23.11 SAFETY IN ICU

23.11.1 PATIENT SAFETY

Important patient safety issues in critical care include:

» Proper patient identification
» Timely response to critical tests
» Appropriate and safe use of clinical alarms
» Improvement of staff communication
» Appropriate and safe use of medicines
» Infection prevention and control

All patient safety incidents (PSI) are to be reported on the South African National Patient Safety Incident Reporting and Learning (NPSIRL) System and acted upon appropriately as per the processes of the system. (https://www.knowledgehub.org.za/elibrary/national-guideline-patient-safety-incident-reporting-and-learning-health-sector-south)

23.11.2 PATIENT TRANSFER AND HANDOVER

The following aspects need to be ensured before transferring critically ill patients:

» Decision to transfer is made by the responsible senior
» Adequate and appropriate communication between referring and receiving teams
» Experienced and well-trained transfer team capable of managing any deterioration
» Patient to be stabilized as far as possible with on-going organ support provided for duration of transfer.
» Appropriately secured airway for transfer
» Appropriate monitoring with sufficient battery back-up

» Appropriate level of sedation and pain control
» Adequate oxygen for transfer duration
» Adequate volumes of medications and fluids for duration of transfer
» Prevention of pressure damage and adequate wounds and fractures management
» Emergency medications and equipment
» Appropriate and detailed documentation to accompany patient

Consider the following strategies to improve ICU handovers:
» Standardize the process into specific phases, for example:
  – Pre-handover preparation
  – Equipment and technology handover
  – Information handover
  – Discussion and plan
» Complete urgent clinical tasks before the information transfer.
» Allow only patient-specific discussions during verbal handovers.
» Require that all relevant team members be present.
» Provide training in team skills and communication.