

FOX PATIENT SAFETY



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2003 Patient Safety Climate Survey

Remember a few months ago we asked you to take five minutes to fill out the survey on Patient Safety from MEDCOM, well the results are back. Overall as a Health Center our numbers were pretty comparable to other AMEDD's. All the responses were derived from the statement, "Most people I work with..." 93% of Fox staff cooperate with one another to resolve patient safety issues compared to the AMEDD's 90%. 92% Agree that patients also play a role in preventing clinical errors to AMEDD's 93%. 93% of Fox staff believe their immediate supervisors are committed to improving Patient Safety to AMEDD's 90%. 58% fear there will be negative consequences associated with reporting clinical errors to AMEDD's 56%. And 66% regularly report all clinical errors compared to AMEDD's 68%. We are on the right track. Our overall focus is on system and process improvement, not on placing individual blame. Reporting an unusual occurrence will not result in a punitive action. A complete copy of this survey has been placed on the Intranet for your viewing. Thank you again for your participation in the 2003 Climate Survey. Fox Rocks!

JCAHO QUESTION

Q: Who is responsible for the patient's health care needs outside the clinic visit setting?

A: The Nurse Case Manager from the TRICARE Service Center is responsible for case management, home health services, hospice, long-term care facilities, rehabilitation services, and medical equipment acquisition for all TRICARE Prime and TRICARE Standard patients.

The FACH Nurse Case Manager is responsible for active duty personnel. This includes case management, home health services, hospice, long-term care facilities, rehabilitation services, and medical equipment acquisition.

National Patient Safety Goals

Over the last few months you have been hearing a lot about the 2004 JCAHO National Patient Safety Goals. It is not about to stop. With JCAHO on the horizon we here at FAHC must do all we can to stay prepared for an inspection at anytime. For this month we will begin to focus on each goal individually.

Goal # 1: Improve the accuracy of patient identification.

1.a. Use at least two patient identifiers (neither to be the patient's physical location identifier) whenever taking blood samples or administering medications or blood products.

In order to comply with the first part of this goal you must ask the patient a question. What is your name? The patient stating his name could be the first identifier. A second identifier for an ambulatory patient could be date of birth, address, social security number, or phone number.

1.b. Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure, and site, using active not passive--communication techniques.

HELP WANTED

Do you have it? Looking for that just right name for this newsletter please continue to submit ideas to Truelove Sandifer, 2nd floor room 2A-23.