Patient Safety

Standard:

Provide general direction on equipment, clinical practices, and supplies that potentially impact patient safety prior to or after patient care.

Purpose:

To minimize the likelihood of errors and patient harm as well as direction when encountering issues concerning immediate supply shortages, equipment failures, and clinical issues.

Application:

1. For all Medication Administration refer to the medication dosing charts provided in the Drug Formulary to determine and verify drug dosages.
2. For all Medication Administration perform and document a visual verification and Medication Administration Cross Check.
3. Insure that OMD credentials are on your person and visible as required by DSHS.
4. At the beginning of each shift verify and document the presence of all required equipment, medications, PPE and supplies.
5. If supplies fall below required levels, restock at the nearest appropriate location. If dispatched to a call that may require depleted supplies, contact communications or your Command Staff.
6. If massive depletion of supplies (e.g., post-cardiac arrest) and/or contamination, remain out-of-service until re-supplied and clean and contact communications or your Command Staff.
7. Medical Equipment that is System designated for multi-patient use, is "cleaned & disinfected' according to manufacturer's recommendations, with an EPA approved product after each use.
8. Any patient care equipment (including single patient use disposables) that fails to function as it was intended <u>while managing a patient</u> (equipment that fails while on a call, either preventing its use on the patient or fails while attached to the patient) will be safely secured, removed from service, and reported to the Office of the Medical Director (Clinical Procedure CP – 67) and the Agency's designated contact. This does not include medications or equipment failures due to operator error.
9. Agencies maintain all medical equipment in accordance with manufacturer's recommendations including: periodic testing, calibrations and/or recertifying.
10. If a near miss, clinical error, or adverse patient event occurs, contact your Agency's designated performance improvement person or their designee as indicated below once the error or adverse event is identified.
    a) **<u>Notification Sequence:</u>**
        i) For clinical discussion or concerns related to the error or adverse event, contact the on call System Medical Director immediately.
        ii) For all other clinical errors, adverse events and near misses, notify the Agency's designated performance improvement person (DMO, FMO, etc.) as soon as possible via email and/or cell phone. Mistakes happen during patient care and; it is important to report those mistakes AS SOON AS POSSIBLE. Self-reporting is the cornerstone of our Performance Improvement Program.
11. Transport Patients in accordance with Patient Transport Standards, Clinical Standard Safe Transport of Patients, Clinical Standard Transport Destination Decision, Appendix Hospital Transport Guidelines, and Clinical Reference Transport Grid.