your concern for the potential threat to patient safety to the provider.. Communicate in a respectful manner utilizing universal safety language the need to Stop the Line to re-evaluate or restore patient safety.

“Tom, I AM UNCOMFORTABLE regarding this patient’s safety. Please stop the line because the policy for patient identification is not being followed, putting the patient at risk for harm”

“Doctor, This patient’s clotting studies are elevated, She has been on anticoagulants. I AM CONCERNED that she will be at risk of bleeding if she goes to surgery now. Can we delay until tomorrow?”

B. **Step Two:**

If the response to step one does not successfully restore patient safety, REPEAT your request to the provider to stop the line, for example:

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“(Caregiver Name), please stop – “I AM CONCERNED about patient safety. we need to review the plan/procedure/situation together before proceeding to make sure we are delivering safe care.”

C. Step Three:

If the response to the first two steps does not restore patient safety, where mutual agreement is reached regarding the patient’s safety, immediately initiate the Chain of Command as outlined in SRMH policy PC/PS 020, Conflict of Opinion/ Chain of Command/Escalation,

- D. When a failure to acknowledge the Universal Safety Language or clarify a Stop the Line request has occurred and once the immediate needs of the patient are addressed, document in the event reporting system.
- E. For management of inappropriate responses to a Stop the Line request, follow organizational policies and procedure

VI ATTACHMENTS: A - Examples of Situations When Stop the Line is Indicated


VII COMMITTEES REVIEWING OR APPROVING PROCEDURE AND REVIEW OR APPROVAL DATES

Name	Date	Chair
Ministry Quality and Patient Safety Committee	5/2015	Margaret McEvoy, MD
Ministry Medical Executive Committee		
Executive Management Team	8/2015	Todd Salnas, CEO
Ministry Quality Committee of the Board		

VIII AUTHORITATIVE REFERENCES

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ATTACHMENT A

Examples of Situations When Stop the Line is Indicated, But Not Limited To:

- ABO incompatible blood is sent to the OR while an operation is in progress.
- During a central line insertion procedure, staff logging the lot number and expiration of the catheter note that the supply had expired and proceed to insert.
- A respiratory therapist notices that a physician , who had been up all night, was about to insert a chest tube backwards.
- A proceduralist requests a heparin flush in a heparin allergic patient.
- Inconsistent information about the procedure to be performed when H&P, OR schedule and informed consent are compared.
- A break in sterile technique during a sterile procedure.
- A disagreement between members of the care team during a time-out prior to a procedure.
- Imminent violation of patients’ rights (for instance, failure to obtain informed consent for surgery).
- The wrong side or wrong site is being prepped/draped for an operation or procedure.
- Caregiver is entering a contact isolation patient room without gown or gloves.
- A collected pathology specimen is not in the collection container anymore.
- An allergy is not identified until just prior to medication administration.
- Medication from another patient is administered to a patient whose medications have not yet been reviewed by Pharmacy
- Refusing to accept critical results on a patient you are responsible for in the inpatient or outpatient setting.
- A member of the care team uses intimidating or disrespectful jargon that is inconsistent with SJH values and can lead to future threat of harm to others when there is no effort to address effectively.