

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

		<p><u>QSEN</u></p> <p>Patient-Centered Care</p> <ul style="list-style-type: none"> 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 <p>Teamwork and Collaboration</p> <ul style="list-style-type: none"> Describe examples of the impact of team functioning on safety and quality of care <p>Safety</p> <ul style="list-style-type: none"> Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-arounds and dangerous abbreviations) Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems) Discuss potential and actual impact of national patient safety resources, initiatives and regulations <p>Informatics</p> <ul style="list-style-type: none"> Contrast benefits and limitations of different communication technologies and their impact on safety and quality
<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"> Facilitate appropriate and safe use of equipment <p><u>QSEN</u> Safety</p> <ul style="list-style-type: none"> Demonstrate effective use of strategies to reduce risk of harm to self or others Use national patient safety resources for own professional development and to focus attention on safety in care settings
Attitudes	Value own role in preventing injury/illness.	<p><u>CSLO</u> 4. Differentiate the nursing role in delegation and supervision of care of the adult patient.</p> <p><u>BSN Essentials</u> Domain 5: Quality and Safety</p> <ul style="list-style-type: none"> 5.2d Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm. <p>Domain 9: Professionalism</p> <ul style="list-style-type: none"> 9.1b Reflect on one's actions and their consequences. <p><u>NCLEX</u> Safety and Infection Control</p> <ul style="list-style-type: none"> Acknowledge and document practice errors and near misses (e.g., incident report for medication error) <p><u>QSEN</u> Teamwork and Collaboration</p> <ul style="list-style-type: none"> Appreciate importance of intra- and inter-professional collaboration <p>Safety</p>

		<ul style="list-style-type: none"> • Value the contributions of standardization/reliability to safety • Value own role in preventing errors
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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)
There were	The medication could	High priority	The registered nurse	This should be

medications left on a bedside table.	be accidentally or intentionally ingested		or other qualified healthcare professional who left the medications.	reported to the charge nurse and most likely a safety risk should be written.
The IV needle located on the right arm was not secured properly	The patient could accidentally or intentionally remove IV needle.	Moderate priority	The individual who placed the IV is responsible.	It would be necessary to inform the responsible party.
There was suction tubing around the patient's neck	Depending on the mental state of patient, it could be a strangulation hazard	High priority	The responsible party is the RN or RT who administered the suction.	It would be necessary to inform the individual who performed the suction and educate them.
The side bed rails were lowered	This is unsafe because the patient could fall out of the bed and cause injury to themselves	High priority	The responsible party is the healthcare provider who did not raise the side rails.	It would be necessary to educate the responsible party. A safety may have to be written.
The tracheostomy cuff was not secured.	This could cause pulling on the tracheostomy.	High priority	The individual who provided suction.	This should be reported and a safety should be written.
The medication bracelet did not match the patient name on the board	The patient is at risk of having the wrong procedures, medication, etc.	Very High priority	Individual who gave the bracelet upon the patient's admission and the RN who failed to identify the difference	This should be reported, and a safety should be written.
The patient had an allergy bracelet, but the board said "No allergies".	The patient is at risk of having an allergy to any medication administered.	Very High priority	The individual who wrote no allergies on the board without verifying and the RN who failed to notice.	This should be reported, and a safety should be written.
The patient's foley catheter was not secured properly on the lower frame of the bed.	This is an infection risk as well as a potential injury risk.	Moderate priority	The RN who inserted the foley catheter.	The individual who placed the foley should have education.
The bed was not set to the lowest height setting.	This is a fall risk and can cause the patient injury.	High priority	The healthcare provider who did not lower the bed after providing care	This should be reported, and a safety should be written.
The patient's trach collar was not	This can result in trach becoming	Very high priority	The individual who loosened the trach	This should be reported and a safety

secured.	dislodged from the airway		collar and the nurse who failed to observe this.	should be written.
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Reflective Activity

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

This exercise helped me to realize the importance of always observing and assessing the patient's surroundings. Something that may seem like a low priority risk can become a hazard to the patient's health. Even if the RN assessed the room in the beginning of the shift, assessment is a continuous process. Other healthcare providers, the patient, or even the patient's family may introduce risks to the patient unintentionally. That's why it is important to always make sure the environment the patient is in is safe and that medical procedures are performed, secured, and assessed properly and frequently.

How did this experience change your view of preventing risks?

This experience has allowed me to realize just how important it is to prevent risks. Something that may seem like a minute risk, like an unsecured IV, can be potentially harmful for some patients. If that patient is at risk for bleeding, a pulled out or dislodged IV can cause complications for the patient. That is why it is important to not only frequently assess for safety risks, it is important to educate other healthcare team members if necessary, as well as providing safety education to the patient.

(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

3 4 5

1 2

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

1 2 3 4 5

Suggestions:

I liked this experience. I also liked that we were able to do this individually.
