



Important Considerations:

It is important to regularly review your general liability insurance, workers' compensation insurance, and any other necessary insurance policies to assure that appropriate coverage is in place for your health center.

Overview

- ▶ Environment of care (EOC) standards are intended to promote a safe patient care environment
- ▶ EOC safety programs must address both patient safety and healthcare worker safety
- ▶ Support from management/administration and staff training are critical components of EOC safety programs
- ▶ A robust risk management program addresses EOC issues

3

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Increasing risks in the outpatient setting:

- ▶ With ACO implementation, there will be more patients with access to care
- ▶ With an aging population, obesity epidemic, and an increase in prevalence of chronic conditions—diabetes, heart disease, asthma, hypertension—your risk management program should address EOC issues
- ▶ FTCA provides coverage only for personal injury (including death) resulting from the performance of medical, surgical, dental, or related functions which constitute medical malpractice
- ▶ Other types of insurance are necessary (workers' compensation, general liability)

4

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Some solutions

- ▶ Leadership focus and support
- ▶ Employee engagement
- ▶ Patient focus/centeredness
- ▶ Work redesign and process improvement
- ▶ Culture change/culture of safety
- ▶ Evidence based practices
- ▶ Risk management program includes environment of care and environmental safety
- ▶ Emphasis on reporting and learning
- ▶ Training

5

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Safety challenges in the outpatient environment of care

- ▶ General environmental hazards
- ▶ Hazardous materials
- ▶ Equipment issues
- ▶ Infection prevention
- ▶ Expired medications and supplies
- ▶ Safe patient handling
- ▶ Violence



6

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What to do?

- ▶ Begin with a risk assessment
- ▶ Establish priorities
- ▶ Raise staff awareness through training
- ▶ Implement an internal reporting system
- ▶ Develop a safety plan addressing priority areas initially
- ▶ Implement regular inspections
- ▶ Invest in safety equipment and systems
- ▶ Align incentives to promote safety

7

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General environmental hazards: slips, trips and falls

- ▶ Cords
- ▶ Stray equipment
- ▶ Flooring defects
- ▶ Open file drawers
- ▶ Slippery surfaces
- ▶ Steps

8

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General environmental hazards: poor or deferred maintenance

- ▶ Flooring
- ▶ Leaks
- ▶ Furniture



9

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General environmental hazards: poor layout

- ▶ Clutter
- ▶ Poor placement of furniture
- ▶ “Blind” intersections



10

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Preventing patient falls

- ▶ Handrails
- ▶ Ramp access
- ▶ No loose carpet or runners
- ▶ Immediate attention to spills
- ▶ Adequate lighting (auto sensor light)
- ▶ Wheelchairs in working order



11

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Preventing falls

- ▶ Implement effective fall prevention and protection technologies
- ▶ Improve the work safety culture
- ▶ Encourage continuous education of the workforce



12 /<http://www.cdc.gov/niosh/topics/falls>

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Hazardous materials

- ▶ Storage & transport
- ▶ Access control
- ▶ Labeling
- ▶ Types:
 - Cleaning supplies
 - Medical waste
 - Specimens



13

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Equipment safety

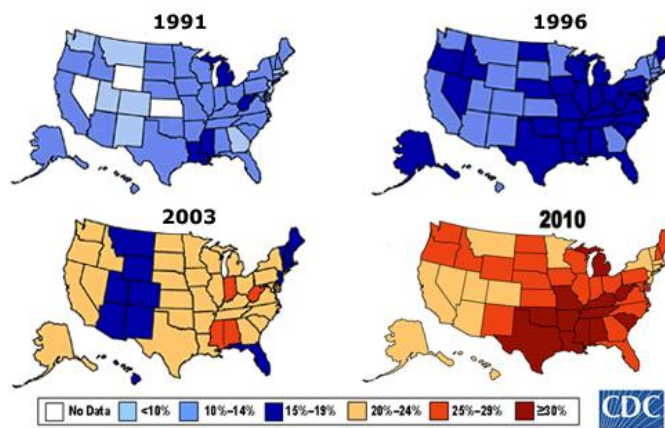
- ▶ Training prior to first use
- ▶ Proper usage
- ▶ Storage
- ▶ Access control
- ▶ Maintenance



14

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Safe patient handling: the obesity epidemic in perspective



15

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Considerations for managing obese patients

- ▶ Prepare equipment and furnishings in care areas
- ▶ Ensure examination tables are designed to withstand the individual's weight
- ▶ Have high-capacity weight scales
- ▶ Ensure staff members are familiar with safe patient lifting and handling strategies
 - Gait belts
 - Mobile lifts
- ▶ Allow sufficient room space and doorway widths to accommodate larger equipment

16

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Safe patient handling

- ▶ Training
- ▶ Lift equipment
- ▶ Screening of patients
- ▶ Core strengthening for employees



17

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Equipment considerations for bariatric patients

- ▶ Exam tables
- ▶ Wheelchairs
- ▶ Scales
- ▶ Blood pressure cuffs
- ▶ Exam gowns
- ▶ Handled urine collection cups
- ▶ Large size speculums
- ▶ Phlebotomy needles



18

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Facility considerations

Parking and Office Entry

- ▶ Ample number of handicap parking spaces
- ▶ Doorway clearances to accommodate large patients, as well as any equipment (e.g. wheelchair, walkers, scooters) accompanying the patient
- ▶ Ramps and handrails at entrances



Waiting Room

- ▶ Sturdy, oversized or armless chairs
- ▶ Weight-sensitive reading material (e.g. magazines that feature healthy lifestyles and positive images of larger people, patient education materials that address obesity in a sensitive manner)

19

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Facility considerations

Restrooms

- ▶ Floor-mounted bariatric toilets
- ▶ Grab bars, with adequate load capacity, next to toilets
- ▶ Sufficient space to accommodate a large individual and any assistive equipment (e.g. walker)



20

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Facility considerations

Exam Rooms

- ▶ Large examination tables (preferably with hydraulic lifts so tables can be lowered to allow easy access) bolted to the floor to prevent tipping
- ▶ Stepstool with handle for exam table access
- ▶ Sturdy, oversized or armless chairs
- ▶ Sufficient space to accommodate an obese patient, a family member (who may also be obese), a healthcare practitioner, and specially designed bariatric equipment



21

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Infection prevention

- ▶ Communicable diseases – screening
- ▶ Hand hygiene
- ▶ Cleaning of equipment, supplies, furniture
- ▶ Specimen collection & handling
- ▶ Sharps storage & disposal
- ▶ Medical waste disposal



22

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Hand hygiene

- ▶ Educate staff and patients
 - Proper hand hygiene practices; when to use alcohol-based handrub vs. soap and water (do not use handrubs for patient with c-diff)
 - Using gloves does not eliminate need to wash hands
- ▶ Place alcohol-based sanitizer in patient care rooms, waiting areas, and other convenient locations and use the appropriate fire safety precautions
- ▶ Post hand hygiene reminders throughout the health center
- ▶ Monitor hand hygiene practices to ensure compliance
- ▶ Encourage patients to remind providers to wash their hands

23

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Precautions: Hand Rub Dispensers

- ▶ Alcohol-based hand rub dispensers shall be installed in rooms or spaces separated from corridors and exits
- ▶ The dispensers shall not be installed over or directly adjacent to an ignition source
- ▶ The maximum individual dispenser fluid capacity shall be as follows:
 - 0.32 gal (1.2L) for dispensers in rooms
 - 0.53 gal (2.0L) for dispensers in suites of rooms
- ▶ The dispensers shall be separated from each other by horizontal spacing of not less than 2 feet or 48 inches
- ▶ Dispensers installed directly over carpeted floors shall be permitted only in rooms or spaces that are equipped with an automatic sprinkler system

24

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Hand hygiene resources

- ▶ CDC Hand Hygiene in Healthcare Settings:
<http://www.cdc.gov/handhygiene/>.
- ▶ World Health Organization
 - Clean Care Is Safer Care: <http://www.who.int/gpsc/tools/en/>.
 - 5 Moments for Hand Hygiene:
<http://www.who.int/gpsc/5may/background/5moments/en/index.html>.
- ▶ ECRI's Clinical Risk Management Program website:
clinical_rm_program@ecri.org.
 - Hand Hygiene (guidance article)
 - Hand Hygiene Training Program

25

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Remind your patients: infection control starts with YOU

- ▶ Post signs in restrooms and public areas
 - Include signs in common languages spoken by patients
 - Use illustrations
- ▶ Provide patient education materials on immunizations
- ▶ Educate patients on transmission of TB, HIV, hepatitis, and other communicable diseases

26

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Cleaning equipment, supplies, and furniture

- ▶ Medical equipment (stethoscopes, scales, examination tables)
- ▶ High-traffic areas (doorknobs, light switches, telephones)
- ▶ Waiting room chairs, surfaces
- ▶ Refrigerators and freezers
- ▶ Computer keyboards
- ▶ Mobile phones, tablets

❖ Use EPA-registered disinfectants:
<http://www.epa.gov/oppad001/chemregindex.htm>.

27

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Expired Medications and/or Medical Supplies

- ▶ Review sample medications and supplies regularly for expiration dates
- ▶ Maintain policies and procedures for proper acquisition, storage, and inventory management
- ▶ Shelf items so that labels are forward and readable



28

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Sample medications, tracking, storing, and securing:

- ▶ Document dispensing samples in the patient's record
 - Name of medication
 - Strength
 - Instructions for use
 - Duration of therapy
- ▶ Label samples with prescribing information
- ▶ Maintain records so patients can be contacted in the event the medication is recalled
- ▶ Do not store medications with different routes of administration together
- ▶ Secure all sample medications

29

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Dental safety considerations

- ▶ Check all dental equipment to ensure that handpieces hold burrs securely
- ▶ Use a rubber dam to reduce the risk of ingestion or aspiration
- ▶ Ensure packaged instruments are not expired
- ▶ No expired medications or supplies
- ▶ Cabinets/drawers/shelves organized and clean
- ▶ Sharps containers and medical waste bins are not full
- ▶ All chemical items properly labeled



30

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Dental safety policy considerations

- ▶ Infection control policy
 - Water contamination control
 - Surface covers
- ▶ Hazard control policy
 - Universal precautions
 - Material Safety Data Sheets (MDS)
- ▶ Exposure control policy
 - Bloodborne pathogen management
 - Biomedical waste management



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31

Maintaining an aseptic environment

- ▶ Instrument sterilization
 - Acceptable sterilization methods (steam, dry heat, chemical)
- ▶ Monitor sterilization equipment (spore testing) and verify that sterilization has occurred
- ▶ Keep all equipment in good working order
- ▶ Single use items are not to be reused
- ▶ Chemical spill protocol



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32

Violence

- ▶ Security systems
 - Training & awareness
 - Alarm systems
 - Security service
 - Cameras
 - Panic buttons
 - Protocols
 - Practice



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Patient violence: who are you seeing in your health center?

- ▶ Behavioral health patients
- ▶ Patients seeking narcotics
- ▶ Victims of domestic abuse
- ▶ Other issues
 - Long wait times
 - Patients angry that needs are not being met
 - Angry family members
 - Health centers in areas with high crime activity

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34

Violence prevention program: key steps

- ▶ Conduct a risk assessment
- ▶ Based on the assessment, develop or refine policies
- ▶ Implement necessary physical or access controls
- ▶ Encourage employee reporting of threats or suspicions
- ▶ Conduct staff training
- ❖ **Management and administrative support is critical!**



35

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Signs of potentially violent individuals

- ▶ History of violence
- ▶ Rapid pacing
- ▶ Excessive fidgeting
- ▶ Restlessness
- ▶ Shouting
- ▶ Loud or profane speech
- ▶ Depression
- ▶ Paranoia

36

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Signs of potentially violent individuals (cont.)

- ▶ Intoxication
- ▶ Drug seeking behavior
- ▶ Attempts to access restricted areas
- ▶ Tension (clenched fists/jaw)
- ▶ Defensive behavior
- ▶ Agitation (pounding fists)
- ▶ Refusal to follow directions

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Staff training

- ▶ Recognizing potentially violent individuals
- ▶ Recognizing escalating behavior
- ▶ Recognizing gang members
- ▶ Violence de-escalation techniques
- ▶ Self defense
- ▶ Situational awareness



38

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Staff training (cont.)

- ▶ Health center policies
- ▶ Procedures for reporting
- ▶ Importance of informing supervisors of domestic problems
- ▶ Response to violence:
 - Notifying the police
 - Notifying managers or security
 - Activating codes
 - Responding to alarms



39

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What does success look like?

- ▶ Highly visible, engaged and committed leadership
- ▶ Relentless focus on safety without silos: patients vs. staff vs. visitors vs. contractors
- ▶ Modeling of safety behavior and teamwork by respected clinical and operational leaders
- ▶ Training on error prevention techniques and tools
- ▶ Appropriate rewards and recognition related to safety
- ▶ Front line engagement
- ▶ Focus on learning
- ▶ Emphasis on reporting and transparency
- ▶ Just culture with accountability infrastructure

40

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- ▶ Galt, K., Rule, A., Clark, B.E., Bramble, J.D., Taylor, W., Moores, K.G. **Advances in Patient Safety: From Research to Implementation (Volume 1: Research Findings). Best Practices in Medication Safety: Areas for Improvement in the Primary Care Physician's Office**, Bookshelf ID: NBK20460P MID: 21249798; at: <http://www.ncbi.nlm.nih.gov/books/NBK20460/>
- ▶ National Fire Protection Association (NFPA) Life Safety Code- 14.3.2.4

▶ **THANK YOU**