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5 Ways to Improve Patient Safety

By Susan E. Mazer, Ph.D

President & CEO

Healing HealthCare Systems, Inc.

ABSTRACT

For patients, being safe, being kept safe, and trusting that everyone who cares for them is going to keep them safe is an assumption until it isn't. Until something happens or is anticipated to happen. The patient environment of care plays a foundational role in the patient experience, and in whether patients feel safe or not. Demonstrating that the hospital is a safe place for patients and for those that work there should be of the utmost importance for all health care personnel. This white paper outlines five important steps that will improve overall hospital safety and increase patient satisfaction.

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It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm. It is quite necessary, nevertheless, to lay down such a principle, because the actual mortality in hospitals, especially in those of large crowded cities, is very much higher than any calculation founded on the mortality of the same class of diseases among patients treated out of hospital would lead us to believe.

- Florence Nightingale, 1864

In her monograph, *Notes on Hospitals*, Florence Nightingale began the call for hospitals to "do the sick no harm." And, she was the first to gather real statistics about real patients in real circumstances. Today, we have statistics that reflect almost the same reality. Patients and their families do not perceive hospitals as being safe. They read about medical errors being the third highest reason for mortality and they are concerned about diagnostics errors. They look on the Internet to see what other patients think of their providers. They find hospital mortality rates and then consider their own chances of surviving the hospitalization. They listen to their friends and relatives whose own experience can inform theirs. And, they worry.

Once in the hospital, patients and families continually look and listen. They realize that what they see and hear is real evidence they can use to judge whether their hospital is, or is not, obviously safe; that they are obviously safe. For that reason, patient safety is not only about regulations and hospital policies. Rather, just like satisfaction and overall experience, safety is about what patients perceive and how they make meaning from what is happening around them.

In that regard, patients and their families continue to look for visible, palpable evidence that demonstrates that a hospital is a safe haven and that those who care for them are skilled, involved, and, ultimately, will protect them. In their high state of acuity, patients are ever more sensitive and aware, seeking signs and symbols that offer hope and security as they navigate through their healthcare situation.

The patient environment includes patients' own room, the hallways they walk through, their own bathrooms, the waiting areas or solariums, the nurse station -- wherever they are. What patients and families see, hear, feel, smell, and observe 24-hours a day serves to predict whether they are being cared for with respect, due consideration, and that the utmost diligence is being used regarding medications, treatments, response, and reliability.

Not clean = Carelessness

Cluttered = Disorganization

Visible Trash and Unkempt Areas = Unsafe

Noise = Inconsideration, Disrespect

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Signage and rhetorical statements printed on brochures that state infection control and safety protocol do not carry weight next to the lived experience of being subject to the ways in which patients are treated by nurses, physicians, and others. Yes, there is some evidence of intent, such as the sign outside a patient room that asks those who enter to

wash their hands, or a hand sanitizer/sink strategically placed in plain sight. And, of course, the orange skull and crossbones warning on the Sharps container in every patient room. Furthermore, the nurse call button confirms that someone is within reach; the bars in the bathroom and along the corridors say that all efforts have been made to prevent patients from falling. Caregivers wearing gloves is another safety indicator. While these are ways of standardizing safety, the question remains as to why administrators continually confront the unfortunate reality that their hospitals are not always safe.

Noise: the loud and invisible risk

The Joint Commission has long identified noise as a potential risk factor related to medical and nursing errors, stating that the ambient sound environments should not exceed the level that would prohibit clinicians from clearly understanding each other. An article in the Journal of the Association of Operating Room Nurses (November, 2003) reported a surgical episode in which the music was so loud that the surgeon's directions to the anesthesiologist regarding heparin levels were misunderstood by 8,000 units. In 2015, 12 years later, Shambo, et al (2015) looked at music in the OR as questionable given noise is already an issue while music is an option. Thus, beyond annoyance, within the sound environment lie potential safety risks that are often unidentified or ignored.

Clemenceau Medical Center in Beirut, Lebanon, managed by Johns Hopkins, designed its facility to be inherently safe and of the highest quality, believing that one cannot exist without the other. Hassan Fakih, Director of Engineering, defines active failures as those made by provider error. He defines latent conditions as conditions present in the system or environment that contribute to the errors made.

Fakih (2006) includes the following in his list of latent conditions:

- Poor facility design

- Poor patient visibility and high noise levels

- Lack of standardization

- Excessive patient movement

- Inappropriate or complex processes

While this article was written 10 years ago, it is still valid today. What all of these conditions have in common is that they exist in the day-to-day environment. Habituation and complacency are the greatest contributing threats to both patients and staff. Further, some progress has been made, but not enough to wholly remove any of these risk factors.

As Nightingale stated (1860), the sick room itself will interact with the disease and cause harm to the patient. The environment of care can become the place where safety is itself, at risk. She dealt with infection by writing, "The only relationship a nurse should have to infection is prevention."

Nightingale looked at the patient call system, which she developed, as emergent, demanding immediate response without delay. She also dealt with falls in an interesting way, writing, "A distracted patient is one prone to falling. Speaking directly to the patient, not from behind, doing everything possible to avoid the patient having to turn around without assistance is mandatory."

Therefore, promoting patient safety from an environmental standpoint requires attention to the circumstances that increase risks to both patients and staff.

Five Steps to Improve Patient Safety

Here are five steps that will improve overall hospital safety and lead to increasing patient satisfaction:

1. Remove stored equipment from public areas

A common practice in hospitals is to make hallways a storage area for equipment in waiting. Risks can be high when unforeseen situations happen, such as when a visitor trips over a cart wheel that is protruding into the walkway, or a rushing staff member hurriedly comes around a corner, falling due to IV poles and monitors left in the pathway.

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If there is no alternative, only minimum equipment needed should be tolerated. Good planning and a commitment to safety must drive creative and effective storage options that are far safer than hallways. Trace the most common path patients/families would take through any hallway and remove all obstacles.

2. Minimize hospital room clutter

In her *Notes on Nursing* (1860), Nightingale wrote that "nothing in the patient's room should prevent the nurse from seeing dust and dirt for fear of insidious contamination." In the hospital room, this means keeping clutter away by properly storing or removing clothing, meals trays, and basically everything not immediately needed or being used. Maintaining a clean and un-encumbered patient room is essential to keep the patient safe. "Clean" in this case is not only about "cleaning," but, as stated, involves putting away or removing those things that are not serving the immediate patient needs. This may be challenging but should be mandatory. Patients and families will appreciate the need for keeping the room safe and will participate in order to minimize preventable risk.

In a recent interview, Janelle Stichler, Professor Emeritus at the San Diego University School of Nursing and Co-Editor of the peer-reviewed journal, *Health Environments Research and Design*, stated unequivocally that "patients perceive clutter as unclean. Unclean is perceived as unsafe." (Center for Health Design, 2016)

3. Make nurse stations organized and unintimidating

To family members and patients, nurse stations can be unapproachable. They can be mysterious camps of papers, computers, phones, signs. Also, they can be noisy, full of conversations, laughter, and such important things going on that patients and families do not want to interrupt. What makes patients feel unsafe is when the clutter and actions of staff seems chaotic and disorganized or uninvolved.

Nurse stations must be managed so that everything that needs to be seen can be seen. Organize the paperwork so that it can be found, but don't let piles

of records hide themselves in plain view of everyone else. With electronic records, the clutter should be far less. Is it possible that hospitals may become paperless? Maybe. Right now, nurse stations appear to be important places, but they often send confusing messages.

Patient confidentiality is also threatened when desks are piled high with patient records or other paperwork. And, with electronic records, how is confidentiality protected if the monitors can be easily viewed by passing visitors?

4. Assure overall cleanliness of all areas

What is cluttered does not look clean; what is not clean, looks cluttered. A study in Canada showed hospitals that were perceived to be unclean had a 10% higher rate of infection. (Stastna, 2014) Stains in carpets, privacy curtains, unkempt bathrooms, lingering meal trays and housekeeping carts tell a tale of sloppiness that cannot be tolerated. This includes public bathrooms as well as patient toileting areas.

In looking at how patients evaluate hospitals, Rick Blizzard of the Gallop Organization reminded us that cleanliness is something the patients understand and can evaluate. And, that cleanliness is a perception. Therefore, we must look at patient environments and the whole hospital through the eyes of the patient.

Stained ceiling tiles, old worn privacy curtains, floors that are simply clean but old, cluttered areas, and dingy walls look unclean. (Blizzard, 2002) Again, unclean is unsafe.

Another perspective, a study done by van den Berg, et al (2009) looked at whether the crowding phenomenon, which causes stress and anxiety, can be related to clutter. What they found is that it is difficult to understand and sift through layers of objects to understand and create coherence. Thus, a patient in clutter will have more difficulty finding comfort inside a chaotic space. And a higher risk of falls.

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5. Condition the auditory environment to minimize noise

Not unlike visual clutter, auditory clutter is chaotic, distracting, and contributes to patient stress and disorientation. Considering unnecessary noise as auditory clutter puts into perspective the risks for patients and staff. Ambient noise in the hospital, regardless of source, has been associated with everything from sleep deprivation to medication errors, from patient falls to breaches in confidentiality. Because the general noise occurs in the same frequency range as the spoken voice, it is easy for words to be misunderstood. Sound-alike drugs and sound-alike instructions spoken into a sea of babble invite errors and subsequent mistakes in practice. If every individual paid attention to where they were and remembered what was at stake, noise would be far more manageable.

Within the hospital environment, noise can be a critical factor in the welfare and safety of both patients and staff. When there is a quieter environment and unnecessary sounds are minimized, patient stress is reduced, anxiety is minimized, and restfulness improved. Many hospitals today utilize various ways to mask or reduce noise.

Sleep deprivation is about patient safety. It is about patients losing their balance, trying to go the bathroom when they cannot do it alone. They also may heal at a slower rate, be prone to depression and delirium, and need more pain medication. Noise remains the primary reason patients do not sleep, are disturbed, and fear hospitals.

From its inception in 1992, The C.A.R.E.® Channel addressed ICU psychosis and the need to respect and support circadium rhythms of patient in critical care and in every department. Therefore, a midnight starfield is provided for overnight broadcast, from 10 p.m. to 6 am. Patients have reported that sleep finally came for them after listening to instrumental music specific to improve restfulness while looking at an engaging view of a night sky. Sleeping requires feeling safe and being safe. An auditory cushion can support the difficulty of sleeping in an unfamiliar environment.

Conclusion

Improving the environment of care to improve patient safety is more than just about perception and regulations. Rather, it is a constant obligation that rises to the top of every organizational mission. And, it is what patients and families look for and are most concerned about. A safe environment is one that is perceived as safe. It is evidenced everywhere, in every conversation, and every interaction.

Responsibility for safety resides in each department and individual. From administration to the clinical and nonclinical staff, to housekeeping and volunteers, the shared accountability for patient safety has no boundaries. It demands an open and honest evaluation of the norms, values, and current environment of the hospital; and prioritizing, eliminating, or minimizing unnecessary and often inadvertent risks to patients, families and staff. Furthermore, because outcomes are systemic, only the hospitals that commit to a culture of safety will be successful over the long term. It is requisite that each individual be proactive in addressing patient safety, which, in turn, will result in optimal patient and staff outcomes.

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About the Author:

Susan E. Mazer, Ph.D. is acknowledged as a pioneer in the use of music as environmental design. She is the President and CEO of Healing HealthCare Systems®, Inc., which produces The C.A.R.E. Channel. In her work in healthcare, she has authored and facilitated educational training for nurses and physicians.

Dr. Mazer has published articles in numerous national publications and is a frequent speaker at healthcare industry conferences. She writes about the patient experience in her weekly blog on the Healing HealthCare Systems website and is also a contributing blogger to the Huffington Post's "Power of Humanity" editorial platform, dedicated to infusing more compassion into healthcare and our daily lives.

She can be reached at smazer@healinghealth.com. Connect with Dr. Mazer on LinkedIn.

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