

# III. PATIENT SAFETY



# National Patient Safety Goals

- The National Patient Safety Goals for Hospital, Laboratory and Home Health Programs have been developed to improve patient safety.
- Ask your Volunteer Office to access the “National Patient Safety Goals” on hospital computer if you are interested.

# National Patient Safety Goals, cont.

## Hospital GOAL #1: Identify Patients Correctly

- RH meets this goal by:
  - Using two unique identifiers of name and birth date whenever providing care or services to patients.
  - When administering blood products a bed side verification process is used.

# National Patient Safety Goals, cont.

## GOAL #2: Improve Staff Communication

- RH meets this goal by reporting critical test values within 30 minutes, to the appropriate provider.

# National Patient Safety Goals, cont.

## GOAL #3: Use Medications Safely

- RH meets this goal by:
  - Labeling all medications.
  - Taking extra care of patients on blood thinners.
  - Completing medication reconciliation.

# National Patient Safety Goals, cont.

## GOAL #4: Use Alarms Safely

RH meets this goal by:

- Developing a comprehensive list of critical alarms in our facility
- Developing standards of care in terms of who may manage these alarms, what alarm parameters are to be set, and when practitioners are to be notified for alarms outside set parameters.

# National Patient Safety Goals, cont.

## GOAL #5: Prevent Infection

- RH meets this goal by:
  - Proper hand hygiene and monitoring compliance of adherence to policy.
  - Use of best practice care for patients with multi-drug resistant organisms.
  - Use of best practice care with central line care, surgical site infection prevention
  - Prevention of urinary catheter related infections.

# National Patient Safety Goals, cont.

## GOAL #6: Identify Patient Safety Risk

- RH meets this goal by:
  - Screening all patients for suicide risk.
  - Any patient found at risk is placed on suicide precautions and a safety sitter remains with them.



# National Patient Safety Goals, cont.

## Goal #7: Prevent Mistakes in Surgery

### Universal Protocol

- RH meets this goal by:
  - Performing a “time out” immediately prior to invasive procedures such as surgery, and vascular procedures.
  - Marking the surgical site on the patients body.
  - Performing a “safe surgery checklist” immediately prior to an invasive procedure.

# Preventing Patient Falls

## Fall Prevention at Randolph Hospital:

- Fall Precaution program.
- Staff education.
- Patient /family education.
- Outcome indicators must be evaluated.
- Fall scale on every shift assessment (and with any change in condition).



# Preventing Patient Falls

## Identification of Patients at High Risk for Falls

- Yellow Wristband
- Yellow Non Skid Footwear
- Fall Precaution sign on Door Frame
- Sign over Head of Bed



If a patient has been identified as being high risk for falls and is seen getting out of bed or walking without assistance, they should be assisted safely to a chair or bed and the nursing assistant or nurse caring for the patient should be notified immediately.

# Preventing Patient Falls, cont.

## Color Coded Arm Bands



These patient arm bands are used to bring staff attention to patient safety needs

# Patient Abuse and Neglect



# In the Hospital



- Patients have a right to a safe environment in the hospital.
- Any type of abuse of a patient by a healthcare provider is a breach of medical ethics and a violation of Randolph Hospital's policy on Professional Behavior and Standards. Certain violations of this policy (such as assault or sexual abuse) are also crimes that can result in imprisonment.
- In order to protect our patients, criminal background checks are a part of the hiring process for Randolph Hospital employees.

# In the Hospital, cont.

Staff should also take the following action to protect patients:

- Be aware of the warning signs of abuse.
- Report any suspected abuse immediately.
- Learn to manage your own stress or anger appropriately.
- Report any suspicious visitors on your unit.

# Identifying and Assessing Victims

The Joint Commission requires that accredited facilities do the following:

- Educate staff about signs & symptoms of abuse and neglect.
- Identify victims of abuse or refer to appropriate outside agencies.
- Maintain a list of agencies for referral.
- Report abuse and neglect according to state and local law.



# Abuse Signs and Symptoms:

- Evidence of alcohol or drug abuse.
- Vague physical or psychological complaints
- Extent or type of injury inconsistent with the patient's examination
- Any injury during pregnancy
- Problems during pregnancy, specifically, preterm abortion, bleeding, intrauterine growth retardation, hyperemesis
- Sites of injury – face, neck, throat, abdomen, genitals, or bilateral extremity injuries
- Eating disorders
- Report of self-mutilation

# Additional Abuse Signs and Symptoms:

- Repeated use of emergency department services
- Multiple injuries in various stages of healing
- Emotional abuse or marital discord observed by the staff
- Complaints of marital rape or sexual assault
- Suicide attempt or idea
- Self-induced abortions or multiple therapeutic abortions or miscarriages
- Single car crashes; victim may also be the passenger
- Lacerations and burns
- Spouse or partner reluctant to leave the victim alone with medical staff during treatment
- Patient reports of abuse

# Suicide Prevention

- All patients at risk of being suicidal will be managed in a manner that will ensure their safety and well-being.
- Patients will be cared for on a nursing unit, under direct observation if they:
  - have attempted suicide
  - are suspected to have attempted suicide
  - are threatening to harm themselves,

# Suicide Prevention, cont.

- If at any time during a patient's hospitalization a patient exhibits suicidal tendencies, the nurse or staff will contact the attending physician for the order to initiate Suicide Precautions.
- In the event the attending physician is not available immediately, the nurse will initiate suicide precautions until the physician can evaluate the patient and make the determination to continue or discontinue the order.
- If the patient is placed on Suicide Precautions, the department manager or nursing supervisor will be notified.

## **Suicide Prevention, cont.**

- A nursing assistant/tech, patient sitter, unit secretary, nurse, police officer or available security officer or designee will be assigned to stay with the patient at all times to prevent patient activities and interactions that could harm the patient or others.