The pedi-CSI (Clinical Safety Investigation): Virtual Patient Safety Rounds

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Starting with Patient Safety

- **Theoretical Support**
  - First step in quality care
  - Accidents are avoidable
  - Burden of injury
  - Understandable to providers, consumers, & payers
  - All participants could benefit
- **Pragmatics**
  - New professional mandates: Joint Commission and AACN
  - Student and new staff knowledge

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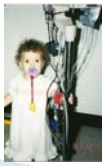
Differences in Pediatric Safety





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CSI (Clinical Safety Investigation): Virtual Patient Safety Rounds

Purpose: To develop a video-based library of patient safety vignettes that allows pre-licensure students to detect pediatric patient safety errors and vulnerabilities while developing ethical and critical decision-making skills needed to advance a culture of patient safety in pediatric settings.

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Original CSI Vignettes

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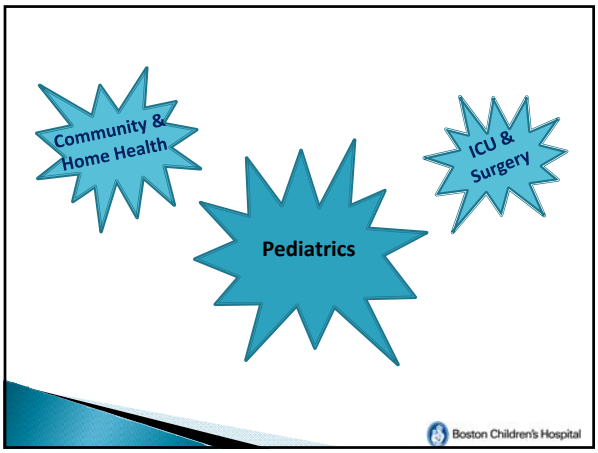

Project Rollout

Content Grid → •Mapping of *Patient Safety Goals*, associated problems, needed video, & debriefing scenarios

An Evidence-based Approach

- •Review of VA vignette errors
- •Literature review
  - •Data-based findings
- •SERS report data
- •Expert opinion

→

- •Key MPS Patient Safety and Quality Committee
- •Subject Matter Expert Groups
  - •Mislabeled Specimen SME
  - •Falls SME
  - •Skin/Tissue Care SME
  - •Electronic Surveillance and Resiliency SME (Monitoring)
- •Radiology Department
- •Child Life Services
- •Environmental Services Department

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Project Rollout

Content Grid → •Mapping of *Patient Safety Goals*, associated problems, needed video, & debriefing scenarios

Storyboard → •Scripts that contained defined elements; props, and actors

Filming & Editing → •Consent was obtained from all actors. Filming & editing of each vignette

Validation → •Content validation by expert panel

Dissemination → •Website being developed to host vignettes

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Pedi-CSI Vignettes

- Falls
- Alarm fatigue
- Handoffs
- Mislabeled specimens
- High risk medications
- Cross contamination
- Housekeeping
- Transport
- Oxygen administration
- Medication administration
- Discharge planning
- Skin breakdown

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Designed for Flexible Use

- As part of staff orientation programs
- In classroom settings to introduce key concepts
- In clinical conferences to discuss:
  - Monitoring personal behaviors and practices
  - Departures by colleagues from safe practices
- As part of simulation experiences

Appropriate for either individual or group learning

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Features

- Vignettes initially are shown with the errors embedded but not labeled
- Vignettes are then shown again, with the errors labeled
  - Types of errors:
    - Errors of omission
    - Errors of commission
    - Situations are included that are frequently considered errors but are not

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Examples of Errors

Errors of Omission
- No hand cleansing
- Insufficient patient verification procedures
- Failure to dispose of syringe; dirty clothes
- Failure for appropriate handoff

Errors of Commission
- Dangling jewelry
- Unnecessary gloving
- Making assumptions regarding family relationships

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Questions for Discussion

- Whose responsibility was it for each of these errors?
- What do you do if you see a breach in patient safety that wasn't your direct responsibility?
- How would you work with a UAP around safety training; safety errors?

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Summary

Because this project draws on the complementary strengths and resources of academic institutions and clinical agencies, high quality, evidence-based, clinical relevant, pedagogical materials can be developed that are appropriate for multiple settings

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