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

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)
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

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
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

General environmental hazards: slips, trips and falls

- Cords
- Stray equipment
- Flooring defects
- Open file drawers
- Slippery surfaces
- Steps
General environmental hazards: poor or deferred maintenance

- Flooring
- Leaks
- Furniture

General environmental hazards: poor layout

- Clutter
- Poor placement of furniture
- “Blind” intersections
Preventing patient falls

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

Preventing falls

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

http://www.cdc.gov/niosh/topics/falls
Hazardous materials

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

Equipment safety

- Training prior to first use
- Proper usage
- Storage
- Access control
- Maintenance
Safe patient handling: the obesity epidemic in perspective

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
Safe patient handling

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

Equipment considerations for bariatric patients

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

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)
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

Infection prevention

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

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
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

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
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


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
- Shelve items so that labels are forward and readable
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

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
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

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
Violence

● Security systems
  ■ Training & awareness
  ■ Alarm systems
  ■ Security service
  ■ Cameras
  ■ Panic buttons
  ■ Protocols
  ■ Practice

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
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!

Signs of potentially violent individuals

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

Staff training

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

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
References

- National Fire Protection Association (NFPA) Life Safety Code - 14.3.2.4

THANK YOU