



Shadow Experiences

A shadow experience consists of the observation of functions of a particular career within the health care environment. Southwell offers both short term and extended shadow experience. (Short Term- 40 hours or less; Extended- 40+ hours)

Shadow Experiences:

- Once an individual is cleared, a department will allow shadowing of normal activities.
- ***The Shadow Student does not provide or engage in direct patient care.***
- Students under the age of 18 are not allowed to shadow in the Operating Room, Pediatrics Department, or Obstetrics Department.
- TRHS reserves the right to deny, cancel, or postpone a scheduled shadow experience when conditions exist that could compromise patient safety or staffing demands are challenged (i.e., increased influenza rates within the community).

Dress Code/Etiquette:

- Shadow students are expected to behave in a professional manner while engaging in the learning experience.
- All shadowing experience participants should wear business casual attire. Jeans or jean material are not permitted. Wearing medical attire including scrubs, lab coats, or carrying medical implements such as stethoscopes is prohibited.
- All electronic devices are prohibited while engaging in the shadow experience.



HIPAA Compliance for Shadow Experiences

As a shadowing experience in our organization, it is important that you understand about HIPAA and the importance of protecting Patient Rights. You will be expected to abide by the same rules as our staff, contract personnel, and volunteers.

- **HIPAA:** Health Insurance Portability and Accountability Act contains important provisions for maintaining patient privacy such as Protected Health Information or PHI. It is critical that you understand how to uphold these rules and why it is important to do your part.
- **PHI:** Includes any information related to a person's past, present, or future physical or mental health condition; written, verbal, or electronic health information; patient billing/payment information.
- **Primary violations of HIPAA:**
 - Seeing someone you know and asking them why they are here.
 - Discussing a patient in a common area (they may have opted out of the **directory**); **it violates any patient's privacy for you to mention them by name in conversation in public spaces such as hallways, cafeteria, elevator, or lobby...even to another employee of TRHS, Inc.**
 - Discussing with someone outside of the healthcare setting that you saw someone here as a patient during the Shadow Experience with TRHS, Inc.
- **Electronic Devices Policy:** Electronic devices are prohibited on all TRHS campuses. During your shadow experience please do not use any electronic devices while engaging in your shadow experience.



INFECTION PREVENTION

Blood-Borne Pathogens: Blood-borne pathogens are microorganisms that can be spread from one person to another through blood and body fluids.

Viruses that live in the blood and are transmitted through direct contact with infected blood and body fluids are HIV, Hepatitis B, and Hepatitis C.

Standard Precautions: Standard Precautions are a set of infection control practices that healthcare personnel use to reduce transmission of microorganisms in healthcare settings.

- Standard Precautions protect both healthcare personnel and patients from contact with infectious agents and help to minimize the risk of exposure to and spread of blood-borne pathogens.
- An exposure is defined as blood or body fluid that comes into direct contact with non-intact skin or mucus membranes. A needle stick or splash of blood or body fluid to an unprotected face are examples of exposure.
- If an accidental needle stick or blood/body fluid splash occurs, immediately clean the area with soap and water. If the eyes are involved, flush them with water for 5 minutes.
- Report Blood or Body Fluid Exposures Immediately to the Nurse Manager or Charge Nurse.

Always practice these Standard Precautions:

- Hand Hygiene
- Use of PPE to avoid direct contact with blood or body fluids.
- Practice Respiratory Hygiene/Cough Etiquette
- Keep vaccines up to date.



Hand Hygiene: is defined as hand washing with soap and water or use of an alcohol-based hand sanitizer. Practice hand hygiene before and after patient contact or contact with the immediate patient care environment.

- Why are alcohol-based hand rubs so great?
 - Alcohol-based hand rubs kill microorganisms more effectively and more quickly than hand washing with soap and water.
 - They are less damaging to skin than soap and water resulting in less dryness and irritation.
 - They require less time than hand washing with soap and water.
 - Dispensers are often more accessible than a sink.
- A soap and water hand wash are preferred:
 - When hands are visibly dirty or contaminated.
 - Before eating or handling food.
 - After using the restroom.

Standard Precautions include the use of the following Personal Protective Equipment (PPE) to prevent direct contact with blood or body fluids:

- Gowns – when soiling of clothes may occur.
- Masks and eye protection - when splashes may occur.
- Gloves - when hand contamination is anticipated.

Respiratory Hygiene/Cough Etiquette: Standard Precautions that prevent the transmission of respiratory infections such as common colds or flu.

Everyone should practice good Respiratory Hygiene/Cough Etiquette including all healthcare workers, students, faculty, visitors, and patients:

- Cover your nose and mouth when coughing or sneezing with a tissue or mask.
- If tissue or mask is unavailable cough into your sleeve.
- Perform Hand Hygiene after contact with respiratory secretions.
- Maintain spatial separation of at least 3 feet from persons with respiratory symptoms.
- Report Blood or Body Fluid Exposures Immediately



Airborne Precautions are used for diseases, such as TB, which are transmitted through the air.

Droplet Precautions are used for infections spread by respiratory droplets, such as flu or bacterial meningitis.

- Wear a mask when within 3-6 feet of patient's face or place a mask on the patient.
- The patient should wear a mask when outside of the room.

Contact Precautions are used for resistant (difficult to treat) infections, such as MRSA, VRE, and C. difficile.

- Wear gloves to touch anything in the room. Remove gloves and wash hands before leaving the room.
- Wear a gown if your clothing will touch anything in the room.



Life Safety

Southwell's Life Safety procedures include an emergency code system with general actions each employee should take in the specified emergency situation. This section will review the emergency code system outlining those basic actions.

When an infant/child is missing, a **Code Pink** will be called.

TRMC Hospital Response	Southwell Medical Response (Cook/Adel)	Southwell Medical Clinic Response (Formerly Affinity West Campus)
<p>Dial ** to access overhead page and announce three times "Facility Alert - Code Pink and department location and description.</p> <p>If you see anything suspicious, notify Security -- do not try to subdue the individual yourself.</p> <p>TRMC has an Infant Security System for the Pediatric, OB and Mother/Baby floors.</p> <p>The system includes banding of patients with transmitters that initiate the alarms if the patient moves out of the unit area. As the alarm initiates, it also immediately locks down the unit, stairwell doors, and elevators.</p>	<p>Dial **00 to announce the code. Give the department location of missing child and description. The building should immediately be secured and the charge nurse will call 911.</p> <p>If you see anything suspicious, notify Security -- do not try to subdue the individual yourself.</p>	<p>Dial ** and announce Facility Alert - Code Pink - department and description 3 times. This announcement can be made by any concerned staff. Call 911 and report missing infant. Search the entire facility.</p> <p>Follow the procedure outlined in the Southwell Medical Clinic codes in the Emergency Operations Manual.</p>

- Secure all exits and search the facility.
- Look for baggage that could be hiding the infant/child.

Follow your department /campus procedures in securing, searching, and making appropriate reports. See your **department's** Emergency Manual for details.



Active Shooter/Hostage Situation

Patients, visitors, and staff are at risk of being confronted by a person with a weapon or being involved in a hostage situation. If such a situation arises, staff members should not attempt to intervene or negotiate.

TRMC Hospital Response	Southwell Medical Response (Cook/Adel)	Outpatient Clinics Response
Immediately call 911. Dial ** and announce three times: Facility Alert - Active Shooter and department and location and/or direction of travel. RUN, HIDE, FIGHT	Dial 68093. Give location and announce "Facility Alert - Active Shooter". RUN, HIDE, FIGHT	Call 911 immediately. Notify the Practice Manager (s). Employees should stay in their area until directed by Law Enforcement to evacuate. The Hospital Incident Command will be activated and assignments made by the incident commander as needed. RUN, HIDE, FIGHT

- Do not go to the area of the code. Clear all hallways of patients, staff, and visitors.
- Take cover in a safe location behind closed, locked doors until an all-clear is announced.
- No other codes including **"Code Blue"** will be announced until the area is declared safe by security or law enforcement officials.

Code BLUE: Cardiac or Respiratory Arrest

TRMC Hospital Response	Southwell Medical Response (Cook/Adel)	Clinics and Outside Hospital Building Response
In the hospital, press the Code Blue button in the patient room and the overhead paging system will automatically enunciate the location of the Code Blue. If there is not a code blue button available in the patient room, dial ** to access overhead paging system, state Code BLUE and room number OR exact location within the hospital three (3) times	Dial **00 to access the overhead paging system. State CODE BLUE and room number or exact location within the hospital three (3) times	Call 911 immediately. Send someone to retrieve the AED if available. Notify the Practice Manager(s).

- Proceed with appropriate Cardiac Care (CPR).
- USE BARRIER DEVICE (ambu bag) for ventilation.
- Off-site departments should follow their departmental Disaster Manual guidelines and contact EMS or other designated responders.



Employees are encouraged to call the Rapid Response Team (**RRT**) anytime they have a concern for a patient's status. The RRT consists of an ICU nurse and Respiratory Therapist who will respond to the call within the hospital to assist in the assessment of any individual who may be having subtle changes. The RRT can be contacted anytime by paging overhead and stating the room number or location of the individual.

Code Red: Fire - Fire Alarm

Rescue anyone in immediate danger **AND ALERT 911.**

Activate the fire alarm nearest the location of the fire.

TRMC Hospital Response	Southwell Medical Response (Cook/Adel)	Southwell Medical Clinic Response (Formerly Affinity West Campus)
Staff at fire scene activates the alarm and will alert 911. Dial ** and announce three times: Facility Alert - Code Red and location. Perform RACE	Staff at fire scene activates the alarm and will alert 911. Dial **00. Perform RACE	Pull the nearest fire alarm box. Registration or other staff must overhead page by dialing ** on the phone and announcing three times: Facility Alert - Code Red and location of the fire. The fire response team will respond to the scene with fire extinguishers.

Contain the fire: close doors and windows.

Nursing Supervisor must authorize the shut off of the main medical gas valves.

Evacuate the immediate area. Extinguish the fire if your safety can be assured and you have been certified in extinguisher use. Certified Employees should report to the fire area with a fire extinguisher.



Guidelines for Personnel Certified in Extinguisher Use:

Pull the pin.

Aim at the base of the fire.

Squeeze the trigger.

Sweep from side to side.

Only employees who have extinguisher certification may use a fire extinguisher.

Weather (Severe Thunderstorm, Tornado Warning)

This signals a Weather Warning has been issued. When notified by the Incident Commander to implement the plan, the switchboard operator will state "Facility Alert - (Applicable Weather) Warning and Location" three times to help alert visitors as well as staff.

Tornado Warning Response

- Keep away from windows and glassed-in areas.
- Instruct patients, visitors, and employees to move to the designated safe zones for the area.
- Move patients who are bedbound as far from the windows as possible and cover the patients with blankets for protection.
- Close windows, draw blinds closed and in the down position to deflect glass.
- Close doorways to hallways.
- Personnel (other than nursing) should report to nearest patient care units to assist (see departmental Disaster Manual for particular assignments).
- Off-campus departments should maintain a weather radio tuned to the National Weather Service and follow their Disaster Manual guidelines for handling Tornado Alerts.
- Off-campus departments are responsible for notifying patients and visitors of inclement weather and should encourage them to remain in the facility until the warning is lifted.



- Off-campus departments should have a portable emergency kit that contains basic equipment which should be moved into the safe zone area of the facility—see specific departmental Disaster Manual.

Severe Thunderstorm Warning Response

When a severe thunderstorm warning has been issued OR a reduction of the intensity of a Tornado occurs, this code may be called by the Incident Commander, Administration, or House Supervisor (Nights and Weekends). The Incident Commander will notify the switchboard operator who will announce Facility Alert "Severe Thunderstorm Warning".

Staff should implement the steps as outlined in the emergency operations manual. If the Severe Thunderstorm is called after a Tornado, patients and guests can be moved back into their rooms. This is a signal for a reduction of intensity of a Tornado.

Mass Casualty Incident (MCI)

Southwell uses the Incident Command structure and process outlined by the National Incident Management program when dealing with Emergency responses.

Mass Casualty Incident - Standby

A Mass Casualty Standby is used when a disaster event occurs in another community and Southwell's assistance is requested for patient diversion.



Mass Casualty Incident - External

A major event has occurred in our area outside the hospital. The hospital is expecting multiple victims.

TRMC Hospital Response
Incident Command Center (Primary Control Center) Dial 36125 (Center is located in Administration Conference Room B). Emergency Department serves as Triage Center. ER 2 serves as First Aid area. 20th Street Lobby serves as Communication Center for family and visitors seeking information regarding victims and for Media seeking information. Critical unstable - Emergency Room. Critical awaiting immediate surgery - PACU II (Day Surgery). Stabilized awaiting admission - Direct Admit to floor or Day Surgery Holding.

Prepare For Patients (per departmental directions).

- Assemble equipment & supplies as directed.
- Off-site campuses may experience an influx of patients or patient families arriving without appointments. Off-site campuses should follow their Disaster Manual guidelines when responding to a Code Mass Casualty Incident affecting the main hospital.

Mass Casualty Incident - Internal

Southwell is the victim. We have structural damage and disruption of service. Outside resources will be required.

- Incident Command Center will be set up (location depending upon the impact of the event on the structural aspect of the hospital—if possible, ICU Classroom).
- Department supplies and equipment should be assembled and sent to treatment center(s) as assigned.
- Personnel should take steps similar to the Fire Plan to prevent secondary events. Use Red Phones and Red Outlets only. Take other appropriate measures specific



to your department functions to preserve function and prevent secondary fires or explosions.

Mass Casualty Incident - Radiation/Chemical

If Radiation/Chemical is attached to Mass Casualty Incident, it is the signal to set up decontamination stations before caring for the victims of the disaster. Decontamination is necessary so that employees will not become victims of the contaminate when providing treatment.

Bomb Threat/Suspicious Package

This is a silent code and is not announced on the overhead paging system.

- Respond in a calm manner. Obtain as much information as possible from the caller. Keep the caller on the line as long as possible.
- Ask the caller to repeat every word and have someone else listen if possible.
- Use bomb checklist to collect information (located in the EOC Operations Manual and the Disaster Manual – Bomb Procedure).
- Call or have someone else call security and the hospital supervisor at TRMC or administration and the charge nurse at Southwell Medical Center.
- Off-site departments should call their appropriate Southwell administrator, and where appropriate, local law enforcement agency (see individual department Disaster Manual).



Falls

A fall can be defined as *a sudden, unintentional descent, with or without injury to a patient, which results in the patient coming to rest on the floor, on or against some other surface (e.g. a counter), on another person, or on an object (e.g. a trash can).*

Prevention:

- Provide adequate lighting
- Clean up spills promptly
- Decrease clutter *in the patient's room*
- Lock wheelchairs when transferring patients to/from wheelchair. *Use the footrests to support the patient's feet.*
- Use *chair or bed alarms* as indicated and *respond when alarming*
- Bed in *low position* with the appropriate number of *siderails in the up position.*
- Assist patients with their personal needs through hourly rounding



Patient Falls:

- In the event a patient experiences a fall, Southwell personnel should (within job function):
 - Assess for injury and *provide the appropriate care and treatment*
 - Take vital signs
 - Notify your Chain of Command
 - Notify the Patient's Provider
 - Notify the Patient's Family Member as appropriate
 - Enter an Occurrence/Patient Safety Event Report
 - Document the fall in the patient's medical record

See System Policy, "Falls Risk – Inpatient"

Do Not Resuscitate (DNR)

A patient can *express their direction for care* as a **Do Not Resuscitate Order**. *Upon consent of the patient and or their person authorized to consent for a DNR, hospital personnel* would not perform resuscitation when the patient has ceased breathing or *when their heart* has stopped.

- In our hospital, a DNR requires:
 - Patient's *consent* to withhold CPR
 - Physician order
- A DNR status is signified by a PURPLE ARMBAND.
- If the patient changes their mind about the DNR status, *hospital* personnel should remove the armband immediately.



See System Policy, "Do Not Resuscitate"



Pain Assessment

Each individual experiences and tolerates pain differently. For healthcare workers, the presence and experience of pain is what the individual says it is. Southwell uses a pain scale of 0 to 10 to assess an individual's pain level. Nonverbal scales are available. (See pain management policy).

- Every Southwell employee has the responsibility of assisting patients in managing pain.
- Employee should within their job function:
 - ✓ Recognize signs & symptoms of pain.
 - ✓ Listen to the individual.
 - ✓ Help in whatever way they can within their job function.
 - ✓ Report the pain to a licensed member of the team providing care.



Restraints

Restraints are occasionally used for patient safety. Restraints help prevent self injury and interference with the treatment for the patient. Restraints also control disruptive behavior of the patient.

Southwell policy states:

- ONLY a REGISTERED NURSE may assess and initiate restraints.
- ONLY a REGISTERED NURSE may assess the patient for discontinuation of restraints without a provider order.

A LPN may assist with ongoing assessment and remove restraints for care/treatment.

Except in EMERGENT situations, the REGISTERED NURSE must obtain a provider order PRIOR to the application of the restraint.

NOTE: LPN may NOT INITIALLY apply restraints or DISCONTINUE the order for restraints.

The policy regarding the use of restraints, the education required of staff who are authorized to perform assessments, and the procedure and care of a patient in restraints is located on Policy Tech and Mednet. For more information contact your department manager or Learning and Development office.



Diversity, Culture Competency, and Sensitivity in Healthcare

Diversity means..... We are all different

- While we have similarities, we must understand that each person is unique and recognize our individual differences.
- Think of the countless individuals who enter hospitals and clinics every day looking for help. They include people from every race, creed, gender, age, etc.
- Even military service is considered a unique background and experience that should be included in diversity.
- Supporting diversity in healthcare can lead to **cultural competency** and the ability of healthcare providers to offer services that meet the unique social, cultural, and linguistic needs of their patients.
- Part of dealing with diversity in healthcare includes developing a sense of tolerance, respect and understanding for the differences in others.



Dimensions of Diversity

<https://www.provocollege.edu/blog/the-importance-of-diversity-in-healthcare-how-to-promote-it/>

What is Culture?

- Learned values, beliefs, customs and behaviors
- The way a particular group of people view the world and set of traditions that are passed on from one generation to generation
- A person's ethnicity and culture contribute to their sense of self-identity





Cultural Diversity Facts

- We live and work in a culturally diverse world.
- Culture is learned. It changes and evolves over time.
- You don't have to come from another country to have different "cultures". Even within the United States, different regions have unique cultures that can differ from our own.
- An individual's cultural connections can affect:
 - where and how they seek care
 - how they describe symptoms
 - how they select treatment options
 - and whether they follow care recommendations.

Dealing with Diversity in Healthcare

Expand Cross Cultural Communication Skills

- People from different backgrounds often have different ways of communications
- Have patience with others who don't speak your language
- Use auxiliary aides and services for patients with communication barriers such as language, hearing, and vision disabilities

Respect the Individual Patient

- Respect the health care choices of others, even if they are not choices, you would recommend or select for yourself.

Don't Stereotype or Make Assumptions

- Use caution in making assumptions about others based strictly on cultural stereotypes





How to Increase Cultural Competence & Incorporate Culture Sensitivity in Healthcare

Review	Consider	View	Recognize	Ask	Understand
<ul style="list-style-type: none">• Review your own belief system	<ul style="list-style-type: none">• Consider how your own culture influences your behavior	<ul style="list-style-type: none">• Always view patients as individuals within a culture	<ul style="list-style-type: none">• Recognize that patients are a combination of heritage, culture, and community	<ul style="list-style-type: none">• Politely ask patients about practices that are unfamiliar to you	<ul style="list-style-type: none">• Understand that culture influences how people behave and interact with others

Cultural Competence



Cultural competence in healthcare refers to the “ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the modifying healthcare delivery to meet patients’ social, cultural and language needs.

Showing respect for your patients’ cultural, spiritual, and psychosocial values demonstrates cultural competency.

Cultural competency enables healthcare workers to understand their patient’s expectations about the care, treatment, and services they receive



Conclusion

Southwell prohibits discrimination in any work-related decision on the basis of sex, race, age, color, religious beliefs, political affiliations, handicap, disability status, national origin, language, ethnicity, gender, gender identity or expression, culture, sexual orientation, socio-economic status or any other illegal basis

For additional information regarding any of the topics reviewed in this CBL, contact :

Jill McIntyre, RN
Director of Diversity, Inclusion and Wellness
Section 1557 and 504 Coordinator



Use the Mednet as a resource for reviewing the comprehensive policies and procedures

Service Excellence and the Patient Experience



- Our pillars have transitioned into a specific set of Values:
 - Compassion [Service]
 - Excellence [Quality and Safety]
 - Innovation [Growth and Community]
 - Stewardship [Finance]
 - Teamwork [People]
 - Inclusion [People]
 - Excellence [Quality and Safety]
- As you will see our mission and vision are at the center of our values. Each value is a part of the whole. You can't complete the circle without each respective value. No one is more important than the other. They are all key pieces to the puzzle.



Our ALWAYS Standards of Behavior are aligned with the values. Each value is identified both by color and imagery. We invested a great deal of time and energy into developing standards that not only drive performance in our organization but also define key behaviors expected of our team. All members of our team.

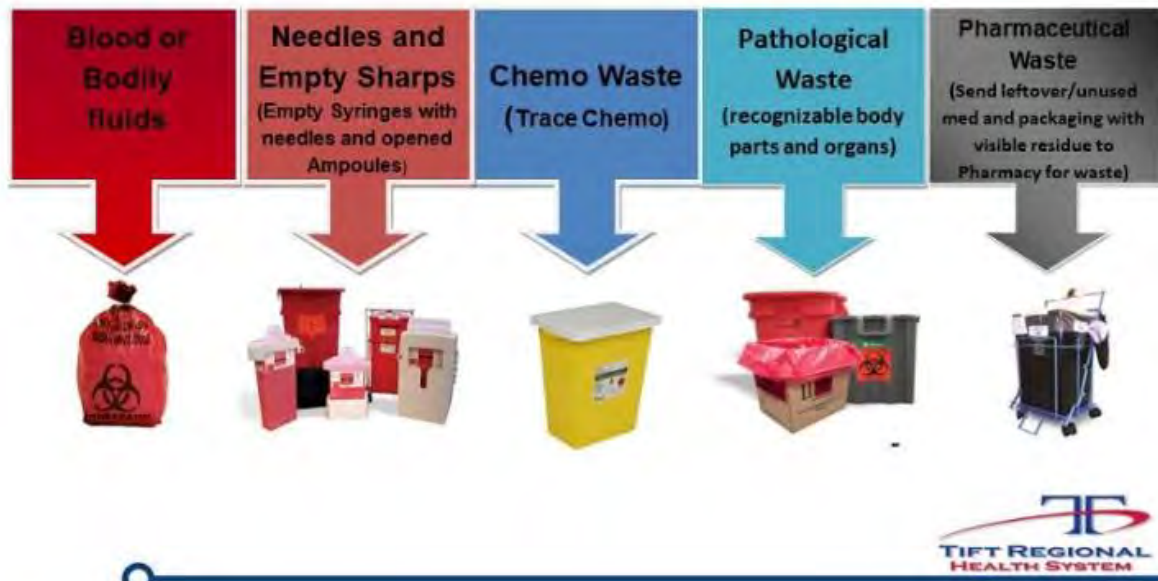


OSHA/Hazardous Communications: Environment of Care

A hazardous material is any material that poses a threat to human life or health. Any chemical introduced and inventoried in the organization must be reported to Environmental Services to be documented and updated. A master copy of Southwell's Hazardous Materials & Management Notebook is kept in Environmental Services, in the Emergency Room, and is also on-line on the Mednet. Use Quick Links on the Mednet and click on SDS (Safety Data Sheets) to open the program and search for the chemical.



Tift Regional Health System Waste Streams



Guidelines for Chemicals

- All containers **must** have a label naming the chemical inside **and** any warnings and instructions for first aid.
- Do not use any chemical in an unlabeled container.
- Product label contains Manufacturer's Instruction for Use.
- Always wear gloves when cleaning and perform hand hygiene after removing gloves.



Product/Solution	Dwell/Contact Time	Manufacturer's Instructions for Use	Additional Information
Broadcide Plus	5 minutes	Spray or wipe down with saturated cloth. Allow to air dry.	Must rinse with clear water if surface comes in contact with food or skin.
Sani-Cloth Wipe: Bleach (Orange Top)	4 minutes	Wipe surface, must remain visibly wet throughout dwell time. Should be used for cleaning C-DIFF rooms.	Use more wipes if needed to keep wet .
Clorox Bleach Germicidal Cleaner	3 minutes	Spray on soiled surfaces for C-DIFF rooms.	Heavily soiled spots should be cleaned before use.
Sani-Cloth Wipe (Purple Top)	2 minutes	Wipe surface, must remain visibly wet throughout dwell time.	Use more wipes if needed to keep wet .
Clorox Hydrogen Peroxide Wipe (Green Top)	1 minute	Wipe surface, must remain visibly wet throughout dwell time.	Use more wipes if needed to keep wet .

Disposal of Waste

Southwell uses colored plastic bags to help staff quickly identify types of waste.

- **Clear and Black bags** – common trash
- **Green bags** – soiled linen
- **Red bags** – hazardous & infectious waste
- **Medication Waste** -- The hospital has a medication waste disposal plan that helps protect patients, visitors, staff, and our environment. Staff should follow the guidelines in the RX Waste Stream Management guide and hospital policy regarding the proper disposal of all medications.

Oxygen Valves

Employees should know the location of the oxygen shut off valves for their area. Only the nursing supervisor can authorize main oxygen, vacuum, and medical air valve shut off in patient care areas.

Oxygen Transport

Portable Oxygen (O₂) tanks must be secured in a cradle or trolley for transport.



Electrical Safety

Equipment failure that causes injury to a patient, employee, or visitor must be taken out of service immediately and reported to the Nursing Supervisor and the Safety Officer. An occurrence report must be completed.

Defective equipment or frayed electrical cords should **NEVER** be used and should be removed from service immediately. Report damaged cords to the following departments:

- For patient care equipment - Biomedical Department.
- For computer equipment- MIS.
- Other frayed or damaged electrical cords Facility - Engineering and Safety Management Department.

Extension cords should not be used except in emergency situations.

All new clinical equipment must be safety tested by the Biomedical Department with appropriate labeling attached before it can be used in the hospital.

Magnetic Resonance Imaging

MRI is a special piece of diagnostic equipment used in the Radiology Department. MRI uses a strong magnet and radio waves.

MRI Safety

- The magnet is always on.
- Great care must be taken to be sure that objects that contain metal do not come into the MRI room.
- No employee, patient, or equipment may enter the MRI room at any time (even in emergency situations) without approval from the MRI Radiology Personnel.
- MRI equipment is clearly marked – read signage before entering any room.



Quality Management

Quality Management requires the efforts of all personnel working together, communicating, and being involved in activities that enhance performance.

It involves five components:

- Risk Management
- Performance Improvement
- Case Management
- Accreditation Readiness
- Patient Safety

Risk Management

Everyone participates in Risk Management. How?

- Identify risky situations, negative trends, and try to avoid them.
- Entering occurrence/patient safety and non-patient safety event reports into Verge.
- Report unusual events to your manager.

Patient and non-patient safety events may include the following:

- Patient/Visitor falls
- Medication errors
- Procedure errors
- Surgical procedural complications
- Threats of suitor litigation
- Patient/Visitor injuries
- Behavioral and workplace violence
- "Near Misses/Good Catches"
- Sentinel events
- Perinatal and Obstetrical complications
- Inability to reach physicians or Advanced Practice Provider responsible for care.



Verge is used to record unusual events, especially those associated with risk indicators.

- Verge does not require the names of the reporting individual(s) involved.
- Emphasis is on the identification of risk and failures that have potential to result in patient injury.
- Risk Management MUST BE notified of any patient injury.
- Verge allows real-time reporting.

If the patient injury involves death, severe temporary harm, or permanent loss of function, not related to the natural course of the patient's illness or underlying condition, it is always considered to be a sentinel event and may be reported to external agencies such as the Joint Commission and/or the Georgia Department of Regulatory Services.

Examples of Sentinel Events:

A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm

An event is also considered sentinel if it is one of the following:

- Suicide of any patient receiving care, treatment, and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital's emergency department (ED)
- Unanticipated death of a full-term infant
- Discharge of an infant to the wrong family
- Abduction of any patient receiving care, treatment, and services.
- Any elopement (that is, unauthorized departure) of a patient from a staffed around-the-clock care setting (including the ED), leading to death, permanent harm, or severe temporary harm to the patient.



- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups)
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital.
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the hospital.
- Invasive procedure, including surgery, on the wrong patient, at the wrong site, or that is the wrong (unintended) procedure.
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery.
- Severe neonatal hyperbilirubinemia (bilirubin > 30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or > 25% above the planned radiotherapy dose.
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during an episode of patient care.
- Any intrapartum (related to the birth process) maternal death.
- Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm.

Near Miss/Good Catch

- A Good Catch is identifying the potential for harm to our patients and taking action to prevent that harm from reaching the patient. This information is later used to close the gaps in processes of care.
- A Near Miss is an event that carries a significant chance of serious adverse outcome.
- Simply put, a near miss is a sentinel event that almost happened.
- Near misses are performance improvement gifts as they are a chance to correct serious process flaws **BEFORE** anyone actually gets hurt.

Actions To Take

If a sentinel event or near miss occurs, the Southwell staff member should:

- Provide appropriate care for the individual affected by the event.



- Report immediately! Hospital staff report the event to the House Supervisor (the House Supervisor will immediately notify the Risk Manager); facilities outside the hospital (clinics and practices) report events to the Practice Manager (the Practice Manager will immediately notify the Risk Manager); Southwell Ambulatory will immediately report to the Nurse Leader/Administrator (the Nurse Leader/Administrator immediately will notify the Risk Manager).
- Contain any risk: take action to prevent the repetition of the event.
- Preserve evidence: secure any biological specimens, medications, equipment, medical or other records, and any other material that might be relevant to investigating the failure.

Communication and Disclosure

- Risk Management, and Administrators will determine how best to notify other parties, including outside agencies.
- Prior to any disclosure, the attending physician responsible for managing the patient's care, treatment and services, or his/her designee, informs the patient about unanticipated outcomes of care, treatment, and services related to reviewable sentinel events and/or mandatorily reportable events when the patient is not already aware of the occurrence or when further discussion is needed. As appropriate, the disclosure will include:
 - An acknowledgement of the outcome or event.
 - An apology as appropriate.
 - A statement to the patient/family or surrogate, such as, "corrective actions will be enacted to ensure that other patients do not experience similar outcomes".
 - A copy of the facility policy statement concerning unanticipated outcomes / events will be made available to patients,
 - patients' family members, and payers upon request.
- Employee Support/Assistance is offered immediately and coordinated through the Human Resources office.
- A root cause analysis is conducted within 45 days.



Performance Improvement

Continuous Quality Improvement is an ongoing process to improve patient care outcomes of care, patient safety, and risk reduction. It includes evaluating "How we are doing?" and "Can we do it better?" The goal is to improve the care we provide by identifying problems, using improvement methods and tools to make the necessary improvements, monitoring whether the changes help, and making changes if the desired results are not produced.

- **Everyone participates in Performance Improvement.**
- Look for ways to improve performance and processes. Everything we do ultimately impacts patient care.

Four approaches used to study and eliminate potential risks for our healthcare system include:

- Focus PDCA
- FMEA
- Lean/Six Sigma (DMAIC) Process
- RCA

Focus PDCA

- Find an improvement opportunity.
- Organize the study and identify the team.
- Clarify the knowledge of the process.
- Understand the data.
- Select an intervention based on data.
- Plan an intervention that responds to the analysis of data.
- Do a pilot of the intervention.
- Check the results.
- Act to hold the gain and continue improvement.



FMEA

- Failure
- Mode
- Effects
- Analysis

This approach takes a high risk process and analyzes the risk and strategies to prevent injury. FMEA in the past have focused on medication reconciliation, home fire safety related to oxygen use by hospice patients, fall reduction, and decubitus (pressure ulcers) prevention.



Lean/Six Sigma

Lean/Six Sigma (DMAIC) process focuses on removing waste from the system (Lean) and reducing variability within the system through standardization of work processes (Six Sigma). This is accomplished using the DMAIC process.

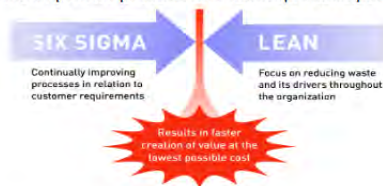
Define the problem, improvement activity, opportunity for improvement, the project goals, and customer needs.

Measure process performance.

Analyze the process to determine root causes of variation and poor performance.

Improve process performance by addressing and eliminating root causes.

Control the improved process and future process performance.



RCA

Root
Cause
Analysis



Root cause analysis is a structured method used in error analysis to identify underlying problems that increase the likelihood of errors. RCA uses a systems approach to identify active errors (human errors) and latent errors (system factors).

Accreditation Readiness

"Tift Regional/Southwell Medical would like to welcome Joint Commission Surveyors to our facility" is our signal that the Joint Commission has officially entered our building for an unannounced survey. When this is announced, all department personnel should quickly double-check their status and prepare for the surveyors to visit their area. Consult your department manager for more information on the Doctor Ready/Survey Readiness Plan for your area.

Patient Safety - National Patient Safety Goals (NPSGs)

Each year Joint Commission, in collaboration with the Institute for Safe Medication Practices and the International Center for Patient Safety, establishes National Patient Safety Goals for healthcare organizations. The goals are based upon standards of care, identified health care issues, and reported data regarding sentinel event occurrences.



Current NPSGs

Identify Patients Correctly

NPSG.01.01.01 Use at least two identifiers. For example, use the patient's name and date of birth.

Improve staff communication

NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01 Before a procedure, label all medications that are not labeled. For example, medicines in syringes, cups, and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01 Record and pass along correct information about a patient's medications. Find out what medicines the patient is taking. Compare those medications to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring an up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to in a timely manner.

Prevent infection

NPSG.07.01.01 Reduce the risk of healthcare-associated infections. Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines and/or the current World Health Organization (WHO) hand hygiene guidelines.

Identify patient safety risks

NPSG.15.01.01 The hospital identifies safety risks inherent in its patient population. Reduces the risk of suicide.



Prevent mistakes in surgery

UP.01.01.01 Make sure that the correct surgery is performed on the correct patient and on the correct place on the patient's body.

UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.¹

¹ Updated 7/18/23