PATIENT SAFETY

Prevention of Error
Physician and ADP Roles and Responsibilities
Patient Safety

• At Navicent Health is our goal to provide the safest possible environment for our patients.

• Providing a safe environment for our patients can only be achieved through teamwork.

• Each member of the healthcare team must be alert to and report situations that might pose a risk for patient safety.
TEAM WORK

PATIENT SAFETY IS EVERYONE’S RESPONSIBILITY
A Culture of Safety

Four key beliefs present in a safety culture

• Processes designed to prevent failure
• Just culture discipline based on risk
• Committed to detect and learn from error
• Working in teams produces fewer errors
Two-Challenge Rule

Empowers any member of the team to “stop the line” if he or she senses or discovers an essential safety breach.

This is an action never to be taken lightly, but it requires immediate cessation of the process and resolution of the safety issue.
Two-Challenge Rule

Invoked when an initial assertion is ignored...

• It is your *responsibility* to assertively voice your concern at least *two times* to ensure that it has been heard

• The healthcare professional being challenged must acknowledge

• If the outcome is still not acceptable
  – Take a stronger course of action
  – Use supervisor or chain of command
Reporting of Medical Errors, Other Unsafe Events, and Quality Concerns

Communicate with:

– Your Peer, when appropriate
– Your Medical Staff elected Department Chair
– Chief Medical Officer or Medical Director on Call
– Department of Quality: 633-1295
– Risk Management Hot Line: 633-1270
REPORTING UNSAFE EVENTS

• Confidential Quality Improvement Referral System on Intranet
• You are preventing an error in the future by reporting
• To enter a new incident report:
  1. Log onto intranet
  2. Select “Risk Management” from dept drop down list
  3. Click “GO!” for access to report form
REPORTING UNSAFE EVENTS

• You are protected from retaliation if you report – Medical Center, Navicent Health takes no disciplinary action or retaliatory disciplinary action against employees, physicians, or other credentialed providers when concerns are reported. The same holds true for any employee or physician if and when they do report safety and quality of care concerns to regulatory agencies.
Abuse and Neglect: Ensure Cases are Identified

Every patient is screened at any point of entry into the organization.

Screening indicators:

• Patient presents with known history of physical assault
• Patient alleges physical assault
• Wounds vague with no explanation.
• Injuries not consistent with stated mechanism
• Facial wounds, (black eye, missing teeth)
• Evidence of other body injury (gun/knife, burns, welts, bites)
Abuse, Neglect: Ensure Cases are Reported

- Official Georgia Code Requires reports to be filed on:
  - Non-Accidental Accidents/Physical Injuries
  - Protection of Children
  - Disabled Adults
  - Residents of Long Term Care Facilities

- Abuse Response Team:
  beeper 1037
  8am – 5pm, weekdays

- Begin reporting process through hospital police at ext 1490
**PROCEDURAL SAFETY**

**“TIME-OUT”**

*Time Out* must be conducted immediately before starting any procedure requiring a signed patient consent.

- Must involve the immediate members of the procedure team, including the surgeon or proceduralist performing the procedure
- Must verify correct patient identity, correct site, and correct procedure
- Must be conducted in all areas where a procedure may be performed including the bedside
Surgical Site Marking

In limited circumstances, the physician may delegate site marking to a resident, Physician Assistant, or Advanced Practice Nurse who:

1. is permitted by the organization to participate in the procedure,
2. is familiar with the patient,
3. will be present when the procedure is performed,
4. is qualified through a medical residency program or,
5. is a licensed individual who performs duties requiring collaboration or supervisory agreements with the physician

Refer to the universal policy for details
Disaster Preparedness

• Navicent Health may encounter many types of disasters, both internal and external.

• Our organization has created policies and procedures outlining the actions healthcare professionals should take if a disaster is encountered.

• Official emergency codes are as follows:
Navicent Health Emergency Codes

- Code Red - Fire; If you discover, then:
  - Rescue
  - Alarm
  - Contain
  - Extinguish
    - Pull Pin
    - Aim at base of fire
    - Squeeze handle
    - Sweep back and forth

- Code Blue - Adult Cardiopulmonary Crisis
- Code Blue PALS – Pediatric (< 16 years) Cardiopulmonary Crisis
- Code Pink - Infant Abduction
- Code Zero - Evacuation
Navicent Health Emergency Codes

- Code “B” – Bomb Threat
- Code Gray – Need for Security
- Code Green – Suspected patient(s) needing decontamination in the EC
- Code Lift – Need for assistance on area
- Code Purple – EC Alert
- Code Silver – Active shooter
- Code Triage Standby - Prepare area for possible mass casualty situation
- Code Triage – Mass casualty plan in effect
- Tornado Watch – Conditions favorable for a tornado
- Tornado Warning – Tornado sighted
Fire Safety

• Navicent Health has developed a plan to protect patients or residents, visitors, personnel, and others in the event of a fire.
• It is important that you understand your role in providing safety from fire.
• **R.A.C.E.**
  Personnel must respond promptly and effectively to a fire. R.A.C.E. is the acronym used to represent this response.
  
  **R** – **RESCUE from danger**
  **A** – **Activate the ALARM**
  **C** – **Confine/Contain the fire**
  **E** – **EXTINGUISH**
Using a Fire Extinguisher

- Face the fire and have a clear evacuation path behind you. Follow the instructions on the extinguisher. You can operate most fire extinguishers using the P.A.S.S. technique:
  - **PULL**... Pull the pin. This will also break the tamper seal.
  - **AIM**... Aim low, pointing the extinguisher nozzle at the base of the fire.
  - **SQUEEZE**... Squeeze the handle to release the extinguishing agent.
  - **Sweep**... Sweep from side to side at the base of the fire until it appears to be out.