

## Standardized Work

<b>Job Name</b>	<b>Safety Huddles</b>	<b>Objective:</b>	<b>To improve patient safety by creating a culture/environment that is aware of and reports all safety concerns</b>	<b>Date:</b>	Feb 9,2018
				<b>Owner</b>	Mental Health

	Element Description	Frequency	Visual Aid																														
<b>Start/End of shift</b>			<div style="text-align: left; font-size: small;"> <b>WINDSOR REGIONAL HOSPITAL</b>                      OUTSTANDING CARE - NO EXCEPTIONS                 </div> <div style="text-align: center; font-weight: bold; font-size: small;">ACUTE MENTAL HEALTH PATIENT SAFETY HUDDLE</div> <div style="text-align: center; font-size: x-small;">Date: _____ Shift: ____ Days ____ Nights</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 10%;">Patient name</th> <th style="width: 10%;">Room #</th> <th style="width: 30%;">Behavioural Management</th> <th style="width: 15%;">Medical/ Infection control</th> <th style="width: 15%;">Falls risk</th> <th style="width: 10%;">RP Initials</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Self-Harm  <input type="checkbox"/> Suicide Risk  <input type="checkbox"/> Close Observations/1:1 Observations  <input type="checkbox"/> Violence Prevention Safety Plan  <input type="checkbox"/> Safety plan reviewed with all staff  <input type="checkbox"/> Restraints  <input type="checkbox"/> Code White  <input type="checkbox"/> Restricted Visitors                             </td> <td> <input type="checkbox"/> CCOT  <input type="checkbox"/> Specific Medical Care Plan  <input type="checkbox"/> MRSA/VRE  <input type="checkbox"/> Other:                             </td> <td> <input type="checkbox"/> High fall risk  <input type="checkbox"/> Fell in past 24 hrs  <input type="checkbox"/> Fall prevention plan reviewed                             </td> <td></td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Self-Harm  <input type="checkbox"/> Suicide Risk  <input type="checkbox"/> Close Observations/1:1 Observations  <input type="checkbox"/> Violence Prevention Safety Plan  <input type="checkbox"/> Safety plan reviewed with all staff  <input type="checkbox"/> Restraints  <input type="checkbox"/> Code White  <input type="checkbox"/> Restricted Visitors                             </td> <td> <input type="checkbox"/> CCOT  <input type="checkbox"/> Specific Medical Care Plan  <input type="checkbox"/> MRSA/VRE  <input type="checkbox"/> Other:                             </td> <td> <input type="checkbox"/> High fall risk  <input type="checkbox"/> Fell in past 24 hrs  <input type="checkbox"/> Fall prevention plan reviewed                             </td> <td></td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Self-Harm  <input type="checkbox"/> Suicide Risk  <input type="checkbox"/> Close Observations/1:1 Observations  <input type="checkbox"/> Violence Prevention Safety Plan  <input type="checkbox"/> Safety plan reviewed with all staff  <input type="checkbox"/> Restraints  <input type="checkbox"/> Code White  <input type="checkbox"/> Restricted Visitors                             </td> <td> <input type="checkbox"/> CCOT  <input type="checkbox"/> Specific Medical Care Plan  <input type="checkbox"/> MRSA/VRE  <input type="checkbox"/> Other:                             </td> <td> <input type="checkbox"/> High fall risk  <input type="checkbox"/> Fell in past 24 hrs  <input type="checkbox"/> Fall prevention plan reviewed                             </td> <td></td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Self-Harm  <input type="checkbox"/> Suicide Risk  <input type="checkbox"/> Close Observations/1:1 Observations  <input type="checkbox"/> Violence Prevention Safety Plan  <input type="checkbox"/> Safety plan reviewed with all staff  <input type="checkbox"/> Restraints  <input type="checkbox"/> Code White  <input type="checkbox"/> Restricted Visitors                             </td> <td> <input type="checkbox"/> CCOT  <input type="checkbox"/> Specific Medical Care Plan  <input type="checkbox"/> MRSA/VRE  <input type="checkbox"/> Other:                             </td> <td> <input type="checkbox"/> High fall risk  <input type="checkbox"/> Fell in past 24 hrs  <input type="checkbox"/> Fall prevention plan reviewed                             </td> <td></td> </tr> </tbody> </table> <div style="font-size: x-small; margin-top: 5px;">                     Patient Flow Updates: (i.e. Planned discharges, # of day passes, AMA, other flow issues)                       Additional Unit Information: (i.e. staffing issues, PXXIS discrepancies, equipment needs/repair, same name alert, education etc.)                 </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span>(REV Dec 5, 2017)</span> <span>NPC SD Page 1 of 1</span> </div>	Patient name	Room #	Behavioural Management	Medical/ Infection control	Falls risk	RP Initials			<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Close Observations/1:1 Observations <input type="checkbox"/> Violence Prevention Safety Plan <input type="checkbox"/> Safety plan reviewed with all staff <input type="checkbox"/> Restraints <input type="checkbox"/> Code White <input type="checkbox"/> Restricted Visitors	<input type="checkbox"/> CCOT <input type="checkbox"/> Specific Medical Care Plan <input type="checkbox"/> MRSA/VRE <input type="checkbox"/> Other:	<input type="checkbox"/> High fall risk <input type="checkbox"/> Fell in past 24 hrs <input type="checkbox"/> Fall prevention plan reviewed				<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Close Observations/1:1 Observations <input type="checkbox"/> Violence Prevention Safety Plan <input type="checkbox"/> Safety plan reviewed with all staff <input type="checkbox"/> Restraints <input type="checkbox"/> Code White <input type="checkbox"/> Restricted Visitors	<input type="checkbox"/> CCOT <input type="checkbox"/> Specific Medical Care Plan <input type="checkbox"/> MRSA/VRE <input type="checkbox"/> Other:	<input type="checkbox"/> High fall risk <input type="checkbox"/> Fell in past 24 hrs <input type="checkbox"/> Fall prevention plan reviewed				<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Close Observations/1:1 Observations <input type="checkbox"/> Violence Prevention Safety Plan <input type="checkbox"/> Safety plan reviewed with all staff <input type="checkbox"/> Restraints <input type="checkbox"/> Code White <input type="checkbox"/> Restricted Visitors	<input type="checkbox"/> CCOT <input type="checkbox"/> Specific Medical Care Plan <input type="checkbox"/> MRSA/VRE <input type="checkbox"/> Other:	<input type="checkbox"/> High fall risk <input type="checkbox"/> Fell in past 24 hrs <input type="checkbox"/> Fall prevention plan reviewed				<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Close Observations/1:1 Observations <input type="checkbox"/> Violence Prevention Safety Plan <input type="checkbox"/> Safety plan reviewed with all staff <input type="checkbox"/> Restraints <input type="checkbox"/> Code White <input type="checkbox"/> Restricted Visitors	<input type="checkbox"/> CCOT <input type="checkbox"/> Specific Medical Care Plan <input type="checkbox"/> MRSA/VRE <input type="checkbox"/> Other:	<input type="checkbox"/> High fall risk <input type="checkbox"/> Fell in past 24 hrs <input type="checkbox"/> Fall prevention plan reviewed	
Patient name	Room #	Behavioural Management		Medical/ Infection control	Falls risk	RP Initials																											
		<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Close Observations/1:1 Observations <input type="checkbox"/> Violence Prevention Safety Plan <input type="checkbox"/> Safety plan reviewed with all staff <input type="checkbox"/> Restraints <input type="checkbox"/> Code White <input type="checkbox"/> Restricted Visitors		<input type="checkbox"/> CCOT <input type="checkbox"/> Specific Medical Care Plan <input type="checkbox"/> MRSA/VRE <input type="checkbox"/> Other:	<input type="checkbox"/> High fall risk <input type="checkbox"/> Fell in past 24 hrs <input type="checkbox"/> Fall prevention plan reviewed																												
		<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Close Observations/1:1 Observations <input type="checkbox"/> Violence Prevention Safety Plan <input type="checkbox"/> Safety plan reviewed with all staff <input type="checkbox"/> Restraints <input type="checkbox"/> Code White <input type="checkbox"/> Restricted Visitors		<input type="checkbox"/> CCOT <input type="checkbox"/> Specific Medical Care Plan <input type="checkbox"/> MRSA/VRE <input type="checkbox"/> Other:	<input type="checkbox"/> High fall risk <input type="checkbox"/> Fell in past 24 hrs <input type="checkbox"/> Fall prevention plan reviewed																												
		<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Close Observations/1:1 Observations <input type="checkbox"/> Violence Prevention Safety Plan <input type="checkbox"/> Safety plan reviewed with all staff <input type="checkbox"/> Restraints <input type="checkbox"/> Code White <input type="checkbox"/> Restricted Visitors		<input type="checkbox"/> CCOT <input type="checkbox"/> Specific Medical Care Plan <input type="checkbox"/> MRSA/VRE <input type="checkbox"/> Other:	<input type="checkbox"/> High fall risk <input type="checkbox"/> Fell in past 24 hrs <input type="checkbox"/> Fall prevention plan reviewed																												
		<input type="checkbox"/> Self-Harm <input type="checkbox"/> Suicide Risk <input type="checkbox"/> Close Observations/1:1 Observations <input type="checkbox"/> Violence Prevention Safety Plan <input type="checkbox"/> Safety plan reviewed with all staff <input type="checkbox"/> Restraints <input type="checkbox"/> Code White <input type="checkbox"/> Restricted Visitors		<input type="checkbox"/> CCOT <input type="checkbox"/> Specific Medical Care Plan <input type="checkbox"/> MRSA/VRE <input type="checkbox"/> Other:	<input type="checkbox"/> High fall risk <input type="checkbox"/> Fell in past 24 hrs <input type="checkbox"/> Fall prevention plan reviewed																												
	<b>R.P.</b>																																
10	R.P. prompts staff for input using reference questions as a guide	Always																															
11	At the end of the huddle the R.P. asks. "Does anyone else have any patient safety concerns?"	Always																															
12	R.P. escalate safety issues as needed to OM/CPM or Manager on call when needed and updates the safety tool with action plan	Always																															
<b>During the shift</b>																																	
13	If a safety issue arises during the shift the staff member notifies the R.P. and the Huddle report is updated by the R.P./Nurse	Always																															
14	R.P. can call a safety huddle anytime during the shift at their discretion or at the request of a staff member	PRN																															
15	The safety huddle tool is to be kept on the clipboard and discarded by the OM	Once addressed																															

Revision Date: \_\_\_\_\_

Review Date: Nov 30,2018

