

## Hospital Room of Horrors Assignment

Learning Objectives and Outcomes		
Area	Objective	Course Student Learning Outcome (CSLOs), BSN Essentials, NCLEX & QSEN
Knowledge	Identify actual and potential safety risks at client bedside environment.	<p><u>CSLO</u></p> <ol style="list-style-type: none"> <li>1. Demonstrate evidence-based clinical judgment to provide safe, patient-centered care for adults with a variety of complex acute and chronic health problems.</li> <li>2. Apply pathophysiology to prioritize safe, evidence-based nursing care to patients with complex acute and chronic health conditions.</li> </ol> <p><u>BSN Essentials</u></p> <p>Domain 1: Knowledge for Nursing Practice</p> <ul style="list-style-type: none"> <li>• 1.3a Demonstrate clinical reasoning.</li> </ul> <p>Domain 5: Quality and Safety</p> <ul style="list-style-type: none"> <li>• 5.2a Describe the factors that create a culture of safety.</li> </ul> <p>Domain 8: Informatics and Healthcare Technologies</p> <ul style="list-style-type: none"> <li>• 8.3e Identify impact of information and communication technology on quality and safety of care.</li> </ul> <p><u>NCLEX</u></p> <p>Safety and Infection Control</p> <ul style="list-style-type: none"> <li>• Educate client on safety issues</li> <li>• Identify deficits that may impede client safety</li> </ul>

		<p><u>QSEN</u></p> <p>Patient-Centered Care</p> <ul style="list-style-type: none"> <li>Examine how the safety, quality, and cost effectiveness of health care can be improved through the active involvement of patients in their own health care processes</li> </ul> <p>Teamwork and Collaboration</p> <ul style="list-style-type: none"> <li>Describe examples of the impact of team functioning on safety and quality of care</li> </ul> <p>Safety</p> <ul style="list-style-type: none"> <li>Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-arounds and dangerous abbreviations)</li> <li>Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)</li> <li>Discuss potential and actual impact of national patient safety resources, initiatives and regulations</li> </ul> <p>Informatics</p> <ul style="list-style-type: none"> <li>Contrast benefits and limitations of different communication technologies and their impact on safety and quality</li> </ul>
<p>Skills</p>	<p>Create safe client bedside environment.</p> <p>Adhere to safety protocols.</p> <p>Implement standards of care for client safety.</p>	<p><u>CSLO</u></p> <p>5. Perform advanced nursing psychomotor skills for safe, quality patient care.</p>

BSN Essentials

Domain 2: Person-Centered Care

- 2.4b Create a list of problems/health concerns.
- 2.4c Prioritize problems/health concerns.
- 2.5c Delegate appropriately to team members.

Domain 5: Quality and Safety

- 5.1 Recognize nursing's essential role in improving healthcare quality and safety.
- 5.2b Articulate the nurse's role within an interprofessional team in promoting safety and preventing errors and near misses.
- 5.2c Examine basic safety design principles to reduce risk of harm.
- 5.2f Use national patient safety resources, initiatives, and regulations at the point of care.

Domain 6: Interprofessional Partnerships

- 6.2b Delegate work to team members based on their roles and competency.

Domain 8: Informatics and Healthcare Technologies

- 8.3b Evaluate how decision support tools impact clinical judgment and safe patient care.

NCLEX

Safety and Infection Control

- Protect client from injury (e.g., falls, electrical hazards)
- Report unsafe practice of health care personnel and

		<p>intervene as appropriate</p> <ul style="list-style-type: none"> <li>Facilitate appropriate and safe use of equipment</li> </ul> <p><u>QSEN</u></p> <p>Safety</p> <ul style="list-style-type: none"> <li>Demonstrate effective use of strategies to reduce risk of harm to self or others</li> <li>Use national patient safety resources for own professional development and to focus attention on safety in care settings</li> </ul>
Attitudes	Value own role in preventing injury/illness.	<p><u>CSLO</u></p> <p>4. Differentiate the nursing role in delegation and supervision of care of the adult patient.</p> <p><u>BSN Essentials</u></p> <p>Domain 5: Quality and Safety</p> <ul style="list-style-type: none"> <li>5.2d Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm.</li> </ul> <p>Domain 9: Professionalism</p> <ul style="list-style-type: none"> <li>9.1b Reflect on one's actions and their consequences.</li> </ul> <p><u>NCLEX</u></p> <p>Safety and Infection Control</p> <ul style="list-style-type: none"> <li>Acknowledge and document practice errors and near misses (e.g., incident report for medication error)</li> </ul> <p><u>QSEN</u></p> <p>Teamwork and Collaboration</p> <ul style="list-style-type: none"> <li>Appreciate importance of intra- and inter-professional collaboration</li> </ul> <p>Safety</p>

		<ul style="list-style-type: none"> <li>• Value the contributions of standardization/reliability to safety</li> <li>• Value own role in preventing errors</li> </ul>
--	--	---

## Instructions:

1. Silently and independently review the client environment and the scenario presented. You may walk around the bed and look at the client, medication list, equipment, etc. You will have 15 minutes to complete this task.
2. Identify as many safety risks in the client environment as you can and document these safety risks in the chart below.
3. In the chart you will identify the safety risks, potential harm the risk could cause, prioritize the safety risks in order of greatest safety risk to minor safety risk, list the responsible party (delegation), and if you need to report the safety risk to another healthcare member (interprofessional collaboration).
4. There will be an answer key and debriefing discussion at the end of the simulation. During this debriefing, you are encouraged to utilize critical reasoning skills to discuss potential risks that may not be as obvious as actual risks.

Safety Risk	Potential Harm	Prioritization	Responsible Party (Delegation)	Reporting Required (Interprofessional Collaboration)
Needle uncapped on	Needle stick injuries/	High risk priority	RN	Yes, report to

bedside table	exposure to infectious materials			supervisor
Medications at the bedside (whole bottle)	Can cause medication errors/overdose	High risk priority	RN	Yes
The Pt had a listed allergy for med left at bedside	Medication is dangerous for Pt, yet in their room where it can be a medication error with deadly consequences	High risk priority	RN	Yes
One foot drop cuff is off	If cuff is not on it will not prevent foot drop, Pt may have trouble lifting front of foot	Low risk priority	RN	No
Tourniquet left on arm	Should not be left on longer than a minute, may cause pooling of blood and local stasis is likely	High risk priority	RN	Yes
No allergy wrist band	Pt may be given medications they are allergic too, a dangerous med error	High risk priority	RN	Yes
Fall risk with bed siderails not up, no bed alarm	No bed alarm to warn nurse that pt is getting up, pt may fall and be on ground and seriously injure themselves with fractures	High risk priority	RN	Yes
Urine bag not clipped and on floor	Bag not properly supported may pull down on catheter, bag also not clipped which can lead to spills	Medium risk priority	RN	No
Cords left all over the Pt/ Velcro ties left by Pts head	Cords can become a hazard for Pt if they go around the neck, they can cause asphyxiation	High risk priority	RN	Yes
Shears left at the	Sharps should not be	High risk priority	RN	Yes

bedside	left in Pts room; Pt can harm themselves or others			
Blankets bunched under the Pts skin	This is just an issue of skin breakdown, an uneven surface to rest may cause pressure that prevents blood flow, causing skin ulcers	Low risk priority	RN	No
Pts medical info left on table opened	This is a HIPAA violation; health information should be kept private only shared by the patient's healthcare team	High risk priority	RN	Yes

## Reflective Activity

What are the major take-home lessons for you today?

The major take home lesson I learned from this activity, is that I, as the RN must be mindful of these dangerous safety risks, because even if another makes them, I am responsible for the patient's safety. I need to inform others caring for the patient what is expected, and if something is wrong, I need to report it. This means teaching CNAs that I am working with why these safety risks can hurt the patient. It also means during patient switch offs that I'm checking the work of other RNs to prevent any harm from something they might have left in the room.

How did this experience change your view of preventing risks?

Safety risks however small, are there for a reason. Blankets bunched under a patient may seem redundant, however when you see how long a pressure ulcer takes to heal it becomes very important to implement evidenced based practice. Prevention is much easier to deal with than potential harm the patient may find themselves in.

(Grading Criteria)

Points	If...
--------	-------

5	The student found all 10 actual safety risks in addition to identifying potential safety risks in the client environment.
4	The student found all 10 actual safety risks but did not identify any potential safety risks in the client environment.
3	The student found 7-9 actual safety risks and/or potential safety risks in the client environment.
2	The student found 4-6 actual safety risks and/or potential safety risks in the client environment.
1	The student found 1-3 actual safety risks and/or potential safety risks in the client environment.
0	The student did not find any safety risks in the client environment.

**Prioritization/Delegation/Communication Chart**

\_\_ Points out of 5 Total

**Reflective Essay**

\_\_ Points out of 5 Total

**Debriefing**

Did student actively participate in debriefing by reflecting and discussing experience?

Yes: 5 points

No: 0 points

**TOTAL POINTS** 20 \_\_\_\_\_

**Hospital Room of Horrors: Post Exercise Evaluation (Likert scale 1-5, least to most)**

- 1) I feel prepared to diligently watch for client’s safety and quality of care.

1      2      3      4      5

2) I have improved in my ability to synthesize nursing theory and content to the clinical setting as a result of the “Safety Day Simulation” exercise.

1      2      3      4      5

3) Debriefing with faculty provided an opportunity to self -reflect, which improved my knowledge, skills, and attitude/confidence.

1      2      3      4      5

4) Faculty was prepared and facilitated enhanced learning during the debriefing period

1    2

3      4      5

5) I recommend the continuation of “Safety Day Simulation” and feel it is a valued learning experience.

1      2      3      4      5

Suggestions:

---

---

---

---

---

---

---