كليفلاند كلينك أبوظبي
Cleveland Clinic Abu Dhabi
A Mubadala Health Partner

PATIENT IDENTIFICATION

PROBLEM

Patient misidentification can lead to serious harm or death.
Common problems associated with patient identification include:

- Placing the wrong armband on a patient
- Performing the wrong test or procedure on a patient
- Administering the wrong drug
- Entering information into the wrong patient record
- Sending the wrong patient to a procedure
- Creating duplicate charts

INSTRUCTIONS FOR USE

Caregivers should be aware of the following steps:

- The intent of the identification process is to reliably identify the individual as the person for whom a service or treatment is intended
- Patient identification should include the patient's active participation
- Room numbers should **never** be used to verify a patient
- CCAD requires the use of **two patient identifiers**
  - **Patient's name**
  - **Patient's date of birth**
- All patients will receive an identification wristband after being identified by asking name and date of birth
- Before providing care, treatment, or services, the caregiver will ask the patient to state their name and date of birth. The caregiver will match the stated patient name and date of birth with the electronic medical record
- Blood product administration requires
  - Patient name
  - Date of birth
  - Medical record number

RESOURCES AND SUPPORT: READ Patient Identification Policy v.8 (navexone.eu)

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IMPROVE EFFECTIVE COMMUNICATION

THE FOUR REQUIREMENTS FOR EFFECTIVE COMMUNICATION

FIRST

Verify telephonic orders using the read-back process:

- Write it down
- Read the information back
- Have him/her confirm if what you read back is correct. (Simply repeating a verbal order or test result is not acceptable)

SECOND

- In emergency situations (e.g. Code Blue), verbal orders are repeated back for verification

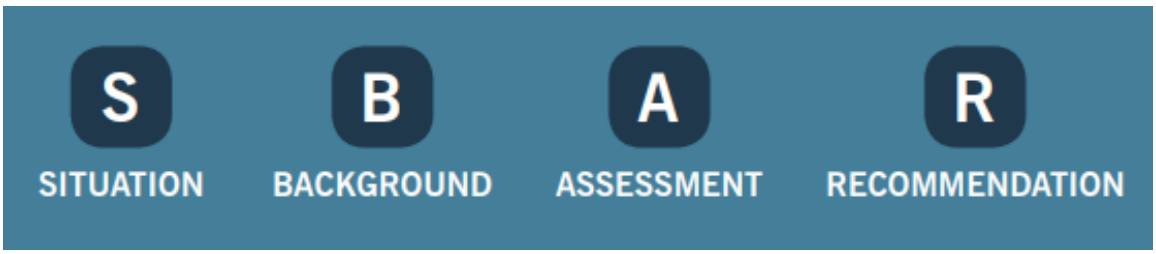
THIRD

- Use the read-back process for reporting critical results.

FOURTH

- “Hand-off” communication is needed when handing over information, on the patient’s condition, changes in condition, or ongoing treatment, from one clinician to another.

The CCAD hand-off communication tool is **SBAR.**



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IMPROVE SAFETY OF HIGH-ALERT MEDICATIONS

HIGH ALERT MEDICATION CLASSES – P.I.N.C.H.

P
- Pressor infusion
- Parenteral Nutrition
- Propofol and other Anesthetic infusion
- Prostacyclins/Prostaglandins
- Patient Controlled Analgesia (PCA)

I
- Insulin
- Intrathecal/epidural medication
- Inotrope infusion

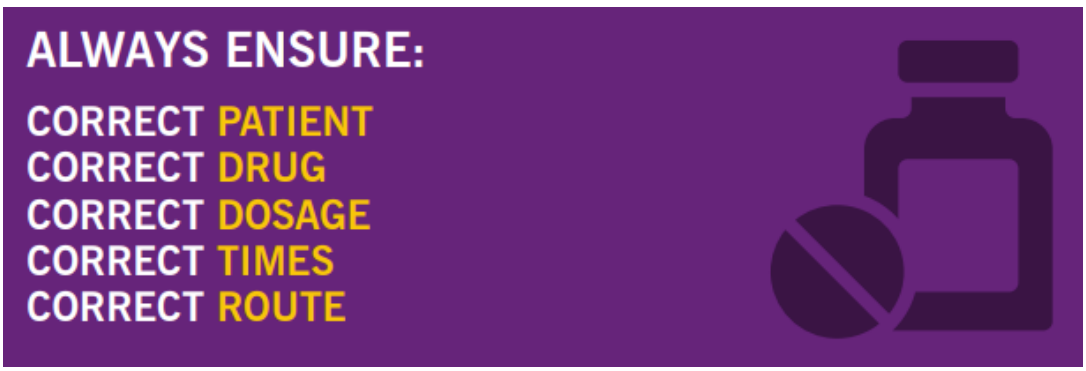
N
- Narcotics/Controlled medications
- Neuromuscular Blocking Agents

C
- Chemotherapeutic/Biological agent
- Coagulation Factors

H
- HAT (heparin, anti-coagulant, thrombolytic) infusion

GUIDELINES FOR HANDLING HIGH - ALERT MEDICATIONS

1. High Alert medications are labelled with a “High-Alert Medication” designation
2. An independent double-check by a second clinical caregiver is required before administration
3. Telephonic orders are discouraged except for emergent cases



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ENSURE CORRECT SITE, CORRECT PROCEDURE, CORRECT PATIENT SURGERY

GUIDELINES

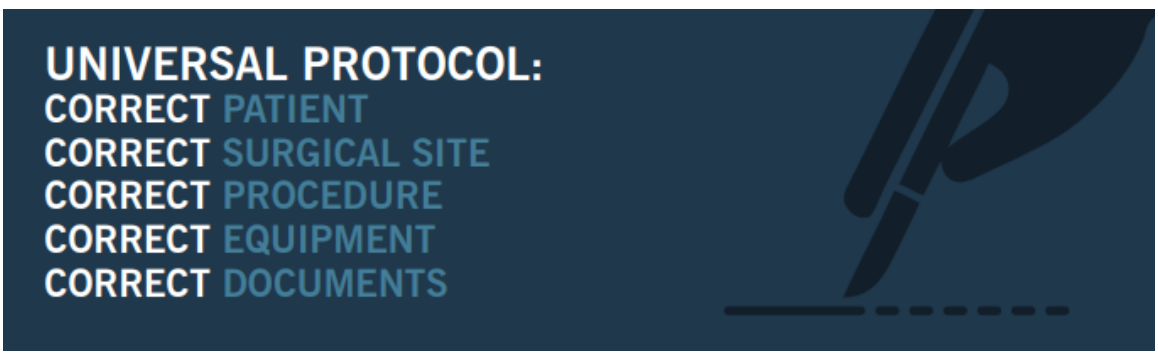
STEP 1:
• Surgical and invasive procedure site marking is done by the person performing the procedure. The patient should be involved in the marking process.

STEP 2: A preoperative verification is done to:
• Verify the correct site, procedure, and patient
• Verify the relevant documents, images etc. are available, properly labeled and displayed
• Verify that any required special medical technology and/or implants are present

STEP 3:
• A time-out is done immediately before the start of a procedure.

DURING TIME-OUT CHECK

• Correct patient identity
• Correct side and site
• Agreement on the procedure to be done
• Correct patient position
• Availability of correct implants & any special equipment or requirements



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REDUCE THE RISK OF HEALTHCARE ASSOCIATED INFECTION

The best way to reduce Health-Care Associated Infection is to practice Hand Hygiene.

DEFINITION

• Any infection(s) acquired by a patient while receiving care or services in a health care organization. These include urinary tract infections, surgical wound infections, pneumonia, and bloodstream infections.

PERFORM HAND HYGIENE (HAND WASHING)
W.H.O. 5 Moments of Hand Hygiene

1. Before touching a patient
2. Before any aseptic task
3. After an exposure risk to body fluids (and after glove removal)
4. After touching a patient and his or her immediate surroundings
5. After touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient

ALCOHOL HAND DISINFECTANTS MAY BE USED WHEN HANDS ARE NOT VISIBLY SOILED

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REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS

FALLS	Assessment	Re-Assessment	Tool	Interventions
ED	*Part of triage *As needed	*Significant change in condition *Medication administration (that may increase risk of falling)	**Kinder 1 Tool**	**Universal Precaution** • for all patients **Moderate Risk** • Universal precaution • Moderate Risk Fall interventions **High Risk** • Universal precaution • Moderate Risk fall interventions • High Risk fall interventions *In **Outpatient setting**, if "Yes" is documented on any of screening questions, the **high fall risk interventions** will cascade.
Inpatient incl PACU, Prep & Endoscopy	*On admission to unit *On transfer from one unit to another	*Every shift *Significant change in condition or after treatment or procedure (increase risk of falling) *Sedation *After a fall	**Hester Davis Tool**	
Outpatient incl PAT, Outpatient Rehab & Lab	**Visual Screening:** Looking at a patient to identify if they have mobility problems, their use of mobility devices or if they are tethered to equipment which automatically increases their risk of falls **Clinical judgment** for fall risk		**Fall Screening Tool**	
Pediatric	*Pediatric patients will be assessed during each visit and as needed during their visit *Universal Risk and High Risk for Fall categories only		**Humpty Dumpty Scale**	If High Risk, use both universal and high risk interventions