

Patient and Staff Safety Plan Integrated Clinical Services Multnomah County Health Department

Introduction

Integrated Clinical Services (ICS) provides clinical services to residents of Multnomah County who come to our clinics, who are in jail, or who are accessed in the community. The majority of our clients are insured by the Oregon Health Plan or are uninsured, are non-native English speaking, and are predominately children or female adults.

Patient safety has always been a central focus of our quality program. However, it has become progressively clear over time that staff safety is interwoven with patient safety. To address them separately is to develop two parallel processes, even though the safety of both groups occurs when many of the same processes take place simultaneously. For this reason, we have chosen to develop and maintain a comprehensive Safety Plan for all.

Our objectives for patient and staff safety are:

- Patient and Staff Safety is included in the ICS Strategic Framework
- Safe care is provided to all patients
- Patient and staff safety is an ongoing work-in-progress
- A safe environment is maintained
- Safety issues are effectively addressed in a timely manner

Leadership and Safety

ICS leadership has adopted patient and staff safety as part of its Strategic Framework. Leadership in the development, promotion, implementation and evaluation of safety components is essential to the delivery of safe and effective services in ICS.

- The ICS Safety Coordinating Team (SCT), comprised of six safety experts, is responsible to provide ongoing leadership, coordination, assistance, and oversight to ICS service areas. This team is sponsored by the ICS Director of Quality and Process Improvement, and provides a complete communication loop to ICS leaders regarding patient and staff safety issues.
- SCT membership is comprised of:
 - ICS Director of Quality and Process Improvement - Chair
 - ICS Quality Assurance Manager
 - ICS Dental Manager
 - HD Laboratory Manager
 - HD Facilities Safety Officer 2
 - MC FP&M Facilities Specialist 3
 - MC Risk Mgmt. HRA Specialist
- The ICS Quality Assurance Manager provides operational leadership in developing and implementing special projects in targeted patient and staff safety areas, tracks and trends data involving incidents and errors in ICS, and proactively analyzes and manages risks to patients and staff.

- The ICS Quality Improvement Consultant assists in the development of improvement action plans and evaluation methodologies on an ad hoc basis.
- The SCT members are all members of the ICS Environment of Care Committee and have been trained in a variety of OSHA classes such as Safety Supervision, Safety Practices/Evaluation, and Emergency Leadership.

Scope of the Plan

The ICS Patient and Staff Safety Plan includes the following service areas within ICS:

- ICS Health Centers, including Primary Care and HIV medical clinics, dental clinics, WIC sites, pharmacies, labs, x-ray sites, medical records, etc.
- School Based Health Centers
- Corrections Health Medical Sites
- Appointment and Information Center
- ICS Administrative offices

Staff Education

Annual staff education includes but is not limited to the following topics:

- Emergency Management and Evacuation
- Worksite Violence Prevention
- Hazardous Communications
- National Patient Safety Goals

Annual drills, followed by analysis of performance and improvement plans if indicated, include the following:

- Fire drills (2)
- Earthquake drill
- Intruder drill
- Disaster drill

Safety Improvement Activities – 2007/2008

- Conducted an ICS Patient Safety Assessment and Action Plan (Resource: Institute of Healthcare Improvement Leadership Guide to Patient Safety) – 2008-2010
- Developed and filled the new position of ICS Quality Assurance Manager - 2007
- Maintain Joint Commission accreditation of ICS Primary Care Clinics and Labs by compliance to all new and ongoing standards and national patient safety goals – 2007/2008 (continuous since 1999)
- Incident/Error tracking and analysis system centralized under the Quality Assurance Manager – 2008
- Mandatory Safety training content moved into online electronic format for ease of participation by staff – 2008
- Electronic Health Record system fully implemented at all 23 primary care and school based health centers – 2005-2008

- Electronic Health Record system for Corrections Health funded and planned for implementation in 2008/09
- Safe Patient Handling Project initiated – 2008
- Patient Safety Culture Project moved into phase 3 (primary survey analysis) – 2007, phase 4 (focus staff survey) – 2008, and phase 5 (improvement action plan) – 2008-2010. This project is an AHRQ replication study adapted to ambulatory care.
- Primary Care Renewal Project (Building Better Care) – 2007-2009

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