



## CHAPTER TIPS

Leadership & Quality Management

**QM.23.3 The hospital implements evidence-based interventions for falls reduction according to the risks identified.**

### *Do you follow a process to prevent patient Falls?*

Yes, we have Falls Risk IPPs that outline the process.

We use age-specific Falls Risk assessments on every patient (inpatient & outpatient areas) & based on the Falls Risk assessment score, we initiate falls risk protocols (Low, Mod, High) accordingly.

### *What Falls Risk Assessment Tool do you use?*

**Pediatrics:** Humpty Dumpty

**Adults:** Morse Falls Risk Assessment

### *What are some interventions implemented to prevent falls?*

- Side rails up
- Patient Family Education
- Hourly rounding
- Floors kept dry & areas clutter free
- Patients not left unattended, etc.

### *How do you identify that a patient is at high risk for Falls?*

If a patient is at risk of falls, a **yellow card** indicating “fall risk” will be placed on the outside of the patient’s door.

### **Refer to:**

CIPP-3761: Falls Risk Management: Inpatients

NA-J-CL-05-064: Fall Risk Prevention Ambulatory Settings



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## CHAPTER TIPS

**QM.17 The hospital has a process to ensure correct identification of patients.**

### *How do you identify patients correctly?*

We always use 2 Patient Identifiers:

1. FULL NAME (FIRST MIDDLE LAST)
2. MRN NUMBER

### *Can you Identify Patients by Location, Bed, Or Room Number?*

NO! NEVER!

### *How do you involve the patient in the identification process?*

We ask the patient to state his/her full name.

### *When are we going to identify patient?*

- Before administering of medications or blood products.
- Before taking blood and other specimens for testing.
- Before providing any treatment and procedures.
- Patients are identified in all situations and locations of the hospital

### **Refer to:**

MCA-J-ADM-01-024: Patient Identification



## CHAPTER TIPS

**NR. 9.3. Nursing services are provided by registers nurses in accordance with their license and scope of practice.**

*Where do you find your roles and responsibilities?*

My roles and responsibilities are stated in my Job Description, Unit Staffing Plan and Scope of Service.

**PFR.2.4 Staff members provide care to patients with respect and dignity.**

*Can you share with me some ways in which you provide care to your patients with respect & dignity?*

- Knock on the door of the patient's room before entering as appropriate.
- Ensure the curtain is drawn around the patient as required, etc.
- Patient private parts are not exposed unnecessarily during care process.
- Respect patient's requests and listen to patient
- Provide nursing care based on the Crescent of Care Model (COCM)

**Refer to:**

Nursing Affairs Dignity & Ethics Code  
Nursing Practice Plan 2017.



## CHAPTER TIPS

**NR.3.3 Nursing policies, procedures, and standards are accessible to all nursing staff at all times**

**NR.3.4 Nursing staff are familiar with the nursing policies and procedures.**

*How do you learn about the IPPs that guide your practice?*

- General Nursing Orientation & Unit specific orientation review of all relevant IPPs to our practice and unit.
- If any new IPPs come out or are updated, we get notified via the Nursing Daily Newsletter, email notifications, and our Nurse Clinician/Head Nurse educate us on the updates, etc.

*Where are your IPPs located?*

All IPPS CAN BE FOUND IN NAVEX (Policy Management System)

**FMS.27.1 Hospital staff are trained to operate safely all medical equipment.**

*Do you receive training and education on the safe use of medical equipment?*

Yes as follows:

- **Unit Orientation**
- **New equipment** we are educated and trained (i.e. Pyxis Training,.)

All the training & education received on medical equipment is recorded in our *equipment education log*.





## CHAPTER TIPS

Leadership & Quality Management

**QM.18.1 There is a process implemented to prevent wrong patient, wrong site, and wrong surgery/procedure.**

*Do you have a Time-Out Process and what is it?*

Yes, it's a

- **Systematic process**
- Involves a deliberate **PAUSE** in activity involving clear communication & verbal confirmation designed to ensure all appropriate steps are taken before surgical/invasive procedures.
- **It's used to prevent wrong patient, wrong site, and wrong surgery/procedure.**

*When is Time-Out Performed?*

Before patient undergoes any Invasive or Surgical Procedure.

*What are the steps in the Time-Out process from pre-operative to completion of procedure?*

1. Site-Marking (if applicable)
2. Peri-Operative/Procedure Verification & Verbal Time-Out Process
3. Documentation
4. Sign-Out

*Who performs Site-Marking & How?*

1. Site will be marked by the **physician/surgeon/dentist performing the procedure by placing his/her initials** at or adjacent to the incision site.
2. The **approved surgical site marker** must be used.

**Refer to:**

CIPP-2825: Correct-site, Correct-procedure, Correct-patient Surgery



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## CHAPTER TIPS

**PC.3.1 A policy and procedure defines the process used for elective admissions and patients admitted for a day procedure.**

### **What is the process for elective admission?**

- Each Unit/Department has a Scope of Service defining Admission and Discharge Criteria.
- Important aspects of the elective admission is:
  1. Consent
  2. Patient identification
  3. Patient/family Education about the admission.

### **What is the process for DPU admission?**

#### *Pre-admission*

- Consent
- Lab work
- Information & Patient Family Education.

#### *Admission*

- Arrival to DPU, the patient file will be activated in the system and identification will be done.

#### **Refer to:**

CIPP-3731: Admission

CIPP-8815: Management of Day Procedure Unit



## CHAPTER TIPS

Leadership & Quality Management

**PC.6.1 The hospital implements a policy and procedure that defines the assessment process and its scope and content for all care settings (inpatients, outpatients, critical care and emergency room).**

Medical

*How you can define your unit's patient population & Care Delivery System in your unit?*

Refer to unit Scope of Services

*Within what time frame do you complete your Nursing Admission Assessments?*

**Inpatient Units:** Within 4 Hours

**Critical Care Units:** Within 2 Hours

*Where you can find your unit's scope of service?*

InfoGateway >Nursing Units Scope of Service-Jeddah

A hard copy available in unit

**Refer to:**

CIPP-3800 General Nursing Assessment And Documentation For Inpatient And Ambulatory Care Areas

**DT.4.1 There is a current dietary manual that is developed by the dietitian and other relevant staff.**

*Do you have an accessible Dietary Manual?*

In NAVEX and a hard copy in each unit.

**Refer to:**

CIPP 8720 Dietary Manual



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## CHAPTER TIPS

### NR.4.1 There are nursing reference manuals and includes:

- **Nursing policies and procedures manual**
- **Current nursing practice manuals/books**
- **Infection control manual**
- **Safety Manual/Policies**
- **Operating manuals for the safe use of equipment- Products Manual**
- **Laboratory services guide**

### *Where can you find the reference manuals?*

- **Nursing policies and procedures manual:** NAVEX
- **Current Nursing Practice manuals/books:**
  - Professional Standards & EBP, which is reflected in our IPP's
  - Unit Standard Operating Procedures (SOPs)/Guidelines.
- **Infection Control manual:** Infection Control IPPs all in NAVEX
- **Safety Manual/Policies**
  - **Safety manual:** On Infogate – Click on help – Click on Emergency Operations Plan – Click on Emergency Operations Plan for Jeddah branch
  - **Safety policies:** Navex
- **Operating manuals for the safe use of equipment:** On Infogate – Type on the search box (*Products Manual Application*) – Go to apps – Click on Equipment/ Product Description -to find individual equipment: use CTRL+F.
- **Laboratory Services guide:** On Infogate – Type on the search box (*Laboratory services guide*) – Go to apps – Click on launch to open it.





## CHAPTER TIPS

**MOI.9.3 Patient information are documented and reported during the downtime (e.g., reporting laboratory results).**

*What do you do in Downtime and can you explain any specific processes you following during a Downtime?*

- Follow the 'downtime' process per our Downtime IPP
- We use the downtime forms for documentation.

### **Notes:**

- Staff must be able to access their downtime computer to print their EMAR
- Staff must be able to locate their downtime folder in the unit and must know that if downtime forms are not available that there is a central downtime form folder in the nursing supervisor's office

### **Refer to:**

CIPP-8409 Nursing Specific Downtime Process

There are other Downtime IPPs specific to the process of other departments, these IPP can be viewed in NAVEX



## CHAPTER TIPS

**PC.26 Patients at risk for developing venous thromboembolism (VTE) are identified and managed.**

*How to avoid a patient from developing VTE?*

- Daily VTE risk assessments done
- Encourage early mobilization
- Administer pharmacological and /or mechanical prophylaxis as ordered by physician.

*Which patient's age group need to be assessed for the risk of VTE?*

All inpatients patient that are at age of 14 years and above needs to be assessed for the risk of VTE.

**Refer to:**

CIPP-7852 Venous Thromboembolism (VTE) Screening And Prophylaxis

**QM.24.1 Patients and families are informed not to connect or disconnect devices or infusions.**

*How do educate patient/family about high risk of tubes /lines and drains?*

- Patient/Family Education Tool available in ICIS
- Educating patients about the important of not to disconnect their tubes or drains.

**Refer to:**

CIPP 3782 Management of peripheral Cannulas and IV lines and devices

CIPP 3655 Patient and Family Education



## CHAPTER TIPS

**PFR.8.5 Patients are supported to discuss their plans of care with the responsible staff members and have all their questions answered.**

*How do you involve the patient and family in the plan of care?*

- Tell them what care you are providing & what medications/treatments you are giving them
- Ask them if they have any questions
- Discharge Plan
- Involve them in Rounds
- Bedside Handover

**Refer to:**

CIPP 3655 Patient and Family Education

**PC.13.4 Staff are aware of the relevant laws and regulations and are educated about managing cases of abuse and neglect.**

*What process do you follow to deal with child /adult abuse/neglect (or suspected) cases?*

- Inform Medical Team & Social Worker
- Patient treated with dignity and respect
- Confidentiality and objectivity maintained
- Enter an incident report in the safety reporting system.
- Shall not leave the patient unattended and call a “Code White” if required.

**Refer to:**

CIPP-7854: Evaluation and Management of Suspected Abuse/Neglect and/or Domestic Violence





## CHAPTER TIPS

### Leadership & Quality Management

#### **AN.19.2 Patients are discharged when the criteria are met.**

*What is the process you follow when you discharge/transfer a patient post any procedure requiring sedation and based on what criteria?*

We use tools for Procedural Sedation Discharge Criteria:

##### **Aldrete Score:**

- A score of 8 and above or a return to the pre-procedural assessment is required for discharge
- Used in *Inpatient setting*

##### **PARSAP (Post Anesthesia Recovery Score for Ambulatory Patients):**

- A score of 16 and above is required for discharge home.
- Used for *discharging patients home.*

**When caring for a patient with moderate sedation, what are some primary nursing responsibilities?**

##### **The nurse is responsible for:**

- Ensuring emergency equipment is functional
- Connecting the patient to the automated vital signs monitor
- Verifying NPO status of patient & consents are signed
- Preparing the ordered medications to be administered for procedural sedation
- Continuous Monitoring, recording of appropriate physiologic parameters and to assist in supportive or resuscitation measures as required.
- Administering sedation under the direction of a Practitioner who is privileged to administer procedural sedation.
- Post sedation recovery and discharge/transfer of patient

##### **Refer to:**

MCA-ANE-J-07-002: Procedural Sedation/ Analgesia



## CHAPTER TIPS

Leadership & Quality Management

**FMS.14.3 Each department dealing with hazardous materials has MSDS relevant to its current list of hazardous materials.**

*Where can you find Material Safety Data Sheet (MSDS) information on hazardous materials?*

In the Safety Data Sheet Binders on Boards in unit (will be mounted soon in each Unit).

The sheets can also be found in the KFSH&RC web portal (Info gateway):

1. If you go to the **Help menu** on the home page
2. Select **Safety Data Sheets**
3. Scroll to the required chemical/Item
4. Select the PDF file to the right of the screen and the info is available their tubes or drains.

*Does the Hospital have a process to avoid Infant/Child abduction?*

Yes, we have the following as outlined in Code Pink Policy:

- Security Access Control system operates at Newborn Nursery (NNN) entrances
- Surveillances Closed-Circuit Television (CCTV) Camera system is available in the Hospital's hallways where there are Pediatric units.
- Mother/Newborn Serial number Identification Band (Tri-Band system) in place

**Refer to:**

APP-66: Code Pink Policy

NA-J-MCN-P-006: Newborn Identification at Birth in Labor & Delivery and with Admission/  
Transfer to NNN/ NICU



## CHAPTER TIPS

Leadership & Quality Management

### **LB 69.1 there is a process for the management of adverse transfusion events**

#### ***How do you handle Blood Transfusion Reactions?***

1. Stop the transfusion & Notify Physician Immediately.
2. Hang a new bag of Normal Saline and new IV tubing.
3. Keep IV line open with saline.
4. Notify Blood Bank, complete Blood Transfusion Form, and send blood & tubing back to Blood Bank
5. Complete Transfusion Workup per orders
6. Document in Nursing Clinical Notes

#### ***Before blood transfusion, what are the following checks that must be made by the nurse?***

- Check Blood Transfusion Order is present in the chart (ICIS) by physician.
- Check that a Valid Consent is present –includes patient signature/witness/physician signature with Id# to identify/date of consent to know the validity.
- **Verified by 2 nurses** –before blood transfusion and check patency of IV.

#### **Refer to:**

CIPP-3739: Blood Transfusion, Blood & Blood Product Administration

Facility Management & Safety

Laboratory

Medication Management



## CHAPTER TIPS

**QM.24.4 All lines (tubes or catheters) are always traced from the patient to the point of origin upon the patient's arrival to a new setting or service as part of the hand-off process. The hospital standardizes this "line reconciliation" process as part of the hand-over communication.**

### *Describe the process of Line Reconciliation?*

Verbalize that **lines and drains are traced from the point of origin.**

Part of the Handover Communication Report.

### **Refer to:**

CIPP -3782 Management of Peripheral and Cannulas and IV liens and devices

CIPP -8317 Handover Between Nurses

**QM.21.2 The hospital implements a standardized approach to handover communication between staff (e.g.,SBAR), change of shift, and between different patient care units in the course of a patient transfer.**

### *Please explain your Patient Handover process and when do you perform handover?*

- Handover communication report in ICIS using the SBAR format
- Handover must be done at
  - Change of shift
  - When transferring to another unit or procedural area
  - Break time

### **Refer to:**

CIPP-8317: Handover Between Nurses





## CHAPTER TIPS

Leadership & Quality Management

### NR.3.6.3 Patient and family rights.

#### *How to avoid a patient from developing VTE?*

- Daily VTE risk assessments done
- Encourage early mobilization
- Administer pharmacological and /or mechanical prophylaxis as ordered by physician.

#### *Which patient's age group need to be assessed for the risk of VTE?*

All inpatients patient that are at age of 14 years and above needs to be assessed for the risk of VTE.

#### **Refer to:**

CIPP-7852 Venous Thromboembolism (VTE) Screening And Prophylaxis

### QM.24.5 The hospital prohibits the use of standard luer-connection syringes for oral medications or enteric feedings.

#### *Does the Hospital prohibit Luer-connection syringe for oral medications or enteric feedings?*

Yes, The Hospital prohibits Luer – connection syringe for oral medications or enteric feedings





## CHAPTER TIPS

Leadership & Quality Management

**QM.25.6 The order or test result is confirmed by the individual who gave the order or test result.**

*Are you allowed to receive telephone or verbal orders? If so, what's the process you follow?*

Yes, with the following conditions:

### Telephone Orders:

- Must be accepted only in situations where immediate patient care intervention is required, and the prescriber is unable to directly document the order in ICIS within the required time frame.
- **Not allowed for narcotics, controlled medications and antineoplastic medications.**
- Co-sign the telephone order in power Order –ICIS or physician order sheet during “Down time” no later than twenty-four hours (24).

Infection Control

Telephone orders and critical laboratory/ radiology results require a “**READ**” back verification of the complete order by the individual receiving the order.

### Verbal Orders:

- Is limited to emergency situations in which the physician is unable to leave the patient bedside and an immediate written or electronic communication is not feasible. T
- The receiver of the order must “**REPEAT**” back the order.
- The ordering physician or covering medical team shall sign the verbal order as soon as the situation that prevented him from entering the order directly has resolved.

### Refer to:

MCA-J-ADM-01-008 Communication Of Verbal/Telephone Orders And Test Results



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Medication Management





## CHAPTER TIPS

### Leadership & Quality Management

**DT.2.2 The criteria used for nutritional screening during the initial assessment of patients are developed and approved by a qualified dietitian.**

*When do you do a nutritional screening and where do you document it?*

- Nutritional High Risk Screening is done during admission
- It's documented in "Adhoc" as part of Admission Assessment

*What is the process for referral?*

- Patients identified as 'high nutritional risk' will be referred to the Clinical Nutrition Services dept.
- Nurse will complete the referral and sign it
- Referral notification will be sent to the Dietitians multi patient task list on the ICIS system.

**Refer to:**

Refer to CIPP-3376: Clinical Nutrition: Referral Criteria For Nutritional Assessment And Follow Up For Inpatients

**LD 28.1 The department Head develops a written mission for the department that is consistent with the hospitals mission.**

*What is the Hospital Mission, Vision and Values?*

**Mission:** KFSH&RC provides the highest level of specialized healthcare in an integrated educational and research setting.

**Vision:** To be a world leader in healthcare through excellence and innovation.

**Values:** Safety, Excellence, Patient Centric, Compassion and Innovation. (Remember SPICE)

**Refer to:**

Nursing Practice Plan 2017 page 4



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## CHAPTER TIPS

**NR12.2.4 There is a method to track issues with supplies and linen so that patterns can be studied for quality improvement.**

*Is there a process to track supplies? And what do you do if critical supplies level is reached?*

- Each Nursing Unit has a minimum and maximum safety/critical level for all stock and non-stock items.
- Once the minimum critical level is reached, the Unit submit an Internal Requisition through the Oracle System to Supply Chain Management.
- Reporting of all unavailable items are done through the Hospital's Electronic Reporting System (QIS).

**Refer to:**

CIPP 8238: Floor Stock and Non-Stock Monitoring and Ordering Process (Non-Pharmaceutical Supplies)

**NR.6.3 Nursing staff are allocated according to the skill level, qualifications, patients volume and acuity, and in accordance with laws and regulations and nursing licensing boards.**

*What is the process of nurse allocation?*

Nurses are allocated based on skills, privileges, experience, qualification and acuity levels of patients based on NAS acuity system.

**Refer to:**

- NA-J-ADM-01-023 scheduling and Staffing Policy.
- Unit Scope of Service
- Unit Staffing Plan



## CHAPTER TIPS

**SC.2.2 The criteria used for psychosocial screening during the initial assessment of patients are developed and approved by a qualified social worker.**

### *When is a psychosocial screening done?*

Admission Assessment

*Patients meeting any of the following criteria will be referred to social worker:*

- No social support
- Condition will affect discharge home
- Suspected victim of abuse, neglect or violence
- Disability e.g. learning needs
- Physical disability
- Housing problem
- Patient exhibiting disruptive behavior
- Self-Injury
- Family member exhibiting disruptive behavior
- Involved in a major incident / catastrophic event

### *What is the process for referral? And to whom do you refer patient?*

The requested build is that once the nurse has completed the referral and signed it, the referral notification will be sent to the social worker

### **Refer to:**

CIPP-3800: General Nursing Assessment And Documentation For Inpatient And Ambulatory Care Areas

SS-J-02-003 Consultation for Referral to the Department of Social Services



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## CHAPTER TIPS

**ESR.MM.5 The hospital has a system for the safety of high-alert medications.**

**ESR.MM.6 The hospital has a system for the safety of look-alike and sound-alike (LASA) medications.**

**ESR.MM.41 The hospital has a process for monitoring, identifying, and reporting significant medication errors, including near misses, hazardous conditions, and at-risk behaviors that have the potential to cause patient harm**

### **What does Independent Double Checking mean?**

When **two Nurses separately check** (alone and apart from each other) each component of the six rights of medication administration before administering it to the patient.

### **What are your safety measures with Look Alike Sound Alike (LASA) Medications?**

Tallman lettering is used for drug name (DOBU**T**amine vs. DOP**A**mine)

Stored LASA medications in locations separate from each other and spaced out on shelves (not in alphabetical order)

### **What is your process around Medication Errors?**

If the error is discovered while the medication is going on i.e. continuous-infusion it must be STOP immediately.

Notify Physician, Pharmacy, and Charge Nurse & Document in Patient's Medical Record (Clinical Nursing Notes in ICIS).

Enter an SRS into the electronic reporting system (Quality Information System) QIS

### **Refer to:**

CIPP-3787 Medication Administration and Nursing Responsibilities



## CHAPTER TIPS

### Leadership & Quality Management

#### *What is the mechanism for reporting of patient Complaints & Satisfaction Survey?*

- Patient Complaints are managed and received by Patient Affairs Dept.
- Ward clerks make rounds in the units and receive complaints.
- Verbal and written complaints may be uploaded in QIS (Quality Information System) where unit manager needs to investigate and provide update.
- Patient relation communicate feedback with patient/patient's family.
- Patient Satisfaction is measured by Press Ganey Surveys that are done by external sources.

#### **Refer to:**

COO-SE-J-07-015 Procedure in Handling KFSH Patient Complaints/problems

APP-79 Management of Patient Complaints/problems



## CHAPTER TIPS

Leadership & Quality Management

### SPECIALITY AREAS

**CCU.12.5 There are policies and procedures for common and high risk procedures**

*How do you check healthcare provider qualifications and privileges?*

We use the KFSH&RC web portal (Info gateway)–via the staff directory or MCA portal.

**ICU.11.6 There are policies and procedures for dealing with ethical issues (e.g., No Code policy, end of life issues, and organ donation).**

*How do you know if a patient is DNR?*

- Patient medical record in ICIS: The demographic data bar shows **Code Status**
- A Hardcopy Do Not Attempt Resuscitation (DNAR) form is kept in the patient file. The Form should have three signature (attending or primary physician and two specialist physician, one of whom should be a consultant and the other one could be a consultant or a board certified physician).

**Refer to:**

CIPP-3646: Do Not Attempt Resuscitation (DNAR)



## CHAPTER TIPS

Leadership & Quality Management

### SPECIALITY AREAS

**ICU.11.4/PICU.12.4/NICU.12.4/CCU.12.4** There are policies and procedures for handover procedure between staff in between shifts and at discharge to a lower acuity of care.

#### *What is the process for patient handover?*

We use *Handover communication report* in ICIS to conduct handover using SBAR format and we perform **Bedside Handover** whenever feasible.

#### *When is handover is performed?*

Anytime I am transferring care of a patient, responsibility, & authority to another nurse, for example:

- During Change of Shift
- When transferring to another department or to a procedural area (Radiology, OR, etc.)
- Break time

#### **Refer to:**

CIPP-8317: Handover Between Nurses

Facility Management & Safety

Laboratory

Medication Management





## CHAPTER TIPS

Leadership & Quality Management

### SPECIALITY AREAS

#### ORT.6.2 Well trained staff

##### *Have you received training in palliative care?*

Yes, we have received training & education on palliative care in many ways. You can mention the below examples:

- **Privilege "Chemotherapy administration" has palliative care** as part of the prerequisite requirements.
- **Palliative care iLearn module** has been completed by Oncology staff.
- **End of Life workshop** by NDS (started in 2017).

##### **Refer to:**

- COO-MCA-ONC-J-06-001 End of Life Care
- MCA-J-ADM-07-014 Pediatric Pain Assessment and Management
- MCA-J-ADM-07-014 Adult Pain Assessment and Management

Infection Control

Facility Management & Safety

Laboratory

Medication Management



## CHAPTER TIPS

Leadership & Quality Management

### SPECIALITY AREAS

**PC.2.2 Screening is aimed to identify and match patient needs with hospital's mission and available resources.**

*How are patients assessed when they arrive to the ER and can you explain the triage tool used and levels of care in ER?*

- The Triage tool used in DEM is the Canadian Triage and Acuity Scale (CTAS)
- **Level 2** patients will be placed in any suitable room immediately after triage and DEM physician should see the patient **within 15 minutes.**
- **Level 1** patients are placed in a code room as soon as they arrive.

*What is the process that you follow when there is no bed for the patient?*

- Consulting Service Chairman/Designee should be notified if patient does not have a designated bed within eight (8) hours after the decision to admit has been made.
- Admitting service will be responsible to provide continuity of care for patients held in DEM until a hospital bed becomes available.

#### **Refer to:**

CIPP 3444: Access, Initial Care and Patient Flow Department of Emergency Medicine

IPP: MCA-DEM-J-01-001: Admitted Patients Held In The Department Of Emergency Medicine



## CHAPTER TIPS

Leadership & Quality Management

### SPECIALITY AREAS

#### OR.7.1 Retention of instruments

*Is there a specific process to prevent retention of instruments?*

Yes, careful checking, counting & documentation of all surgical items is performed for every procedure.

**Refer to:**

SOP: NA-J-OR-SOP-35 Prevention of Retained Surgical Items

#### OR.7.2 Count Process

*What do you do if there is a count discrepancy?*

- Immediately notify physician.
- Search for the item. Physician will check surgical wound. Scrub nurse will check sterile field and table. Circulating nurse will check all other areas of the room.
- If item is not located, x-ray will be ordered.
- Outcome of the search is recorded in perioperative nursing documentation.
- An incident report in QIS is entered.

**Refer to:**

SOP: NA-J-OR-SOP-35 Prevention of Retained Surgical Items