NATIONAL PATIENT SAFETY GOALS

REPORTING QUALITY AND SAFETY CONCERNS

PROTECTION OF PATIENTS FROM ABUSE AND NEGLECT

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The Joint Commission National Patient Safety Goals

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National Patient Safety Goals

- Identify patients correctly
  - ALWAYS use two patient identifiers: **ASK** the patient their name & DOB **AND** check their ID band)
    - *Every patient – Every time!*
    - CORRECT: "Can you please tell me your Name and Date of Birth"
    - INCORRECT: Are you Mr/Mrs … ?
- Improve staff communication
  - Communicate important test results to the right staff person on time
- Use medicines safely
  - Label all medications that are not already labeled
  - Pay attention to patients who are on blood thinners
  - Have a complete list of a patient's current medication list
- Use alarms safely
  - Place, listen for, and respond to alarms
- Prevent infection
  - Always follow Hand Hygiene protocol
    - *Every patient – Every time!*
- Identify patient safety risks
  - Reduce the risk of suicide and falls
- Prevent mistakes in surgery
  - Correct patient, procedure, site (mark surgical site)
  - Full-stop and complete attention during time-outs

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What do all the **Colors** mean?

Allergy

•This notifies staff that the patient has allergies.

Fall Risk

•This notifies staff that the patient is at risk for falling; follow appropriate falls protocols.

DNR

- This alerts staff that the patient is NOT to be resuscitated if a code blue situation should occur.
- Colored bands should be on the same arm as the patient ID band and *all other non CMC ID bands should be removed upon admission*.

Quality and Safety Concerns

Please report quality and safety concerns and near miss events by using the 2BSafe Incident Event Entry form found on CMC's intranet page.

At any time …

You may express your concerns about the hospital's safety or quality of care to The Joint Commission without concern of punitive or disciplinary action.

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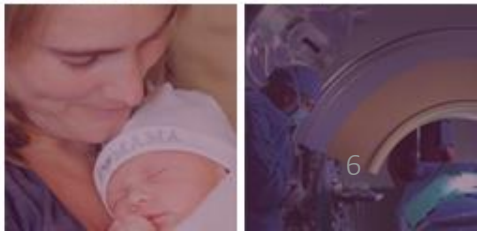
Protection of Patients from Abuse and/or Neglect



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Your role in Reporting Abuse

- Individuals required to report suspected and/or actual cases include but are not limited to nurses, physicians, other health care professionals, social workers, clergy and law enforcement officials. (RSA 161-F, RSA 169-C)
- Any hospital employee suspecting child or adult abuse, neglect or exploitation or adult self-neglect must immediately report it to the physician and the Leadership. (RSA 161-F, RSA 169-C) (Refer to the chain of command policy in the administrative manual)

CMC Abuse Standards:

- Patients are protected from abuse & neglect of all forms, whether from staff, other patients, family, or visitors.
- Suspected and/or actual abuse, neglect, or exploitation of children, incapacitated adults and elders, noted on admission or occurring during the period of hospitalization requires mandated reporting to the appropriate agency(ies).

CMC Abuse Standards:

- Abuse is defined as the systemic pattern of behaviors in a relationship that are used to gain and/or maintain power and control over another. Types of abuse may be: physical, verbal, psychological, emotional, intellectual/ spiritual, financial, or sexual.
- Neglect includes: an act of omission which results in psychological or physical injury - failure to provide for appropriate and sufficient food, patient attire, hygiene, safety, and routine and specific treatments according to the individual's plan of care.

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Identifying potential signs of abuse

- Unexplained wounds, bruising , and/or burns at different stages of healing with conflicting stories of how injury occurred
- Sleep problems (nightmares, insomnia)
- Appetite disturbance (malnutrition/ excessive weight gain)
- Delayed development
- Somatic complaints (headaches, stomachaches)
- Poor hygiene
- Phobias/ obsessions
- Suicidal ideation (low self esteem/ confidence)
- Changes in behavior (depression, anxiety, social withdrawal, regression)
- Compulsive and repetitive acts for self soothing and control
- Inappropriately aggressive, destructive, cruel to others
- Poor concentration/ attention
- Anxiety
- Fear of adults/ parents/ caregivers or going home

Non-Employee Allegation

- All suspected abuse, neglect, or harassment by non-hospital staff is referred to social services.
- All suspected abuse, neglect, or harassment by hospital staff is reported to Department Director, Nursing Administration and Human Resources.

Employee Allegation of Abuse

- RN completes assessment and notifies the supervisor (Refer to Chain of Command Policy in the Administrative Manual).
- Remove employee immediately.
- Action plan to be determined and carried out.
  - RN/ provider performs detailed physical assessment of patient.
  - All patients cared for by staff member assessed.
  - Detailed occurrence report completed.
- Investigation and disciplinary action to follow as appropriate.
- See policy in Administrative Manual

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Thank you

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