

<b>SUBJECT:</b> <b>PATIENT SAFETY PLAN</b>	<b>SECTION:</b> <b><i>Leadership (LD)</i></b> <b>Page 1 of 7</b>
---	--

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**PURPOSE:**

To establish an organizational-wide patient safety plan that promotes a culture of quality and patient safety.

**POLICY:**

To provide a systematic, coordinated and continuous approach to the maintenance and improvement of patient safety throughout the organization. This will be accomplished through the establishment of a Patient Safety Committee whose responsibilities will be to:

- Support effective responses to Patient Safety Events;
- Integrate patient safety as a priority into new processes and the redesign of existing processes, functions, and services;
- Minimize individual blame or retribution for involvement in a patient safety event and reporting;
- Champion organization-wide education related to safety, risk reduction, and reporting of potential unsafe events or adverse outcomes;
- Promote an ongoing proactive approach to reducing risk.

**AFFECTED AREAS/PERSONNEL:**

*ALL EMPLOYEES, MEDICAL STAFF, CONTRACTORS, STUDENTS, VOLUNTEERS.*

**DEFINITION:**

**Patient Safety Event:** An adverse sentinel or potential adverse sentinel event, as described in HSC § 1279.1(b), that is determined to be preventable, e.g. to include misconnection of intravenous, enteral and epidural lines as well as preventable healthcare-associated infections (HAIs) as defined by the National Healthcare Safety Network or the Healthcare Associated Infection Advisory Committee. Refer to House-wide Policy & Procedures: *Patient Safety Event, and Serious Clinical Adverse Event.*

**CORE PRINCIPLES AND RESPONSIBILITIES:****A. Performance Improvement and Patient Safety Committee (PIPS)**

1. The Board of Directors has the ultimate authority and responsibility to require and support a patient safety program. The meetings, records, data gathered and reports generated by the Patient Safety Committee shall be protected by the peer review privilege set forth at California Evidence Code, Section §1157.

SUBJECT:

**PATIENT SAFETY PLAN**

SECTION:

*Leadership (LD)*

Page 2 of 7

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

2. The Performance Improvement/Patient Safety (PIPS) Committee shall take a coordinated and collaborative approach to improving patient safety. The Committee shall seek input from other committees, departments and disciplines in establishing and assessing processes and systems that may impact patient safety in the organization.
3. The PIPS Committee shall recognize and reinforce that members of the medical staff are responsible for making medical treatment decisions for their patients.

### Membership:

The Patient Safety Committee will report to the PIPS Committee quarterly. The Patient Safety Committee consists of the following members and others as the committee may call on, to accomplish specific goals and objectives within the authorized scope of activities outlined herein:

- Vice President of Quality and Regulatory Affairs (Executive Sponsor)
- Patient Safety Nurse
- Wound Care Nurse
- Director of Pharmacy
- Maternal Child Healthcare representative
- Medical Surgical Nursing Unit representative
- Critical Care Services representative
- Surgical Services representative
- Emergency Department representative
- Imaging representative
- Laboratory representative
- Senior Leadership Team
- Physician representation

### Responsibilities:

The Patient Safety Committee will meet at least quarterly, shall maintain a record of its proceedings and activities, and shall report findings, conclusions, recommendations and follow-up to Performance Improvement/Patient Safety Committee, Medical Executive Committee and the Board of Directors.

The Committee will do all of the following:

Receive and review reports of patient safety events to include, but not limited to:

- a. All serious clinical adverse events (Patient Safety Events). (Refer to House-wide policy: *Serious Clinical Adverse Event*).
- b. Hospital acquired infections (HAI) that are determined to be preventable. (Refer to House-wide policy, Infection Prevention Plan).

Monitor implementation of corrective actions for patient safety events.

SUBJECT: <b>PATIENT SAFETY PLAN</b>	SECTION: <i>Leadership (LD)</i> <b>Page 3 of 7</b>
--	--

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

Make recommendations to eliminate future patient safety events. The Patient Safety Committee has adopted the failure mode and effects analysis model for proactive process redesign.

Review and revise the Patient Safety Plan at least annually and more often if necessary to evaluate and update the patient safety plan and to incorporate advancements in patient safety practices.

B. Reporting System for Patient Safety Events

The facility has established a reporting system for patient safety events that allows anyone involved, including, but not limited to, healthcare practitioners, employees, patients and visitors, to make a report of a patient safety event to the hospital. Refer to House-wide policy, *Serious Clinical Adverse Event*. Reports may be made anonymously. The reporting system will track information such as age, race, ethnicity, gender identity, sexual orientation, preferred language spoken, disability status, payor and sex (if available). Such identifiers will be used to determine trends and any disparities.

C. Analysis of Adverse Events

The facility has defined and established a policy that outlines the actions to be taken in response to an adverse event. (Refer to House-wide policies *Patient Safety Event* and *Serious Clinical Adverse Event*). The facility follows the practice of BETA HEART and involves a multidisciplinary team review process including but not limited to physicians, pharmacy, nursing, quality, and patient safety officer.

D. Culture of Safety

Sierra View Medical Center has adopted a just culture model that supports and encourages occurrence reporting, whereby enabling the hospital to carry out its responsibility for providing quality care in a safe environment.

E. Education and Training

Staff and healthcare practitioners receive education and training on hire and during initial and annual orientation on issues regarding job-related aspects of patient safety, including Just Culture and Systems Theory. Additionally, staff have participated in cultural sensitivity training and the reporting of such events. Records of such education are maintained.

F. Disclosure

Patients, and when appropriate, their families, are to be informed about the outcomes of care, including unanticipated outcomes, or when the outcomes differ significantly from the anticipated outcomes. (Refer to House-wide policy and procedures, *Serious Clinical Adverse Event*).

G. National Patient Safety Goals

SUBJECT: <b>PATIENT SAFETY PLAN</b>	SECTION: <b>Leadership (LD)</b>
--	------------------------------------

Page 4 of 7

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

Implement the Joint Commission recommended goals through education and monitoring activities to ensure compliance with the standards.

H. Leadership (LD 03.01.01)

Consider information from patient, family, staff and other individuals related to their opinions, needs and perceptions of risks to patients and suggestions for improving patient safety.

SCOPE OF ACTIVITIES

Performance/Quality Improvement

1. Establish measurable objectives for improving patient safety and quality. Measurable objectives shall be based on the elements of patient safety and error reduction, which are described in this plan.
2. Review and disseminate available information about the Joint Commission Sentinel Event Alerts. Review current process and analyze recommendations listed in the Sentinel Event Alert. Implement appropriate action to improve processes related to patient safety.
3. Assure that prioritization is given to those events and processes most closely associated with patient safety when developing the organizational measurement program and in selecting specific improvement activities.
4. Assure that when organizational processes are designed or redesigned, information from other organizations related to potential risk to patient safety, including occurrence of sentinel events, is reviewed and risk reduction strategies are incorporated.
5. Perform a Healthcare Failure Mode Effect Analysis (HFMEA) as required and selected based on information published by the Joint Commission related to patient safety and medical errors and/or through identification of a high-risk problem prone process.

Patient Safety

1. Perform an annual risk assessment and prioritize goals in collaboration with hospital leaders to reduce the risk of patient safety events. (Refer to House wide Policy & Procedure, *Risk Management Plan*).
2. Develop an organization-wide approach to the reporting and evaluation of unusual occurrences.
3. Review all occurrence reports, and when appropriate, develop a thorough and credible root cause analysis, appropriate plan of correction and follow up plan. (Refer to House Wide Policy & Procedure, *Serious Clinical Adverse Event*). All sentinel events will be reported to, evaluated and monitored for completion by the Patient Safety Committee and will be reported to the Performance Improvement/Patient Safety Committee.

SUBJECT: <b>PATIENT SAFETY PLAN</b>	SECTION: <b>Leadership (LD)</b> <b>Page 5 of 7</b>
--	--

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

4. Develop procedures for immediate response to unusual occurrences, including care of the affected patient, care of involved clinicians, containment of risk to others and preservation of factual information for subsequent analysis.
5. Develop systems for internal and external reporting of information relating to unusual occurrences.

Aggregate and trend all risk management information/data to identify patterns in processes or outcomes, which may lead to untoward patient events. Evaluate patient grievances and complaint trends and patterns.

#### Human Resources

1. Assure patient safety information is presented to all new employees as part of the New Hire Orientation Program.
2. Define a mechanism for the support of staff that are involved in medical errors and sentinel events. Provide individuals emotional and psychological support through Care for the Caregiver Program and/or Employee Assistance Program (EAP). Members of the Medical Staff can be referred to the Care for the Caregiver program and/or Medical Staff Office for assistance.

#### Education

1. Ensure all staff members participate in ongoing in-services, education, and training to increase his or her knowledge of job-related aspects of patient safety. Patient safety information is included in staff annual orientation and training.
2. Assure that ongoing in-service and other education and training programs emphasize specific job-related aspects of patient safety. Oversee the development of programs to educate the patient and families about their role in helping to facilitate the safe delivery of health care.

#### Infection Prevention

1. Perform an annual risk assessment and prioritize goals in collaboration with hospital leaders to reduce the risk of transmission of infections and prevent Hospital Acquired Infections (HAI). (Refer to House wide Policy & Procedure, *Infection Prevention Plan*)
2. Conduct infection prevention activities and surveillance to monitor HAI as outlined in the Infection Prevention Plan.
3. Assist with methods to reduce surgical site infections as designed in the Surgical Care Improvement Project.

SUBJECT:

**PATIENT SAFETY PLAN**

SECTION:

*Leadership (LD)***Page 6 of 7**

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

4. Monitor infections related to indwelling lines, to include but not be limited to, intravenous, enteral, and epidural lines and indwelling catheters.

#### Pharmacy

1. Ensure safe and optimal use of medications to improve patient's clinical outcomes.
2. Assist with procurement, distribution, storage, dispensing and safe use of pharmaceuticals for patients.
3. Assure that process and product-purchasing decisions support the safe use of intravenous lines to include safeguards such as unique connection ports that prohibit the use of any intravenous, epidural, or enteral feeding line to be used for anything other than its intended purpose except in emergent situations.
4. Facilitate improvement initiatives through the Medication Safety Committee that reduce medication-related patient safety events.

#### Environment of Care (Safety Officer)

1. Assure that measurements related to patient safety and error reduction are incorporated in the seven (7) plans of the Environment of Care.
2. Aggregate, assess and report organizational data related to patient safety events, intervention and follow-up.

#### **National Performance Goals for Hospitals:**

Sierra View Medical Center will follow and educate yearly on National Performance Goals, released by the Joint Commission.

#### **National Quality Forum's Four Safe Practices:**

Develop structures, programs, policies, and practice that support the National Quality Forum's (NQF) four safe practices involved in creating and sustaining a patient safety culture which includes:

1. Improve the accuracy of patient identification
2. Improve the effectiveness of communication among caregivers,
3. Improve the safety of using medications,
4. Reduce the harm associated with clinical alarm systems.

SUBJECT:

**PATIENT SAFETY PLAN**

SECTION:

***Leadership (LD)*****Page 7 of 7**

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

Compliance with this goal will be guided by the principles as outlined within the Consensus Report: NQF Safe Practices for Better Healthcare – 2010 Update, and monitored by the Patient Safety Committee with results reported to and measured annually by the Leapfrog Group via the Leapfrog Group’s Hospital Safety Score.

**REFERENCES:**

- California Evidence Code 1157, § Title 22 (2017).
- The Joint Commission (2026). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL.
- Health and Safety Code § 1279.1(b), 1279.6 and 1279.7.
- Meyer, G., Denham, C. R., Battles, J., Carayon, P., Cohen, M. R., Daley, J., McAuliffe, M. (2010). Safe Practices for Better Healthcare-2010 Update. National Quality Forum Safe Practices, 1-406.

**CROSS REFERENCES:**

- [SERIOUS CLINICAL ADVERSE EVENT](#)
- [ANNUAL INFECTION PREVENTION PLAN](#)
- JUST CULTURE
- PATIENT SAFETY EVENT
- RISK MANAGEMENT PLAN

