**Safety Nurse Clinical Learning Activity:**

**Instructions:** You are the unit Safety Nurse this week. Please complete the pre-clinical assignment below.

**Pre-clinical assignment: Locate resources to answer the questions below.**

1. Define the following terms:
   * Culture of Safety
   * Just Culture
   * High-Reliability Organizations
2. Identify the factors that create a culture of safety:
3. Identify your role in sustaining a just culture reflecting civility and respect:
4. Identify the National Safety and Quality Standards (National Patient Safety Goals) that guide nursing practice on the unit:
5. Locate National Quality Metrics on the internet. Identify metrics that guide nursing practice on the unit you are assigned. For example, medical/surgical units often look at metrics for preventing Congestive Heart Failure readmission, geriatric units follow fall risk metrics, and mental health units target suicide/violence risk.
6. Read an article and identify the basic principles to reduce the risk of harm (harm reduction). Some potential journal articles to use are as follows:

* Fox, M. D, Bump, G. M., Butler, G. A., Chen, L., & Buchert, A. R (2021). Making Residents Part of the Safety Culture: Improving Error Reporting and Reducing Harms. Journal of Patient Safety, 17(5), e373-e377. https://doi.org/10.1097/PTS.0000000000000344
* Domdera, J. (2023). Patient Safety Tools for Primary Care. Family Practice Management, 30(2), 24–28.
* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7142993/> a systematic review of nursing role in patient safety

1. Using the activity list below, identify two evidence-based interventions that could be applied to safety events you will be monitoring.

**Please complete the following activities during your clinical day experience as Safety Nurse:**

1. If accessible, review and interpret trends/benchmarks and unit outcome data that inform practice on your unit.
2. Identify the nurse’s role within the inter-professional team in promoting safety and preventing safety events and near misses (example: Participate in Huddle).
3. Identify a process used to understand safety events on this unit (examples: fall debriefing tool, CLABSI/CAUTI debriefing tool, blood transfusion tool, medication administration safety events, etc.)
4. Identify actual and potential levels of risks to providers on the unit (example: Brøset Violence Checklist and CAM non-ICU). Identify a low, medium, and high-risk score. If possible, include the charge and/or staff nurse in the process of identifying actual or potential levels of risk.
5. Identify measures to prevent workplace violence and injury on the unit. (Such as injury—back injuries related to lifting patients; violence could be related to family members or patients becoming violent; CPI training—identify signs of distress and anxiety; code alert systems)
6. Identify any policies for preventing violence and injury used at the facility.
7. Identify communication pathways for reporting, monitoring, and evaluating identified safety concerns, occurrences, and harm/injury events.
8. Identify two to three environmental safety issues that you observed being addressed during your shift.
9. Identify one potential environmental safety issue that requires communication/advocacy by you to the charge RN or other team member.
10. Pharmacy Safety Check: Identify one to three procedures used on the unit for safe medication delivery, storage, and monitoring.
11. Population Safety Check: Consider any safety issues specific to the patient’s age, developmental stage, cognitive ability, and diagnosis.
    1. Identify at least two nursing care interventions that will promote safety with the patient population on your unit.

**During clinical, participate in quality and safety initiatives on the unit. The following are examples that may be occurring on your unit.**

|  |  |  |
| --- | --- | --- |
| **Activity:** | **Assessments/findings:** | **Follow-up interventions/corrective action if applicable:** |
| **Unit Checks – General Safety Activities** | | |
| Check the code carts.  Examples of what should be checked: locked, sign out sheet, defibrillator checked daily, oxygen tank full, check for expired medications, defibrillator pads present and not opened) |  |  |
| Handwashing surveillance:  Observe your peers for handwashing—follow up as needed.  Target—Observe 20 handwashing occurrences. If you observe the nurse washing before going into and out of the room, that is considered two occurrences. |  |  |
| Check barcoding and Workstations on Wheels (WOWs):  Observe the use of the barcoding process in medication administration and labs. Discard ancillary banding. Ensure ancillary bands are not taped to the doors or under the WOWs. Observe the WOWs—cleanliness, free of patient information, HIPPA compliant.  When not in use, computer screens are turned off. |  |  |
| Observe one medication administration, noting how many interruptions occur. If possible, observe and compare medication passing activities of several nurses throughout the day to determine how frequently they are adhering to the “rights of medication administration” |  |  |
| Patient-protected information is in appropriate areas.  Round on the unit and look for variances. |  |  |
| Confirm with the Patient Care Assistants which patients need turning due to skin breakdown risk (Braden Scores) and mobility score (AMPAC). If possible, verify whether these items have been correctly documented.  Patients with self-harm/safety risk: observe the procedure for monitoring every 15 or 30 minutes, observe documentation for the use of any patient restraint device. (medical/psych) |  |  |
| If possible, attend appropriate floor meetings addressing safety/quality, such as Huddles, discharge rounds, safety rounds, etc. |  |  |
| **Room Checks – These can be the same five patients for each criterion** | | |
| Check five IV sites and/or central lines (look for expiration, redness, infiltration, leaking, and pain). Check the tubing and make sure the dates are on the tubing. |  |  |
| Assess five patients, identifying their fall risk. If applicable, confirm with the nurse regarding the availability of a bed alarm. |  |  |
| Pick five rooms and ensure the room has an oxygen flow meter and an appropriate connection. If appropriate to the setting, have ambu bags and suctioning readily available and fully stocked. |  |  |
| Check five patients and ensure they have appropriate identification and alert bracelets intact.  Examples of alert bracelets: allergy, DNR/DNI, fall risk, fistula alert, mastectomy alert, and no blood products. |  |  |
| Check five patients and ensure that call bells are within reach and appropriate side rails are in place. |  |  |
| Others: |  |  |
| **Environmental Checks:** | | |
| Identify any need for environmental modifications to ensure patient and staff safety, which may include managing spills, broken equipment or furniture, presence of covered electrical outlets, locked door policy on the unit, badge/key access, elimination of ligature risks for suicidal or risk for harm patient (e.g., IV tubing, belts, shower curtains, telephone cords), or blocked access to exits. |  |  |

Please note any “Good Catches”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post-conference Presentation:**

Guiding questions:

* Summarize your experience as a Safety Nurse.
* What did you learn from this experience?
* How will you apply what you learned today to your clinical practice?
* Is there anything else you would like to discuss?
* What did you do with your findings?

**Reflection:**

* What are some unsafe conditions, near misses, or safety events you think can be reduced on the unit, and how did you improve the conditions?
* How would you incorporate what you learned into practice?
* What additional safety knowledge or skills would you identify necessary to be effective as a future nurse in practice?