

SAFETY CULTURE

How do you verify the identity of a patient prior to a procedure or treatment?

Answer:

- **Ask patient to provide first and last name and DOB and what procedure/ treatment they are undergoing (verifies they have consented to the right procedure/treatment)**

How does your team report, review and follow up with near misses and other safety incidents?

Answer:

- **Report: Incident Learning System**
- **Review/Follow-up: Manager, Professional Practice, safety huddles**

How does your team share information about safety issues?

Answer:

- **Manager**
- **Safety huddles**

Where do you find information regarding ethical decision-making? Who is the Bioethicist at the TBRHSC?

Answer:

- **Intranet under Quality and Risk Management department site**
- **Michelle Allain**

What quality improvement activities are happening in your program/unit/department?

Answer:

Open forum

COMMUNICATION

Why is it important to identify patients before providing any service?

Answer:

- **Reduce patient harm (avoid wrong medication/ procedure/ labelling of specimen)**

What documentation tools and communication strategies are used to standardize information at transfer?

Answer:

- **SBAR completed via Meditech**
- **Verbal hand over**
- **Shift reports**

Is there a “Do Not Use” abbreviation list?
How would nurses know which medications are on the list?

Answer:

- **Located on the iNtranet**

What education have you received related to Medication Reconciliation?

Answer:

- **Annual review on dual code**
- **If unsure can ask pharmacy**

What is your role in Medication Reconciliation?

Answer:

- **Open forum based on profession**

MEDICATION USE

What are some high-alert medications that you use in the unit?

Answer:

- **Narcotics**
- **Insulin**
- **Blood thinners**

How do you receive information and ensure on-going competence and training on the safe use of infusion pumps?

Answer:

- **Annual review of competency checklist**
- **Can seek further education/training from either CNS or IPE**

How do you receive information and training on medication safety?

Answer:

- **Dual code- Safe handling of hazardous drugs**
- **Safety huddles**
- **Policies/ Procedures**
- **CNS**

What safeguards are in place on your unit to minimize the risk of high-alert medication errors?

Answer:

- **Independent double check**
- **Omniceil (orders are entered by pharmacist)**
- **Infusion pumps (smart pumps)**

How often is the medication room audited?

How are the audit results shared?

Answer:

- **Annually**
- **Pharmacy/Manager**

WORKLIFE/WORKFORCE

How do you report an incident or problem involving a medical device, equipment, supplies, or technology?

Answer:

- **Issues and repairs are submitted via the intranet or via Expeditor or direct pending emergency**
- **Status of work orders are tracked, updated, and closed**
- **Equipment servicing records overseen by other departments are retained by them (i.e. DI, Medical Physics, Informatics, etc.)**
- **Incidents are reported through the Incident Learning System.**

What does the organization do to prevent workplace violence?

Answer:

- **Nonviolent crisis intervention (NVCi) training is mandatory for all Mental Health areas, ED, Renal and 2B. Optional NVCi training is available to all staff within the hospital**
- **Education provided to all new employees at general orientation re: violence prevention**
- **Annual mandatory review of violence prevention workplace policy and protocols.**
- **Online annual mandatory review of module Universal Behaviour Precautions Approach for all staff; Restraint Applications Training for clinical areas; workplace violence policy and harassment for all staff**

Who do you talk to if you experienced unacceptable behaviour from a patient?

Answer:

- **Talk to the manager, supervisor, after-hours coordinator (after hour incidents)**
- **Submit a report in the patient safety and or OHS console**

How does your unit communicate its number of available beds and discharges?

Answer:

- **Discharge planning rounds are held daily on all inpatient units to support safe care transitions**
- **A bed meeting is held each day and attended by representatives from each unit.**

What do you do on your unit to improve patient flow?

Answer:

- **Corporate Patient Flow Office and designated personnel including Patient Flow Coordinators and Indigenous Care Coordinators**
- **External system partnerships (Transitional Care Unit)**

INFECTION CONTROL

What are the 4 moments of hand hygiene?

Answer:

1) Before initial patient/patient environment contact, 2) Before aseptic procedure, 3) After body fluid exposure risk, 4) After patient/patient environment contact

What training or education have you received on hand hygiene?

Answer:

- **At orientation**
- **Yearly through Dual Code**
- **Real-time education during audits**
- **Unit posters**

How does the hospital measure compliance with hand washing?

Do you know the compliance in your area? The hospital?

Answer:

- **Hand hygiene audits occur on various units each month. Audits are conducted by Infection Prevention and Control staff using RL software. Team members and volunteers are observed During moments 1 and 4.**
- **Manager or Quality board will provide this information**

How do you know if your unit is in outbreak for a given infectious agent?

Who provides the information and instruction to you?

Answer:

- **Signage posted on outbreak unit, hospital and departmental communications;**
- **Checklists and instructions posted in unit / work area; safety huddles; IPAC / manager / educator led meetings, hospital and departmental communications;**

How are infection rates monitored?

Answer:

- **Infection Prevention and Control (IPAC) team tracks rates of MRSA (Methicillin Resistant Staphylococcus aureus), VRE (Vancomycin Resistant Enterococcus) and CDI (Clostridium difficile Infection). Patients diagnosed with Mycobacterium tuberculosis are also monitored.**
- **TBRHSC tracks and reports surgical site infections for caesarean sections, hip and knee arthroplasties, and open heart surgery. The IPAC team conducts Central Line Associated Blood Stream Infection (CLABSI) and Ventilator Associated Pneumonia surveillance on ICU patients.**
- **All units are monitored for increased trends of respiratory and gastrointestinal infections as well as antibiotic resistant infections such as MRSA and VRE. If required, outbreaks are declared in conjunction with the TBDHU and the TBRHSC Outbreak Team. Outbreak management can involve prevalence testing, appropriate patient management, staff cohorting, unit level restrictions and relevant communications.**

Risk Assessment

How is a patient identified as a fall risk?

Answer:

- **Orange wristband**
- **White board**

What falls prevention education exists for team members and patients/families?

Answer:

- **Handout CS-PTED-PCS 11, 'Am I at risk of a fall' can be provided to patient and family**
- **New nursing hires are required to complete the online Falls e-learning module.**

What training do you receive to prevent pressure ulcers?

Answer:

- **Education sessions for staff**
- **Wounds CNS and Wound Specialist Nurses available for consultation**
- **Prevalence and Incidence surveys twice per year**
- **Monthly chart audits**
- **Investment in new mattress and bed stock**

In terms of pressure ulcer prevention, what does the acronym sskin stand for?

Answer:

- **Braden skin** assessment
- **Surface**
- **Keep Moving**
- **Incontinence/Moisture**
- **Nutrition**

What information do you provide to patients and families on the risk of venous thromboembolism (VTE)?

Answer:

- **Pulmonary Embolism / Deep Vein Thrombosis Patient Oriented Education Tool**