Raising Awareness Through the Reporting of “Near Misses”
Rick Terkowski MSN, RN, CEN

A Code Blue has been called, you arrive on the unit to initiate ACLS protocols and find the patient needs a “STAT” cardiac cath. Your patient is whisked away when someone says “I think they are a DNR, not sure, can someone check?” The patient doesn’t have a DNR wristband, the chart is unavailable to you, and the computer system is in slow motion…Do you withhold care? Do you err on the side of caution? Bottom line, how did we get to this point. This scenario happened at CCH not long ago. The outcome was positive, however, could have easily become negative. Did an error occur, did someone not do their job, or was this a system wide process error?

The Institute for Medicine’s 1999 report To Err is Human, advocates for the submission, review, and trending of “Near Misses”. “Near Miss” reporting and investigation identifies possible safety or health hazards before they cause a more serious event. One of the best ways to avoid further events is to understand how an event occurred and how to avoid that type of event in the future. The goal is not to lay blame but to find out what happened and determine immediate and underlying root causes. Let’s define a “Near Miss” – an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Only through a fortunate break in the chain of events was an injury, fatality or damage prevented.

In reviewing “Near Misses”, human error commonly is an initiating event however the focus should always be on the faulty process or system that allows or compounds the situation. Taking a proactive approach is the focus for improvement. Employees are the heart of the “Near Miss” reporting program and they are the closest to recognizing potential hazards. Focusing on the lessons learned is key in the prevention of subsequent events, not who’s to blame.

At CCH, we use an electronic event reporting system, Midas, to capture our safety events. Although it is extremely helpful to leave your name with the event, it is not required. All names, patient and employee, are removed when discussions of the events occur. If you are unsure of submitting an event, submit it and let the patient Safety and Quality Department investigate it. You never know who else, somewhere else may be experiencing the same problem.

The reporting of “Near Misses” is also reviewed monthly by the Good Catch Committee in which one person is selected. The staff member receives an award certificate, “I Am Patient Safety” pin, and $100 bill for a Job Well Done. Those who are nominated but do not receive the award after 3 months are given an Honorable Mention certificate for a Job Well Done.
Focusing on Your Choices

John Mullin, Jr., CHPA, CHSS, Security Supervisor

While many people see multi-tasking as doing several things at once, others feel that this skill is a matter of quickly shifting your concentration from one thing to another. This second group would argue that people only focus on one thing at a time, but we can change this focus back and forth in a split second. When we fail to change our focus fast enough, or when we don’t devote enough concentration towards a certain task, we increase our chances of an accident.

Staying safe at work (as in life) depends on learning certain behaviors, practicing those behaviors, and—sometimes—having a little luck. Fortunately, much of this guidance has already been communicated to us in some manner. We have learned of safe patient handling, OSHA regulations, best practices, Joint Commission guidelines, and plain old common sense. We need to be cautious, however, about the enemies of safety: shortcuts, distractions, danger, unpredictability, and lack of experience are just a few of the things which could cause us harm.

Most would agree that it is unwise to run up concrete steps...with our hands full...wearing hard-soled shoes...while obsessing about why we are late. Although we know this can be dangerous, many of us are willing to risk it.

When gloves and goggles are provided for certain jobs, why do we sometimes rationalize not using this protective equipment? What is more important than our health and eyesight?

If we are engaging in a conversation with someone who appears to be upset, how far away from the person should we stand? Various experts will suggest at least 4-6 feet, but wouldn’t twice this distance be safer? After all, each foot of distance increases your reaction time for the unexpected.

Each of these three examples demonstrates a situation where an “enemy of safety” can affect the outcome. When we lose focus on safety, we are no longer taking an active role in our destiny. Rather, we are choosing the more reactionary route and, thus, increasing the chances that we will experience an unsafe event.

Consider how many accidents you have heard about within the past year. As you ponder this, count how many of these mis-haps occured while someone was engaged in a known dangerous activity such as riding a mountain bike down a steep trail, trying to remove something from a pet’s mouth, or conducting an experiment in a lab.

By comparison, think how often we have experienced a bad outcome when we were not expecting trouble. We were chopping vegetables while arguing with our children. We slipped on a patch of ice which was lurking in the shade. Or, we bumped into something because we were deep in thought and not watching where we were going.

I think you would have found that the more frequent occurrence was the one we were not expecting. While performing a task which we felt was routine, we became complacent. We allowed a mindset of safety to drift from our immediate thoughts and...WHAM!!
Patient Safety Accomplishments

Good Catch Award Winners
October- Kevin Ralph, RN, Operating Room
November– Jennifer Rowe, SurgTech, Operating Room
December- Okie Taylor, RN, 3T

Patient Falls
Congratulations to PINU for 218 days since their last patient fall.
Congratulations to Maternal Child and 3Tower for having the lowest CCH Falls Rate!

Handwashing Compliance
Congratulations to CCH for achieving 84% for the month of September 2014!

Tips When Using Safe Patient Handling Assistive Devices
Beverly Drake MSA, BSN, RN-BC

⇒ The bright green plastic P-Trans sheet should be used to re-position patients in bed; especially those at risk for skin tears and skin breakdown.
⇒ The smooth plastic decreases friction and shear, therefore, protecting the skin.
⇒ The P-Trans sheet is helpful with lateral transfers, e.g. from bed to stretcher, because the sheet is slippery, remove it after the transfer or when the re-positioning is complete.
⇒ Store the P-Trans by tucking it in at the foot of the mattress. You can re-use the p-trans for the same patient during his stay. Discard the P-Trans when the patient is discharged.

◊ Use the cloth green Re-Po sheet, that has the loops with a lift, when you need to reposition a bedridden patient or to do a bed to stretcher transfer.
◊ It may remain under the patient as a bed sheet. Send the sheet to Laundry for cleaning.

* Gait Belts give your patients a sense of security. Use them, they are great!
* Indications– patient at risk of falling, first time mobilizing, and as suggested on the patient communication board.
* Contraindications– recent abdominal, chest or back surgery, abdominal pain, feeding tubes, chest tubes, etc., abdominal aneurysm, and phobia regarding belts.
Bug Bytes:
Julie Musantry, MSN, RN, CEN
Charlee Faucette, MT(HEW)

Flu Facts

Influenza, aka The Flu, is a contagious respiratory illness caused by influenza virus. Most people experience a mild to moderate illness but flu can sometimes cause severe complications that require hospitalization and may even result in death. People over 65, children under the age of 5 (and especially those under 2 years old), pregnant women, and those with underlying medical conditions are at higher risk of severe complications. The Centers for Disease Control and Prevention (CDC) recommends immunization for all persons 6 months old and older who do not have any contraindications to the vaccines or their components.

The flu is not just a bad cold. Symptoms usually start suddenly and can include some, or all, of the following: fever (which can be high even in adults), cough, runny or stuffy nose, extreme fatigue, muscle and body aches, and headache. Some people, especially children, may also experience diarrhea. Symptoms generally last 3 days or so. If you have the flu, begin to feel better, and then symptoms return or worsen, be sure to contact your healthcare provider as you may be developing a serious complication like a sinus infection or pneumonia.

Influenza is a seasonal infection that usually circulates in our area from October to April but may begin earlier and can continue into May. You may have heard on the news that this year’s flu vaccine does not exactly match the strain of flu that is currently circulating. It is important to know that even vaccines that are not an exact match still provide protection. Although you may still get mild symptoms, immunization helps prevent more serious illness and other complications like pneumonia. If you do develop symptoms of the flu, contact your healthcare provider to see if anti-viral medications like Tamiflu or Relenza would benefit you.

Other common sense steps can also help prevent the spread of influenza. Clean your hands often! Flu germs can be picked up on your hands and then transmitted to you or others. Practice good “cough etiquette” by covering your mouth when you cough... cough into you elbow or a tissue – not your hand. Then be sure to dispose of used tissues in the trash. Avoid close contact with people who appear to be sick and if you have the flu, stay home from work or school to prevent exposing others.

TJC Sentinel Alert: IV Line Tracing
Robert Wambold BSN, RN

In response to an alert issued by the joint commission, Chester County Hospital has initiated a new policy and procedure entitled Infusion Line Tracing. The alert was issued due to instances nationwide in which improperly connected infusions caused patient harm or deaths. We at Chester County Hospital have not been immune to this problem and this caused a review of our procedures by the Medication Safety Committee.

The policy is available on line and can be reviewed in a relatively short period of time. It addresses how the IV infusion lines should be labeled. While most will be labeled, the policy does note that maintenance fluids without additives do not need to be labeled. Labels are now available in all departments and periodic reviews will be done to assess compliance with the policy. The red labels that have been available for use with Heparin will remain available at this time.

The second important aspect of this policy is the emphasis on tracing these lines by the RN’s caring for the patients. Infusion lines should be traced at shift change during handoff. They should also be traced whenever any infusion is initiated. Labels should be placed close to the drug being infused and near the patient access.