Attending and Advanced Practitioner Orientation

Risk Management/Patient Safety

2021

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Lahey Hospital & Medical Center

Risk Management/Patient Safety Overview

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Resource for organization – available 24/7

- Call ext 7475 during business hours
- Call hospital operator to obtain on-call name and pager #

Risk Oversight:

- Regulatory reporting and compliance
  - DPH - Department of Public Health
  - TJC - The Joint Commission
  - BORM - Board of Registration of Medicine
  - BORN - Board of Registration in Nursing
  - FDA - Food and Drug Administration (MedWatch)
- Root Cause Analysis (RCA)
  - Review of event
  - Determine root cause & preventability
  - Develop action plan
  - Communicate lessons learned
  - Audit Improvements
- Assist providers with disclosure and apology - call for guidelines & see Disclosure policy
- Safety Reporting System - SafeSpot
- Coordinate clinical complaints/grievances with Patient Relations
- Terminations of patient/physician relationships - call for guidelines & see Termination policy

High Reliability Organization - HRO
Just Culture

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HRO behaviors: Culture of safety

- Preoccupation with risk of failure, mitigation, and better design
- Relentless consistency
- Team training
- Safe reporting environment
- Open communications
- Colleague respect
- Focus on zero harm

Just Culture: Building a culture of Learning

- Accountability
- Designing better systems
- Managing human behaviors - Human Error, At-Risk Behavior, Reckless
- Systematic learning - Investigation
- Finding Justice - The 3 Duties:
  - Avoid harm
  - Follow a procedural rule
  - Produce an outcome
- Implementation - commitment of the organization

Regulatory

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DPH - Dept. of Public Health

- Site visit - Events/Grievances
- Serious Reportable Events (SRE): (e.g. - Falls with injury, Medication Error harm, surgical retained foreign object)
  - RCA - Each SRE requires a Root Cause Analysis
  - Review of pertinent hospital policies

BORM – Board of Registration in Medicine

- Death from elective surgery, unanticipated deaths, wrong site procedure
- Call Risk x 7475 if you receive a letter from BORM

Regulatory (cont'd)

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FDA – Food & Drug Administration

- Death or serious injury related to equipment requires reporting via MedWatch form

CMS - Centers for Medicare & Medicaid Services

- Unannounced site visit

TJC – The Joint Commission (accrediting agency)

- Unannounced visit every three years

DEA - Drug Enforcement Administration

- Diversion or theft
- Opioid Prescribing - Adhere to MassPAT - PMP

Serious Reportable Event (SRE)

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http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx

SRE examples reportable to DPH - serious injury or death:

Surgical or Invasive Procedure Events - Wrong side/site procedure, incorrectly placed tubes, unintended retained foreign object etc.

Product or Device - Use of contaminated drugs, devices or biologics provided by the healthcare setting, intravascular air embolism etc.

Patient Protection Events - Discharge or release of a patient, of any age, who is unable to make decisions, suicide or attempted suicide while cared for in healthcare setting

Care Management Events - Medication error, unsafe administration of blood products, falls with fracture/laceration, Stage 3 or 4 or Unstageable pressure ulcers, irreplaceable lost biological specimen, failure to follow-up or communicate test results

Serious Reportable Event (SRE) – cont'd

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Environmental Event - Electronic shock in the course of care, patient burn from any source, physical restraints

Radiologic Events - Patient or staff injury associated with introduction of a metallic object in the MRI area

Potential Criminal Events - Abduction of a patient of any age, sexual assault/abuse or physical assault of a patient or staff

Patient Experience

What Do Our Patients Want?

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- Introduce yourself, your specialty, and why you are there
- Explain tests ordered and provide timely results
- Review discharge plans – explanations that are understandable
- Engage patient/family in the plan of care – offer opportunity to ask questions
- Coordination of care from the healthcare team
- Quality and safe care
- To be listened to
- Accessible and or return patient calls
- Avoid blaming staff or departments

Safety Reporting

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Web-based safety reporting system – SafeSpot

Access on MassNet home page and log-in

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MassNet

Safety Reporting (cont'd)

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Reporting mechanism for occurrences

- Adverse outcome
- Potential or near miss
- Unexpected events
- Process or safety issues
- Employee events
- Compliance issues

Who should report?

- All employees are responsible to report
- Employee with knowledge about the occurrence
- Employee that observed event

Safety Reporting (cont'd)

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Use descriptive facts NOT opinions

Confidential, peer review protected

Not part of the medical record - Do not mention safety report was filed - (document facts of occurrence when pertinent)

What do we do with safety reports?

- Internal investigation
- Track and trend data
- Report to multiple Committees
- Identify potential risk
- Identify opportunities for improvement

Safe Practices for Patient Safety

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Chain of command

Hand-off communication

Electronic medical record (EMR) documentation – EPIC

Teamwork and rounding for coordinated consistent care

Supervision of residents

Follow Policies and Procedures

- Based on best practices
- Regulatory requirements

Lessons Learned

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Specimen Debriefing with 2 staff – Patient is still in the room :

- Label the specimen – Patient name, DOB, & MRN
- Specimen source and laterality, if applicable
- Correct tests are ordered
- Visualize the specimen in the container

Medication Reconciliation:

- Accurate medication list – engage the patient or family member
- Compare home medication list to ordered medicines
- Resolve discrepancies
- Ensure upon discharge that patient understands which meds they should take and those that should be discontinued

Health Care Proxy Activation

- Utilize EPIC SMART Phrase
- Document name of HCP, patient incapacity to make decisions & approximate time limit

Dobhoff Insertion – Two-Step Process

- X-ray confirmation of placement and documentation before use

Safe Practices for Patient Safety - Accessing Policies

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Access policies on MassNet homepage
Policy and procedures tab – Policy Library

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Clinical Policy Library

Quality and Safety | Nursing | OR Policies | Infection Prevention and Control | ED | Trauma | Employee Health | Rehab Services | Search

- Clinical and Administrative Manual
  - 02.Administrative/Legal
  - 03.Patient Care/Clinical Services

Title Search

Title Search Options: any sequence

Content Search

Documentation Guidelines

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Correct medical record/patient

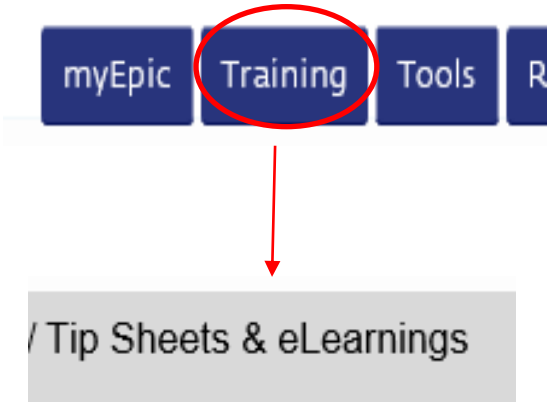
- Patient identification – name and DOB
- Some documents are scanned into EPIC – electronic medical record

Write legibly on any paper documents such as consents

Correcting errors or late entries/addendums – see EPIC Tip Sheet

Access EPIC tip sheet:

- MassNet home page



Documentation Guidelines (cont'd)

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High risk documentation:

- critical values and tests
- condition deterioration
- transfer to higher level of care

Plan of care documentation for abnormal tests

- communication for other providers
- prevent delays or missed diagnosis
- communicate incidental findings

Document discussion/disclosure after an adverse outcome - refer to "Disclosure of Adverse Events" policy

Emails – brief and with caution

- Refer to "Information Systems: E-mail communication" policy
- Discoverable

Thank You

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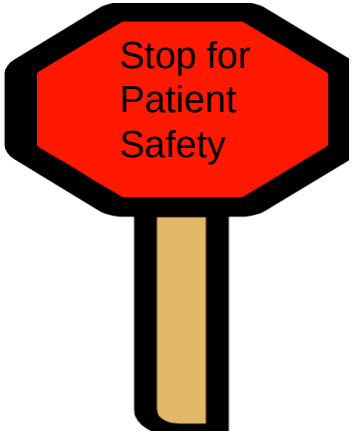

Call Risk Management early and often

Ext. 7475 (main office)

We are here to help you!