PATIENT SAFETY TIPS

Many hear the term “patient safety” and think of initiatives by large health care systems that can prevent harm caused to patients by medical error. But in fact, patient safety is the responsibility of all healthcare providers at all levels of care. In recognition of Patient Safety Week, PRMS has compiled a list of tips to help you consider the greatest sources of harm to your psychiatric patients, which will not only lower risk of harm to your patients, but also help to protect you from liability exposure – definitely a win-win for all!

Medication Safety

Do consider checking your state’s Prescription Drug Monitoring Program (PDMP) before prescribing controlled substances, even if not legally required to. Checking the PDMP database can greatly enhance patients’ safety.

Do not automatically renew prescriptions of prior treaters without your own thorough evaluation of your patient. Obtain your own informed consent prior to prescribing.

Do be explicit with instructions about dietary and/or activity restrictions such as driving.

Do warn patients about the signs and symptoms of medication reactions (such as developing a rash) and what to do if reactions occur.

Do set up a monitoring system to track patient’s use of medications to include such elements as:

- List of medications that routinely require blood levels monitored, a schedule for frequency of testing, list of testing to be done.
- List of medications and patient conditions that require baseline and ongoing laboratory tests.
- Procedure for the timely review and response to results of lab testing.
- Documentation of instructions to patients to obtain lab testing and documentation that testing was done. If patients refuse or are unable to obtain lab testing, documentation of response and plan to manage this situation.
- Information and instructions to patients (and families when appropriate) about why monitoring is needed.
- Periodic review, and documentation, of the efficacy of medications and adjustments made as a result of information obtained (change in dosage, change in route, change in time of administration of medication, etc.).
- Side-effects and adjustments made as a result of information obtained and documentation of same.

Patients at Risk for Suicide

Do specifically explore suicidal potential in examinations at the outset of treatment and at other points of decision during treatment. When treating patients with suicidal behavior, ensure that an adequate risk assessment is done - and documented. Consider utilizing a tool to ensure that nothing is missed and consistent evaluation over time. One such tool is the SAFE-T Protocol.

Do ensure that you have your patient's current contact information, including telephone number and address.

Do insist on having an emergency contact for each patient.

Do not ignore offers of information from family members or close friends that might be relevant to a patient's safety. It is not a HIPAA violation to listen.

Do address the need for a safe environment for patients with suicidal behaviors. The accessibility of firearms or other weapons should be assessed and an appropriate plan for safety should be instituted, including getting information from and instructing family/significant others about this issue.

Do not rely solely on "no-harm" contracts as a guarantee of patient safety. These "contracts" have no legal force and cannot take the place of an adequate suicide risk assessment. It may be appropriate for a "no-harm" contract to be one part of a comprehensive treatment plan but it is the clinician's responsibility to evaluate the patient's overall suicide risk and ability to participate in the overall treatment plan.

Do consider alerting family members to the risk of outpatient suicide even without patient consent when:

- the risk is significant,
- the family members do not seem to be aware of the risk, AND
- the family might contribute to the patient's safety.

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