Enhancing Life
LibertyHealth

SAFETY BRIEFINGS: Guidelines for Implementation

Purpose: Increase awareness of patient safety issues and create an environment where staff shares information without fear of punitive action

- **Safety Briefings are to be conducted at the beginning of every shift**
- **Everyone involved in patient care** on that shift should be in attendance
- Keep Briefings brief, about **5 minutes.** Stick to the time limit!
- Reinforce that the information shared will **not be recorded or used in a punitive way**
- Encourage everyone to speak. If staff do not have any safety issues to discuss **refer to the examples provided below**
- Document patient safety concerns on your unit's **Assignment Board**

Safety Issues for Discussion

- Which patients are high risk for falls or elopement?
- Are High Risk medications being administered ie: Insulin, Heparin, Oxytocin
- Are high alert medication properly labeled?
- Does every one check the name and medical record of patient prior to administering medication, blood or performing invasive procedure?
- Are meds reconciled appropriately?
- Are there two patients with the same or similar last names on the unit?
- Are any non formulary drugs ordered? If so, are all staff involved, educated about them?
- Is there any new equipment in use? Is everyone familiar with it?
- Are time outs called before every invasive procedure?
- Are invasive procedures performed in a sterile fashion on your unit?
- Are physicians using unapproved abbreviations?
- Did you receive a good handoff on your patients?

- Are patients involved in there own care. How can you encourage them to be more involved?

Safety Tips

- Read out loud patient's meds or Id information. You may hear the mistake more easily then when you see it
- When covering for another nurse, be extra careful when giving medication
- Keep your patients safe by identifying Early Signs of deterioration using the Early Warning Scoring System (EWSS)
- Call a Rapid Response if your patient has been identified as a candidate using the EWSS
- Unplanned transfers to the critical care division
- Intuitive sense that something is wrong
- Decrease in LOC or Acute changes in LOC
- New onset of agitation/restlessness
- Slurred Speech
- Sudden loss of movement or weakness of face, arm or leg
- Acute changes in RR <8 or >28 per min
- Stridor/noisy breathing
- Increase work of breathing
- Sat<90%
- Acute changes in the heart rate <50 or >120 bpm
- Acute changes in systolic BP <90mmHg
- New onset of chest pain
- Seizures
- Significant bleeding
- No improvement in condition despite treatment
- Potential serious medication errors
- S/P fall with evidence of any of the following: Head Injury, Any complaints of pain, Obvious injury or deformity, History of anticoagulant medication, Osteoporosis, & Recent surgery
- Inability to contact or communicate with physician. This does not exclude the attempts to contact the primary physician but can assist in a rapid response to meet the needs of a changing condition of a patient; visitor or employees
- When in doubt anyone can call a Rapid Response

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