



Inova Health System

Quality and Patient Safety

Overview For Medical Staff

This is not a CME activity

Quality and Patient Safety Overview



This overview will briefly cover the following topics:

- Inova's Mission, Vision and Values
- High Reliability
- Just Culture
- TeamSTEPPS
- National Patient Safety Goals
- Infection Prevention
- Pain Management
- Restraints and Seclusion
- Interpreter Policy Summary
- Fire Safety
- Inova System Emergency Codes
- Inova System Emergency Number - 5555
- Compliance
- IT Security

Inova Health System

Vision, Mission and Values



Vision

To be among the leading
health systems in
the nation

Mission

To provide world-class
healthcare—every
time, every touch—to
each person in every
community we have
the privilege to serve



Values

Patient Always
Our People
One Team
Integrity
Excellence

An Exceptional Patient Experience is our First Goal



Our highest priorities are:

- *Prevention of avoidable patient harm*
- *Prevention of patient safety errors*
- *Elimination of serious safety events*
- *Creation of highly reliable processes*



Elements that Ensure an Exceptional Patient Experience



Teamwork



Open Discussions



Reporting



Focus on System



Ongoing Learning



High Reliability

Five Principles of High Reliability

- Preoccupation with Failure
 - View small inconsequential errors as a symptom of a larger problem
 - Looks for all the ways things could go wrong
- Sensitivity to Operations
 - Give real-time guidance and allocate resources
 - Look for holes in the “Swiss Cheese”
- Reluctance to Simplify Interpretations
 - Discuss alternatives for processes
 - Ask questions and voice concerns
- Commitment to Resilience
 - Talk about mistakes and learn from them
 - Discuss how errors could be prevented
- Deference to Expertise
 - Take advantage of the unique skills of colleagues
 - Acknowledge the expert may not be the person with the highest “rank” or most degrees



A Just Culture = Shared Accountability



A culture that recognizes that competent professionals make mistakes and acknowledges that even competent professionals will develop unhealthy norms, but has zero tolerance for reckless behavior.

SAFE SYSTEMS SAFE BEHAVIORAL CHOICES

- Healthcare institutions are accountable for **SAFE SYSTEMS**
- Staff are accountable for **SAFE BEHAVIORAL CHOICES**



Just Culture



- **Just Culture** is a key component of Inova's safety culture and is based on shared accountability:
 - Leadership/organizational accountability for creating and designing safe systems, processes and an environment of psychological safety
 - 100% accountability—for the choices we make
 - 200% responsible (I'm responsible for myself and my colleague— *'I've got your back'*)
 - Responding to an error based upon the type of behavior not the outcome
- **Just Culture** is not an overarching “no-blame” approach but distinguishes between:
 - human error (slips)
 - at-risk behavior (taking shortcuts/workarounds)
 - reckless behavior (ignoring required safety steps)



Just Culture

Response to Error should be BASED ON THE CAUSE, not the OUTCOME

Like safety errors, accidents can be caused by many different things



Human Error

Due to system gaps
and human mistakes
Response: Fix system
gap; Console



Reckless Behavior

Disregard of substantial
risk
Response: Discipline



At Risk Behavior

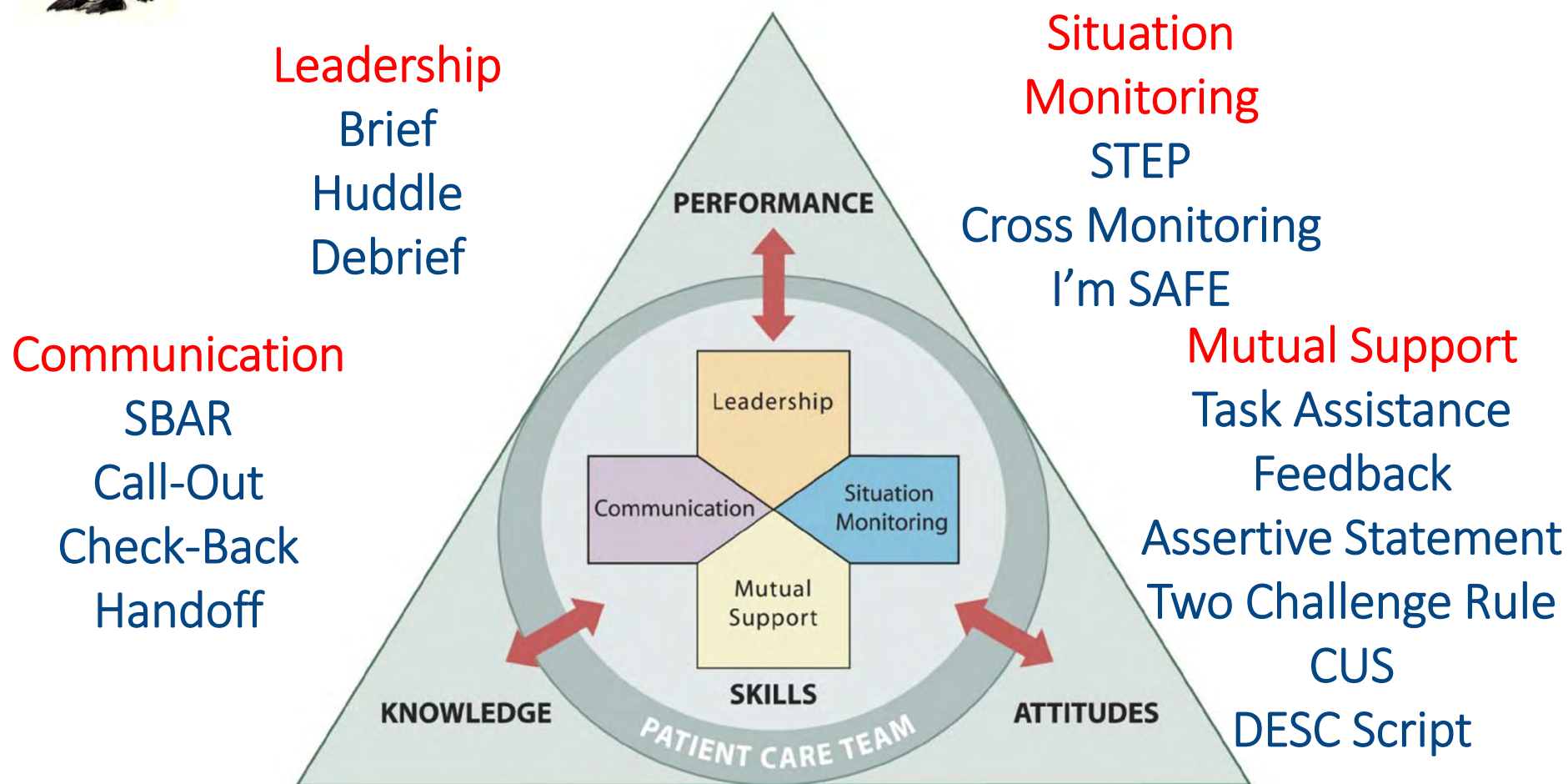
Choices made where
risk was seen as
insignificant or justified
Response: Coach (the
first time)



TeamSTEPPS



Team Strategies & Tools to Enhance Performance and Patient Safety



IS THERE A PROBLEM?

Most Commonly Identified Root Cause Categories	
Assessment/Critical Thinking	18
Equipment	14
Communication/Handoffs	11
Human Factors	10
Leadership	9
Patient Rights	3
Physical Environment	2
Resource Allocation	2
Information Management	1
Patient Education	1

Ineffective communication is one of the top 3 root causes of reported sentinel events**

TeamSTEPPS Improves Teamwork

Barriers

- Hierarchy
- Poor Communication
- Distractions
- Fatigue
- Workload
- Production Pressures
- Lack of Role Clarity

Outcomes

Knowledge

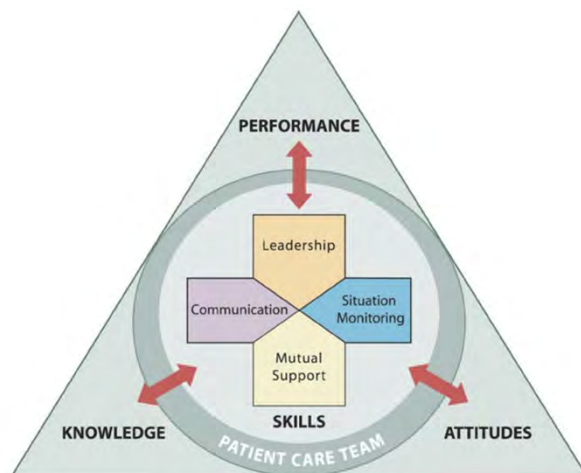
- Shared Mental Model

Attitudes

- Mutual Trust
- Team Orientation

Performance

- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety



TeamSTEPPS Toolbox



Communication

Structured process by which information is clearly and accurately exchanged among team members

SBAR
Call-Out
Check-Back
Handoff

Leadership

Ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources.

Brief
Huddle
Debrief

Situation Monitoring

Process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning

STEP
Cross Monitoring
I'm SAFE

Mutual Support

Ability to anticipate and support team members' needs through accurate knowledge about their responsibilities and workload.

Task Assistance
Feedback
Assertive Statement
Two Challenge Rule
CUS
DESC Script

HRO and TeamSTEPPS Tools



High Reliability Principles	Description of HRO Principles	TeamSTEPPS Tools
Preoccupation with Failure	<ul style="list-style-type: none"> Regarding small, inconsequential errors as a symptom that something's wrong We spend time identifying activities we do not want to go wrong Consider the worst thing that can happen and put measures in place to prevent this 	<ul style="list-style-type: none"> •SBAR •Brief •Cross Check •Check Back •CUS
Sensitivity to Operations	<ul style="list-style-type: none"> Leaders get out and look for the holes in the Swiss Cheese Maintain a good "map" of each other's talents/skills Provide real-time guidance and resource allocation 	<ul style="list-style-type: none"> •Call Out •Handoff •Cross Check •Check Back <div> *SBAR *Huddle *CUS </div>
Reluctance to Simplify Interpretations	<ul style="list-style-type: none"> We discuss alternatives on how to go about our normal work activities We're not afraid to ask questions and voice safety concerns 	<ul style="list-style-type: none"> •Brief •Huddle •CUS
Commitment to Resilience	<ul style="list-style-type: none"> We talk about mistakes and ways to learn from them When errors happen, we discuss how we could have prevented them 	<ul style="list-style-type: none"> •Debrief
Deference to Expertise	<ul style="list-style-type: none"> We take advantage of the unique skills of our colleagues When a patient crisis occurs, we rapidly pool our collective expertise to resolve it 	<ul style="list-style-type: none"> •Huddle •CUS •2 Challenge Rule

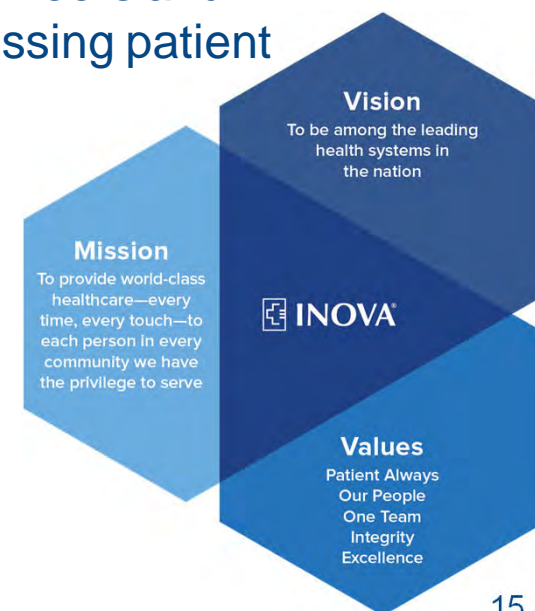
National Patient Safety Goals



The NPSGs were established by the Joint Commission to help accredited organizations address specific areas of concern in regard to patient safety

Development of the Goals

- A panel of widely recognized patient safety experts advise The Joint Commission on the development and updating of NPSGs.
- This panel, called the Patient Safety Advisory Group, is composed of nurses, physicians, pharmacists, risk managers, clinical engineers and other professionals who have hands-on experience in addressing patient safety issues in a wide variety of health care settings



National Patient Safety Goals

Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the *patient's name* and *date of birth*. This is done to make sure that each patient gets the correct medicine and treatment.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve Staff Communication

- Get important test results to the right staff person on time

Use Alarms Safely

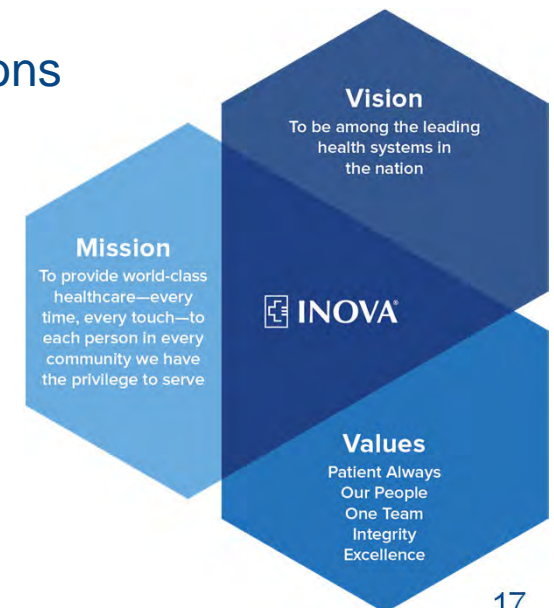
- Make improvements to ensure alarms on medical equipment are heard and responded to on time



National Patient Safety Goals

Use Medicines Safely

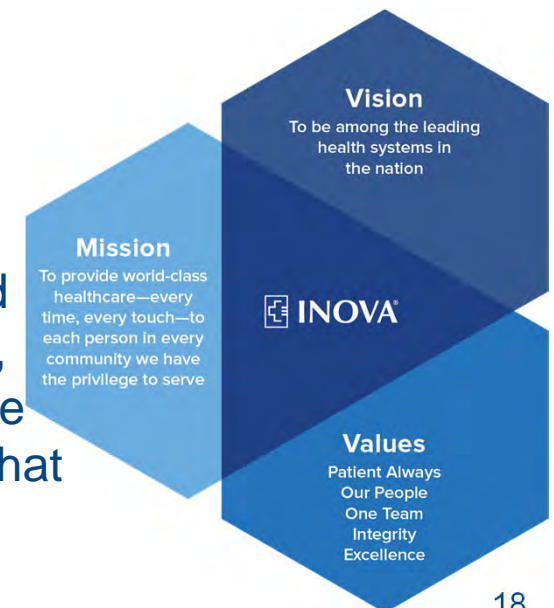
- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where the medicines and supplies are set up.
- Take extra care with patients who take anticoagulants and thrombolytic medications. Ensure that patient and family education includes:
 - The importance of follow-up monitoring
 - Compliance
 - Drug-food interactions
 - The potential for adverse drug reactions and interactions
- Reconcile the patients medications at discharge
 - Make sure the patient knows which medicines to take when they are at home, including name, dose, route and frequency.
 - Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.



National Patient Safety Goals

Prevent Mistakes in Surgery by Following the Universal Protocol

- The “Procedure Time-Out” should take place in the O.R. or procedure area when all care team members are present and engaged.
- During a Time-Out, activities are suspended so that team members can focus on active confirmation of the patient, site and procedure.
- During the Time-Out, the team members must verbally agree, at a minimum, on the following:
 - Correct patient identification
 - Correct site
 - Correct procedure to be done
- If any member of the surgical or procedure team feels that the patient identification, procedure, or any information used to determine the surgical/procedure site/side is inconsistent, (e.g. diagnostic studies, x-ray, MRI, CT scan), he/she has the right and responsibility to stop all proceedings and request that the team review all data.



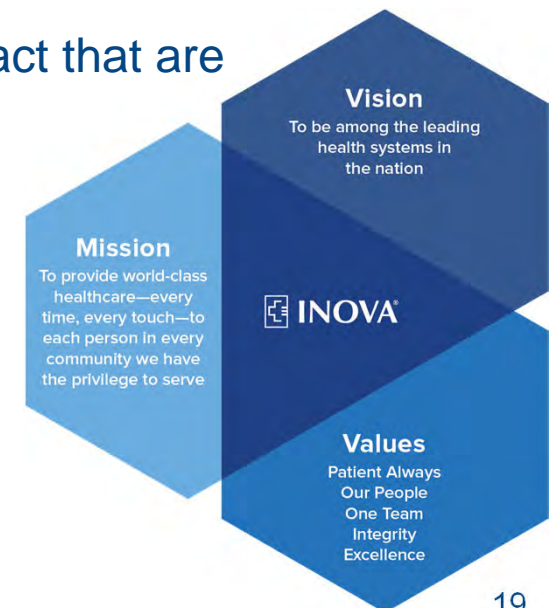
National Patient Safety Goals

Identify patient safety risks

- Find out which patients are at risk for suicide

Prevent Infection

- Use the hand cleaning guidelines from the CDC and WHO. Set goals for improving hand cleaning. Use the goals to improve hand cleaning
- Use proven guidelines to prevent infections that are difficult to treat
- Use proven guidelines to prevent infection of the blood from central lines
- Use proven guidelines to prevent infection after surgery
- Use proven guideline to prevent infections of the urinary tract that are caused by catheters



Improving Patient Outcomes through Infection Prevention

Mandatory Influenza Vaccination

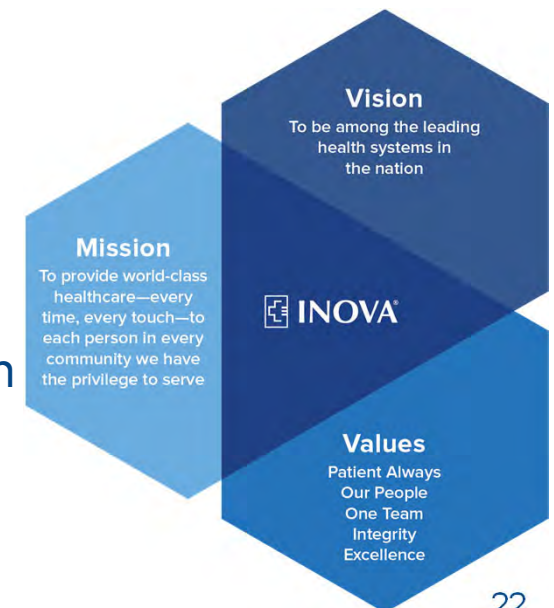


- Inova Health System requires an annual influenza vaccination for all Inova Health Care Workers as a condition of employment or practice *unless a valid medical or religious reason precludes vaccination.*
- If you are vaccinated through services other than those provided by Inova (i.e. private physician office, public clinics, Inova contracted vendors) you must provide written proof of immunization to the Inova Medical Staff Office.



When to Perform Hand Hygiene

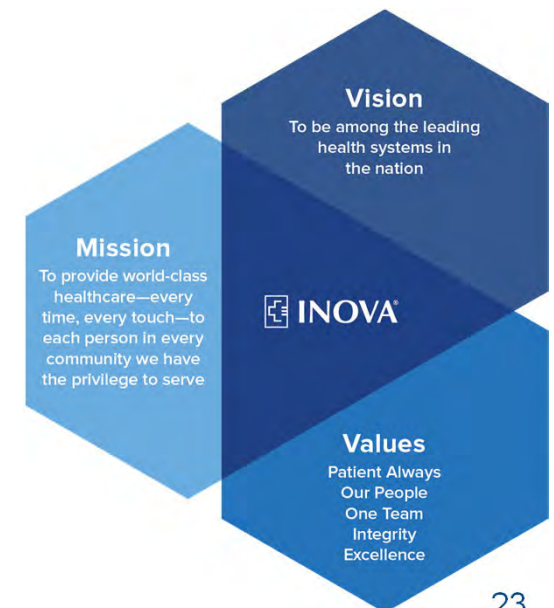
- Hand hygiene should be performed before:
 - Each patient encounter regardless of whether or not direct patient contact is anticipated
 - Handling medications or preparing food
 - Donning PPE
 - Eating, drinking or applying cosmetics
- Hand hygiene should be performed after:
 - Patient contact or contact with contaminated items or surfaces
 - Removing gloves and PPE
 - Eating, sneezing coughing
 - Using the restroom
- Hands should be washed with soap and water:
 - When they are visibly soiled
 - Before and after caring for a patient that is infected with C. difficile or Bacillus anthracis



Central Line-Associated BSI (CLABSI)

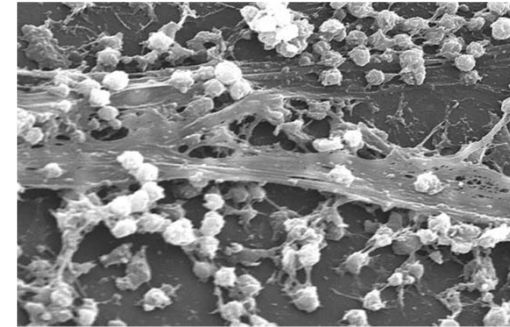


- 90% of all bloodstream infections are associated with CVLs
- 400,000 CLABSIs occur per year in U.S.
- CLABSIs are associated with:
 - Increased morbidity
 - Mortality rates of 10% to 20%
 - Prolonged hospitalization (mean of 7 days) and increased medical costs approximately \$17,000 per episode

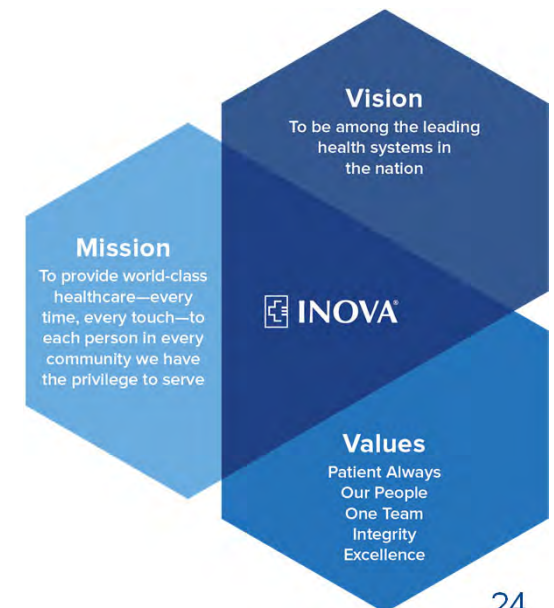


Risk Factors for CLABSI

- Extended duration of indwelling catheterization
- Extra/Intra luminal and hub biofilm formation
- Prolonged hospitalization before catheterization
- Femoral or internal jugular catheterization (for adult patients)
- Multi-lumens vs. single lumen
- Substandard catheter care
 - Noncompliance with bundle
 - Excessive manipulation of catheter
- Neutropenia
- Prematurity

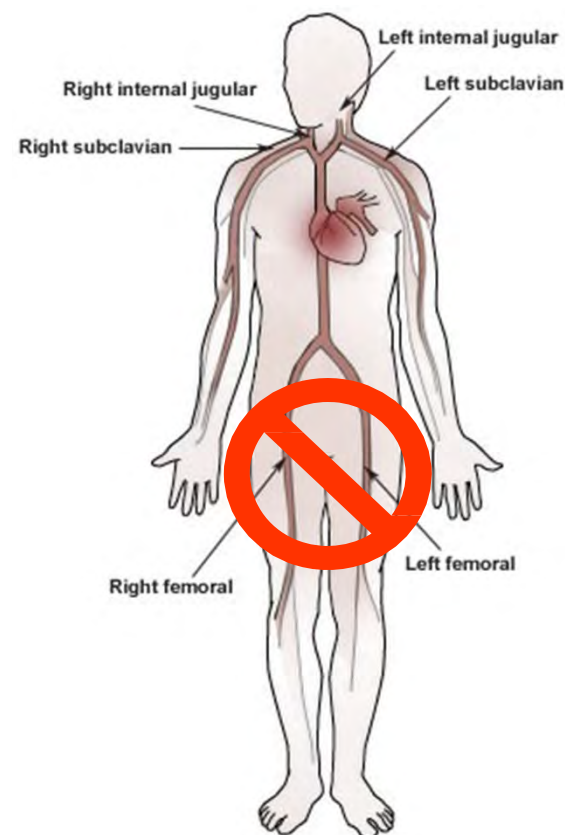


Electron microscopic picture of Staphylococcus biofilm



CLABSI Prevention

- Hand Hygiene with soap and water or waterless alcohol gel before line insertion or manipulation.
- Carefully select insertion site with least infection risk:
 - The subclavian site has lowest risk of infection in adult patients.
 - The femoral sites have the highest risk of infection in adult patients.
- Follow appropriate indications for a line
- Select appropriate type of line
- During insertion, operator must wear sterile gloves and gown, cap, mask, and large drape must cover the patient



CLABSI Prevention

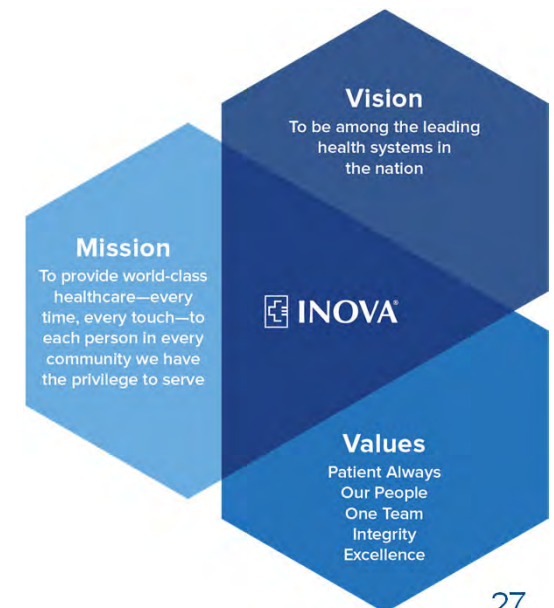
- Unless contraindicated;
 - use Chlorhexidine-based antiseptic for skin preparation
 - long-acting antiseptic dressing on patients ≥ 2 months of age.
- Daily review of catheter necessity.
- Disinfect hubs prior to entry by robustly cleaning hub with an alcohol swab.
- Use of CHG impregnated disk or CHG impregnated Tegaderm dressing
- Two-person dressing changes every 7 days or sooner if indicated
- Daily bath with CHG



Catheter-Associated UTI (CAUTI)

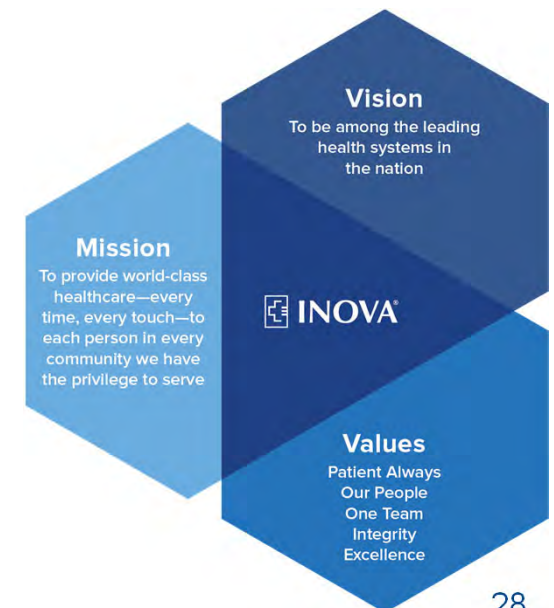


- 40% of all Hospital-Acquired (HA) Infections
- 12-25% of all hospitalized patients receive a urinary catheter, 50% without a valid indication
- Cost per CAUTI is approximately \$1,000 per episode
- Recent US hospital survey showed >50% of physicians did not monitor which patients had catheters and 75% did not monitor duration or discontinuation



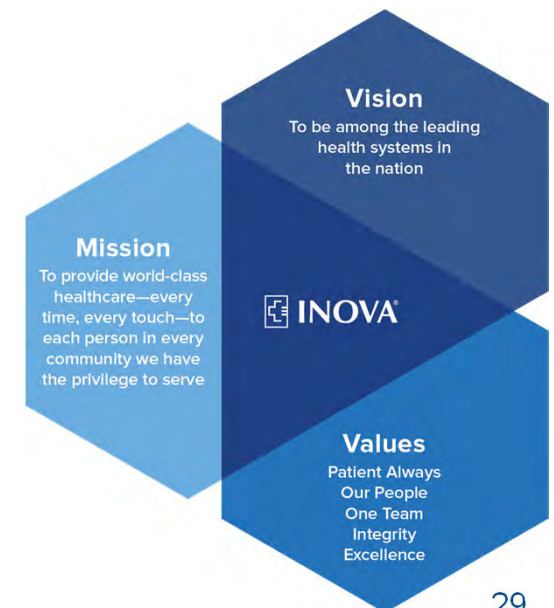
CAUTI Risk Factors

- Unnecessary catheter placement
- Prolonged duration of catheterization
- Not maintaining a closed drainage system
- Not securing catheter
- Lack of perineal care
- Noncompliance with bundle



CAUTI Prevention

- Confirm necessity for placement
- Daily review of catheter necessity
- Hand hygiene
- Aseptic technique for insertion
- Two-person insertion
- Use closed system
- Perineal care every 12 hours or more frequently if indicated
- Use smallest gauge catheter
- Secure catheter
- Remove kinks in drainage tubing
- Aseptic collection of samples from sampling port
- Follow Nurse Directed Algorithm for catheter removal



Line and Foley Indications



- **Line Indications:**

- Vasopressor administration/hemodynamics
- IV therapy for > 4 weeks
- TPN
- Chemo/Stem Cell Infusion
- Plasmapheresis/hemodialysis
- IV Therapy when peripheral access unavailable
- Peripherally incompatible medication
- Peripheral phlebotomy unobtainable

- **Foley Indications:**

- Acute urinary retention due to medication or nerve injury.
- Bladder outlet obstruction due to severe prostate enlargement, blood clots, or urethral compression.
- Need for accurate measurement of urinary output in the critically ill patient who is in the ICU and is hemodynamically unstable, on vasopressors, or in mass diuresis.
- To assist in healing of open sacral or perineal Stage III or IV wounds in incontinent patients.
- To improve comfort for end of life.
- Need for strict, prolonged immobilization due to potentially unstable spine or multiple traumatic injuries.
- Selected perioperative needs:
 - Urologic surgery or other surgery on contiguous structures of the genitourinary tract
 - Anticipated large-volume infusions or diuretics during surgery (remove in PACU)
 - Anticipated prolonged duration of surgery (remove in PACU)
 - Need for intraoperative monitoring of urine output (remove in PACU)

MDRO Risk Factors and Prevention

Risk Factors:

- Repeated contact with the healthcare system or a long stay in the hospital
- Previous use of antibiotics
- Invasive procedures or medical devices
- Contaminated equipment or environment
- Contaminated hands of healthcare workers

Prevention:

- Hand hygiene
- Proper disinfection of equipment
- Proper disinfection of environment
- Daily CHG baths
- Judicious selection and use of antibiotics
- Optimal management of invasive devices
- Education of patients
- Contact Isolation precautions for patients in healthcare setting

***C. difficile* Risk Factors and Prevention**



Risk Factors:

- History of *C. difficile*
- History of antibiotic use within the past 3 months
- Patients with underlying immunosuppression
- Contaminated equipment or environment
- Contaminated hands of healthcare workers

Prevention:








- Patient highly suspected of having *C. difficile* should be placed in Contact Special Precautions as soon suspected – even before test results have returned
- Patients with *C. difficile* remain on isolation for duration of hospital stay
- Patients suspected or known *C. diff* should not leave the room unless medically necessary
- Patient room and all associated medical equipment must be disinfected with 10% bleach
- Perform hand hygiene with soap and water
- Daily CHG bath
- Judicious selection and use of antibiotics
- Appropriate indications for PPIs
- Educate patient and family

C. difficile Testing

DIARRHEA is defined as > 3 unformed stools that take the shape of the container in < 24 consecutive hours and absence of vomiting

- Evaluate patient and consider all possible causes for diarrhea:
 - Laxative
 - Food/Medication/Antibiotic
 - Pre-existing condition
 - Other Infectious Cause
- Inova uses *C. diff* PCR testing which is very sensitive
 - Can detect colonization as well as infection
- Advise *C. diff* testing when clinically significant diarrhea present
 - Test 6 or 7 type stool
 - Do not retest within 10 days due to sensitivity of PCR
 - Do not test for cure
- Reference Diarrhea Decision Tree

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

SSI Risk Factors

Intrinsic Patient Risk Factors

- Age
- Diabetes, glucose > 200mg/DI (during surgery and POD 1 & 2)
- Nicotine use up to 30 days before surgery
- Immunosuppressive medications
- Malnutrition
- Obesity

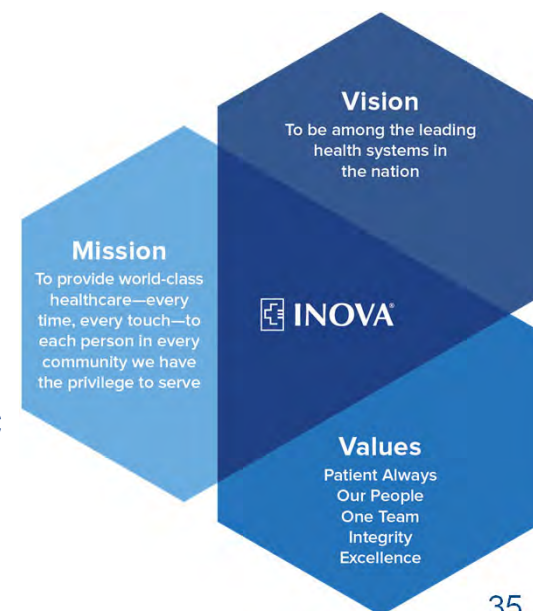
Extrinsic Risk Factors

- Prolonged pre-operative hospital stay
- Peri-operative transfusion
- Pre-operative nasal colonization with *Staph aureus*
- Pre-existing infection at another site
- Inadequate surgical hand scrub
- Break in sterile technique
- Inadequate skin preparation
- Inadequate antimicrobial prophylaxis (timing, dose, selection)
- High traffic in OR
- Prolonged operative time



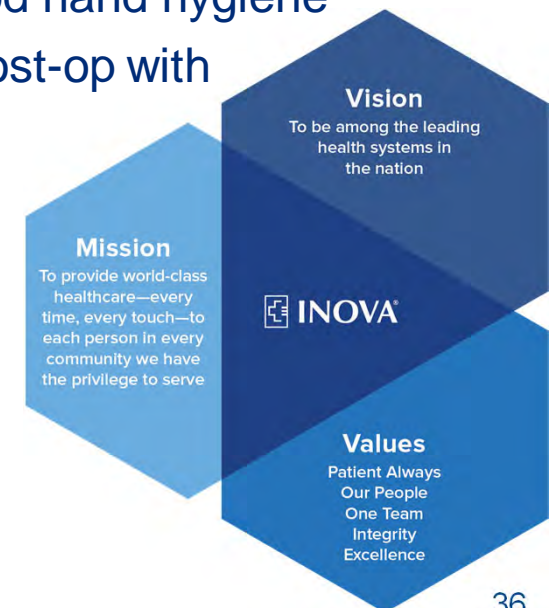
SSI Prevention

- Antimicrobial prophylaxis:
 - Appropriate antibiotic for type of surgery and patient (e.g., allergies, history of MRSA)
 - Appropriate timing – 30 mins to 1 hour prior to incision
 - Vancomycin and fluoroquinolones 2 hours prior to incision
 - Antibiotics should be weight based
 - Antibiotic redosing of Cephalosporins if operation is > 4hrs
 - Antibiotics discontinuation. Only use for 24 hrs, unless it is cardiac surgery – extend to 48 hrs)
- Treat remote infections prior to surgery
- Pre-operative bath with CHG two nights before and morning of surgery
- Hair removal – use clippers when necessary. Perform outside of the OR
- Surgical site preparation with an alcohol-containing antiseptic (CHG or iodine) for skin incisions



SSI Prevention

- Normoglycemia (80-120mg/dl) and < 200 up to 48 hrs post-op
- Normothermia (96.8-100.4) with active/passive warming strategies
- Aseptic technique: correct hand hygiene, asepsis, surgical hand scrub, OR attire, sterile draping
- Appropriate ventilation in the OR, meticulous instrument cleaning/sterilization, and effective environmental cleaning necessary
- Sterile gloves and equipment when changing dressing, good hand hygiene prior to changing dressing, protect the incision 24-48 hrs post-op with a sterile dressing
- In addition – Foley Protocol: aseptic insertion, securement, Foley discontinuation as soon as possible

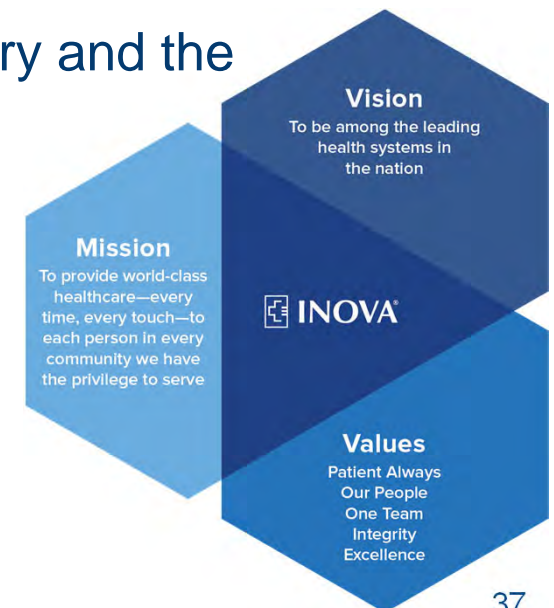


Additional SSI Prevention Measures for High-Risk Procedures



For adult patients undergoing high risk procedures such as Cardiovascular, Neurosurgical or Orthopedic Joint Arthroplasty procedures:

- Screen for the presence of MRSA or MSSA.
 - Cases of MRSA or MSSA colonization should be treated with Mupirocin for 5 days immediately prior to surgery to reduce the risk of infection with MRSA or MSSA
- Patients should bathe with CHG 2 nights prior to surgery and the morning of surgery



Ventilator-Associated Pneumonia (VAP) and other Ventilator-Associated Events (VAE)

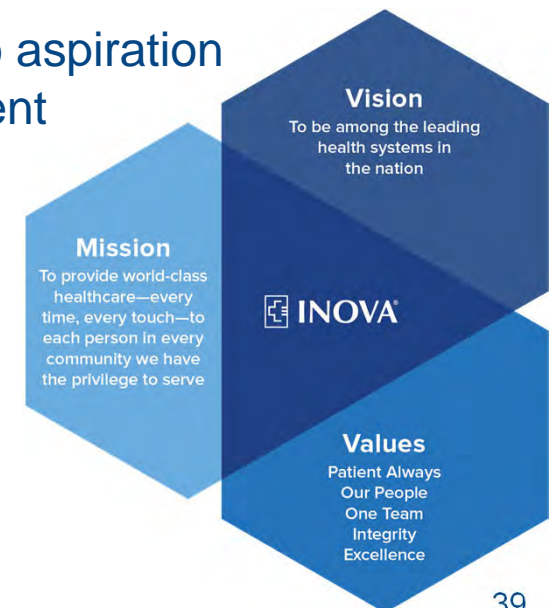


- VAP is associated with increased length of stay, increased mortality rates and increased costs
 - Mean increase of ICU LOS 6.1 days
 - Increased cost approximately \$21,000 per episode
 - Occurs in 8-28% of patients ventilated
- NHSN uses VAE framework for adult surveillance definitions – more objective criteria
 - VAC – Ventilator-associated condition
 - IVAC – Infection-related ventilator-associated condition
 - Possible VAP and Probable VAP
- Inova tracks VAEs for adult ICUs
- Inova tracks the traditional VAP definition for pediatrics



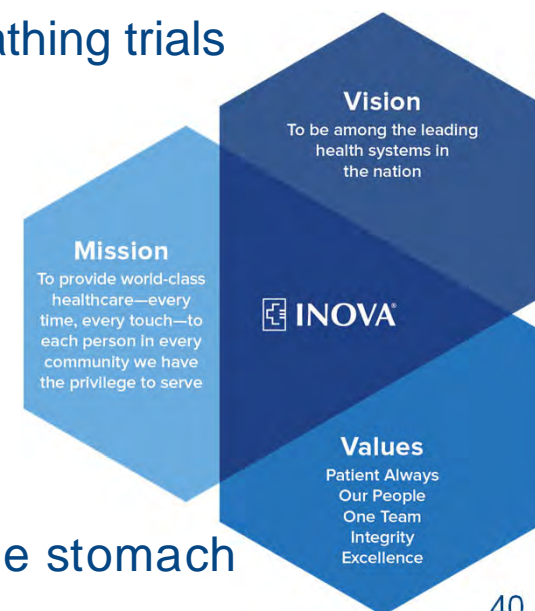
Risk factors for VAP

- Prolonged ventilatory support
- Self-extubation/reintubation
- Contaminated hands or equipment
- Oropharyngeal colonization
- Lying flat in bed – aspiration risk
- Infants, young children, and people >65
- Compromised health conditions such as organ failure, trauma/burns, a chronic disease, immunosuppression, depressed level of consciousness, neurosurgery or cardiothoracic surgery
- Gastric distension – aspiration risk
- Inadequate pressure in the endotracheal tube cuff leading to aspiration
- Nasal intubation or nasogastric tubes can lead to development of sinusitis
- Unnecessary or inadequate antibiotic use



VAP Prevention Strategies

- Meticulous **hand hygiene** before and after ventilator contact or suctioning
- Use **aseptic technique** for suctioning patient – minimize pooling of secretions above the cuff
- Subglottic suctioning
- Ensure **secretions are cleared** from above the ET or Trach prior to extubation or moving patient
- Maintain adequate **cuff pressure**
- Elevate head of bed to 30
- Daily assessment of **readiness to wean** – spontaneous breathing trials
- Wean patient from ventilator as soon as clinically indicated
- Daily **oral hygiene – 2-4 hours** with antiseptic solution
- **Disinfect** equipment properly
- Change ventilatory circuit only when necessary
- **Mobility** – get patient up/out of bed
- Monitor **gastric residuals** after tube feedings
- Administer tube feeds into the small bowel rather than the stomach



Antimicrobial Stewardship Policy Statement



Joint position statement of IDSA, SHEA and PIDS outlining recommendations for the **mandatory implementation of antimicrobial stewardship throughout health care**, including recommendations to monitor interventions and methods to address current deficiencies in education and research, as well as the lack of accurate data on antimicrobial use in the United States.

See more at: [IDSA Stewardship Guidelines](#)

Example IDSA Stewardship Guideline Recommendations

- Preauthorization and/or prospective audit and feedback
- Syndrome-specific interventions (such as targeting community acquired pneumonia)
- Strategies to reduce antibiotics associated with a high risk of *C. difficile*

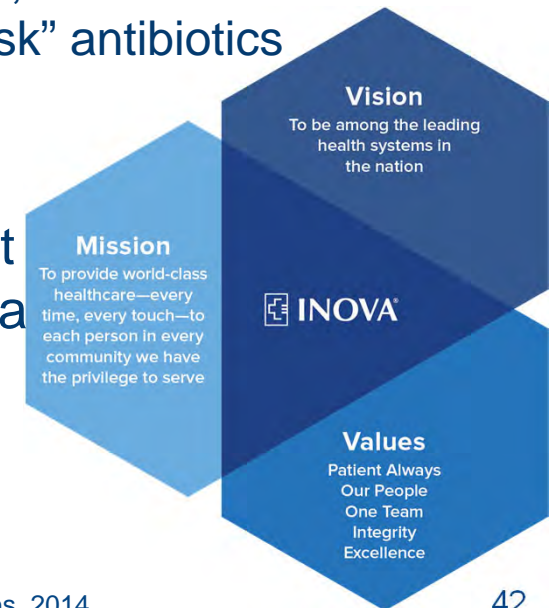
Infection Control and Hospital Epidemiology vol. 33 no. 4
March 15, 2012 322-327.
Clinical Infectious Diseases ; 2016 ; 62 : 1 -27



Poor Prescribing Puts Patients at Risk



- Although antibiotics save lives they are not without their own harm
 - They put patients at risk for a *Clostridioides difficile* infection
 - Deadly diarrhea that causes at least 250,000 infections and 14,000 deaths each year in hospitalized patients
- Decreasing the use of antibiotics that most often lead to *C. difficile* infection by 30% (this is 5% of overall antibiotic use) could lead to 26% fewer of these deadly diarrheal infections
 - Fluoroquinolones, β -lactams with β -lactamase inhibitors, and extended-spectrum cephalosporins are examples of these “high risk” antibiotics
- Patients getting powerful antibiotics that treat a broad range of infections are up to 3 times more likely to get another infection from an even more resistant bacteria



Antimicrobials with Restrictions or Criteria for Use



Restricted Antimicrobials

Linezolid	Voriconazole IV
Daptomycin	Fidaxomicin
Tigecycline	Micafungin
Ceftaroline	

- Restricted to ordering by certain specialties such as Infectious Diseases or Critical Care
- Please consider consultation if you feel these antibiotics are required
- Also restricted to certain criteria for use (i.e. tigecycline for MDR gram negatives)
- All prospectively reviewed by stewardship pharmacist and physician

Antibiotics with Criteria for Use

Ciprofloxacin	Ertapenem
Levofloxacin	Meropenem
Ceftriaxone	Fosfomycin
Aztreonam	Vancomycin
Piperacillin/Tazobactam	

- Not restricted to certain specialties
- Restricted to certain criteria for use only (i.e. fosfomycin for ESBL E.coli cystitis)
- Medications are prospectively reviewed by stewardship pharmacist

Pain Management



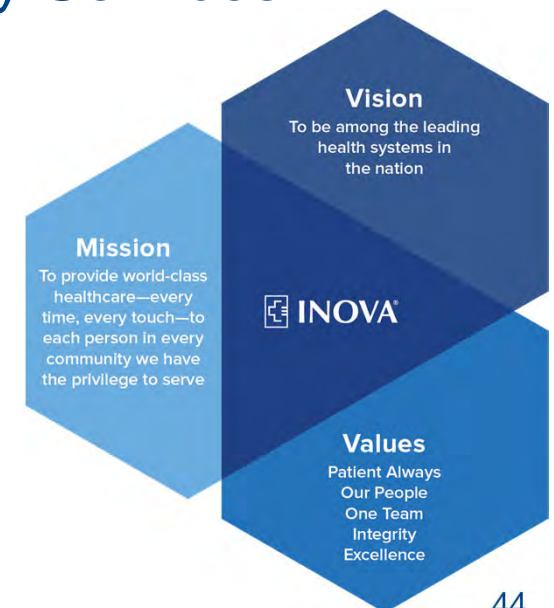
Inova Pain Management Pocket Guide

Approved by the Pharmacy and Therapeutics Committee
(February 2015)

Prepared by the Department of Pharmacy Services
and Palliative Care Services

Available at:

[Inova Pain Management Pocket Guide](#)



Restraints – a Last Resort

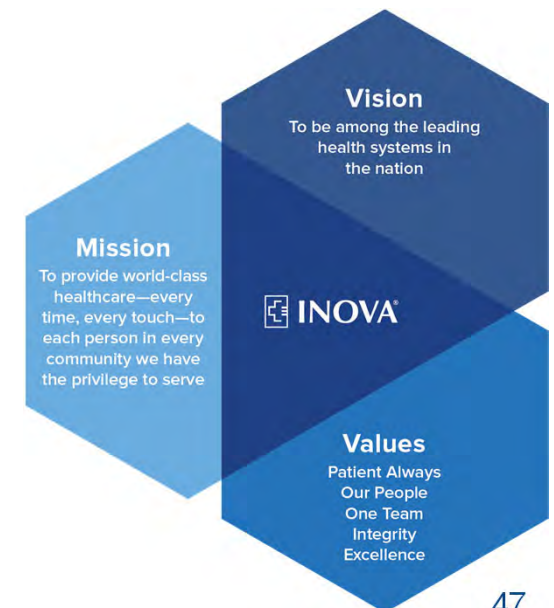


Restraints – patient assessment

- Except in emergencies, ensure that restraint alternatives have been attempted
- Review current medications for possibility of medication induced delirium/confusion/agitation
- Consider consult with PT, OT, or SLP
- Restraint use is based on the patient's behavior and not on their diagnosis
- Restraints have been proven to be ineffective in preventing falls and are not an evidence based intervention

Restraints – alternatives include:

- Remaining calm, avoiding behaviors that trigger difficult patient behaviors
- Providing pain relief
- Attending to hunger, thirst, position changes, toileting
- Using active listening
- Reorienting to time, person and place
- Providing distracting activities, supervision
- Family members present, when appropriate
- Therapeutic holding



Restraints – for Violent or Self- Destructive Behavior



A rare measure, may be used in any setting (for example: psychiatric unit, ICU, Medical, Surgical, ED, etc) and reserved for those occasions when a patient's behavior places the patient or others in danger.

Examples:

- Threatening or attacking others, verbally or physically;
- Threatening or inflicting self-injury (may or may not be suicidal in nature);
- Violating the rights of others, placing self in danger; and or exhibiting lewd and exploitative behavior



Restraints - for Non-Violent, Non Self- Destructive



A measure that may be used in any setting (ie. ICU, Medical, Surgical, ED, psychiatry, etc) to enhance the patient's well being by protecting life preserving equipment/treatment by immobilization of any part of the patient's body

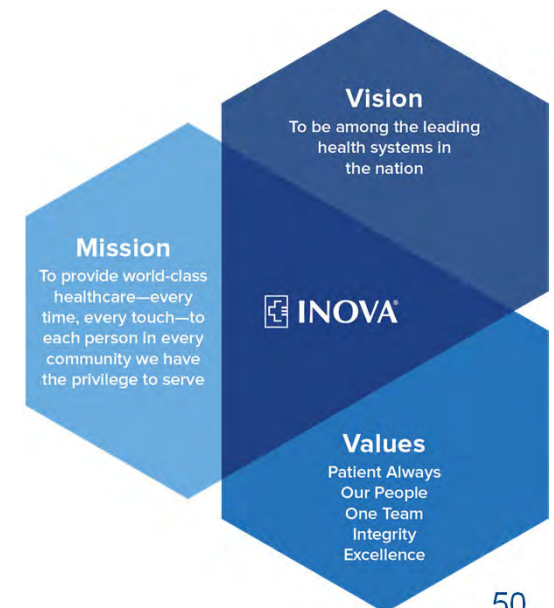
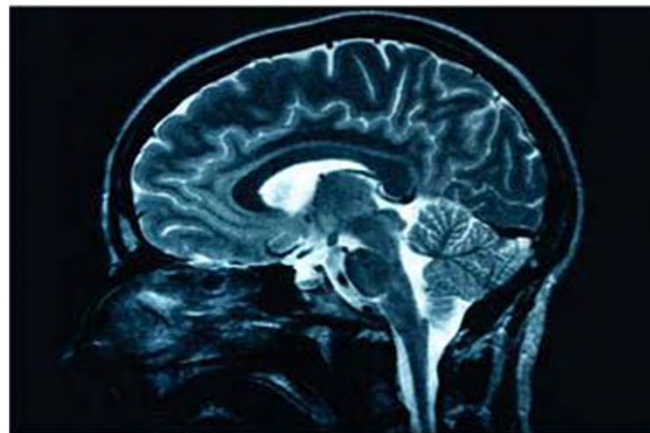
Clinical justification must include severe outcomes of equipment disruption:

- Prevent pulling on life support devices when termination of the therapy would be a life-threatening situation
- Maintain artificial airways
- Maintain intravenous/arterial lines containing life sustaining medications or monitoring)
- Maintain ventriculostomies
- Maintain nasogastric tubes post-op esophagastric surgery, bleeding esophageal varices
- Maintain surgical drains within 96 hours of surgery



Restraints and Post Traumatic Stress Disorder

- A thorough assessment is required to determine whether or not behaviors are the result of post traumatic stress disorder
- Memories of a traumatic event can be manifested in dreams and flashbacks.
- **Do Not** use restraints for patients with PTSD



Restraint Monitoring Process

KEY ELEMENTS	Non-Violent	Violent/Self-harming behavior
MD Notification	As soon as possible; order obtained within 4 hours	Immediate, with order obtained within 1 hr with face-to-face assessment performed by MD/LIP
Family notification	Staff must provide notification and education to patient and family	Staff must provide notification and education to patient and family
Assessment	MD/LIP must perform face-to-face within 24 hrs of initiation of restraints	MD/LIP must perform face-to-face within one hour of initiation of restraints
Monitoring	Minimum every 2hrs	Continuous observation; documented every 15 min
Order duration/renewal	One calendar day; must perform face-to-face and write new order to continue; no telephone renewal	4 hr for adult 18 yrs + 2 hr for child 9-17 yrs 1 hr for child under 9 yrs
Debriefing	Recommended within 24 hrs and should include pt and family, if possible	Required for all units (except Emergency Dept) within 24 hrs and should include pt and family, if possible

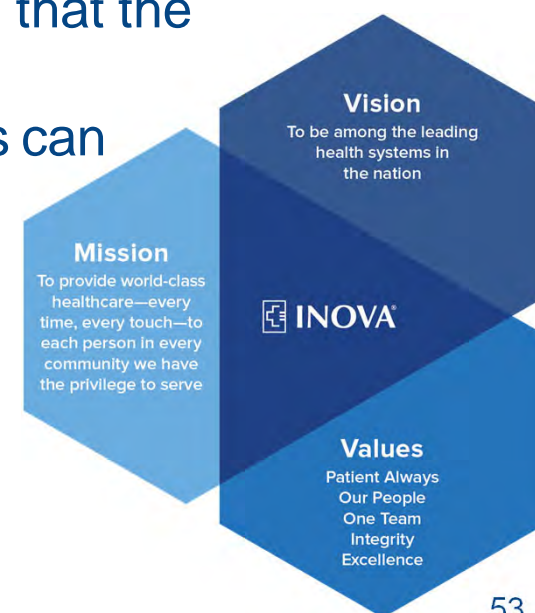
Communication and Patient Centered Care



Communication and Patient Centered Care

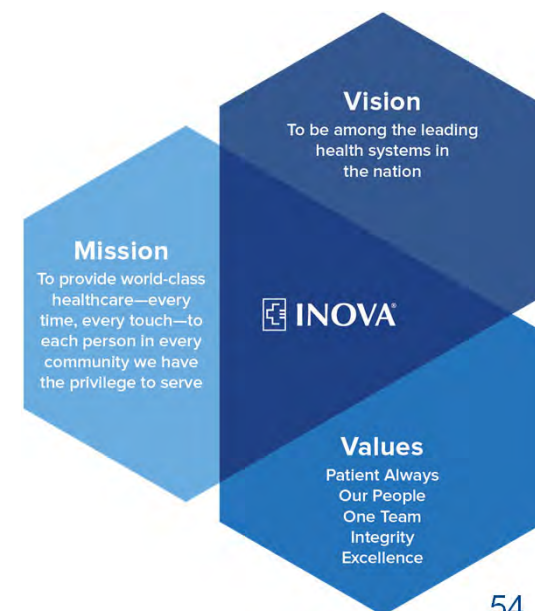


- Patients have the right to **communicate** in a language or manner they understand
- Respectful care, treatment, and medical services are provided, and patients are fully involved in their care
- All care is given with regard to the patient's beliefs, values, and personal preferences
- Patient centered care requires effective communication, which means that information is understood by all parties involved in care, AND understood thoroughly enough that the parties can use or act upon information exchanged
- Inadequate communication with patients/companions can lead to avoidable safety issues



Interpreter Policy Summary

- Any patient and/or companion who is limited English proficient or deaf or hard of hearing **must** be offered interpreter services or auxiliary aids **free of charge**
- **Friends and family** may not be used as interpreters. **If patient requests use of family member, a waiver will need to be signed and kept in the chart**
- Interpreter services must be provided by **trained** interpreters
- **Minor children** should **never** be used as interpreters



Interpreter Policy Summary



- In an **extreme emergency**, render any necessary and appropriate medical treatment and use your best efforts to provide the most effective communication possible until the interpreter arrives
- If the patient refuses interpreter services or auxiliary aids, emphasize that there is **no charge** for services and devices. Document patient refusal

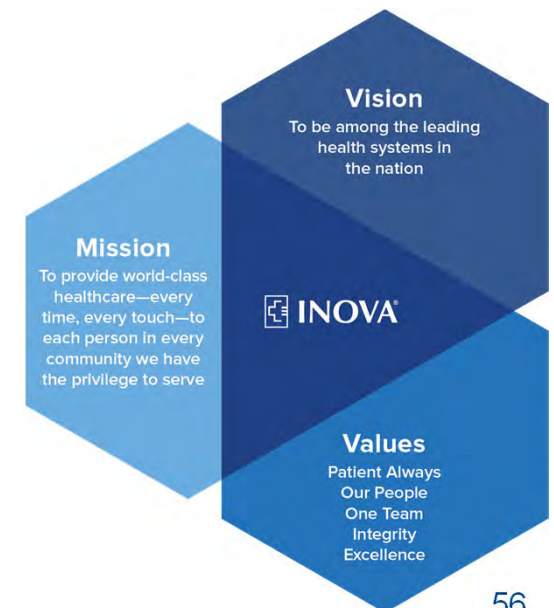


Fire Safety

- R- Rescue anyone in immediate danger
- A- Activate Alarm- also call hospital operator to announce fire code for each facility
- C- Contain -close doors and windows to contain fire
- E- Extinguish- extinguish if fire small/contained; evacuate as appropriate

Note: Only Inova Alexandria Hospital uses A-RACE;

- A- Alarm
- R- Rescue
- A- Alert
- C- Contain
- E- Extinguish & Evacuate



Plain Language Emergency Alerts



Inova uses Plain Language Alerts to communicate critical information and expected actions

Facility Alert

- Fire or Fire Drill – “facility alert + fire alarm + [location] + please avoid the area”
- Emergency Operations Plan Activation – “facility alert + emergency operations plan activation + begin unit-based procedures”
- Utility Outage – “facility alert + power outage + [location] + plug critical equipment into red plug outlets”

Security Alert

- Missing Child – “security alert + missing child + [description and last seen] + please report all suspicious activity to security”
- Active Violence – “security alert + hostile person with a weapon + last seen [location] + avoid the area”
- Temporary Restricted Access – “security alert + temporary restricted access + [area] + avoid the area”

Medical Alert

- Cardiac Arrest, Critically Unstable Patient – “medical emergency + [location]”
- Rapid Response Team – “rapid response team + [location]”
- STEMI, Stroke, Trauma, Neuro, Vascular, Precipitous Delivery – “[type] alert + [location]”

Emergency Alerts will be called more than once during an event

Overview - Reporting



**To report an emergency in your area,
dial your designated emergency number and follow these steps:**

State the Alert Type

for example: Facility Alert, Security Alert
or Medical Alert

State the Event Type

for example: Fire, Hostile Person with a
Weapon, or Missing Child

State the Specific Location

for example: (Facility Name), Emergency
Room Waiting Area or North Tower, 3rd
Floor

Designated Emergency Numbers:

- IAH: 5555
- IMVH: 5555
- IFOH: 5555
- ILH: 5555
- IFMC:
 - Medical: 5555 or
 - Security/Facility: 4911
- Non-hospital: 911

Examples of Previous Codes with Plain Language Alert Replacements



Facility Alerts	
Previous Code	Plain Language
Code Red	Fire Alarm
Code Cyber	System Wide Network Outage
Disaster Plan	Emergency Operations Plan now in effect
Evacuation	Evacuation
Downtime	Technology Interruption + (type)
Utility Outage	Utility Interruption + (type)
Tornado or Severe Storm	Severe Weather

Security Alerts	
Previous Code	Plain Language
Code Silver	Hostile Person(s) with Weapon
Code Black	Bomb Threat or Suspicious Package (not overhead paged)
Code Purple	Temporarily Restricted Access
Code Walker	Elopement
Code Pink	Missing Infant/Child
Code Strong	Security Assistance Requested

Medical Alerts	
Previous Code	Plain Language
Code Blue (IFMC) Code Alpha (ILH)	Trauma Full Activation
Code Yellow (IFMC) Code Bravo (ILH)	Trauma Modified Activation
Code White	Trauma - CPR Inbound
MSET	MSET Alert
RRT	Rapid Response
Code STEMI	STEMI Alert
Code Stroke, Stroke Alert	Stroke Alert
Vascular	Vascular Alert
Delivery Alert Code Stork	Delivery Alert
Code Neuro	Neuro Alert
Code Hemorrhage	Hemorrhage Alert

Plain Language Alerts took effect on April 11, 2019!

Compliance



You must report conduct that you believe violates healthcare rules and regulations, you must seek guidance when you are not sure about a compliance related issue and you must cooperate with compliance investigations. Choose the most comfortable or appropriate option:

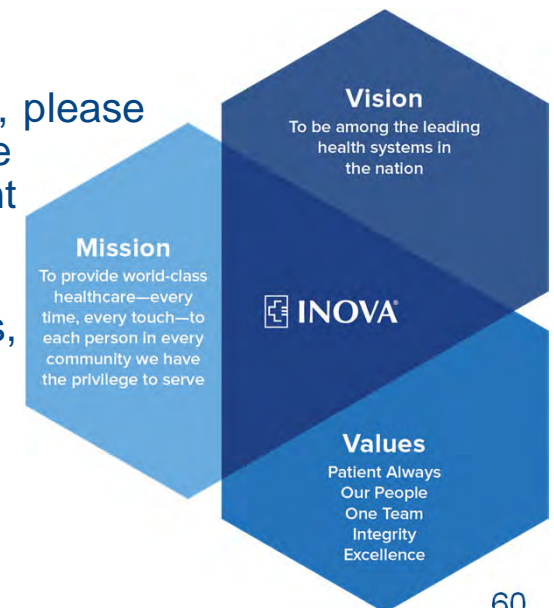
- Your facility's Department Chairman or President of the Medical Staff
- Your facility's Administrative Council

The Inova Health System Compliance Department located at Cambridge Ct.;

- ✓ Chief Compliance Officer 703-645-2781
- ✓ Internal Compliance Line 703-205-2337

If you are concerned about the safety and quality of care here at Inova, please address these concerns with your Department Chair, the Director of the Department, the Chief Medical Officer's office or the Quality Department

You may also address concerns through our internal reporting systems, including the Risk Management Department or Inova Compliance and Ethics Hotline 1-888-800-4030



HIPAA Privacy and Security



- Protected Health Information (PHI) includes all information contained in Inova records and can be used and disclosed without patient authorization for treatment, payment and healthcare operations (TPO) without patient authorization. All other uses or disclosures require patient authorization.
- The Privacy Rule requires role based access use and disclosure of PHI
- PHI may be shared with family and friends involved in a patient's care if the patient does not object
- Safeguards must be used to prevent unauthorized use or disclosure

Complaints or concerns?

Chief Privacy Officer 703-289-2460



Password Protection

- A strong password for your network account and other applications is a basic protection mechanism
- Two rules for stronger passwords:
 - Create a password at least eight characters in length
 - Password must contain each of the following:
 - Capital letter
 - Lowercase letter
 - Number
 - Special character (% , ^ , * , !)
- Remember, sharing your password with anyone is prohibited by Inova policy



Wi-Fi Networks

It is important to be aware that public Wi-Fi networks are unsecure.

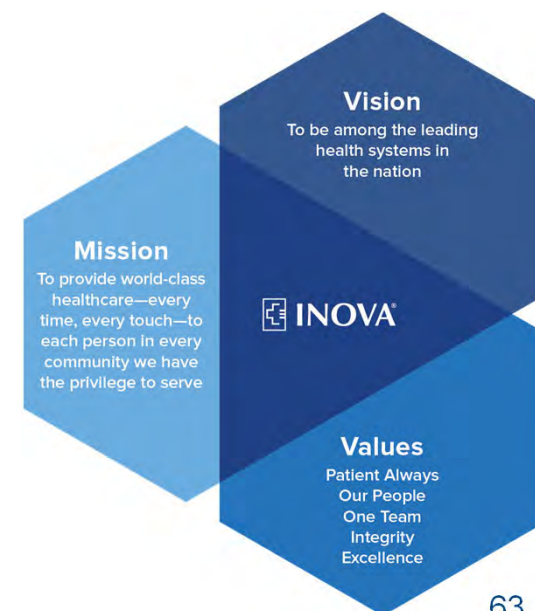
- Only use secured Wi-Fi networks such as your home Wi-Fi or Hotspot devices (e.g., your mobile phone or tablet) when accessing Inova data

Be Aware of Email Phishing

NEVER provide your password to anyone via email.

Be suspicious of any email that:

- Requests personal information
- Contains spelling and grammatical errors
- Is unexpected, or from a company or organization with whom you do not have a relationship
- Asks you to click on a link



The End

