Safety Fundamentals for Teams

Safe care for patients during COVID-19

Patients admitted to hospital are to be provided with safe, high quality and reliable care during times of high stress. Patients, family/carer and carers need to feel valued and involved in all decisions about their care.

Safety Fundamentals for Teams will support your work in keeping patients safe.

Safety Huddles

Focused huddle 5- 10 mins each shift to share information about potential or existing safety risks which may affect patients and staff. E.g. managing risk of fall in isolation and/ or increased risk of delirium due to infection.

Post Fall Huddle

Facilitated huddle with the patient and family/carer after a fall incident – to review fall incident and revise care plan.

Intentional/Purposeful Rounding

Regular face-face contact and communication with patient & family/carer to meet clinical and personal care needs, depending on the patient's condition, mental health and isolation status e.g. every 15-30 mins or hourly.

Implement communication options for isolated patients who may be acutely ill, frightened and feel lonely e.g. using 'facetime' to talk with family or virtually visiting a pet at home.

Safety Fundamentals for Teams
http://www.cec.health.nsw.gov.au

Clinical Handover

- **Staff communicate** patient safety concerns and care priorities e.g. fall and delirium risks, restraints if in place (as per policy).
- **Daily goal setting** with an action plan agreed by staff, patients and family/carer
- **Transfer of care** is communicated to patient, family/carer and receiving ward/site including patient safety concerns and care priorities.

Medication Safety

- Ensure safe administration of medications – including correct use of inhalers and spacer devices
- Review medications to reduce delirium and fall risk.
- When a patient is confused, the use of psychotropic medicines (antipsychotic / benzodiazepine) can have a number of serious adverse effects for older people and can worsen delirium.
- Treatment with a psychotropic medication should only be considered if there is severe behavioral/emotional change and where non-pharmacological strategies have been unsuccessful. Follow local guidelines for pharmacological management in people with delirium If psychotropic medication is commenced start with the lowest dose possible and titrate slowly.
- Discuss medications with the patient and family/carer before discharge from hospital.

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Reliable harm reduction strategies to meet patient needs

Engage family/carer in care planning - 'what matters to me'

- Plan care in discussion with patients and families/carers
- Discuss and explain patient safety risks – e.g. falls, delirium
- Explain infection control procedures and support family/carer application of PPE and ways they can help
- Remind the patient to use the call bell if they need help **or** consider alternatives if the patient may not remember to press the bell

Cognitive Impairment: Delirium and Dementia https://www.aci.health.nsw.gov.au/chops

- Older patients with an acute illness will be at risk of developing a delirium. Prevent, identify, treat, and manage delirium
- An older patient may have a dementia and/or depression
- Screen for cognitive impairment and delirium and commence a delirium pathway if a delirium is evident
- Communicate with families/ carer re care needs & engage them in care e.g. CEC Top 5

Patient care fundamentals – Clinical care actions

- Personal care is important – assist with showering
- Dental Hygiene – prompt and support teeth cleaning and mouth care
- Toileting – assist where help is needed: remind the patient to use the call bell for help to get to the toilet, offer toileting regularly
- Showering – assist and check skin integrity
- Environment – access to light e.g. window, remove clutter, mobility aids/ equipment at bed-side (clean regularly)

Safe mobilisation

- Patients out of bed where possible– sit in chair, march on spot, walk to end of bed/toilet – mobility plan in place.
- Identify an area that is safe for the patient to walk with family or staff
- Mobility equipment within reach
- Supervision/hands-on help when mobilising if patient is unsteady on their feet.

Hydration and nutrition

- Enable access to meals by moving tray tables close to patient – sit out of bed to eat meals if safe
- Assist with meals and opening food packages
- Provide regular small snacks and fluids
- Prompt to drink water – maintain hydration
- Review by dietitian for patients with dietary needs and malnutrition - promote protein supplementation

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