INNOVATIVE MEDICAL SYSTEMS

Patient Security System Newsletter

HUGS—PEDZ—PASSPORT

Volume 5—Issue 6— June 2017

The SAFE ZONE

Drills: Practicing for Real Emergencies

One of my high school coaches often reminded us of the importance of every practice and giving our very best even at practice. Coach Stewart put a little twist on an old adage, saying, "Practice doesn't always make it perfect, but practice does make it permanent. So, practice like you're in the game because you play how you practice!"

When it comes to protecting your patients from abductions or elopements, it is critical to run effective abduction/elopement drills. But just as important as practicing is ***how*** you practice. Like every team, your team needs to be presented with the difficult situations that real life could potentially throw at them. They need opportunities to practice exactly how to respond to real emergencies.

Practice Makes Permanent

Running effective mock abduction/elopement drills take time, planning, creativity and reflection. Here are a few ideas to consider for planning effective drills.

1. Be creative. Because hospitals and conditions can vary greatly, there is no "right way." Rather, be creative; and try to think like an abductor or like a patient who may elope from your unit.

2. Start simple and grow toward complex. For your first drills, consider making them relatively simple. Allow your staff to get a couple "wins" under their belt. Encourage them as you notice appropriate responses. As you sense they are ready, make the scenarios more complex.

3. Drills can be announced or unannounced. Unannounced drills require greater planning and cooperation. Use good judgment when considering which to do. A staff that has a new Patient Security System may not be ready for an "unannounced" drill, while an experienced staff may be more than ready.

4. Drills can be either narrow or broad in scope: NARROW: Primarily, the departments covered by the Patient Security System and Security are involved. BROAD: In addition to the departments and Security, the whole hospital is put on alert, mock media may be invited, hospital administrators interviewed, etc. Could also involve outsiders, such as the local police department.

5. Drills should match reality as much as possible. Try to mimic true-to-life possibilities. Have a nurse watch the real patient and have a real family member "raise the alarm" that their baby/child/grandparent is missing. Use props actually available at your hospital in typical settings (carts, drawers, laundry chutes, back stairwells, etc.).

6. Drills should be held during different times of the day and involve different shifts. Don't just hold drills during the daytime because it's easier. Also, it is not the same to have night shift come on for day shift for the drill. The settings are different.

7. Drills can be recorded on video for review. Video removes the fog of interpretation and individual perceptions when evaluating the events and responses surrounding the drill. Notes are good. Video can be even better.

8. Drills should be planned with specific outcomes determined before the drill starts. Always know "why" you are doing the drill and what specific parts of the system you are testing, making it easier to evaluate if you were successful or not. For example, is there a particular exit that everyone forgets about that you want to test?

9. Drills should always be followed up with a review meeting, and both the drill and the meeting should be well documented. The Joint Commission may ask for records of each drill, including who was involved, what took place, and what work areas emerged from that particular drill. Determine what needs to happen to become more effective: rewrite a policy, make a policy better known, provide staff training, etc.

10. Encourage your staff. Your staff takes their job very seriously, often caring for their patients as they would care for their very own family members. Failed drills can be devastating for conscientious staff members. Find legitimate ways to encourage them and build their confidence following each drill. No need to gloss over the work areas but never forget to encourage your staff as much as possible.

Far more important than practicing a play on a ball field or a song for a concert is rehearsing a real life abduction or elopement. Practice like you want to play. Running careful, thoughtful, reflective drills will help to prepare your staff for real life emergencies that may come your way.

What Does Cost of Ownership Mean?

A financial outlook that will determine the direct and indirect costs related to a product or system. When one looks at EMR computer carts with a focus on cost of ownership, often they can reduce costs and increase efficiency. Our 4 -step recommendations begin with: **1)** Identify the right quality cart for the given situation to ensure maximum life cycle. **2)** Provide quantitative software promoting optimal uptime to ensure clinical satisfaction in mobile carts, laptops, and tablets with real time remote management. **3)** IMS professional Preventive Maintenance (PM) Services reduces strain on IT resources and makes sure carts are tuned up to prevent downtime and help desk tickets. **4)** Real Time Locating System (RTLS) for asset tracking solution options. **Email Josh VandenBroek, joshv@innovative-medical.com for information.**