

## National Patient Safety Goals

### Goal: Improve the accuracy of patient identification.

- Use at least two patient identifiers (neither to be the patient's room number) when providing care, treatment or services.
- Follow TCH policy 2.43.135 and use all three identifiers with blood products.
- Reliably identify the person first, and then match the service, treatment, test, or specimen collection documents' patient identifiers.

### Goal: Improve the effectiveness of communication among caregivers.

- Report critical results of tests and diagnostic procedures quickly according to policy 2.43.174.
- Provide the responsible caregiver these results so that the patient can be promptly treated & document these communications.

### Goal: Improve the safety of using medications.

- Label all medications drawn into a syringe unless they are immediately given *without any break in the process*. [When in doubt, LABEL!]
- For procedures, label medication containers (e.g., syringes, medicine cups, basins) as soon as they are prepared unless immediately given/remainder discarded *without any break in process*.
- NEVER PRE-LABEL.
- For patients on anticoagulants, follow protocols, use Smart pumps, and educate patient/family about,
  - Importance of follow-up monitoring
  - Compliance
  - Drug-food interactions
  - Potential for drug reactions & interactions

### Goal: Accurately and completely reconcile medications throughout patients' care

- Document at arrival the patient's home medications.
- Compare the patient's current medications with those ordered, and address discrepancies promptly.

- Communicate the most current list to the next provider(s) within or outside the hospital.
- Give the patient / family a complete list of medications when he/she leaves.

### Goal: Reduce the risk of health care acquired infections.

- Wash / clean hands as required by the Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- Follow isolation requirements: Teach patients in isolation, and their families & visitors, what they must do to prevent spread to others. DOCUMENT!
- Follow ALL safety steps when central lines are inserted: Teach these patients & families about preventing bloodstream infections. DOCUMENT!
- Follow core measures to prevent surgical site infections (SSI): Teach these patients & families about SSI prevention, too. DOCUMENT!

### Goal: Identify individuals at risk for suicide among patients being treated for emotional or behavioral disorders.

- Conduct risk assessments, address immediate safety needs, and provide suicide prevention information to patients/families when at-risk patients leave the hospital.

## Universal Protocol

All employees and physicians prevent wrong site, wrong procedure, wrong person procedures by,

- Verifying the correct procedures, for the correct patients, at the correct sites as patients move through our care processes,
- Marking sites,
- Participating in "time outs" before non-emergency invasive procedures.

Everyone is empowered to stop a procedure if there is any discrepancy or concern. The verification/time out policy is 2.43.155.

**The hospital's Patient Safety Officer can be reached at 585-2771.**



## **Environment of Care/Safety Information**

Dial 111 to report all emergencies. This number is answered by the hospital operator.

## Security Issues

**Dial 5-2222** to reach Safety/Security for immediate dangers, threats, or violent acts. Dial 5-4444 to report confidential information on the H.U.R.T. Line.

VideoCom Signals: DPFA Monitors  
**111 = Emergency/Code**  
**Audible warble = Disaster**

## Fire Safety Plan

R A C E = Fire Response

**R = Rescue** patients and visitors

**A = Sound the Alarm** by dialing 111 or 5-2222 and pull the fire alarm

**C = Confine** or contain the fire

**E = Extinguish** the fire

**Fire alarms announcement: CODE RED and location.**

## **Fire Extinguishers:**

Remember the **PASS** word to use a fire extinguisher.

➤ **Pull** the pin

➤ **Aim** low

➤ **Squeeze** the lever below the handle

➤ **Sweep** from side to side

## Types of Fire Extinguishers



Use the appropriate type of extinguisher – ABC, CO<sub>2</sub>, or water – based on the type of fire!

**Medical Gas Shutoff:** The charge nurse decides if medical gases are shut off, based upon patient needs and fire containment necessity.

### **Elevators**

During power outages, several elevators automatically transfer to emergency power. **Never attempt to open a car door by hand.** Use the intercom for instructions and stay in the car.

### **Safety/Security Threats**

Safety threats (bomb, terrorism, etc.) are a severe disruption to the peace and comfort of patients, visitors, and staff. The person receiving a telephone threat must record as much data as possible about the call, including caller characteristics (i.e., gender, speech traits). Notify the hospital operator at once by dialing "0". Notify Security at 5-2222 for personal or written threats. Use local panic buttons where available.

### **Smoking Policy**

The Christ Hospital is tobacco free. Tobacco may not be used in any hospital campus building or grounds.

### **Radiation Safety**

Registrations, licenses, inspection reports and applicable Ohio rules may be reviewed in the Radiation Safety Office. If you have questions or concerns, you may contact the Radiation Safety Officer (RSO) or the applicable Certified Radiation Expert (CRE). **RSO telephone # 585-2323.**

### **Infection Control**

Infection Control concepts involve every member of the healthcare team, employees, patients, and visitors!

- Hand hygiene is one of the most effective ways to control the spread of infection. You may use alcohol hand rubs when no visible soiling is present.
- Universal Precautions mean we assume that all patients are infected with blood borne pathogens so we wear protective barriers (such as gloves, gowns, and face protection) to prevent exposing ourselves to others' blood and body fluids.
- Specific isolation categories are respiratory/droplet, airborne, contact and contact plus. They are used with Universal Precautions for specific diseases. Read the signs posted on patients' room doors & chart covers for requirements.

### **Reporting Exposures**

Call the Injury Line at 1-866-665-2917 anytime someone is exposed to blood or body fluids from a needle stick, instrument cut or splash/spray to mucous membranes or non-intact skin. Tests and care are available: It is very important that all exposures be reported at once.

### **Specific Procedures for Infection Control:**

- Dispose needles/sharps in a puncture resistant container.
- Place Infectious waste in red biohazard bags and securely close with tape.
- Place used/soiled linen in an impervious bag at point of use, close securely, & take to dirty utility room.
- Label patient food items properly when refrigerated.
- Use separate refrigerators for lab specimens, food, and medicines.
- Follow OSHA prohibitions; No eating, drinking, applying lip balm, or adjusting contact lenses in areas where there may be infectious materials.

### **Hazardous Materials Management**

Various hazardous materials are used throughout the hospital. These could pose a threat if a spill or release should occur. An MSDS (Material Safety Data Sheet) is in the yellow MSDS notebook for every chemical used in that department. The MSDS gives detailed information on a specific chemical product, including the chemical ingredients, potential hazards, and safety precautions. Call Safety/Security at 52222 to report a spill. Do NOT attempt to clean up a spill unless you or the personnel involved are properly trained to do so.

### **Safe Medical Equipment**

#### Use of Clinical Equipment

To protect patients, visitors, and staff, personnel are trained to use equipment safely. Equipment with alarms and variable settings for treatment and monitoring are checked with each application by the clinical staff for functioning, settings' appropriateness, and alarm audibility where in use. The Christ Hospital Intranet website has user manuals, Clinical Engineering work orders, and additional support information located under the department heading.

### **Safe Medical Devices Act (SMDA) Reporting**

Witnesses of medical device failures will:

- Attend first to the patient's safety needs,
- Remove from service and label the device, placing it in a secure location with all accessories that were involved,
- Verbally report at once all occurrences to the supervisor or department head, Risk Management, and Clinical Engineering.
- Complete an incident report.

### **Equipment Inspection & Labeling**

All medical equipment is tested, labeled, and entered into the Clinical Engineering database for preventive maintenance, recalls, and inventory control. Two labels are applied; the first with inventory management information, and the second with the month and year that the equipment is next due for Clinical Engineering safety & accuracy inspection.

### **Reporting Equipment Concerns or Malfunctions**

Call Clinical Engineering at 5-5800. Tag the equipment with a brief note about the problem.

## **EMERGENCY CODES**

**CODE RED (Fire)**

**CODE ADAM (Infant Abduction)**

**CODE BLACK (Bomb/Bomb Threat)**

**CODE GRAY (Severe Weather)**

**CODE ORANGE (Hazardous Material Spill/Release)**

**CODE YELLOW (Disaster)**

**CODE VIOLET (Violent/Combative Person)**

**CODE SILVER (Person with Weapon/Hostage Situation)**

**CODE BROWN (Missing Patient)**

**CODE GREEN (All Clear)**



*"Safety, Above All"*