J.M.Jerlin Priya

Principal

Annammal College of Nursing, Kuzhithurai.

"HEAL US TO HEAL OTHERS"

INTRODUCTION
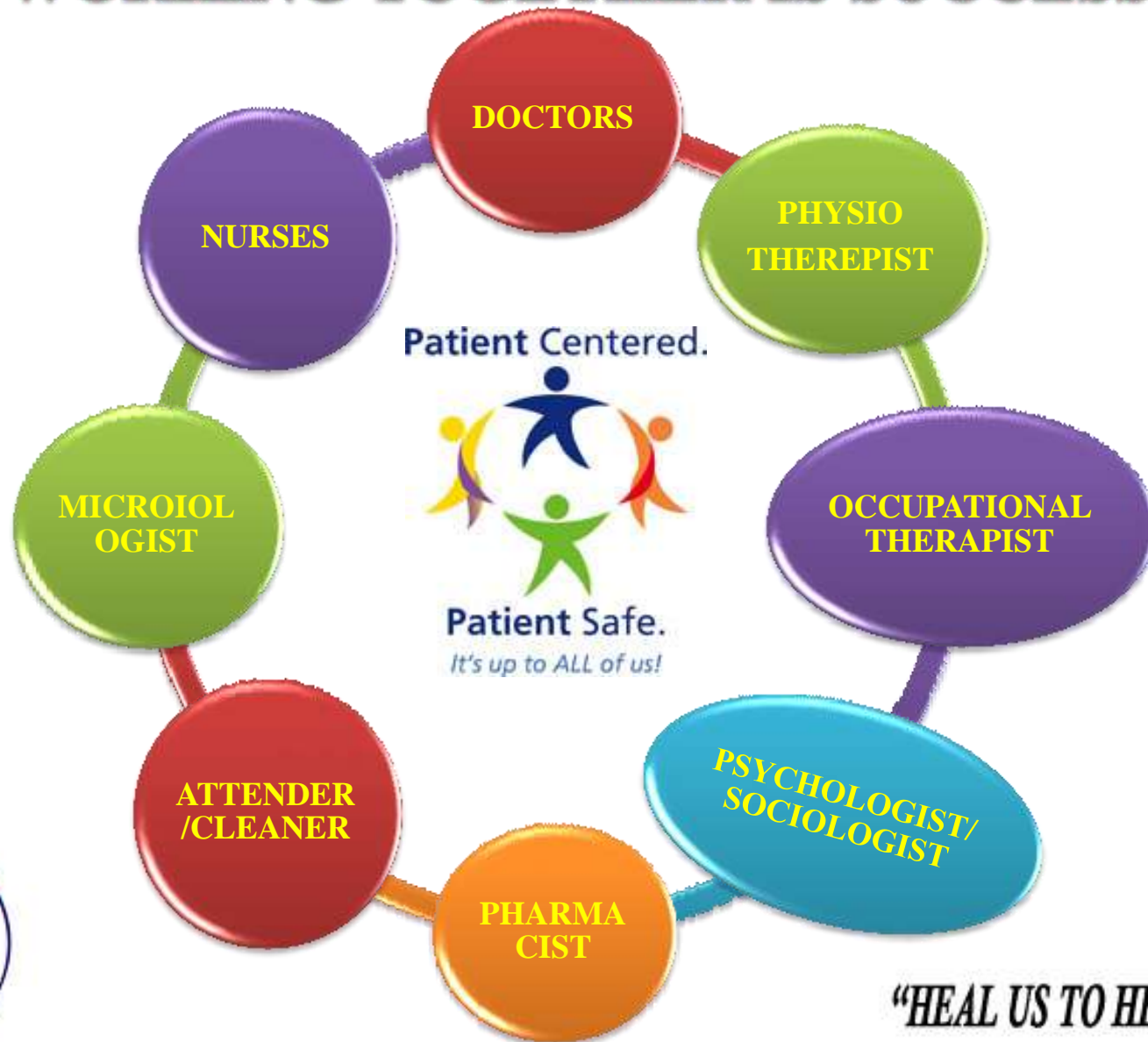
Safety by nature

8 MONTHS

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NURSE IN HEALTH CARE TEAM

THE CORE COMPONENT OF HEALTH CARE TEAM

TO ENSURE PATIENT SAFETY

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WHO IS A PATIENT?

A patient is the recipient of health care services.

WHAT IS SAFETY?

"FREEDOM OF ACCIDENTAL INJURY".

S – SENSE THE ERROR

A – ACT TO PREVENT IT

F – FOLLOW SAFETY GUIDELINES

E – ENQUIRE INTO ACCIDENTS/DEATHS

T – TAKE APPROPRIATE REMEDIAL MEASURE

Y – YOUR RESPONSIBILITY

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WHAT IS PATIENT SAFETY?

PATIENT SAFETY IS THE COORDINATED EFFORTS TO PREVENT HARM TO PATIENTS, CAUSED BY THE PROCESS OF HEALTH CARE ITSELF.

COMPONENTS OF PATIENT SAFETY?

performance improvement

environmental safety

risk management

including infection control, safe use of medicines, equipment safety, safe clinical practice and safe environment of care.

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ADVERSE EVENTS HAPPENS DUE TO

IMPROPER PRACTICE
Negligence
Lack of skill/Knowledge

POOR PRODUCTS/EQUIPMENT
Malfunction
Misuse
Disrepair

IMPROPER PROCEDURES
Improper performance
Medication error
Improper application of external devices

Procedures

Products

Practice

HUMAN FACTORS HINDERING PATIENT SAFETY

Physical Factors

Fatigue, illness, substance abuse, stress

Work performance

Inexperience, fear, procedural shortcuts

Psychological Factors

Boredom, cognitive shortcuts, reliance on mem

Team dynamics

Stress, shift work

Device design

Faulty equipment/programs

Environmental Factors

Lighting, heat, unnatural workflow space, nois
interruptions, motion, clutter.

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CURRENT HEALTH CARE ENVIRONMENT

❖ Repeated errors and system failures.

❖ Action on known risks is very slow.

❖ Detection systems is in their infancy stage.

❖ Many events are not reported.

❖ Understanding of causes are limited.

❖ Limited measurement of impact.

❖ Blame culture alive and well.

❖ Defensiveness and secrecy.

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TYPES OF ERRORS

1. Adverse Health Care Event

Event or omission arising during clinical care and causing physical or psychological injury to a patient

2. Error

Failure to complete a planned action as intended, or the use of an incorrect plan of action to achieve a given plan

3. Health Care Near Miss

Situation in which an event or omission (or sequence) arising during clinical care fails to develop further, whether or not as the result of compensating action, thus preventing injury.

4. Adverse Drug Reaction

Any response to a drug which is noxious, unintended and occurs at doses used for prophylaxis, diagnosis or therapy.
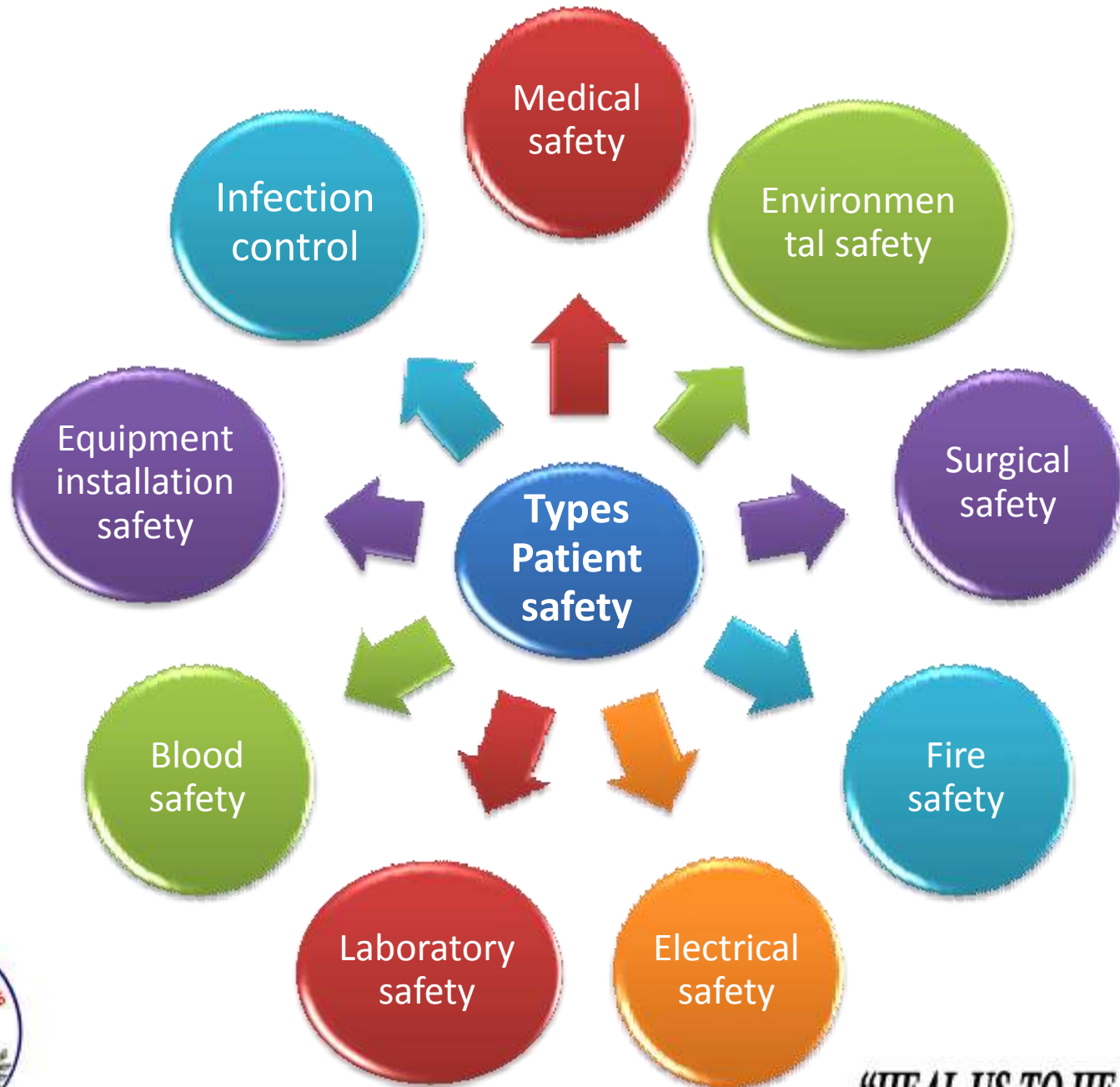
5. Medication Error

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of health professional, patient or consumer

6. Sentinel error

Surgery on the wrong body part Surgery on the wrong patient, Patients receiving the wrong medication

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ENVIRONMENTAL SAFETY

There is a direct link between work environment and patient safety.

Healthy work environments do not just happen.

Therefore, if we do not have a formal program in place addressing work environment issues, little will change.

Creating healthy work environments requires changing long-standing cultures, traditions and hierarchies.

Patient Centered.

Patient Safe.

It's up to ALL of us!
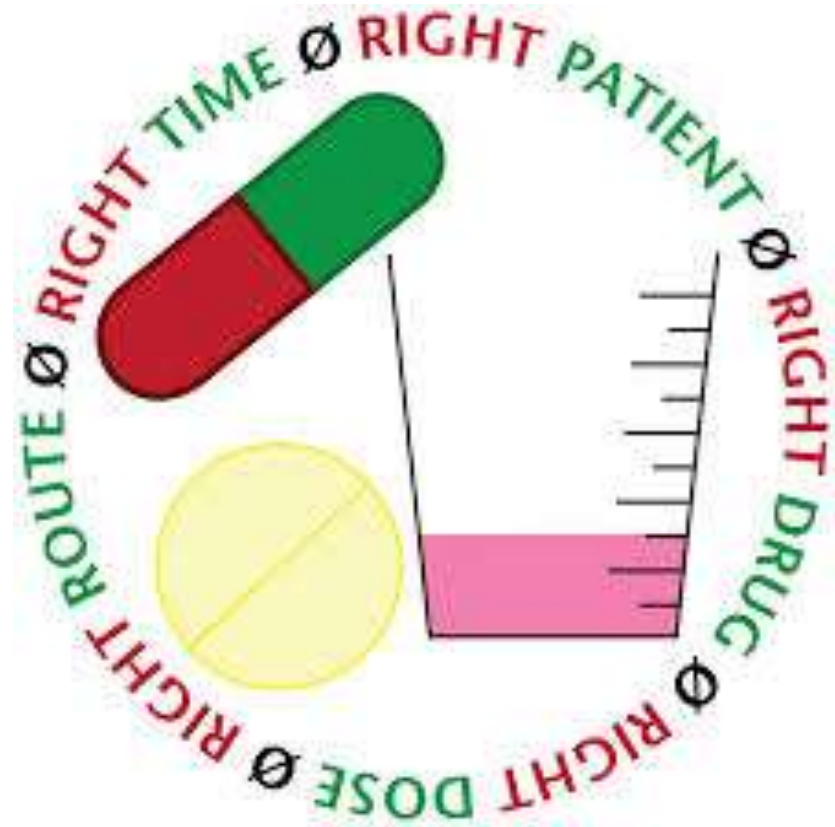
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ENVIRONMENTAL SAFETY

- Adequate light
- Adequate ventilation, exhaust fan
- Stairs with hand rails
- Window-door-closer
- Slip preventing floors
- Fire extinguishers and fire alarms
- Prevent noise pollution
- Heavy and fixed beds
- Safe wheel chairs and trolleys
- No water logging in bathrooms
- Call bell system for patients
- Adequate no. of bed screens to maintain privacy of the patient.

HEALTH

SAFETY

ENVIRONMENTAL

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MEDICAL SAFETY

❖Illegible Writing prescription by doctors.

❖Wrong medicines or wrong doses or wrong patient.

❖Wrong injection, wrong doses or wrong patient, wrong route of administration.

❖Drip sets, air bubbles, over hydration, drip speed.

❖Oxygen flow.

❖Check empty gas cylinders.

❖Clear, written medication guidelines.

❖Identification of each patient with Similar patient names.

❖Proper handing taking over during change of shift.

❖Look alike and Sound Alike "LASA·

Medication orders should be written legibly in ink and should include

- Patient's name and location (ward, room No, and bed No)
- Medication Generic Name.
- Dosage, frequency and route of administration.
- Signature of the physician.
- Date and hour the order was written.

Any abbreviations used in medication orders should be agreed to and jointly adopted by the medical, nursing, pharmacy, and medical records staff of the institution.

Before dispensing the drug The pharmacist must receive the physician's original order or a direct copy of the order (except in emergency situations).

To check at least two patient identifiers before providing care, treatments or services.

- Patient name and medical record number

Discourage Telephonic orders , Do not accept verbal order
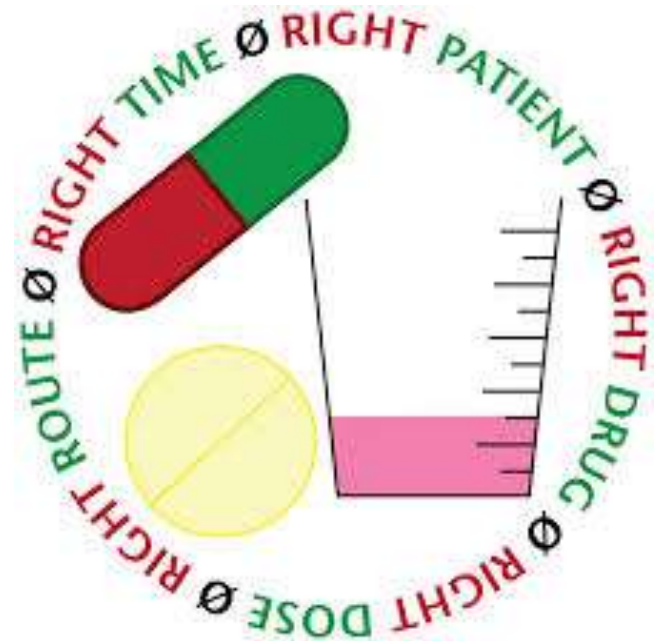
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SURGICAL SAFETY

Get the Informed Consent.

Proper identification of patient, name, wrist band.

Proper identification mark of parts to be operated.

Pre- anesthetic check-up.

Ensure no foreign body left inside.

Safety measures from ward to OT & coming back (Safety check list).

Prevention of surgical wound infections.

Use of Surgical safety proforma in all operations.
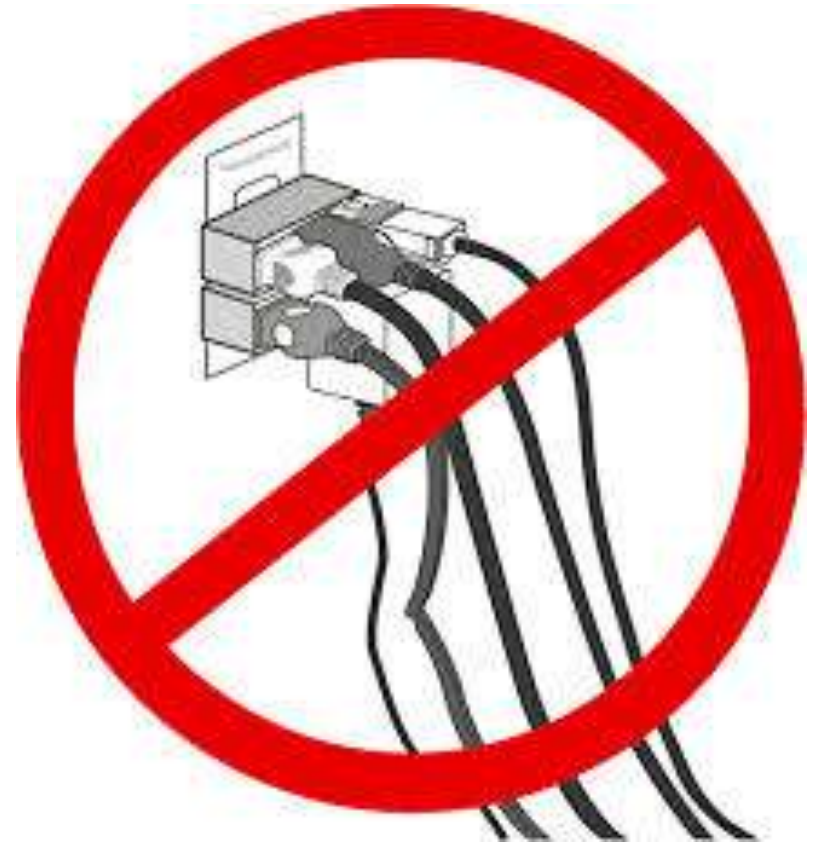
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EQUIPMENT INSTALLATION SAFETY

❖ Check the working condition before use.

❖ Periodical review by Biomedical Engineering department.

❖ Get adequate training for safe & effective operation.

❖ Proper installation with shock proof provision.

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ELECTRICAL SAFETY

❖ **Safety fuses with each equipment**

❖ **No loose wires or connection**

❖ **Properly plugged and fixed**

❖ **If short circuit call electrician**

❖ **Electricity back up battery/ generator**

❖ **Use of CVT/UPS**

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FIRE SAFETY

Use Fire proof material for construction.

Have Fire Exit in all Buildings.

Smoke detectors and water sprinklers on the roof of all Floors.

Fire Extinguishers in all areas.

Fire Hydrants in all buildings.

Training in Fire management

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BLOOD SAFETY

❖Tests of HIV, Inf. hepatitis & VDRL.

❖Proper grouping & cross matching.

❖Proper lebeling of group, name of the patient.

❖Control of mismatch reaction.

❖Standard operating procedure.

❖Screening against HIV, Hepatitis. VD, Malaria.

❖Inform adverse reaction to Blood Bank.

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HOSPITAL INFECTION CONTROL

❖Proper segregation & transportation of biomedical wastes

❖Sanitation & hygiene of different parts of hospital to avoid infection

❖Use of sterile procedures

❖Hand washing

❖Safety in use of incinerator, autoclave, shredder, needle destroyers and proper disposal of biomedical waste.

❖Formation of hospital infection control committee

❖Investigation of all hospital infections

❖Use of proper antibiotics in right doses in right time

❖Reorientation of Resident doctors & Nursing staff

LABORATORY SAFETY

❖Avoid needle prick & spilling of blood.

❖Safety measures in Radiology & Radiotherapy departments.

❖Safety norm guide lines for different areas of hospitals.

❖Regular pest control measures.

❖Care in handling acids, reagents, inflammable substances.

❖BMW segregation and disposal.

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THE PATIENT SAFETY SYSTEM SHALL ADDRESS THE FOLLOWING

❖Assessment.

❖Setting objectives.

❖Planning.

❖Implementation.

❖Evaluation.

CONCLUSION

Safe and effective patient care.

Team work.

Patient Safety is not a belief, it is something you do—learn basic patient safety skills and techniques to prevent harm to patients.