

Safety Culture in Healthcare

City Wide Orientation

Safety Culture Defined

- Maintain a commitment to safety at all levels, from front-line providers to managers and executives.
- This commitment establishes a "culture of safety"
- The expectation is that all Practitioners, Staff and Students will commit to a Culture of Safety

Key Features to a Safety Culture: Just Culture

- Acknowledgment of the high-risk nature of an organization's activities and the determination to achieve consistently safe operations
- A blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment
- Encouragement of collaboration across ranks and disciplines to seek solutions to patient safety problems
- Organizational commitment of resources to address safety concerns

Managing Expectations

- Expectations are individually–based concerns.
- Low expectations may not allow the patient to get the full benefit of their hospital experience.
- High expectations may set everyone up for failure as they may be unrealistic.
- Managing the patients' & their family expectations regarding their care & their outcomes is often the first step in avoiding a legal battle.

Legalities in Providing Care

- **Negligence** can result from omission or commission of an act based on standards of care defined in policies & procedures.
- Some common causes of negligence and the resulting law suits are:
 - Human Error: Medication errors, assessment errors, & documentation errors fall into this category
 - Equipment Failure or Misuse: Always check equipment before you attach it to a patient and ***always*** make sure you are thoroughly educated on equipment before you use it.
 - Patient Teaching Issues: Make sure teaching is complete & in the language the patient & their family & significant others understand. Check for understanding & comprehension. Document!

Legalities in Providing Care

- Some common causes of negligence and the resulting law suits (cont):
 - Patient Falls: Often the issue is not that the patient fell but whether or not the care provider assessed the patient's risk & implemented safety precautions based on that assessment.

Patient Safety: Fall and Legal Issue Prevention

Commitment to Patient Safety

Background – Why Fall Prevention is necessary

- Patients that are hospitalized or are in Long Term Facilities are at High Risk for falling
- 700,000 to 1 million hospitalized patients fall each year
- Approximately half of the 1.6 million nursing home residents in the United States fall each year
- More than one-third of in-hospital falls result in injury, including serious injuries such as fractures and head trauma.
- Death or serious injury resulting from a fall while being cared for in a health care facility is considered a never event, and the Centers for Medicare and Medicaid Services do not reimburse hospitals for additional costs associated with patient falls.

Why Fall Prevention is necessary (Cont)

- Falls that do not result in injury can be serious as well
 - Cause distress and anxiety to patients, their family members, and health care staff, and
 - May mark the beginning of a negative cycle where fear of falling leads an older person to restrict his or her activity
 - Consequences of restricting activity can cause further losses of strength and independence

Fall Prevention Protocol – Assessing the risk

- Prevention efforts begin with assessing individual patients' risk for falls.
- Most falls occur in elderly patients
 - Patients experiencing delirium
 - Patients are prescribed psychoactive medications such as benzodiazepines
 - Patients having baseline difficulties with strength, mobility, or balance.
- NON-ELDERLY patients who are acutely ill are also at risk for falls.

Fall Prevention Measures – Not one size fits all

- A successful program must include a combination of
- environmental measures (nonslip floors or ensuring patients are within nurses' line of sight)
- clinical interventions (minimizing deliriogenic medications)
- care process interventions (such as using a standardized risk assessment tool)
- cultural interventions (emphasizing that fall prevention is a multidisciplinary responsibility)
- technological/logistical interventions (bed alarms or lowering the bed height)

Elements of Fall Prevention Programs

- Multidisciplinary (rather than solely nursing) responsibility for intervention.
- Staff and patient education (if provided by health professionals and structured rather than ad hoc).
- An individualized plan of care that is responsive to individuals' differing risk factors, needs, and preferences.
- Provision of safe footwear (rather than solely advice on safe footwear).
- A focus on prevention, detection, and treatment of delirium.

Elements of Fall Prevention Programs

- Review and (where appropriate) discontinuation of "culprit" medications associated with increased risk of falls, especially psychotropic medication.
- Continence management, including routines of offering frequent assistance to use the toilet.
- Early access to advice, mobility aids, and (where appropriate) exercise from physiotherapists.
- A POST-FALL review used as an opportunity to plan secondary prevention, including a careful history to identify potential syncope.

Prevention of Legal Troubles

- ✓ Checking the patient's & family's level of understanding lessens the likelihood of mistakes & unrealistic expectations.
- ✓ Resolution is a vital component in providing closure to an incident for you & the patient.
- ✓ Extend compassion to the patient & their family/significant others.
- ✓ Know your policies & procedures regarding equipment safety
- When in doubt-ask! *Ask* questions. *Ask* for clarification. *Ask* for help.

Prevention of Legal Troubles – (cont)

- ✓ Understand your purpose in the patient experience and fall prevention
- ✓ Do what you say you will do – follow through...always
- ✓ Answer questions that are only within your domain to answer. Refer other questions to the appropriate person.
- ✓ The Joint Commission Standards now mandate that patients be told of mistakes that are made. *If you make an error, please notify your instructor & the person in charge of your area.*

By following these guidelines, you will meet or exceed your patients' expectations.