

# The Patient Care & Safety Pocket Guide



**Rhode Island Hospital**  
*A Lifespan Partner*

# Table of Contents

<b>Why You Should Read this Booklet and Know Its Contents</b>	<b>2</b>
<b>Our Mission</b>	<b>2</b>
<b>Patient Rights and Ethical Concerns</b>	<b>3</b>
<b>When Patients Complain</b>	<b>3</b>
<b>Patient Information - Confidential and Secure</b>	<b>3</b>
<b>Patient and Family Education and Responsibilities</b>	<b>4</b>
<b>Point of Care Testing</b>	<b>4</b>
<b>Infection Control</b>	<b>4</b>
<b>Safety and Security for Patients, Visitors, Staff and Property</b>	<b>5</b>
<b>Security of the Hospital Environment</b>	<b>5</b>
<b>MRI Safety</b>	<b>6</b>
<b>Environmental and Life Safety</b>	<b>6</b>
<b>Fire Safety</b>	<b>8</b>
<b>Smoking Policy</b>	<b>9</b>
<b>Staff Education</b>	<b>9</b>
<b>Quality Improvement</b>	<b>9</b>
<b>Improvement Goals</b>	<b>9</b>
<b>Patient Safety</b>	<b>10</b>
<b>Preventing Medication Errors</b>	<b>10</b>
<b>Reporting of Incidents and "Near Misses"</b>	<b>10</b>
<b>Patient Satisfaction</b>	<b>11</b>
<b>JCAHO Accreditation</b>	<b>11</b>
<b>Tips for Answering an Interview Question</b>	<b>12</b>
<b>The Survey Process</b>	<b>12</b>
<b>Important Phone Numbers</b>	<b>13</b>

# The Patient Care and Safety Pocket Guide

*A checklist to promote better and safer care at Rhode Island Hospital*

## Why You Should Read this Booklet and Know Its Contents

**This pocket guide was created to help you and your colleagues deliver the highest quality patient care in the safest and most courteous and responsive manner.**

## Our Mission

**RIH Mission Statement:** The mission of Rhode Island Hospital, as a leading academic medical center, is to improve the health status of the people of Rhode Island and southeastern New England. The Statement of Values below sets forth the core beliefs that we, the people of Rhode Island Hospital, will strive to exemplify and which will drive our decisions and our actions.

**Vision:** Rhode Island Hospital is recognized regionally and nationally for the clinical expertise provided through its centers of excellence. With an unyielding pursuit of excellence in teaching, research, technology and information we provide the highest quality of patient care within a comprehensive health care delivery system.

### Values:

#### **Quality**

Continuously improving the quality of the services we provide

#### **Service**

Consistently meeting or exceeding the service expectations of our constituents

#### **Concern for the Individual**

Treating each person we care for, and work with, with respect and dignity

#### **Honesty and Fairness**

Being truthful, equitable and open in all our relationships

#### **Stewardship of Resources**

Utilizing and allocating our resources appropriately

#### **Collaboration**

Working with others to fulfill the mission and promise

**Lifespan Mission Statement:** "The mission of Lifespan is to improve the health status of the people whom we serve in Rhode Island and New England through the provision of customer-friendly, geographically accessible, and high value services. We believe that this can best be accomplished within the environment of a comprehensive, integrated, academic health system."

Our mission is met, in part, by structuring the organization of the hospital so we can meet national standards of care. Your everyday work practices and attitudes influence our patients' perception of their care as good and safe.

## Patient Rights and Ethical Concerns

**Patients are informed about their rights and responsibilities** at the time of admission. Patient rights are posted in outpatient areas and in individual inpatient rooms. They are asked whether they have an advance directive (i.e., living will or durable power of attorney for health care). If they do not, they are given more information about how to create one.

### **Patients also have a right to:**

- Receive high quality care in an atmosphere of respect and dignity, in the context of their individual and cultural needs.
- Have their values and preferences considered.
- Be informed of risks, benefits and alternatives with regard to treatment choices.
- Participate in decisions about their care, including determination of plan of care and management of pain, as well as refuse treatment, including refusal or withdrawal of life support.
- Experience dignified, supportive care at the end of life.

Staff who have questions about the ethics of a clinical situation can call the Ethics Committee, x 4-6175, for a consultation.

## When Patients Complain

### **When patients complain that we fall short of their expectations:**

- Recognize that patient frustration undermines the care process and impedes recovery.
- Think about the patient's situation and try to understand his or her problem.
- Don't let yourself feel personally attacked by a complaint.
- Realize that people feel a legitimate need to control the circumstances of their lives.
- Rephrase the complaint, ask the person if you understand correctly, and listen.
- Thank the patient for confiding in you.
- Try to help, but if you can't, refer the problem to your supervisor.
- Complaints can be communicated to hospital management by referring the patient to Patient Representatives, x 4-5817. A standardized complaint response process is followed.

## Patient Information - Confidential and Secure

**Confidentiality means keeping information private.** Information that is confidential is governed by the need to know as well as the right to know.

**All patient information is private and confidential.** Thus, it is subject to "need-to-know" determination. If a person provides care, then she or he may have a need to know some or all of the patient's information. Otherwise, access to the information is not needed. Written information in the patient's medical record, electronic information in the demographic and financial database, or conversation heard in the clinical care setting are all subject to confidentiality.

In general, **one's job description defines the degree of access to patient information.** Information such as HIV status, substance abuse and mental health has special protection under the law. Health information of all kinds may not be discussed or released without the

written consent of the patient/client. There are only very limited circumstances (set forth by federal and state law) in which health information may be disclosed without patient/client consent. **Whenever there is any doubt about one's right to access or communicate patient information, it is best to check with a supervisor.** Only authorized persons make entries into patient records. Each entry should be signed, with date and time noted.

**Patient information should not be discussed in public or semi-public areas** such as cafeterias, elevators or hallways.

**The Health Insurance Portability and Accountability Act (HIPAA)** increases protection of medical records and underscores the patient's right to privacy.

**Electronic records should be treated with the same care and concern as the paper medical records.** Employees sign a confidentiality policy to obtain use of electronic records. Upon completion of a session, the program is exited (log-off). The security and integrity of electronic information is governed by Lifespan policy at <http://intra.lifespan.org/IS/policies/>. Employees are not permitted to disclose to third parties any information concerning the design of the Rhode Island Hospital information systems.

**No employee may reveal his or her password** to any other person.

## **Patient and Family Education and Responsibilities**

**Members of the health care team collaborate with the patient and family to determine the type of education needed.** This enables patients to effectively care for themselves after discharge. We encourage patients to ask questions about their treatment and participate in the plan of care while they are hospitalized.

**Staff explain any aspect of care that a patient may not understand using appropriate learning materials** designed to meet physical, mental, cultural or language barriers to learning. Patient teaching encompasses how to use medications and medical equipment safely, as well as lifestyle changes to bring about improvements. Patient and family education, including the patient's understanding of his or her treatment, is recorded in the patient's record.

## **Point of Care Testing**

Certain tests that might otherwise be performed in a hospital laboratory are offered at the "**point of care**" because of the high quality of results obtainable and the convenience to patients and caregivers. Staff who perform "point of care" testing receive specific training in performance and quality control and are re-certified annually. Policy and procedures for point of care testing can be found on patient care units and in clinical areas.

## **Infection Control**

**Hospital acquired infections are a hazard to patients, visitors, and employees.** Adherence to infection control practices provides one of the best ways every employee can assist in reducing infections. Specific measures are outlined in the Infection Control Manual. The Infection Control Manual is available in your department and/or on your unit.

**Hand hygiene** is the most effective method of preventing infection.

**The Infection Control Manual outlines methods of reducing the risk of infection including:**

- Standard/universal precautions
- Work practice controls (e.g., hand hygiene and personal protective equipment)
- Engineering controls (e.g., sharps disposal and safety devices)
- Housekeeping components (e.g., disinfecting of patient equipment between uses)
- Fit testing of respirators to limit the employee's exposure to TB
- Employee health policy (e.g., immunization strategy and work restrictions)

**Infection Alert codes are located on the patient's face sheet, and the infections they represent are:**

- Alert 2 - MRSA
- Alert 3 - MRSA/VRE
- Alert 4 - VRE

**RIH infection control practitioners are available for consultation for control of spread of infectious disease.**

- Call Infection Control, x 4-4773.

## **Safety and Security for Patients, Visitors, Staff and Property**

Employees should **wear ID badges in a visible location** at all times and adhere to the level of access defined by their job descriptions.

**All members of the hospital environment are subject to monitoring and inspection as deemed appropriate by security staff** in concert with the circumstances that may include patient elopement, security incident, civil disturbance, property damage, a disaster or a media event.

## **Security of the Hospital Environment**

**Call Security as soon as possible for any security emergency, x 4-4111.**

**Unauthorized person in area - what to do:**

- If appropriate, ask, "May I help you?"
- Otherwise, leave the area and contact Security at x 4-4111.
- Remember distinguishing characteristics: height, weight, race, hair length and color, clothing type.

**Bomb threat by phone - what to do:**

- Remain calm.
- Speak in a normal tone.
- Attempt to keep the caller on the phone as long as possible. Listen for distinguishing characteristics of the caller's voice and background noise.
- Write down everything said, "take the message" and immediately call and report it to Security, x 4-4111.

**Familiarize yourself with security measures in your work area:**

- ID badges for identification and card access: to be worn at all times.
- Card access on entrance doors and key locks.
- Uniformed security staff.
- Security Dispatch Center in Jane Brown: monitors alarms and closed circuit TV cameras.

"Code Pink" announcement is an **infant or child abduction**.

## **MRI Safety**

**MRI machines generate a very strong magnetic field within and surrounding the machine.** The MRI room is labeled, "CAUTION - STRONG MAGNETIC FIELD" and the magnetic field is **always on**.

**NEVER enter the MRI room** until you have spoken with MRI personnel and have filled out the MRI screening form.

## **Environmental and Life Safety**

Unsecured gas cylinders pose a major safety hazard. **Gas cylinders must be secured in an appropriate rack at all times.**

**Loss of hospital phone service - RED phones:**

- Red phones provide emergency communications in the event of a hospital phone system failure.
- Red phones are strategically located in patient care and environmental management areas of the facility.
- Allow at least a four-second delay for a dial tone after lifting the receiver of a red phone. **DO NOT DIAL 9** first, and be sure to dial all seven digits of any telephone number.

**Loss of pager system:**

- Report loss of pager function to operator.
- Operator will make overhead announcement in the event that the "automated page system is down."
- In the event of complete system failure, "code" and "stat" pagers are on a back-up system and will remain functional.

**Power failure:**

- Emergency generators will provide power within 10 seconds of a power outage to **RED outlets** for emergency power and light.
- Other steps to take:
  1. Check any patients on life support to verify that equipment functions, or initiate emergency replacement process.
  2. Call Facilities Management, **x 4-8030** or (**off-hours**) **x 4-8020**.
  3. Locate emergency supply of flashlights and make them available to staff.
  4. Check all other patients to rule out any other equipment malfunctions.
  5. Check for proper operation of any other essential equipment.

**Hot or cold water outage:**

- Call Facilities Management, x 4-8030 or (off-hours) x 4-8020.
- Other steps to take:
  1. Cease all nonemergency use of water.
  2. Use the approved alcohol-based hand washing solution to clean hands.

**Loss of heat:**

- Call Facilities Management - HVAC Department, x 4-8020 or x 4-8021.
- Other steps to take:
  1. Close any open windows or doors to prevent heat escape.
  2. Obtain extra blankets from linen supply, if needed.

**Loss of medical gases (e.g., oxygen):**

- Call Facilities Management, x 4-8030 or (off-hours) x 4-8020.

**Loss of any other utility:**

- Call Facilities Management, x 4-8000 or (off-hours) x 4-8020.

**Elevator repair:**

- Call Facilities Management, x 4-8020.

**How to handle suspicious mail:** A suspicious letter or package may have excessive postage, hand written addresses, unfamiliar return address or no return address, incorrect titles or names, lopsided or uneven envelope or grease stained packaging.

1. **DO NOT open** or move the letter or package. Close the doors to the area and evacuate staff to safe location.
2. Contact Security, x 4-4111, to report the situation; they will secure the area until emergency response teams arrive.
3. Contact Infection Control, x 4-4773, to report potential exposures to contaminants.

**Disaster event** notification will be through overhead announcement, email and by contact made by your department's page and phone call trees. Your supervisor or department manager will provide instructions on your role during a disaster.

- "**Disaster plan is now in effect**" will be announced overhead if there is a disaster in the Providence area that will impact hospital operations or potentially send us victims for treatment.
- "**Code Red**" is a mini disaster situation in the Emergency Department. It is activated by the Emergency Department for a large influx of critical patients at one time, but not enough to warrant activation of the hospital's disaster plan.
- "**Code Yellow**" is a radiation incident.

**Hazardous materials and waste management:**

- RIH is committed to the safe use, proper labeling, storage and disposal of hazardous waste production.
- Material Safety Data Sheets (MSDS) are available in your area to inform you about how to handle these materials safely.

**Chemical spill:**

- **Evacuate the room, closing the door behind you.**
- Remove contaminated clothing.

- Wash off any chemical from your skin.
- Call Security, x **4-5111**, to secure area and Safety Manager, x **4-8357**, for clean up.
- Only individuals with proper training and personal protective equipment should clean up such releases.

#### **Radioactive material spill:**

- Notify all persons not involved with the spill to vacate the room.
- Prevent the spread of contamination by covering the spill with absorbent paper.
- Close and lock the door to prevent reentry.
- Immediately notify Radiation Physics, x **4-5961**
- Call Security, x **4-5111**, to secure the area.
- Assemble any personnel who may have been contaminated. Radiation Physics will respond to assess the situation.
- Only trained radiation workers equipped with proper personal protective equipment should begin established decontamination procedures.

## **Fire Safety**

"**Drill**" is the word used for a **fire**. If you hear "drill" announced, listen for the location and proceed according to your department's plan. "**Practice drill**" is a **test**.

RIH uses the **R.A.C.E.** approach to fire response:

- **R**escue persons in danger IF SAFE TO DO SO.
- **A**ctivate the nearest **A**larm, and **call x 4-5111** to give exact location.
- **C**ontain the fire by closing ALL doors of the room/area, including fire doors.  
A fire extinguisher may be used to control the fire IF SAFE TO DO SO.
- **E**vacuate **if instructed to do so by the fire department**.
- A **speedy response** is essential to reduce the potential for loss of life and property.

**Know the location of alarm pull stations, designated fire exits and fire extinguishers in your work area.**

Extinguishers marked "ABC" are multipurpose and used for all types of fires. When using extinguishers, remember **PASS**:

- **P**ull the pin.
- **A**im the nozzle at the base of the fire.
- **S**queeze the handle.
- **S**weep the stream back and forth at the base.

When evacuation is ordered, **evacuate patients in the following sequence. Remain at each until directed to relocate:**

- Horizontal evacuation - To the next fire zone at the same floor level.
- Horizontal evacuation - To the same floor level in an adjacent building.
- Use the stairs if vertical evacuation is ordered. Do not use elevators during fire.

To maintain a safe escape route, **supplies and equipment are stored on only one side of a corridor, and door wedges are never used.**

JCAHO mandates that **supplies are stored at a distance greater than 18 inches from sprinkler heads.**

In the event of fire, **do not shut off oxygen or other medical gas** unless authorized by the fire department or your manager. The fire department and nurse manager determine when medical gas shut-off valves should be used to ensure no other patients supplied by the same valves are adversely affected by the lack of gases.

## **Smoking Policy**

**RIH is a no-smoking facility.** That means that smoking is allowed only outdoors, in designated smoking shelters. This policy is communicated to patients at admission and to staff at time of hire.

## **Staff Education: Orientation to Role**

Orientation at RIH is job-specific and patient safety oriented. It emphasizes the collaborative nature of patient care. It begins with orientation to the hospital, the department, and the specific job.

Job-specific education is provided at the department level when new procedures, technology and equipment are introduced.

All employees have documentation of orientation and evaluation of their competence to do their jobs.

## **Quality Improvement**

**The quality improvement model at RIH is "PDCA."** PDCA is a systematic approach to quality improvement that includes:

- **P**lan - Identifying an area for improvement and developing a plan to achieve it
- **D**o - Implementing the change
- **C**heck - Measuring results
- **A**ct - Acting to expand or redesign plan

## **Improvement Goals**

**FY 2002 & 2003 - Three patient safety priorities at RIH:**

- Improving **medication safety.**
- Improving **patient identification.**
- Implementing **Physician Order Management (POM) system.**

**FY 2002 - Three clinical quality improvement indicators at RIH:**

- Improve discharge instruction education for patients with CHF.
- Improve the patient's perception of pain management.
- Increase reporting of actual and prevented medication errors.

**FY 2003 - Three Clinical Quality Improvement Indicators at RIH:**

- Improve discharge instruction education for patients with CHF.

- Improve the patient's perception of pain management.
- Increase percentage of orders entered by physician in POM system.

Each department has selected departmental quality monitoring and improvement indicators:

- **Employees should be able to discuss their unit or department specific performance improvement activities.** Take some time to review these with your manager/supervisor.

## Patient Safety

**Patient safety is everybody's responsibility.** All employees are encouraged to report hazardous conditions, processes or systems to their supervisor. Remember, if it looks wrong, it is wrong and should be reported.

**Accurate patient identification is crucial to patient safety.** New operating room policies and patient identification wristbands have been implemented. **Verifying the patient's identity verbally and carefully reviewing patient's wristband** prior to administering medications, providing treatments, obtaining lab specimens and transporting patients to other care areas is vital to reducing medical errors.

**Encourage patients to speak up and take an active role in their safety.** Look into patient concerns before moving ahead with the planned activity.

To avoid misinterpretation and reduce medical errors, only abbreviations from the **Lifespan Standard Abbreviation List** or department approved clinical, computer abbreviation list will be used when documenting in the medical record.

**RIH is implementing the Physician Order Management (POM) system** via computerized physician order entry (CPOE) systems to reduce medical errors.

**Nurses and other clinical staff will read-back verbal and telephone orders** to reduce medical errors.

## Preventing Medication Errors

**All staff who administer medication use the following check system, called the "five rights" of medication administration:**

- RIGHT patient
- RIGHT medication
- RIGHT dose
- RIGHT frequency/time
- RIGHT route

## Reporting of Incidents and "Near Misses"

A primary strategy for improving care and safety at RIH involves establishing a non-punitive atmosphere for reporting actual incidents and "near misses."

An “incident” is an actual event not consistent with the routine operation of the hospital or routine care that may cause harm to patients or visitors. An incident is reported on an **incident form**.

A “near miss” is a prevented error and should be reported on an **orange prevented error form**.

When an employee is injured on the job or suspects a work related illness, the injured employee and respective supervisor must complete the **employee incident report**.

These forms are available in each department and patient care unit. Electronic forms are also available on the Lifespan Intranet Employee Tools tab at <http://intra.lifespan.org/patientsafety/>.

## **Patient Satisfaction**

RIH uses the Press-Ganey Patient Satisfaction Survey. Patients who are discharged from the Hospital are randomly selected and sent a confidential survey in the mail. Survey results are used to improve the care and service we provide to our patients and their families. Improving the patient's perception of pain management will continue as a priority for improvement at RIH.

An important aspect of satisfaction for patients is the knowledge of who is caring for them. **Be certain to introduce yourself to patients and provide your professional credentials.**

## **JCAHO Accreditation**

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) surveys all health care organizations.

JCAHO accreditation is an important component of how we affirm our commitment to providing the best possible care for our patients. Participation in the survey process offers us a public opportunity to shine.

The survey team will tour inpatient and outpatient areas of the hospital. Surveyors will review policies and procedures, medical records and other documents. To verify that information in our policies is known and used, they will talk to people about what we do and how we do it.

All employees working on all shifts must be prepared to be interviewed at any time that week by the JCAHO survey team.

This booklet was prepared to help you think ahead of time about what you need to know to make RIH a good and safe place for patients and employees to be. It helps you review basic information that you should be able to explain if a surveyor chooses you for an interview.

Review this booklet completely. If you do not understand something, ask your supervisor for help now.

## Tips for Answering an Interview Question

Answer only the question you are asked. Rephrase the question as the introduction to your answer, or repeat the question out loud to be sure you understand it before formulating an answer. Ask for clarification if you aren't sure what the surveyor is asking about.

Answer questions using a definite statement such as: "It is our policy..." or "Our practice is..." Do not provide an uncertain answer such as: "We usually..." or "Sometimes we..." Be confident in your response, but do not guess.

Before answering, think about how you could find the answer if you don't know it. It is a good idea to add that information to your response if you are not certain of the best way to answer. Remember, RIH policies are found in manuals in your department and/or on your unit. Many can be found on the Lifespan Intranet.

## The Survey Process

The survey team includes a physician, a nurse and an administrator.

Surveyors want to observe how we care for patients from admission to discharge.

Surveyors will evaluate whether the answers people give when interviewed are reflective of the documents that describe the care provided. They will compare information in patient records to policy and procedure descriptions. Members of the patient's care team, who documented in those patient records selected for review, may be interviewed. Patients will be interviewed and asked about things like pain control, medication, diet, staffing, and education received, including discharge education.

The **most likely questions** and observations are those that involve patient and staff safety, such as:

- Fire and disaster plans - What is the location of the nearest fire alarm? What is your role in an emergency?
- Employee training - What in-service training have you received in the past year? Are you trained on new equipment before you utilize it?
- Job related hazards and preventive work practices - What chemicals do you work with? Do you know where the MSDS sheets are for those chemicals?
- Patient safety - How would you report an unusual occurrence? Incident and adverse drug event?
- Patient rights - How do you protect the confidentiality and privacy of patients? How are patients and families involved in care decisions?
- Patient education - How do you teach your patient about the safe use of medications and medical equipment?
- Infection control practices - What is the best way to prevent the spread of infection? How do you properly dispose of sharps or biohazardous waste?
- Quality improvement - How have you improved medication safety and pain management for patients in your department and/or on your unit? What are the purpose, importance and outcomes of your unit/department's quality initiatives?

## Important Phone Numbers

### EMERGENCY

Fire	4-5111
Medical	4-5111
Mercury spills	4-5432
Radiation	4-5961
Security (emergency)	4-4111
Hazardous material spills	4-8357
Uncontrolled spills	4-5111
Utilities	4-8030 (or off hours, x 4-8020)

### RESOURCES

Biomedical equipment	4-8779
Electrical	4-8030 (or off hours, x 4-8020)
Elevator repair	4-8020
Ethics Committee	4-6175
Fire safety training	4-8008
Infection Control	4-4773
Interpreters	4-8708
Pastoral Care	4-5711
Patient Representatives	4-5817
Radiation Physics	4-5961
Safety manager	4-8357
Security	4-5221
Social Work	4-5711
Waste disposal	4-8357

### Other Important Phone Numbers

Rhode Island Hospital	444-4000
My department office	_____
My department supervisor/manager	_____

Special thanks to  
Susan E. Campbell, Ph.D., RN  
Patient Care & Safety Guide c. 2002  
New England Medical Center Hospitals, Inc.