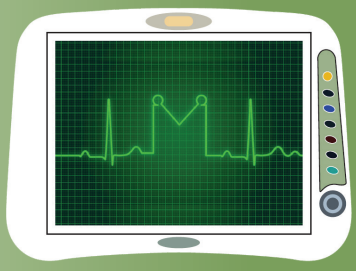
Medical Mutual Insurance Company of Maine

RISK MANAGEMENT PULSE

Current issues and trends for hospitals and health systems



August 2019

Simulation is a valuable tool to improve patient safety and does not have to be elaborate or involve expensive equipment!

In an article by the Institute for Healthcare Improvement (IHI), 3 Myths about Healthcare Simulation, Allison Perry addresses these misunderstandings and gives valuable advice on how to make simulation work for your organization.

Patient safety starts with preparation. Allison Perry the IHI project director, advocates improving patient safety through simulation. She addresses three common myths.

Myth #1 — It is only for running drills or task training.
While it is true, simulation is valuable for maintaining technical skills, it can also be used for team building and practicing communication techniques used in TeamSTEPPS.

Myth #2 — Simulation requires expensive equipment.
The latest and greatest equipment is not necessary to have a successful simulation experience. The article explains creative and inexpensive ways organizations can set up simulations. The article even mentions talking through situations are helpful for things such as preparing for difficult conversations.

Myth #3 — Only certain professionals can benefit from using simulation.
All healthcare professionals can benefit from simulation. Simulation is a great way to practice protocols, disaster drills, difficult conversations, etc. Allison Perry states, "It's like anything we do in life or in our work. It's like playing an instrument — the more you practice, the more you improve your technique."

The Joint Commission issues guidance on video monitoring of patients at high risk for suicide.

We have had many questions regarding the use of video surveillance in the emergency department for patients at risk of suicide. In April 2019, The Joint Commission addresses in their Standards FAQ section the question about video monitoring of patients identified as high risk for suicide.

The Joint Commission guidance says that patients at high risk of suicide need to have someone assigned and that video monitoring is not to replace 1:1 monitoring of high-risk patients. This is because a qualified staff member needs to be available to intervene immediately. Monitoring needs to be at all times including while they sleep, toilet, bathe, etc.

The article also addresses the use of electronic sitters for patients who are not considered high risk for suicide.

To identify risks in your emergency department, contact your MMIC risk manager today to schedule a survey to identify how your facility can improve patient safety.

One City Center PO Box 15275 Portland, Maine 04112-5275

Is your emergency room prepared for mass trauma?

The Washington Post reports on how the emergency room at University Medical Center of El Paso handled multiple trauma victims when there was a mass shooting at a local Walmart.

Simulation helped prepare the emergency room at University Medical Center of El Paso for this type of situation. They had just participated in a citywide disaster training: a simulated mass shooter incident at the El Paso airport. The Washington Post article goes into more detail about how the organization called for additional assistance, balanced multiple OR rooms, etc. Alan Tyroch, chief of surgery and trauma medical director was quoted, "as patients poured in, there was no confusion, no panicking, no question over who was in charge of what. We really were ready."

Their preparation helped them respond and save lives. Are you prepared?

Does your OR team know what to do when the sponge count is off?

The sponge count is off... the dreaded words no OR team wants to say or hear. After searching the surgical field, drapes, garbage, and inside discarded gloves, you get an x-ray of the patient — no retained object seen... phew... not so fast.

Outpatient Surgery Magazine a division of AORN, Inc. posted an article *The Count is Off - Now What?* Ohio State University Wexner Medical Center in Columbus, Ohio had just this situation. There had been a deviation in their process that allowed the patient to be discharged without the OR team finding the missing sponge. After discovering they discharged a patient home with a retained sponge, they created an algorithm for what steps to take when there is potentially a retained foreign body, and posted it in all 80 ORs. You can download this algorithm free from the article.

Patient Safety Essentials Toolkit

Do you ever wish you could have a tool to help you create strong action items after your RCA or develop reliable processes that address all the issues? The Institute for Healthcare Improvement (IHI) has created a free toolkit to help you with these issues and more.

The Patient Safety Essentials Toolkit has nine different tools. This toolkit includes instructions for each tool with templates you can use. These tools cover communication with patients (Ask Me 3) and tools for healthcare providers such as huddles and SBAR (Situation- Background-Assessment-Recommendation). There are tools to help you develop a reliable process, including back up plans. Visit IHI to download your free copy today!

MMIC offers Patient Safety Assessments to help you identify risks. Call us to schedule one today!

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