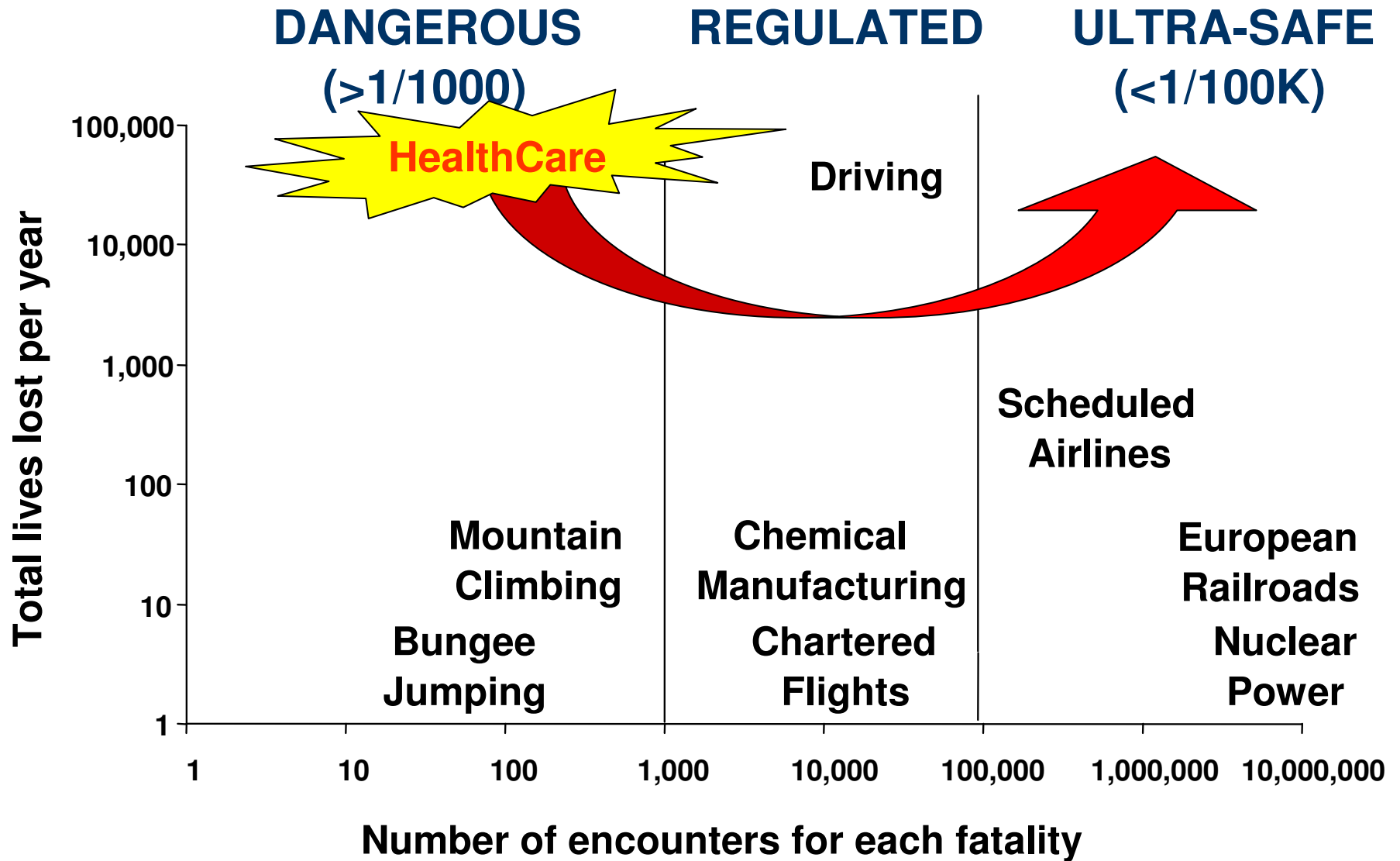


Domain 4 Enabling Competency #1

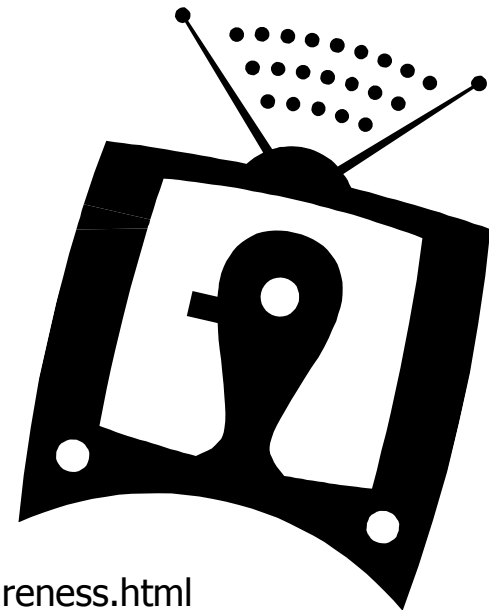
Health care professionals who recognize routine situations and settings in which safety problems may arise

How Hazardous Is Healthcare?



Situational Awareness

having your antennae out at all
times

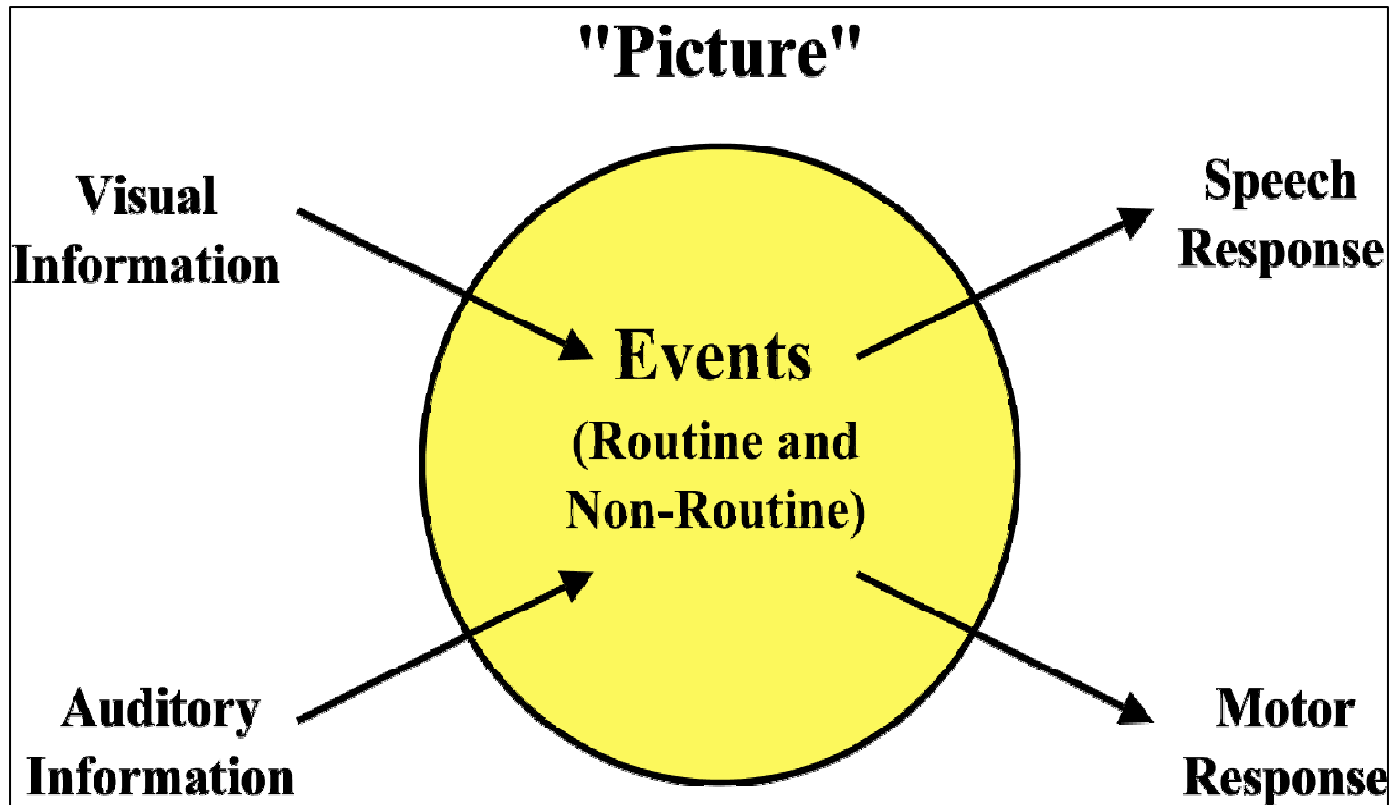


Adapted from <http://www.smithsrisca.demon.co.uk/situational-awareness.html>

Situational Awareness: a Cognitive Psychology Construct

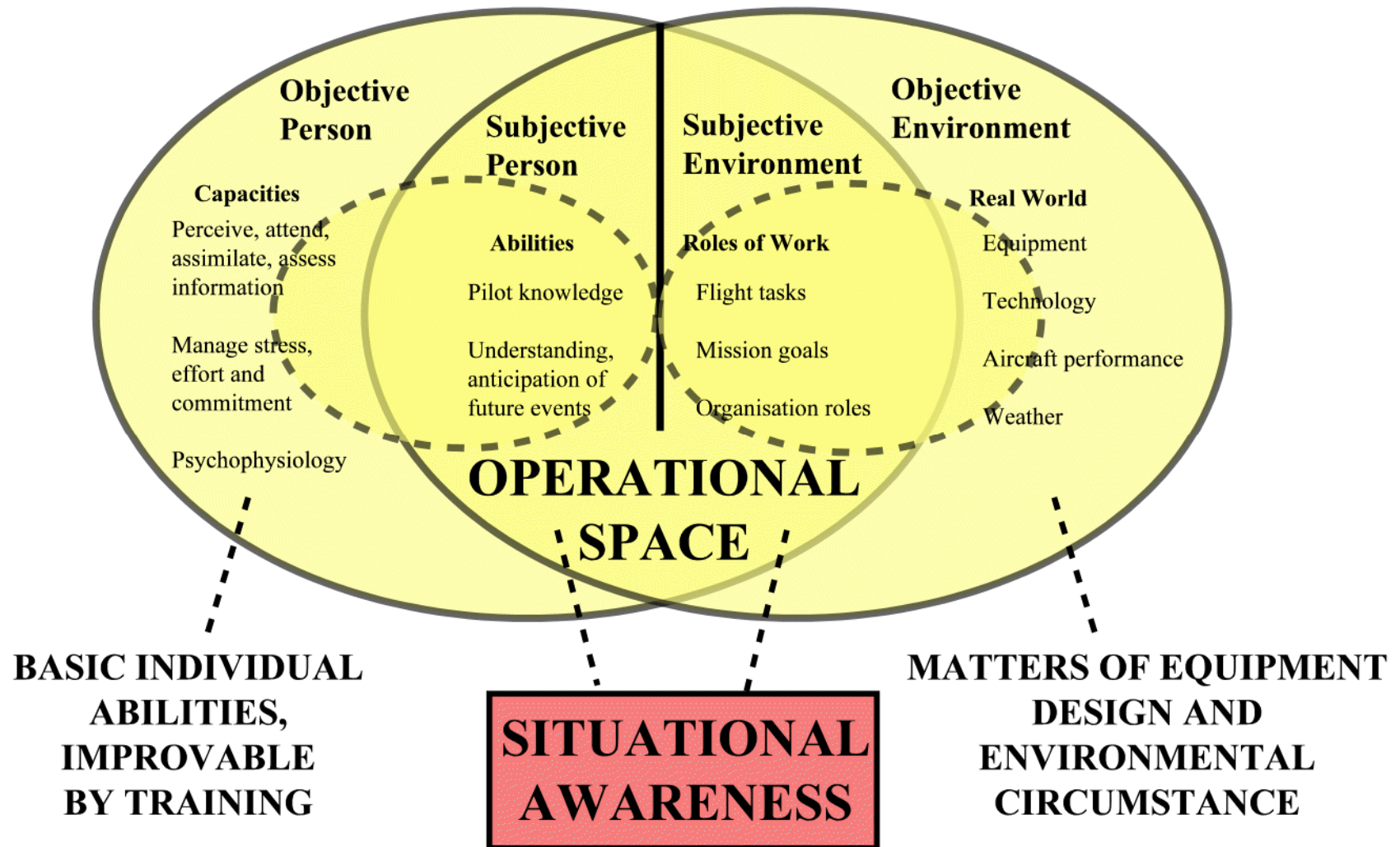
- Concept from the mid 1970's
- Rooted in research addressing military air performance
- What are all the psychological variables that affect crew performance during aviation?
- Interplay between perception and action

The Mental Picture: maintaining a "picture" of what is going on in the world.



Enhanced from a black-and-white original in Helbing (1997; Figure 1).
After Whitfield and Jackson (1982). This version Copyright © 2003, Derek J. Smith.

The Interactionist Model of Situational Awareness



Enhanced from a black-and-white original in Dennehy and Deighton (1997; Figure 1). This version Copyright © 2003, Derek J. Smith.

IMPROVING PATIENT SAFETY IN HEALTH CARE ORGANIZATIONS

TO DO NO HARM

JULIANNE M. MORATH

MAURIE E. TURNBULL

Foreword by Lucian Leape

Stop-the-line Policy: Authority to Intervene to Restore Patient Safety

All the organization's employees, the organization's professional staff, contracted staff, house staff, students, volunteers, patients, parents, legal guardians, and visitors have the responsibility and authority to immediately intervene to protect the safety of a patient, to prevent a medical accident, or to avert a sentinel event. It is the expectation that all participants will immediately stop and respond to the request by reassessing the patient's safety.



Error, stress, and teamwork in medicine and aviation: cross sectional surveys.

J Bryan Sexton, Eric J Thomas, Robert L Helmreich BMJ 2000;320:745

Pilots were least likely to deny the effects of fatigue on performance (26% v 70% of consultant surgeons and 47% of consultant anaesthetists). Most pilots (97%) and intensive care staff (94%) rejected steep hierarchies (in which senior team members are not open to input from junior members), but only 55% of consultant surgeons rejected such hierarchies. High levels of teamwork with consultant surgeons were reported by 73% of surgical residents, 64% of consultant surgeons, 39% of anaesthesia consultants, 28% of surgical nurses, 25% of anaesthetic nurses, and 10% of anaesthetic residents. Only a third of staff reported that errors are handled appropriately at their hospital. A third of intensive care staff did not acknowledge that they make errors. Over half of intensive care staff reported that they find it difficult to discuss mistakes.

Reflect on your own experience

Is there a strong authority gradient where you work? ie: do you feel you comfortable questioning a decision made by someone more senior to you?

Could you “stop the line?”

If you were in charge, how would you do things differently?

Minimizing the possibility of error

- diligent information-gathering: eg: medication reconciliation
- cross-checking of information using checklists: eg: transfer checklist
- investigating mismatches between the current situation and the expected state

The Transfer Checklist



SickKids Transfer Checklist

- DO NOT SKIP ANY ITEMS
- FOLLOW THE EXACT ORDER OF THE CHECKLIST
- READ BACK SHADED AREAS
- IF YOU ARE INTERRUPTED START OVER AT THE BEGINNING OF THE SECTION

Section 1 – COMPLETE FOR ALL TRANSFERS e.g. ER to unit, unit to unit, unit to other department

Name
MRN - medical record # required to double check patient identification
Age
Weight
Allergies e.g. type, past reactions, treatment needed during reaction
Admitting diagnosis
Pertinent history of present illness
Co-morbid conditions e.g. sickle cell, congenital anomalies, syndromes
Vital signs/physical findings on examination – include pain assessment/scores
O2 sats/O2 delivery e.g. concentration, method of delivery, patient tolerance
Intake & output e.g. NPO status, IVs/access, infusions, urinary output, stools, vomiting
Medications administered or pending e.g. medications at home or on transferring unit; time last administered, time next due, response to medications
Labs/diagnostics completed or pending e.g. abnormal results, tests not yet completed, results pending
Treatments or therapies completed or pending e.g. date, patient response
Isolation required on unit – based on patient symptoms & current isolation policies
Monitoring/level of observation required on unit e.g. continuous electronic monitoring, constant observation
Transport requirements e.g. who will accompany patient, monitoring during transfer
Transfer orders in place & reviewed

Section 2 – COMPLETE IN ADDITION TO SECTION 1 FOR UNIT TO UNIT TRANSFERS

Past medical/surgical history including home medications/treatments
Consults completed and/or to be completed
Special needs or equipment e.g. wheelchair, splints, glasses
Language barriers e.g. interpreter needed/arranged
Psychosocial needs or follow-up required

BARCODE

MEDICATION HISTORY/ RECONCILIATION FORM

Complete within 24 hours of admission

MEDICATION ALLERGIES	REACTION

WEIGHT _____ kg

HEIGHT _____ cm

ADDRESSOGRAPH

Step 1 – INITIAL MEDICATION HISTORY & INTENT ON ADMISSION

Step 2 – VERIFICATION & RECONCILIATION- see back of form for guidelines

- Verify accuracy and completeness of medication history and *reconcile* with the admission medication orders

Recorder Initials	Medication Name <i>Use generic name; Do not use abbreviations</i>	Dose <i>mg, mcg NOT mL</i>	Route <i>e.g. po, IV</i>	Frequency <i>e.g. q4h, TID</i>	Concentration/ Special Preparation <i>e.g. 5 mg/L, slow release, tablet, liquid</i>	Intent on Admission					Comments
						Continue	D/C	Hold	Change	Further Information Needed	
AH	Ciprofloxacin	500mg	PO	BID		X					
AH	Prednisone	10mg	PO	OD		X					

Pre-Admission Clinic Medication History <i>(If applicable)</i>	_____	_____	_____	_____
	<i>Date</i>	<i>Time</i>	<i>Signature</i>	<i>Print Name</i>
Step 1: (MD/APN) Initial History/ Prescriber Intent	Sept 10 th 2008	0100	A.Holding	A.Holding
	<i>Date</i>	<i>Time</i>	<i>Signature</i>	<i>Print Name</i>
Step 2: (RN/Pharmacy) Verification and Reconciliation	_____	_____	_____	_____
	<i>Date</i>	<i>Time</i>	<i>Signature</i>	<i>Print Name</i>
PHARMACY <i>(If applicable)</i>	_____	_____	_____	_____
	<i>Date</i>	<i>Time</i>	<i>Signature</i>	<i>Print Name</i>

Reviewed Transfer Medications <i>(If applicable)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	SOURCE OF HISTORY: <i>Check all that apply</i> <input type="checkbox"/> Child/Parent/Caregiver <i>(Check One)</i> <input type="checkbox"/> Medication vial <input type="checkbox"/> Medication list <input type="checkbox"/> Medication administration record <input type="checkbox"/> Family Physician/Paediatrician <input type="checkbox"/> Community pharmacy Name: _____ Phone Number: _____ <i>please specify</i> <input type="checkbox"/> Other _____ <i>please specify</i>
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