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This website uses cookies. By continuing to use this website you are giving consent to cookies being used. For information on cookies and how you can disable them visit our Privacy and Cookie Policy. Got it, thanks! No Text Content! International Patient Safety Goals (IPSG) GOAL 1: Identify Patients CorrectlyQ: Who requires an identification band?A: All emergency patients, inpatients, day surgery patients and other patientsQ: What are the two unique patient identifiers?A: Patient's full name and the Medical Record NumberQ: What can be used as a third patient identifier when in doubt about patient identity or in the event of same name of patients in the same unit?A: Patient's Saudi ID number or Iqama for non-Saudi patientsQ: All hospital staff must correctly identify patients beforeA: Providing treatments, performing diagnostic procedures, transferring patientsQ: For newborn patients, where should the two identification bands be secured?A: One on the wrist and the other on the ankle. However, in the new DPP – Newborn Identification, threeID bands should be secured to the newborn – one with the mother's information on the hand and two withbaby's information on both lower limbs.Q: How should the name of the patient be asked?A: Ask them to state their full name rather than to asking them to agree on details being read to themQ: In the event that a patient is unable to participate in the identification process (e.g. unconscious or infant) and in the absence of a parent/caregiver, who should carry out the identification?A: Two hospital staff using the two identifiers from the ID band, cross checking it with the information available in the patient's medical record.Q: In the event that the ID band cannot be attached to patient's wrist or ankle, where should you place it?A: Any visible part of the body. Reasons for doing so must be documented in the patient's records.Related JCI Standards: Related KAAUH Policies:IPSG.1 The hospital develops and implements a process to improve accuracy of patient 1-110000-006(3) - Patient Identificationidentifications. 3-130000-021 (3) Newborn Identification International Patient Safety Goals (IPSG) GOAL 1: Identify Patients CorrectlyQ: What are the color codes of identification bands?A: White bands to identify all patients Red bands for allergy Yellow bands for Falls RiskQ: Who is responsible to re-apply the ID band?A: The one who removed it.Q: At the time of arrival for elective admission, who will attach the ID band?A: Patient Services DepartmentQ: During which situations do newborns be accurately identified and verified?A: Immediately after birth Prior to newborn leaving the Delivery Room On transfer to any unit within KAAUH On transfer to and from NICU or WHW Before any diagnostic procedure or treatmentQ: Who shall initiate the Registration Process?A: The Nurse who handles the baby.Q: How frequent should the ID band be checked?A: Once per shift.Q: In case of downtime what shall be done to the ID bands?A: A white ID band shall be hand written in ink and signed by two nurses using the standard identity bandQ: What are the details of mother's information pre-printed on a white ID band?A: Mother's two (2) names and family name, Mother's MRNRelated JCI Standards: Related KAAUH Policies:IPSG.1 The hospital develops and implements a process to improve accuracy of patient 1-110000-006(3) - Patient Identificationidentifications. 3-130000-021 (3) Newborn Identification International Patient Safety Goals (IPSG) Goal 2: improve effective communicationQ: If the mother is discharged before the newborn, what is the responsibility of the WHWnurse?A: She will ensure a visitor's pass and a copy of National Resident ID are given to the mother.TELEPHONE AND VERBAL COMMUNICATIONQ: The author recipient receives verbal/telephone orders by which process?A: Repeat-back process/verificationQ: Telephone/verbal orders shall not be accepted for:A: Any procedure requiring an informed consent, Initiation of Restraints, PCA, Narcotics, TPN orchemotherapy, skeletal muscle relaxantsQ: Telephone Orders must be validated by the authorized provider within?A: 24 hoursQ: What is the procedure of telephone/verbal process?A: All TO must be transcribed, dated, timed, name and badge number of ordering MD, signed by the authorized recipient in the Physician Order Form The authorized recipient must document the transcribed TO was read back and verified to the authorized providerThe authorized providermust enter VO as soon as the situation resolve, and validate TO within 24 hoursRelated JCI Standards: Related KAAUH Policies:IPSG.2 The hospital develops and implements a process to improve the effectiveness of verbal 3-130000-021 (3) Newborn Identificationand/or 1-110000-008(2) - The Use of Verbal and Telephone Orders International Patient Safety Goals (IPSG) Goal 2: improve effective communicationREPORTING OF CRITICAL TESTS AND RESULTSHow should the sender and receiver pronounce digits from the critical tests and results?Pronounce digits separately when communicating (e.g. "two one" rather than "twenty one").Q: The first notification of critical results are released after normal business hours toA: The on-call physician, except critical care units and ED.Q: What is your procedure on reporting of critical tests and results?A: Upon verification and confirmation of a critical test, the sender notifies the ordering MD If there is no physician response after 5 mins, the on-call physician of the medical service is notified. If no response after 5 mins, notify the on-call consultant – if no response after 5 mins, notify the chairman of the clinical department If no response after 5 mins, notify the Executive Director of Medical Affairs; if no response after 5 mins, notify the ED PhysicianQ: The sender of the critical test communicates the following: 1. Patient's name and MRN 2. Date and time of notification 3. Critical test/result 4. Name and badge of the sender of critical test/result 5. Name and badge of the receiver of critical test/result 6. Read back was doneRelated JCI Standards: Related KAAUH Policies: 1-110000-028 (2) - Reporting of Critical Tests and ResultsIPSG.2 The hospital develops and implements a process to improve the effectiveness of verbaland/or International Patient Safety Goals (IPSG)Goal 3: improve the safety of high-alert medicationHigh Alert MedicationQ: What are the procedure in administering High Alert Medications?A: An independent double check procedure will be performed for all HIGH ALERT Medications.- An independent double check will be completed without any distractions or interruptions. - The following information will be verified during the independent double check process: The right patient The right medication The right dose The right route The right time Right to refuse Right to DocumentationQ: What is Independent Double Checking?A: Procedure in which two (2) healthcare professionals separately check each medication beforeadministering to the patient.Q: All High Alert Medications should be kept where?A: RED BINS with standardized RED High Alert Medication labels.Q: In administering High Alert Medications, what are the following information to be verified duringthe independent double checking process?A: Right patient, right medication, right dose, right time, right route, right to refuse, rightdocumentation.Q: Pharmaceutical Care Services will conduct inspection for the stored High Alert Medications inpatient care unit. How often?A: Monthly inspection.Q: What is the purpose of High Alert Medication Management Policy?A: To promote safe storage, handling, prescribing, verification, preparing, dispensing, administration, and monitoring of High Alert Medications to minimize medication errors and ensure patient safety in KingAbdullah Bin Abdulaziz University Hospital (KAAUH).Related JCI Standards: Related KAAUH Policies: 1-110000-012(3) - HIGH ALERT MEDICATIONS MANAGEMENTIPSG.3 The hospital develops and implements a process to improve the safety of high-alertmedications. Telephone communication among caregivers. International Patient Safety Goals (IPSG) Goal 3: improve the safety of high-alert medicationLook-Alike and Sound-Alike MedicationsQ: Define Look-Alike and Sound-Alike Medications (LASA).A: - Medications whose names/packages, sound/look similar to other medication. - Look Alike Medications: Medications that have similar physical appearance or packaging or similar names in writing/spelling. - Sound Alike Medications: Medications that have similar names in pronunciation.Q: What is the purpose of Look-Alike and Sound-Alike Medications Policy?A: To provide a safe process regarding the storage and handling of Look-Alike and Sound-AlikeMedications in order to eliminate confusion and minimize errors related to these medications.Q: Why TALL Man Lettering is important?A: To help distinguish Look-Alike and Sound Alike Medications from one another in order to avoid mediation error.Q: Who is responsible for review, update, approve, and maintain a list of LASA Medications in theKAAUH Formulary? How often?A: Medication Safety Committee, Done annually.Question 5:Q: Methods in using LASA to avoid medication errors.A: - Use medication segregation methods for LASA medication storage. - Use TALL Man lettering labels for all LASA Medications. - Store all LASA medications in an individual container with the standardized orange labels and separated from each other. - Planning Staff will consider recommendations from Pharmaceutical Care Services in the medication procurement process either in tender or direct purchase to avoid similar packaging and multiple strengths.Related JCI Standards: Related KAAUH Policies: 1-110000-012(3) - HIGH ALERT MEDICATIONS MANAGEMENTIPSG.3 The hospital develops and implements a process to improve the safety of high-alertmedications. Telephone communication among caregivers. International Patient Safety Goals (IPSG) Goal 4: ensure safe surgeryPRE-ANESTHESIA ASSESSMENT AND REASSESSMENTQ: How long should the pre-anesthesia assessment be completed and documented?A: Within forty eight (48) hoursQ: For elective surgery, the pre-anesthesia assessment can be conducted in the OPD and shall not exceed:A: Thirty (30) daysQ: What are the physical status of the patient according to the American Society of Anesthesiologists(ASA)AClass 1: Normal Class 2: Patient with mild systemic disease Class 3: Patient with severe systemic disease but not incapacitating Class 4: Patient with severe systemic disease that is a constant threat to life Class 5: A sick patient who is not expected to survive 24 hours with or without operation Class 6: Patient going for emergency operationQ: Who shall sign the informed consent of anesthesia plan?A: Anesthesiologist and the patient/guardianQ: How long is the validity of the consent?A: Thirty (30) daysQ: Within what span of time are test results obtained from the medical record acceptable?A: Within 3 months. For echo, 6 monthsRelated JCI Standards: Related KAAUH Policies:IPSG.4 The hospital develops and implements a process for the preoperative verification and 1-110000-057(1) - Pre-operative or Pre Procedure Assessment and Carsurgical/invasive procedure site-marking 1-110205-004(2) - Pre-anesthesia Assessment and Reassessment 1-110205-003(2) - Surgical Procedural Site Verification International Patient Safety Goals (IPSG) Goal 4: ensure safe surgerySURGICAL/PROCEDURAL SITE VERIFICATIONQ: This will be conducted prior to the start of surgery/procedure by having active verbalcommunication among all members of the surgical team.A: Time outQ: Who is responsible for time out?A: Physician performing the surgery or procedureQ: Who will check the informed consent to ensure that the information that specified are spelled outand not abbreviated, signatures obtained and data are complete?A: The nurseQ: How is the site marking done in your hospital?A: The intended site must be marked such that the mark will be visible after the patient has been drapedand prepped. The marking must be done with a permanent skin marker on or adjacent to the actualplanned procedure site. The marked site must be unambiguous. Acceptable marks include an arrow, initials,a "YES", or a line. "X" must never be used.Q: What do you do when patient refuses to have the operation site marked?A: This must be noted on the form in the "Note" section and signed, dated, and timed by the surgicalteam.Q: What is the process on sedated patients?A: Site marking is done by two members of the surgical team and involves family members, if possible.Q: What is the process for extremities, limbs, or digits?A: Site marking should be performed in the wards/floors and the patient is sent to the holding area withgauze towel coveringRelated JCI Standards: Related KAAUH Policies:IPSG.4 The hospital develops and implements a process for the preoperative verification and 1-110000-057(1) - Pre-operative or Pre Procedure Assessment and Carsurgical/invasive procedure site-marking 1-110205-004(2) - Pre-anesthesia Assessment and Reassessment 1-110205-003(2) - Surgical Procedural Site Verification International Patient Safety Goals (IPSG) Goal 4: ensure safe surgerySIGN INQ: Describe the process of Sign In.A: The following verification of the correct patient, site and procedure: correct patient identification,correct procedure The availability of the following will be verified using Procedural Safety Checklist: Verification of site marking Known allergy status Accurately completed and signed consent Relevant diagnostic and radiology result Any required blood products, implants, devices and/or special equipment Correct antibiotics and dosagesTIME-OUTQ: Describe the process of Time-out.A: All members of the immediate surgical team must be present in the OR or procedural site. Completionof the time out will be documented in the Patient Medical Record: Individual performing the procedure identified All immediate members of the procedure team present Correct procedure Correct site Display and checking of essential imaging Antibiotic prophylaxis Verification of the correct positioning Verification of any patient-specific concerns/equipment/instrument and sterility issuesSIGN OUTQ: Describe the process of Sign out.A: Completion of sign out will be documented in the Patient Medical Record: Confirmation of the procedure performed Completion of instruments, sponge and needle counts Identification and labeling of specimens Identification of any equipment and instruments to be addressed Patient specific postoperative concernsRelated JCI Standards: Related KAAUH Policies:IPSG.4 The hospital develops and implements a process for the preoperative verification and 1-110000-057(1) - Pre-operative or Pre Procedure Assessment and Carsurgical/invasive procedure site-marking 1-110205-004(2) - Pre-anesthesia Assessment and Reassessment 1-110205-003(2) - Surgical Procedural Site Verification International Patient Safety Goals (IPSG)Preoperative Verification Goal 4: ensure safe surgeryQ: How do you prevent wrong site, wrong patient and wrong procedure?A: All invasive/surgical procedure performed in the inpatient or outpatient setting will undergo: A pre-operative/pre-procedure verification process Marking the operative site A time out (final verification)Q: How is the booked procedure/surgical procedure verified? Verification A valid informed consent shall be verifiedIdentification of patient on consent form (2 identifiers) Informed consent shall be verbally verified with patient/guardianSurgeon, patient/guardian and witness signatures shall be verified, validity date checkedRelated JCI Standards: Related KAAUH Policies:IPSG.4 The hospital develops and implements a process for the preoperative verification and 1-110000-057(1) - Pre-operative or Pre Procedure Assessment and Carsurgical/invasive procedure site-marking 1-110205-004(2) - Pre-anesthesia Assessment and Reassessment 1-110205-003(2) - Surgical Procedural Site Verification International Patient Safety Goals (IPSG) Goal 5: Reduce the Risk of Health Care-Associated infectionsRelated JCI Standards:IPSG.5 The hospital adopts and implements evidence-based hand-hygiene to reduce the risk ofhealth care-associated infections. International Patient Safety Goals (IPSG)Goal 5: Reduce the Risk of Health Care-Associated infections International Patient Safety Goals (IPSG)Goal 5: Reduce the Risk of Health Care-Associated infections International Patient Safety Goals (IPSG)Goal 6: Reduce the Risk of Patient Harm Resulting from fall Q: When do you perform fall assessment and re-assessment? A: All patients receiving care/treatment/services, Inpatients and Outpatients, including patients waiting in the Emergency Department (ED) for admission, must have a fall risk screening/assessment performed by a healthcare provider, within four (4) hours of admission, to establish the level of falls risk. Q: What is our management if the patient is moderate to high risk for falls? A: o Call for help and attend to the patient immediately, Yellow bands for Falls Risk o Assess the patient for injury before attempting to transfer the patient to bed/ chair o Monitor patient vital signs and level of consciousness o Do the initial assessment post fall o Within the 1st hour monitor every 15 minutes then every 30 minutes following hour then every hour, then every 2 hours until patient is hemodynamically stable no signs of alteration in level of consciousness was noted. o Notify the Nurse Team Leader (NTL)/Nurse Manager (NM) and the Most Responsible Physician (MRP)/ designee immediately to examine the patient; o NTL/Nurse Manager conducts post fall huddle within the same shift with the MRP, Primary Nurse, and the patient at the location of the fall event to identify the cause; the contributing factors; and the interventions for prevention of the fall from happening again; o Notifies the patient's family of the patient's fall incident and initiate patient/family education. o Initiate a Referral to Clinical Pharmacy and Rehabilitation Services to assess the patient within twenty-four (24) hoursRelated JCI Standards: Related KAAUH Policies: 1-130000-002(2) - FALLS ASSESSMENT, PREVENTION AND MANAGEMENTJCI: IPSG.6 The hospital develops and implements a process to reduce the risk of patient harmresulting from falls for the inpatient population.IPSG.6.1 The hospital develops and implements a process to reduce the risk of patient harmresulting from falls for the outpatient population.

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