Academic Medical Center | Patient Safety Organization
a component entity of Risk Management Foundation

Patient Safety Strategies and Tactics

Issue 7 | June 2012

Risks Associated with Interventional Procedures in the Ambulatory Setting

Most hospitals are aware of the need to prevent the so-called "never events," such as wrong patient, wrong site, or wrong intervention and have developed proven systems and universal protocols, such as (surgical checklists, time-outs, patient identification procedures). However, with the inclusion of affiliated ambulatory clinics into larger hospital systems, there is a new need to carefully assess risks in these settings and develop responsive safety strategies.

The AMC|PSO has highlighted some potential risks contributing to wrong patient interventional procedures in the ambulatory setting and has identified safety strategies to mitigate these risks.

"Wrong Patient" Risks in the Ambulatory Setting

Staff Training & Orientation

- Limited, often informal, clinic-based orientation sessions, instead of full-day, standard orientation sessions for support service staff.
- Failure to use standard or well-established patient identification procedures, e.g., name verification with patient or identification band checked against patient chart (medical record).

Policy/Practice Interpretation

- Non-standard policies and training procedures in the ambulatory setting

Ambulatory interventional procedures may not be viewed as "invasive," depending on the history, culture, or specialty of the clinic.

- If a procedure is ***not*** considered invasive, Universal Protocols may not be applied.

Human Factors

- Lack of coordination among team members, including medical assistants, nurses, ancillary services (including interpreter services), residents, and attending.
- Faulty task planning: assigning tasks outside the appropriate scope of responsibility.

Supervision

- In academic medical settings, a patient may be well known to an attending physician, however, in the procedural clinic, the visit may be the first encounter with a member of the house staff.

Environment/Culture/Leadership

- Provider schedules include rotating clinicians, each with varying procedures and practice patterns.
- Non-standard communication of patient information between clinic staff and rotating clinicians.
- High volume/production pressures: Tendency to over schedule to compensate for frequent patient no-shows.
- Uncoordinated scheduling of support services to meet specific patient population needs (e.g., interpreter services for non-English speaking patients).

Safety Strategies

Staff Training and Supervision

- Orientation: Require all support and ancillary staff to complete a standard orientation regardless of whether they service the inpatient or outpatient clinical areas.
- Room Preparation: Refrain from setting up exam rooms with interventional procedure kits before completing Universal Protocols (as clinicians may incorrectly conclude that these safety checks have already been completed).
- Scope of Responsibility: Ensure that staff are not asked to perform duties outside their role, e.g., support staff, including interpreters, should not be responsible for bringing patients to the exam room or conducting verification of patient identification during busy times.
- Supervision: Ensure appropriate attending provider oversight in cases including house staff participation.
- Resident Training: Domain-specific knowledge should be communicated to new staff.
- Communication: Adoption of standard and structured communication processes for all staff members responsible for handoff of patient information is essential. Examples include “SBAR” (Situation-Background-Assessment-Recommendation) (IHI) and “I Pass the Baton” (AHRQ: TeamSTEPPS).

Verification of Patient Identification

- Ask the patient to state his or her name and date of birth rather than having medical staff read the name and ask for verification.

Disclosure and Apology of Safety Events

- Support ambulatory clinics in providing training and clear policy and procedure guidance on the process for disclosure and apology of safety events, including:
    - Decide how to involve Risk Management/Patient Safety and Social Services for assistance and support in the disclosure and apology process.
    - Clarify roles and responsibilities of clinical staff in these disclosure and apology discussions.

Other Safety Considerations

- Post Universal Protocols, including sample scripts for the timeout, in outpatient areas
- Empower staff to confront physicians who choose to ignore safety rules with appropriate, scripted language, so they are comfortable speaking up about safety issues.
- Inform physicians that staff members are expected to speak up when safety issues are identified, and set expectations that this input will be respectfully acknowledged.
- Utilize all opportunities to reinforce awareness of safety practices and disclosure and apology procedures.
- Focus quality improvement discussions on the evaluation of common vulnerabilities and collaborate on interventions that can be widely disseminated.

© 2012 Risk Management Foundation of the Harvard Medical Institutions. All rights reserved. This material may not be reproduced, displayed, modified or distributed without the express prior written permission of the copyright holder.

For permissions and secure methods of communication to the AMC PSO, please contact:

amcpso@rmf.harvard.edu