



# Patient Security System Newsletter

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## Policies & Procedures

“Ruth!” I say sternly, looking down the table at my 1-year old daughter. Frozen in her booster seat, Ruth’s eyes lock with mine. As, tension begins to thicken between our gaze, I tilt my head as if to say, “Honey, you know better.” Ruth looks down at her plate and I watch as she moves her mouth in a chewing motion. Soon the food which packed her swollen cheeks makes its way back to her lips. A mixture of beef stroganoff and white rice discharges from Ruth’s lips, landing squarely onto her plate where that morsel would await it’s second chance. “That is way too big of a bite...” I say with a gracious laugh.

My beautiful daughter knows Mom and Dad’s dinner table policies. Ruth’s choice to listen and behave is rooted in the degree of consistency my wife and I use to raise our daughter. Ruth trusts us. When circumstances change, we can adjust our policies. It is my hope Ruth will trust us then too.

The Joint Commission and other accrediting agencies (in all their splendor) like to see that your department’s policies and procedures remain thorough and copacetic. The accrediting agency will have

special concern for the security of your patients and your Patient Security System (PSS). How can you ensure a healthy relationship between your department’s policy and procedure?

Your staff needs to understand your policies before they can use the PSS correctly. Creating a policy your staff can easily digest takes diligence. Write your policies in way that allows for ease of reading and solid comprehension. Make sure they address the unique clinical flow at your facility while allowing for those unexpected situations as well as for flexibility. Also, consider your audience. Does the PSS cover multiple units? Will a different kind of patient require a special circumstance? You’ll have to consider your staff and the many different contexts they find themselves in. Create your policies in such a way that answers questions before they are asked. Sometimes being broad is being thorough.

Now that your staff knows the policy, they will execute their procedures flawlessly... right? Hopefully, but let’s prepare for reality. Compliance between policy and procedure goes two ways. Both involve a little routine maintenance. The first comes from a past newsletter: re-

member, people will do what you INSPECT, not EXPECT. So, check on your staff’s alarm response, how they apply the tag, and their regular assessments.

Second, remember your policy may need to change. If there is a policy that restricts your team to where they can’t effectively do their job, it likely needs revision. Similarly, if there are identifiable vulnerabilities because of a policy, tighten that knot. Collaborate with your leadership or with an interdisciplinary committee on any changes you think should be made.

A policy should provide understanding, leadership must be consistent at enforcing the policy, and staff must be compliant. Implementing these factors will keep you prepared when your accrediting agency arrives.

Even at a year old, my wife and I remind Ruth that biting off more than she can chew may hurt her. When Ruth strays from our high standards of etiquette, we offer correction and guidance. One day, when Ruth is a little older, I’ll let her take another shot at a bite that size. And if she can handle it, Mom and Dad may change their policy.

*Written by Kyle Jones, Corporate Trainer, IMS*

## Catching A Bug

In recent news, 49 States have been hit with the Flu, and a large percent of those hospitals have told people to just stay home! To assist hospitals in doing all they can to prevent infection, some hospitals have made the decision to hire Specialists or Infection Preventionists. At IMS, we hear from those Specialists. They are working to replace medical carts or wood furniture that has outlived the life of the protective finish or has become absorbent to fluids and infections. Have you considered replacing your old wood carts?

Accreditation Agencies are keeping watch for these failing surfaces. How about those metal carts with chipping paint? IMS provides ruggedly durable medical cart solutions that are built of non-porous material, and furniture made with High Pressure Laminate (HPL) or the new highly sought-after antimicrobial solid surface material, which we think will be the multi-generational cart of the future. Interested in hearing how IMS can help keep the “bugs” out of your Hospital? Contact us today with your cart needs!

