Definition: Freedom from accidental injury

～ Definition from the Institute of Medicine

Actuality: A study in the September 2013 Journal of Patient Safety estimates that 400,000 people in the USA die each year due to preventable adverse events at U.S. hospitals.

This is not what we want for our patients, our loved ones, ourselves.
Team Techniques for Safety

❖ TEAMWORK is the door to safety.
❖ COMMUNICATION is the key.
Team Techniques for Safety

Techniques St. Elizabeth is using to **improve team communication** include:

- checklists
- structured communication techniques
- regular visual inspections
- simulation training
Team Techniques for Safety

 trở Checklists

* Pre-procedural checklists and the “Ticket-to-Ride” checklist.

* “Time out” before invasive procedures. Everyone stops and listens to an out-loud confirmation of correct patient, correct procedure, & correct location.
Good communication with the patient also reduces errors.

AIDET is a five-step communication technique that has been proven to provide higher quality of care and better clinical outcomes.

- **A** — Acknowledge the patient
- **I** — Introduce yourself and your skill
- **D** — Communicate duration of test, treatment or wait
- **E** — Explain tests, treatment, next steps, etc.
- **T** — Thank you
Team Techniques for Safety

**Visual Inspections**
- Preventive maintenance inspections, bedside change of shift report, and hourly patient rounding with the CARE checklist are key opportunities to visually inspect the environment and the patient.
- **These improve patient safety by:**
  - preventing equipment failure
  - decreasing falls, etc.

**Simulation Training**
- St. Elizabeth does interdisciplinary simulation training using lifelike high-tech manikins.
We have been talking about safety **KNOWLEDGE** and **SKILLS**

A third component of a safe team is **ATTITUDE**, probably even more important than knowledge and skills. Team attitude for safety means “Everyone is empowered to act.”

All three together are referred to by safety experts as a **culture of safety**.
Protecting Patients From Falls

It Takes A Team!
Falls Reduction

- **Goal:** to minimize risk of falls without compromising patient mobility and functional independence
- **Responsibility:** All associates
- **Definition of a patient fall:** an unplanned, unassisted descent to the floor or extension of the floor, e.g., trash can or other equipment, with or without injury to the patient
Why Preventing Falls is Important

- Falls are among the most common hospital adverse event reported.
- Falls are a leading cause of death in people ages 65 and older.
  - 1 in 3 adults 65 and older fall each year.
- Falls and injuries sustained by falling add to patient misery, length of stay, and hospital costs.
Protecting our Patients from Falls

Protecting our patients from falls is everyone’s responsibility

- Three key steps:
  - Be aware of environmental causes
  - Notice when a patient is at risk
  - TAKE ACTION to prevent the fall
Be Alert to Environmental Causes

- Poor lighting/bulbs burned out
- Loose handrail
- Leaking, dripping faucets
- Water or food spills on floor
- Cluttered room or common area
- Wheels on beds/chairs not locked
- Bed in high position
- Cords/wires in the way
- Loose floor tiles
- Trash on the floor
Take Action!

- Notify Maintenance about needed repairs, light bulbs to be replaced
- Immediately wipe up small spills
  - Use gloves! Always protect yourself first.
- Contact environmental services for larger spills
- Empty overflowing trash
- Move frequently used items closer to the patient
Notice the Patient at Risk of Falling

- Patient unsteady when walking
- Patient attempting to get out of bed by him/her self and having difficulty
- Patient appears confused
- Frequently used items such as tissues and nurse call light out of easy reach

✓ Provide Assistance!
Be Alert to Patients at Risk of Falling

Watch for a yellow arm band

- The patient will have a yellow arm band
  - If they are admitted as a result of a fall,
  or
  - If they have fallen in the hospital.

ALERT!!!
Patient Has Fallen
Yellow Arm Band

Everyone should be on alert for patients at risk.
Take Action!

If **you** notice a patient having difficulty getting out of bed or walking…. “Please sit down and I will get a nurse or an aide to help you.”

- Then use the call light. **Please stay** with the patient until the nurse or aide come.

✓ Don’t be afraid to let nursing know that you think a patient might be at risk for falling and ask them to intervene.

✓ Keeping our patients safe takes all of our eyes and ears and effort.
Taking Action: Be Part of the Team

- Notify the nursing staff—they will be grateful for your help
- Participate in the post fall huddles

It takes a team to prevent falls!
Safe Movement And Responsible Transfer
What is “SMART”? A safe patient handling program that:

- uses special ergonomically designed equipment to lift and reposition patients
- enhances the level of care administered to our patients by our patient care staff
- decreases manual lifting

SMART reinforces St E’s culture of providing the highest quality care within the best working environment
Examples of Equipment

Maxi Slide

Maxi Sky

Maxi Move

Smart
Safe Movement And Responsible Transfer
Examples of Equipment

Stedy

Sara Plus
Program Benefits

• Consistency of care
• Fewer patient injuries – *increases safety*
• Patient dignity is protected
• Contributes to patient comfort
• Reduces patient wait time
• Increases patient satisfaction
• Fewer associate injuries
Program Results

SMART has and will continue to reduce injuries to associates while assuring safety to our patients

- In **2009** **20%** of employee injuries were caused by patient handling
- In **2013** that number decreased to **4%**!
Acute Coronary Syndrome (ACS)

Recognition & Prevention
What is Acute Coronary Syndrome (ACS)?

- Acute Coronary Syndrome is when a blockage of one or more of the coronary arteries occurs, resulting in decreased oxygen supply to the heart muscle.
- Usually called a Heart Attack.
What is the impact of ACS?

- 600,000 people die of heart disease in the United States every year—that’s 1 in every 4 deaths
- Every 25 seconds, an American will have a coronary event, and every minute, someone will die of one
- Every year about 715,000 Americans have a heart attack.
- Of these, 525,000 are a first heart attack
- 190,000 happen in people who have already experienced one heart attack
Heart Attacks have “Beginnings”

• “Beginnings” can occur days or weeks before a heart attack takes place.
• The “beginnings” occur in over 50% of patients.
  • If recognized in time, these “beginnings” can be treated before the heart is damaged!
• Damage to the heart can begin 2 hours prior to a heart attack.
• 85% of heart damage occurs within the first two hours of a heart attack.

BEFORE HEART DAMAGE OCCURS

!!TAKE ACTION!!
Recognizing Symptoms of ACS
(People may or may not experience any or all of these symptoms)

Nausea

Pain that travels down one or both arms

Jaw Pain

Chest pressure, squeezing, fullness or discomfort

Upper back pain

Sudden heavy sweating

Shortness of breath

** Sudden dizziness or light headedness, unusual unexplained fatigue and/or anxiety; may be combined with one or more of the above symptoms
Women may have different signs and symptoms of chest pain than men!

**Individuals may or may not experience any or all of these symptoms**

- Unexplained or extreme fatigue
- Syncope
- Chest discomfort/pressure
- Sudden dizziness
- Nausea/vomiting
- Shortness of breath
- Jaw/arm/upper back pain

Women’s symptoms may be more subtle than men’s and may include some that are less common.
ACS risk factors that can be changed!

• Stop Smoking
• Decrease high blood pressure
• Decrease high cholesterol
• Lose weight
• Comply with diabetes treatment
• Decrease stress
• Increase exercise
• Eat a healthier diet

PREVENTION, PREVENTION!!
Early Heart Attack Care (EHAC) is designed to promote public awareness by:

- Knowing the signs and symptoms of heart attacks
- Know that signs and symptoms of heart attacks can start days to weeks before the actual attack
- If symptoms occur get evaluated by an emergency departments or chest pain center
- Recognize and treat early symptoms to help prevent full-blown heart attacks
Acute Coronary Syndrome is a "Medical Emergency"

- It is your duty to recognize the symptoms of ACS and act upon it
- You are the first link in initiating a response
- If you are in a hospital call a Rapid Response:
  - St. Elizabeth Covington, Edgewood, Florence, Ft. Thomas, or Grant dial 2-2222
  - At an outpatient location or in the community call 911

"Extraordinary Heart Care"
What Can You Do?

!!COMMIT!!

1. Learn the early signs and symptoms of a heart attack
2. Share early heart attack care (EHAC) with others
3. Take the Oath

“Extraordinary Heart Care”

St. Elizabeth is working towards Chest Pain Center Accreditation
I understand that heart attacks have beginnings that may include chest discomfort, shortness of breath, shoulder and/or arm pain, and weakness. These may occur hours or weeks before the actual heart attack.

*I solemnly swear* that if it happens to me or anyone I know, I will call 9-1-1 or activate our Emergency Medical Service (2-2222).
Recognizing Stroke and Stroke Prevention
What is a Stroke?

• Stroke:
  – Is a disease that affects the arteries leading to and within the brain.
  – Occurs when blood vessels that carry oxygen and blood to the brain become blocked or rupture.

Types of Stroke

- **Ischemic Stroke**: Blockage of blood vessels, lack of blood flow to affected area.
- **Hemorrhagic Stroke**: Rupture of blood vessels, leakage of blood in affected area.
What is the Impact of a Stroke?

- About 795,000 Americans suffer a new or recurrent stroke every year.
  - a stroke occurs about every 40 seconds
- Stroke kills more than 137,000 people a year.
  - 1 of every 18 deaths
  - #4 cause of death behind diseases of the heart and cancer
- Stroke is the leading cause of functional impairment
  - In 2010, the estimated cost for stroke care was $73.7 billion
SIGNS and SYMPTOMS of Stroke
For a Brain Attack think F-A-S-T

F = face numbness or weakness especially one side

A = arm numbness or weakness especially one side of body

S = speech slurred or difficulty speaking or understanding

T = time to call 911 if these occur suddenly or are accompanied by: the loss of vision, the loss of balance with dizziness or the worst headache of your life, with no known cause, both sudden and severe.

Time is of the essence – treatment with tPA needs to begin within three hours of onset.
Stroke is a Medical Emergency!

Don’t wait to call, remember seconds count!

• If you see warning signs of stroke in someone at St. Elizabeth
  ✓ Covington,
  ✓ Edgewood,
  ✓ Florence
  ✓ Ft. Thomas
  ✓ Grant

Call 2-2222 to call a rapid response
Stroke Prevention

How to Reduce the Risk:

• The more risk factors you have, the greater your chance of having a stroke.
• You can’t control some risk factors but you can modify, treat, or control them to lower your risks.
• Speak with your doctor to find out if you have any of these health risks…
Stroke Risk Factors

You **CAN NOT** Change Your –

- Age
- Gender
- Race
- Sickle Cell Disease
- Family History
- Prior stroke, TIA, or heart attack
Stroke Risk Factors

You *Can* Control Many Risk Factors

- You can change many conditions through diet and exercise.
- Others may need medication.
- Your best defense is knowledge.
- Talk to your doctor to find out more
Controllable Stroke Risk Factors

- High Blood Pressure
- Cigarette Smoking
- Diabetes
- Carotid or other artery disease
- Atrial Fibrillation
- Diet
- High Cholesterol
- Peripheral artery disease
- Physical Inactivity/Obesity
- Other Heart Disease
- Alcohol/Drug Abuse
Transient Ischemic Attack (TIA)

- Occurs when a blood clot *temporarily* clogs an artery in the brain
- These are “warning strokes” or “mini-strokes”
- Symptoms of a TIA are the same as a stroke *except* that they only last a short time
- Unlike a stroke, there is no lasting damage to the brain
- A person who has a TIA is 9.5 times more likely to have a stroke

Don’t ignore the signs! If symptoms appear *Seek medical treatment immediately*
Joint Commission Certified Stroke Center

- St. Elizabeth Edgewood, Covington, Florence, and Fort Thomas are certified by the Joint Commission as a Primary Stroke Center
- We believe our programs are “Certifiably the Best”
  - We provide the highest level of care for our stroke patients
Learn to Recognize a Stroke

Time Lost is Brain Lost!

• Know the warning signs of a stroke and teach them to others

• There are treatments to reduce the risk of damage from a stroke
  ✓ The earlier treatment is started, the better the outcome!

• Stroke is a medical emergency

• If you notice one or more of the warning signs for stroke

GET HELP IMMEDIATELY!
When Stroke Strikes, Act F.A.S.T.

**FACE**
Smile.
Does one side of the face droop?

**ARMS**
Raise both arms.
Does one arm drift downward?

**SPEECH**
Repeat a sentence.
Are they able to speak clearly? Can they repeat the sentence?

**TIME**
Time is critical.
Call 911. Get to the hospital immediately. Brain cells are dying. Every Minute Counts!
Keeping Our Patients Safe

- It takes everyone to keep our patients safe
- Understand that you play a role
  - Keep Alert
  - Take Action
Taking Action: Be Part of the Team

Let the manager in the area where you volunteer know if you have…

🌟 A good patient safety idea
🌟 A better way to do something that will protect our patients

Your idea could save a patient from injury!
Taking Action: Be Part of the Team

Goal:

St. Elizabeth Safest Hospital in the USA!
1. The Institute of Medicine defines patient safety as “freedom from accidental injury”.

A. True
B. False
2. Using standardized checklists is a recommended team work strategy to improve communication.

A. True

B. False
3. Structured communication techniques such as AIDET have been proven to improve safety.
   A. True
   B. False
The team referred to in this presentation to promote patient safety is made up of:

A. Physicians and nurses
B. Physicians, nurses and physical therapists
C. Clinical staff and maintenance
D. All associates & volunteers of SEH
5. If you cannot fix a safety concern that you see, you should report it to ensure that the problem gets fixed.

A. True
B. False
6. Patient safety is everyone’s responsibility.
   A. True
   B. False
7. A patient fall is defined as:

A. Unplanned
B. Unassisted
C. A descent to the floor
D. May or may not result in injury
E. All of the above
8. Falls reduction is the responsibility of:

A. All associates and volunteers
B. Nursing only
C. Physicians only
D. Physical Therapy only
9. It is important to prevent falls because:

A. Falls are a leading cause of death in people ages 65 and older.
B. Injuries from falls can increase a patient’s length of stay.
C. It is the right thing to do.
D. All of the above.
10. You have noticed a light bulb burned out and a loose handrail in the hallway. You should:

A. Pay no attention. Someone else will take care of it.

B. Pay no attention. These do not have anything to do with you.

C. Notify maintenance or your supervisor that the bulb needs to be replaced and the handrail needs to be repaired.
11. You observe that a patient who is walking down the hall alone appears unsteady and confused. You should:

A. Pay no attention. Someone else will take care of it.

B. Pay no attention. You are not a nurse, so this doesn’t have anything to do with you.

C. Stay with the patient and call for a nurse.
12. I have reviewed the Safe Movement And Responsible Transfer Patient Handling program and understand how it is important to patient safety.

A. Yes
B. No
13. Which of the following are symptoms of acute coronary syndrome?

A. Nausea
B. Jaw pain
C. Upper back pain
D. Unusual or unexplained fatigue and anxiety
E. Pain that travels down one or both arms
F. Chest pressure, squeezing, fullness or discomfort
G. Shortness of breath
H. Sudden heavy sweating
I. Sudden dizziness or light headedness
J. All of the above
14. If you observe a patient with the signs and symptoms of ACS at Edgewood, Florence, Ft. Thomas, Covington or Grant County you call 2-2222

A. True
B. False
15. Which of the following is NOT a risk factor for ACS (Acute Coronary Syndrome)?

A. High blood pressure
B. Smoking
C. Obesity
D. Left sided weakness
16. Heart attacks can have ‘beginnings’ which can occur hours or weeks before the actual heart attack.

A. True
B. False
17. I understand that I am responsible for knowing the signs and symptoms of ACS and what actions to take. I will take the Early Heart Attack Oath:

I understand that heart attacks have beginnings that may include chest discomfort, shortness of breath, shoulder and/or arm pain, and weakness. These may occur hours or weeks before the actual heart attack. I solemnly swear that if it happens to me or anyone I know, I will call 911 or activate our Emergency Medical Service

A. Yes
B. No
18. Which of the following is a symptom of stroke?

A. Facial droop
B. Arm weakness
C. Slurred speech or difficulty speaking
D. All of the above
19. If you observe a patient with the signs and symptoms of a stroke inside one of the hospitals you will call 2-2222 and call a Rapid Response.

A. True
B. False
20. Which of the following is NOT a risk factor for stroke?

A. High blood pressure
B. Smoking
C. Obesity
D. Red hair
21. TIAs place you at a higher risk to have a stroke.

A. True
B. False
22. What word helps you remember the signs and symptoms of a stroke?

A. P-U-L-L
B. P-A-S-S
C. F-A-S-T
D. R-A-C-E
23. St. Elizabeth Edgewood, Florence, and Ft. Thomas are certified as a Primary Stroke Center by The Joint Commission.

A. True
B. False