Baptist Health South Florida

POLICY NO.: BHSF-250

☑ Administrative
☐ Departmental

SUBMITTED BY: Geri Schimmel
Title: Corporate Director Patient SafetyPartnership

APPROVED BY: Yvonne Zawodny
Title: Assistant Vice President Risk Management/Patient Safety

Responsible Department Patient Safety Partnership

APPROVED BY: Dr. Thinh Tran
Title: Corporate Vice President and Chief Medical and Quality Officer

Creation Date: 1/8/02
Review Date: 01/04, 2/05, 6/05, 2/07, 5/12
Revision Date: 2/05, 6/05, 2/07, 5/12

POLICY TITLE:
Patient Safety

SUMMARY & PURPOSE:
The intent of this policy is to ensure standardization and prioritization of patient safety across Baptist Health South Florida.

POLICY:
Our first obligation as a health care provider is to "do no harm." Patient safety drives the quality of medical care and services. Baptist Health facilities use a systematic, coordinated and continuous approach to maintain and improve patient safety.

SCOPE/APPLICABILITY:
This policy applies to all BHSF employees.

PROCEDURES TO ENSURE COMPLIANCE:

1. Leadership:
    a. Patient safety is a key responsibility of leadership, whose role it is to ensure that safety is maintained and improved through direct, purposeful effort across Baptist Health South Florida.

2. Clear responsibility and authority for patient safety:
    a. Each facility will designate one committee to manage the organization-wide patient safety program. The mechanisms to ensure that the various committees and departments of the facility are integrated to participate in the patient safety program will be documented. In order to foster system-wide improvement in patient safety, facility committees will communicate and coordinate their efforts through Baptist Health South Florida Patient Safety Leadership Group.

3. Proactive risk identification:
    a. Occurs on an ongoing basis at each facility resulting in a plan for risk reduction and loss prevention. (Florida Statute 395)

4. Reporting errors and equipment or system failures:
    a. An effective patient safety program relies upon reporting of errors and near misses; questionable variations from safe practices and unusual occurrences. We recognize that errors most often occur due to breakdowns in systems and processes. Our primary focus is on improving processes that can lead to medical errors.
    b. All personnel are required to report errors, equipment or system failures – whether a patient is harmed or not. They should do so without fear of discipline or negative impact upon their employment.

5. Stress Debriefing:
    a. Stress debriefing will be offered to staff members involved in patient safety adverse events or near misses, aided by trained counselors.

6. Employee Reporting of Safety and Quality Concerns:
    a. Baptist Health strongly encourages employees to speak up about patient safety and quality of care concerns to their direct supervisor. If an employee observes such a concern which they believe is not being adequately addressed by their direct supervisor, they are encouraged and expected to report such concerns through the chain of command. If any employee believes that the chain of command, which includes the CEO if necessary, has not responded adequately, they may call the Baptist Health Compliance Hotline at 1-888-492-9329 to foster resolution of the concern. Finally, if the employee believes that the concern is still not being addressed adequately by the organization, they may contact The Joint Commission (TJC). If an employee has followed the above described internal reporting process, Baptist Health will not take disciplinary or retaliatory action towards an employee who reports patient safety and quality of care concerns to The Joint Commission.

7. "Blameworthy" Culture
    a. Baptist Health Believes in a philosophy of a just culture of patient safety.
    b. Certain situations may be deemed as blameworthy and will result in disciplinary action. These include intentionally unsafe actions that are:
        i. Criminal/illegal
        ii. Working under the influence of drugs/alcohol and/or foreign substances.

iii. Acting intentionally unsafe (i.e., deliberately doing something you knew was unsafe and could cause harm).
iv. Repeated patterns of carelessness and/or reckless neglect.

8. Guiding Principles for Patient Safety:
    a. *Safety First* – Our first obligation is to protect the patients who have entrusted their lives to our care. Safety is the foundation of quality.
    b. *Teamwork* – Together, we can create a barrier to errors and system failures. Every person's voice needs to be heard if they become aware of a potential safety risk, regardless of their role in the organization. (This includes patients, families, employees and physicians.) Remember, you may be the only one who sees a risk.
    c. *Standardization* – Standardizing patient safety practices at our various facilities is a benefit to the communities we serve. When we accomplish this, physicians and clinical staff don't have to remember a different way of doing things when they work at different locations. This reduces the risk of error through consistency.
    d. *Fail Safe Approaches* – We know that to err is human. We strive to incorporate double checks, redundant systems and error prevention practices and technology into our procedures.
    e. *National Patient Safety Goals* – Certain patient safety best practices have been identified which, if implemented effectively, will prevent errors and injury to patients. We have adopted these best practices and rely upon our entire staff to implement them faithfully.
    f. *Reporting Errors, Equipment or System Failures* – Reporting is expected whether a patient is harmed or not. We recognize that errors usually occur due to breakdowns in systems and processes. In order to learn from each error and prevent another event, employees are required to submit incident reports. They may submit incident reports without fear of disciplinary action for making errors, except for intentionally unsafe behavior. (See Baptist Health Patient Safety Policy 250.01 for details.)

Patient Safety is Everyone's Job – From CEO to volunteer, ensuring safe care for our patients is part of everyone's responsibilities.

SUPPORTING/REFERENCE DOCUMENTATION:

- Patient Safety and Quality Improvement Act of 2005 Pub. L. 109–41, 42 U.S.C. 299b–. 21—b–26.
- Patient Safety Rule 42 C.F.R. Part 3 (73 FR 70732)
- BHSF Service Excellence Standards

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

- BHSF Administrative Policies - PSP:
    - 31 The Patient Safety Organization Program
    - 32 Patient Safety Organization Plan - Quality and Patient Safety
- BHSF Administrative Procedure – PSP: 30.1 PSO Collection and Analysis of Patient Safety Evaluation System

ENFORCEMENT & SANCTIONS:
Department directors/managers are responsible for reviewing communication strategies and the director/manager or designee of each department will be authorized to enforce this policy.

Monitoring for compliance will be reviewed by the BHSF Quality Patient Safety Steering Council.

Violations of this policy may lead to revocation of system privileges and/or disciplinary action including termination. Anyone willfully violating this policy may be subject to disciplinary action up to and including termination.