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NURSING HOME #NH 2772  
ASSISTED LIVING #ALF 909  
HOME HEALTH CARE #HH 1175

**ROSTER**

Program Title: **MEDICAL ERROR & PREVENTION (2 HR)**

Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

\*\*\*\*\***PLEASE PRINT CLEARLY**\*\*\*\*\*

CERTIFICATES CAN NOW BE EMAILED IF WE CAN READ THE EMAIL ADDRESS

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**MEDICAL ERROR PREVENTION  
AND  
SAFETY**

**A 2-hour self-study program designed for  
Certified Nursing Assistants**

**By: Melanie Stacy RN**

**This program meets in-service training requirements for the Certified Nursing Assistant as required by  
Florida state law 64B9-15.011**

## **PURPOSE AND OBJECTIVES**

The purpose of this program is to educate the Certified Nursing Assistant about the impact of medical errors and how to prevent them.

After successfully completing this program, the Certified Nursing Assistant will be able to:

1. Define the term "medical error".
2. Identify their role in prevention
3. Define reasons for providing safety for their patient's.
4. Identify high risk patients and areas where errors are more prevalent.

Patient safety has long been a topic of priority, not only to the patients being served, but to the various organizations that have the responsibility of funding and servicing those patients. As caregivers, it is our duty to have the patient's best interest at heart and we must do everything possible to ensure that no harm comes to them while in our charge. Harm to those we care for can happen two different ways; by things we do or by things we don't do. That harm can be intentional or unintentional. Irregardless of the intent, harm that happens to patient's can have long-lasting and irreversible effects for all parties concerned. Those effects can be in the form of physical injury and sometimes death to the patient, law suits which translates into lost revenue for facilities, which ultimately translates into lost revenue from your paycheck, loss of job security for the parties involved, loss of community trust for the facility and staff providing the care, and even a loss of your own job satisfaction.

In order to better understand the dynamics surrounding medical errors, it is important that we begin with a better understanding of the evolution of the health care system as a whole, and your role as a caregiver.

## History

As we begin, we need to be aware that the health care system is multi-faceted. It expands into many areas that include hospitals, clinics, outpatient surgery centers, doctors' offices, nursing homes, pharmacies, patient's homes, and assisted living facilities. This expansion has developed over a period of time. This list is not inclusive and can include any area of the job market that seeks to service patients' in some respect. External and internal forces are constantly working to make changes directed toward improvement of quality and more affordable care.

In the mid-19<sup>th</sup> century acute care, typically thought of as the hospital setting, was considered institutionalization by the average patient. The consumer knew very little about the hospitals and what kind of treatment was available. As a matter of fact, the consumer had little interest in knowing because the majority couldn't afford healthcare services. When one became ill they were cared for by a family member or neighbor, and only when the patient became "deathly ill" did they seek the assistance of care in the hospital. Sometimes there was social stigma attached to being hospitalized, and patients' sought treatment in areas less visible such as in "homes". Very often, these homes became the catch-all of the elderly, homeless, unemployed and those with various levels of mental illness. Church groups and community-based charities became the voluntary care-givers, and they operated with little funding and patient care oversight.

During The Great Depression of 1930, it was discovered that a large percentage of the general population were unable to care for themselves. The number of those in need of help, far out weighed the charities and families willing and available to extend assistance. Because of this situation, the government passed what is now known as the Social Security Act of 1935.

"With passage of the Social Security Act of 1935 and other related welfare programs, the federal government became deeply involved in the care of society's needy, particularly the aged, blind, and families with dependent

children. This has been identified as the indirect beginning of the nursing home industry, from which the many other forms of long-term care have grown." (Pratt, John, Long-Term Care, Pg 8).

Over the next couple decades, we saw the passage of several new laws that allowed for federal and state funding of patient care in various forms. With this type of government involvement, it meant different things to different people. For those who were unable to pay for health care, it meant immediate help. For those providing the health care, it meant guaranteed reimbursement. With this new influx of federal and state dollars to the health care system, people with serious illnesses, who in the past either died or received very little treatment, now received treatment that could restore them back to the optimum level health. However, the number of people being cared for far surpassed the federal projections of the dollars it would take to provide that care. Because of this inequality of health care demand versus health care monies available, the cost of healthcare is being shifted back to the consumer and the providers of health care services to manage their own affairs.

The consumer's, seeing that they are now more responsible for their own healthcare, began to take a more active role in the quality and quantity of healthcare they receive. Recipients of healthcare services have become more and more vocal and proactive in seeing that loved ones receive the highest quality care possible. As consumers make more and more demands on facility staff to provide higher quality care, facility owners, in partnership with governmental agencies, look for ways to reduce unnecessary cost. One of the areas being scrutinized as cost producing is in the area of medical errors and patient safety.

In 1999 the Institute of Medicine produced a report indicating that "between 44,000 and 98,000 individuals die in hospitals each year due to medical errors that could have been prevented" (To Err is Human: Building a Safer Health System, 1999). The death from these errors rank higher than the number of individuals killed in car accidents every year. This is staggering when you consider that most health care workers adopt the personal oath of "do no harm". When we speak of errors in health care, we are talking a different language than in other areas of the job market. We are talking about the potential of someone's life or limb and at least someone's quality of life.

This is not to imply that the only reason one should be more conscientious is because of the cost factor, but realize that you are in the health care profession to help people. Preventing medical errors is cost saving that will benefit not only your immediate patients, but can benefit the facility where you work with higher profits and ultimately benefit you in higher job satisfaction.

## **High risk areas for medical errors?**

So how do we identify the errors and what do we do about them? As health care workers, we must own up to the reality that medical errors are going to happen. Even in the best situations, there is always the possibility of making an error and there are various reasons why.

Medical errors can happen as a result of:

- **New technology is introduced** – technology is in a constant state of change and new technology is being created to provide more efficient treatment methods that will provide patient's with less hospitalization and quicker recovery thus reducing cost. But new technology used without proper instruction can lead to medical errors with catastrophic results. As the facility where you work improves their delivery of services by the use of improved technology, it is imperative that you **be trained in the proper use of each piece of equipment that you will be required to use to perform your job.** If you are unsure of your skills after having received the training, don't hesitate to speak with your nurse manager and express your concerns and need for further information or practice.
- **Technology used in communications.** As long-term care facilities update their services, technology is being used more and more for quicker movement and retrieval of information. The Certified Nursing Assistant plays a vital role in patient care. One of the ways is to **communicate all that you observe about your patient to other members of the health care team.** You may be required to document your findings by using an electronic handheld device. The information obtained from this device can be used by the doctor to make a decision regarding his treatment or the nurse in planning and implementing of care. If you are unfamiliar with the technology, information may be delayed, and subsequently patient care delayed resulting in a medical error. Know and feel comfortable with the accepted method of communication used within your respective facilities.
- **Communications.** There are many people involved in the care of one patient. These people make up the health care team and work together to bring that patient to the optimal level of health. Your involvement is crucial and your communication skills must reflect the knowledge and professionalism of the position. **An inability to effectively communicate with other team members only sets the patient up for increased risk of harm.** Effectively communicating means that all team members know what is going on and each one is doing their part to achieve the common goal of improved patient health and safety. Being able to communicate patient observations both subjectively and objectively is critical to patient safety and can be obtained through skillful listening, writing, and language skills. Medical errors can occur when there is a break in communication, whatever the reason.
- **Stress.** Some stress is good for us. It helps to bring about changes in our lives. It makes us uncomfortable with status quo and forces us to make decisions we might not otherwise make. We feel stress in everything we do, even those things that bring us pleasure. We can feel it physically, psychologically, socially, and spiritually. Sometimes stress becomes a problem for our own health and well-being. It is important to recognize the source of that stress and be able to handle it appropriately and successfully in order to provide safe care to patients. **When we become overburdened with our worries, our minds are not focused on the job of caring for patients, subsequently placing our patient's at higher risk.**

Patient's and families experience stress while being confined to the hospital or nursing home setting and they can put pressure on the CNA adding to an already high stress level. Medical errors happen when individuals are placed under so much stress that the mind becomes overloaded and tired from both home and personal responsibilities and as well as work responsibilities.

- **Medication Administration** - as it applies to those working in facilities overseen by Florida Department of Children's & Families. Patient medication is one of the most highly documented areas of medical errors. Between two and seven medication errors happen in every hundred patients (AHRQ, 2001). Precautionary measures have to be taken when medications are being prepared for patient consumption. It is best practice to work in a well lit area and avoid the noise and distraction. Medication errors can be administering the wrong drug, to the wrong person, with the wrong dosage amount, at the wrong time, or omitting a dose altogether. Do not give medications that have expired or medication that has been prepared by someone other than yourself. Only prepare and give medications **exactly** as they are prescribed for that patient. All medications must have a prescription from the physician and require specific directions for giving it. This includes all PRN or "as needed" medications. If you are unsure, ask the nurse before proceeding with the task. **You must have a special certificate issued to you prior to being able to administer medications. Make sure you have this special training and understand the parameters which this training allows.**

- **Infection Control** – standard precautions are universal. This applies to everyone and helps to reduce the risk of spreading pathogens. This safety standard is achieved by the following:

**Good hand-washing.** – wash your hands between tasks and procedures to prevent cross-contamination of different body sites. Wash after touching blood, body fluids, secretions, excretions, and contaminated items. Wash after removing gloves. Use soap and warm water with vigorous friction. Wear safety equipment such as gloves, eye protection, masks, face shields, gowns.

- **Safety** – safety is a basic need of all persons and those whose systems are compromised by disease process are highly susceptible to a breach in that safety. It is your responsibility, as well as others, to be **aware of risk factors that may pose a threat to that patients safety needs**. Some of the factors that put an individual at risk for accident or injury are:

Being unaware of ones surroundings ex: coma state  
Confusion or disorientation  
Impaired vision or hearing  
Impaired smell and touch  
Impaired mobility  
Age



## **Understanding Your Role – a point of review**

In order to protect the safety of your patient and prevent medical errors from happening, you must understand what you can and cannot do. Duties of the Certified Nursing Assistant vary from State to State so it is important that you know what Florida has to say about your scope of practice.

**First: Things you can do.** Your role as a Certified Nursing Assistant is to assist the Nurse in the day to day care of any given patient. You carry out duties that have been assigned to you from the nurse who supervises you. It is your responsibility to report to the nurse observations you have made about the patient's physical or mental status and particularly as changes occur. You perform tasks that you have been trained to perform and you only work within the limits of your training. Your position requires you to meet hygiene, safety, comfort, nutrition, exercise, and elimination needs of the patients that have been assigned to you. The nurse may ask you to collect specimens or assist with moving a patient. You might be asked to assist with the admitting or discharge process and you are frequently asked to measure vital signs and report them to the nurse. It is always important that you function within your job description and the state law.

**Second: Things you cannot do.** As a Certified Nursing Assistant it is equally important for the safety of your patients that you understand the limits of your involvement with their care. Let's review them. Medication administration in the hospital and nursing home setting is limited to the nursing role and not to be done by the Certified Nursing Assistant. Only with special training and skills validation can the Certified Nursing Assistant assist in the administration of medications in the Assisted Living setting or Group Home environment. This training and validation is done by a registered nurse on an ongoing basis. The Certified Nursing Assistant would never insert any tubes into body orifices. An exception to this rule would be to perform those procedures of which you have been trained to do like giving enemas etc. You would not be required to perform a procedure that would require the use of sterile technique. Communicating the patient diagnosis to the family or the patient themselves is not something that the Certified Nursing Assistant would be allowed to do as this is the doctor's responsibility. You must remember that only doctor's diagnose and prescribe treatment and your job is to carry out that treatment as delegated to you by the nurse. Supervision of other Certified Nursing Assistants is the responsibility of the nurse on duty and can carry serious legal consequences, so leave that job to the nurses.

Now that we have reviewed the dos and don'ts, let's talk about the importance of delegation and how it affects you and patient safety. When we talk about the term "delegation", we are talking about someone authorizing another person to perform a task. The person being asked to perform the task must be competent to do so. Delegation decisions are designed to protect the safety and well-being of the patients and there are various factors taken into account when assignments are made. Your role in the delegation process is extremely important because it has the most immediate affect on patient safety. You will either accept or refuse the task being delegated to you. Your ability to make that decision of accepting or refusing should be based on the following:

- Does my State allow me to perform this task?
- Was I trained to do this task?
- Do I have experience performing this task given the patient's condition and needs?
- Is this task within my job description?
- Do I understand the purpose of the task for the patient?
- Can I safely perform this task under the current circumstances?
- Do I have the equipment and supplies to safely complete this task?
- Do I have concerns about performing this task?
- Do I completely understand the directions given to me by the nurse?
- Is the nurse going to be available for any immediate assistance that might be needed?

Asking yourself these questions prior to any actual hands can help you to eliminate any potential misunderstanding regarding the expected outcome of that care.

## **Safety needs of special populations**

### **Pre – Post operative care:**

**Pre -** Surgical patients often experience fears and concerns and may express them to you as their caregiver. This is one way the patient is getting mentally prepared for what is ahead of them. You can assist them by actively listening. You can explain what your role in their care will be but you must not overstep your boundaries by trying to answer questions that would be better left to the doctor or the nurses. Questions that the doctor might answer for them would have to do with the mechanics of the surgery, risks involved, when the surgery is scheduled and how long it will take and there may be others.

**Post –** It is crucial that post-operative care be given skillfully and compassionately. The nursing staff will rely on the Certified Nursing Assistant to prepare the patients room for occupancy and perform measures and observations of the patient. Recognizing adverse signs and reporting them immediately to the nurse will help ensure a speedy recovery for the patient. Patient's who have been sedated cannot fully participate in their care. They may become confused or disoriented and the sedating medications may impair their perception of reality. This group of patients can be considered high risk for safety issues and you must pay close attention in order to protect them.

### **Limited mobility:**

Patients who are bed-bound or have limited mobility are at high risk for pressure sores and falls. Repositioning of patients is critical to maintaining adequate circulation throughout the body thus minimizing pressure sore development. The Certified Nursing Assistant will be instructed to reposition and frequently turn those who are unable to move themselves. Caution must be taken to provide adequate safety measures while performing this task in order to prevent patients from falling out of the bed. The use of safety devices may be authorized to assist you and the patient. It is important that you understand the baseline condition of the skin so you will be able to know when to report any changes to the nurse.

Your individual facility will have a policy and definition on what constitutes a fall and how to handle it. Make sure you read this policy and act accordingly. Always make sure to report any fall or near fall to the nurse since this can be one of the first signs of an underlying health problem. There are many reasons a patient falls so don't just assume it is someone's fault. Falls happen because of the natural aging process. Our vision changes as we age and our ability of the eyes to adjust to light and depth varies. Sometimes patients develop an inner ear problem that affects their ability to stand upright. As we get older, we lose our muscle strength especially in the legs thus causing one to stumble and fall. Disease process and medications are also common reason patients fall. You can take an active role in keeping your patients safe by identifying which patient is at risk for falling. Work with the health care team in putting together a strategy to keep the patients safe. Then monitor them on a regular basis and report your findings to the nursing staff. Remember, you are the eyes and ears of the healthcare team and your input can make the difference between a fall that might be devastating and maintaining patient safety.

#### **Developmental Disabilities:**

Although we typically think of disabilities as something that one is born with, this is not always the case. Adults can experience disability by virtue of disease or injury. This disability can affect them in areas of self-care, self-direction, language skills by either/or their lack of understanding or their inability to express their needs, learning, mobility, independence and sometimes their economic status.

#### **Conclusion:**

So what is a medical error? According to the Ohio Hospice & Palliative Care Organizations glossary of health care terms, it is "the failure of a planned action to be completed as intended (error of execution) or the use of a wrong plan to achieve an aim (error of planning)" ([www.ohpco](http://www.ohpco)). Prevention means looking and planning ahead in an effort to prevent something from happening. As healthcare professionals we are responsible and ultimately accountable for the safety of our patients. This safety includes the prevention of medical errors as much as possible. Will they be eliminated 100 percent? Probably not; but there are steps that we can take to minimize the frequency of these errors.

Know the policies and procedures within your facility. Always work within the guidelines of your job description and don't be afraid to say you need extra training in a particular area to improve your skills. Practice effective communications with the healthcare team and play an active part in developing solutions to problems areas.

Only when we accept the fact that medical errors happen and we begin to change systems that are no longer effective can we begin to see positive safety outcomes. It is with these positive

outcomes that healthcare facilities will begin to see a more desirable bottom line, patients will be more satisfied, and you will experience a higher level of job satisfaction knowing that you have done your part in providing the highest quality care possible.

## Reference

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# Medical Error & Prevention Test

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please read each questions carefully. Circle the correct answer.*

- T F 1. Medical error prevention is the responsibility of all caregivers.
- T F 2. Medical errors impact the health care system as a whole.
- T F 3. Certified Nursing Assistant's don't have to be concerned about medical errors because they are not considered part of the health care team.
- T F 4. Prevention of medical errors takes planning on the part of all caregivers.
- T F 5. It is important to report to the nurse observations about your patient, either good or bad.
- T F 6. Medical errors don't happen as a result of poor handwriting.
- T F 7. Identifying which patient's are most susceptible to falls is considered a method of prevention.
- T F 8. Accurate, thorough, and timely communications with other health care team members can help prevent medical errors.





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PROGRAM EVALUATION

COURSE TITLE: MEDICAL ERROR & PREVENTION (2 HR)

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

*Please evaluate by circling the appropriate rating:  
5-Excellent 4-Above average 3-Average 2-Fair 1-Poor*

- |   |                      |
|---|----------------------|
| 1. Overall quality of the program                         | 5 4 3 2 1            |
| 2. Overall content of the program                         |                      |
| a. content can improve my ability to perform my job       | 5 4 3 2 1            |
| b. content reflected knowledge level and needs of learner | 5 4 3 2 1            |
| c. the material was current                               | 5 4 3 2 1            |
| 3. Achieved stated objectives                             |                      |
| a. total number of objectives in program _____            |                      |
| b. circle the number of met objectives                    | 1 2 3 4 5 6 7 8 9 10 |
| c. the test material reflected the objectives listed      | 5 4 3 2 1            |
| 4. Overall organization of the program                    |                      |
| a. material was organized to facilitate learning          | 5 4 3 2 1            |
| b. material covered was adequate and accurate             | 5 4 3 2 1            |

What did you like best about the program?

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Your suggestions for improving this program.

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Any topic ideas for future in-service programs

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