POLICY: S-15-2

TITLE: Patient Safety and the SC Lewis Blackman Patient Safety Act

DATE: December 1, 2005

I. Purpose: To provide for meeting the requirements contained within the Lewis Blackman Patient Safety Act, to provide for means to identify persons in clinical training roles, and to improve communication between patients, their families, and their caregivers.

II. Name Badges. All clinical staff, clinical trainees, medical students, interns, and resident physicians shall wear badges clearly stating their legal names, their departments, and their job or trainee titles. Clinical trainees, medical students, and resident physicians shall be clearly identified as such in terms or abbreviations deemed by DHEC to be reasonably understandable to the average person. The information on the badges shall be clearly visible when worn.

Student badges are acceptable for purposes of identification if the badge properly identifies the person as a student, their name, their school, and their job designation, e.g., student nurse or student pharmacist.

III. Written Information Provided to Inpatients and Outpatient Surgery Patients.

Prior to or upon admission each patient will be provided with written information describing the general role of clinical trainees, medical students, and resident physicians in patient care.

The written information will be provided to all persons admitted to the hospital as inpatients or who come for outpatient surgery. (This requirement does not apply to persons treated in any other outpatient settings.) For persons who are admitted through the emergency department, the written information will be provided as soon as reasonably possible after the patient has been moved to an inpatient room and need not be provided in the emergency department. In all cases, the information will be provided in a document that is separate from the general consent for treatment.

In addition, this information will also:

A. State whether medical students or physician residents may be participating in a patient's care, may be making treatment decisions for the patient, or may be participating in or performing, in whole or in part, any surgery on the patient;
B. Notify the patient that the attending physician is the person responsible for the patient's care while the patient is in the hospital and that the patient's attending physician may change during the patient's hospitalization; AND

C. Include a description of the mechanism providing for initiation of contact with administrative or supervisory clinical staff and the method for accessing it.

IV. Contacting the Patient's Attending Physician. If at any time a patient requests that a nurse call his or her attending physician regarding the patient's personal medical care, the nurse shall place a call to the attending physician or his or her designee to inform him or her of the patient's concern. If the patient is able to communicate with and desires to call his or her attending physician or designee, upon the patient's request, the nurse shall provide the patient with the telephone number and assist the patient in placing the call. A nurse or other clinical staff to whom such a request is made or who receives multiple requests may notify his or her immediate supervisor for assistance. If a patient requests contact with his or her attending physician more than three times during the hospitalization the clinical record will be reviewed concurrently under the auspices of the Medical Staff Executive Committee, following notification of the Vice President of Medical Affairs by the nursing staff.

V. Patient Assistance System. There shall be maintained a patient assistance system designed to help patients resolve their personal medical care concerns in a prompt manner. A patient may independently access the patient assistance system at any time by calling x55555 from any hospital telephone, including those in patient rooms. A clinical staff member or clinical trainee shall promptly access the system on behalf of a patient if the patient requests assistance.

A representative of the hospital's administrative or supervisory clinical staff shall be available at all times to respond to patient concerns. Once the patient assistance system has been contacted, the administrative or supervisory clinical staff representative shall promptly assess (or cause to be assessed) the patient's concern and provide appropriate follow up. The patient...
assistance system described in this section of the policy should not be used as a substitute for contacting the patient's attending physician when the patient requests that the attending physician be contacted under section IV of this policy.

Frank D. Pinckney  
President