

Our Lady of Lourdes Health Care Services, Inc. and Affiliates including  
Our Lady of Lourdes Medical Center  
Lourdes Medical Center of Burlington County  
Administrative and General Policy

**Policy number: LHS-AS0018RSK**

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**Title: Authority To Intervene To Restore Patient Safety: Stop The Line**

**ACCOUNTABILITY:**

Chief Nursing Officer

**OBJECTIVES:**

**RELATION TO MISSION:**

Our Lady of Lourdes Health Care Services, Inc., dedicated to its Franciscan Tradition of serving all, will demonstrate the value of COMPASSION by ensuring that an effective response is initiated to actual patient safety-related events and that proactive efforts reduce the potential for medical care errors. Patient Safety is an ethical and moral imperative consistent with Core Values of LHS, and an essential attribute of quality care.

**RELATION TO OPERATION:**

To establish a line and grant authority to all individuals involved in/with a patient's care and service at LHS, to intervene on behalf of that patient to restore his/her safety. This policy will foster a non-punitive culture that legitimizes and requires anyone who perceives a risk to safety to stop the process.

**POLICY:**

All LHS associates, contracted staff, medical staff members, board members, students, volunteers, patients, family members and visitors have the responsibility and authority to immediately intervene to protect the safety of a patient, to prevent a medical error or to avert a sentinel event. It is the expectation that all other individuals involved in care and/or the situation will immediately stop and respond to the request by reassessing the patient's safety.

When emergency intervention is warranted, assistance by the most expedient means shall be sought, including but not limited to; signaling the appropriate

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emergency code, requesting immediate consultation, transferring the patient to a special care unit or providing surgical intervention. Such necessary emergency interventions may be initiated without prior express physician order; however, appropriate orders should be documented when the patient's imminent risk is contained.

#### Procedure:

##### 1. Identification of a Situation Warranting Immediate Intervention

The following situations warrant immediate intervention:

A. *Imminent Sentinel Events* to include:

- Events that result in death or major permanent loss of function not related to the patient's natural course of illness or underlying condition.
- Suicide of a patient
- Infant abduction or discharge to the wrong family.
- Rape of a patient
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities.
- Surgery on the wrong patient or wrong body part.
- Nosocomial infection – A localized or systemic condition that results in a patient's death. The infection may be from an adverse reaction to the presence of an infectious agent(s) or its toxins that was not present or incubating at the time of admission to the hospital.

B. *Imminent Medical Error* – Defined as any medical event or potential medical event that might result in permanent harm to a patient, regardless of whether the error is a sentinel event.

C. *Failure to Achieve Appropriate Emergency Medical Response* – Defined as any situation in which available medical personnel with appropriate expertise to restore patient safety do not respond in a timely manner.

D. *Imminent Violation of Legally Established Patient Rights that Poses an Immediate Threat to Patient Safety* to include but not limited to:

- Failure to obtain informed consent for a major surgical procedure.
- Failure to perform a screening examination and provide appropriate referral and transportation to a facility prepared to manage the medical condition revealed by the screening.

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- E. *Caregiver Under the Influence* – Defined as any situation in which the caregiver is exhibiting behavior consistent with being under the influence of substances, which impair judgment or manual skills, involved in patient care.
- F. *Imminent Patient Safety Risks* (not otherwise specified) – Patient deemed to be otherwise at imminent risk of potentially permanent physical, mental or emotional sequelae to include but not limited to:
- In consistency of information about the procedure to be performed and/or the site of the procedure to be performed when the History and Physical, the Operating Room Schedule and the Informed Consent forms are compared.
  - Research misconduct with significant risk of imminent patient harm.
- G. *Willful Intent to Do Harm* - Defined as knowledge that an individual has willful intent to do harm to a patient.

## 2. Priorities of Intervention

The method of intervention chosen should maximize timeliness and effectiveness in restoring patient safety while minimizing intrusion into the processes of care and should include:

- Direct communication of the identified problem to the available members of the care team, including but not limited to, the attending physician, nurse and/or other clinicians present.
- If the response to direct communication with the attending physician, nurse and/or team members is inadequate to restore patient safety, the unit nurse manager shall be immediately contacted and shall respond.
- If the response of the unit manager/nursing supervisor is inadequate to restore patient safety, the following leaders shall be immediately contacted dependent upon the situation in question. [The administrator-on-call may be contacted to facilitate this process.]
  - *Medical Staff Members:* In the case of a member of the medical staff, the Division Chief/Department Chair (or designee) (Or, in the absence of the Division Chief/Department Chair) the VPMA shall be contacted and shall respond. If no other reasonable means is available, the Division Chief/Department Chair may immediately suspend the privileges of a member of the staff. Upon suspension, the Division Chief/Department Chair shall immediately assure that proper, safe medical care is provided to the patient, until a member of the medical staff in good standing can

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- assume care of the patient. Unless retracted by the Division Chief/Department Chair, the decision to suspend privileges remains in effect until a meeting of the Credentials Committee or Medical Executive Committee makes final recommendations to the Board in regard to the privileges of the individual member of the medical staff. If the Division Chief/Department Chair (or designee) has a conflict of interest, the VPMA shall be contacted and shall respond. In the absence of the VPMA, the Credentials Chair shall be contacted and shall respond. In the absence of the Credentials Chair, the President of the Medical Staff shall be contacted and shall respond.
- *LHS Associates:* In the case of a LHS associate or person under contract to perform patient care services, the relevant line Director shall be contacted and shall respond. If the response of the relevant line director is inadequate to restore patient safety, the relevant line Vice President, shall be contacted and shall respond. If the relevant Vice President is absent, the Administrator On Call shall be contacted and shall respond. If the response of the relevant line Vice President or Administrator On Call is inadequate to restore patient safety, the CEO/CAO shall be contacted and shall respond.
  - *Medical Equipment:* In the case of possible equipment malfunction, the use of equipment in question for patient care shall be immediately discontinued as long as removal does not increase the patient safety risk. The equipment shall be tagged and all evidence pertinent to the potential equipment malfunction preserved, until released for repair or discard by appropriate staff from Risk Management.
  - *Environment of Care:* In the case of hazards in the environment of care, the Safety Officer shall be immediately notified and shall respond. In the absence of the Safety Officer, Security shall be contacted and shall respond. If the response of the Safety Officer or of Security is inadequate to restore patient safety, the Administrator On Call shall be contacted and shall respond.

#### 3. Documentation:

A MIDAS Risk Event report will be completed with a description of the event.

#### 4. Medical Disclosure:

In the event of unsafe care or potential harm, the medical disclosure policy will be followed

*Reference Source: Children's Hospital and Clinics, Minneapolis*

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**APPROVED BY:** \_\_\_\_\_  
Alexander J. Hatala, President and Chief Executive Officer

**ORIGINAL & REVISION DATE(s):** 04/28/04, 06/27/07, 06/30/10  
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**NEW EFFECTIVE DATE:** 06/06/13  
\_\_\_\_\_

**REQUIRES REAUTHORIZATION IN:** 06/30/16  
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