

Key Definitions (for the purposes of this self assessment)

Caregiver: A family member, friend, or other person not providing patient care on behalf of the healthcare facility, who is assisting the patient with medication administration, particularly in the home, or monitoring the patient's adherence to instructions.

Close call: An error that was detected and corrected before it reached the patient (sometimes referred to as a "near miss").

Guideline: Recommendations that provide acceptable practices and options, including drug therapy, for managing a particular procedure or treatment for a specific diagnosis or condition, which can be used to assist in clinical decision making and adapted to the patient's specific needs.

High-alert medications (or drugs): Medications that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are more devastating to patients. Examples of high-alert medications include insulin, opioids, neuromuscular blocking agents, anticoagulants, and many others. A complete list of high-alert medications used in the acute care setting (also appropriate for outpatient perioperative care settings) can be found at: www.ismp.org/node/103.

Medical and/or surgical procedure: Any medical and/or surgical procedure performed on a patient by a licensed healthcare practitioner that requires **MODERATE SEDATION, DEEP SEDATION, MONITORED ANESTHESIA CARE (MAC), REGIONAL ANESTHESIA, and/or GENERAL ANESTHESIA**, including diagnostic and **INVASIVE PROCEDURES** that meet this definition.

Medication (or drug): Medication includes: prescription medications; sample medications; herbal remedies; vitamins; nutraceuticals; over-the-counter drugs; vaccines; diagnostic and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood derivatives; IV solutions (plain, with electrolytes and/or drugs); and any product designated by the US Food and Drug Administration (FDA) as a drug. The definition of medication does NOT include enteral nutrition solutions (which are considered food products); oxygen and other medical gases; and illicit drugs unless explicitly stated.

Neonate (or neonatal): A newborn infant up to and including 1 month old.

Order set: Standardized list or template of logically grouped medical orders used to treat specific clinical situations (e.g., a specific diagnosis, a specific drug therapy), which follow pre-established clinical guidelines based on evidence-based best practices. The use of order sets can decrease variation in care; enhance compliance with recommended treatment guidelines; promote complete, unambiguous, and accurate orders; reduce the risk of prescribing errors; and improve patient outcomes.

Pediatric: An infant older than 1 month to children and adolescents up to young adulthood.

Perioperative: The preoperative, intraoperative/intraprocedural, and postoperative phases of a medical and/or surgical procedure, extending from the time a patient is prepared for a procedure until he or she is discharged home after the procedure or transferred out of the perioperative setting, usually to an inpatient bed.

Practitioner: A licensed healthcare professional who is authorized within the institution to prescribe, dispense, or administer medications, such as a physician, physician assistant, CRNA, certified anesthesiologist assistant, nurse practitioner, nurse (including circulating nurse, scrub nurse), perfusionist, pharmacist, or respiratory therapist.

Protocol: A defined, standard regimen intended to be followed for managing a particular procedure, drug therapy, or treatment for a specific diagnosis or condition, which often includes medication precautions and dosing instructions, supportive treatments, and patient monitoring.

ADDITIONAL GLOSSARY TERMS

Additional defined terms can be found in the **Glossary (pages 73-78)** and are designated throughout the text in **BOLD, SMALL CAPITAL LETTERS**. In the online version of the assessment, these additional terms are linked to their definitions when they appear in a demographic question or self-assessment item.

Key Abbreviations

ACLS

Advanced cardiovascular life support

ADC

Automated dispensing cabinet (also known as automated dispensing device or machine)

ASC

Ambulatory surgery center

CPOE

COMPUTERIZED PRESCRIBER ORDER ENTRY

CRNA

Certified registered nurse anesthetist

EHR

Electronic health record (or electronic medical record)

FAQ

Frequently asked question

IM

Intramuscular(ly)

IV

Intravenous(ly)

MAC

MONITORED ANESTHESIA CARE

MAR

Medication administration record

NPO

Nothing by mouth (nil per os)

PALS

Pediatric advanced life support

PCA

Patient-controlled analgesia

PCEA

Patient-controlled epidural analgesia

PRN

As needed (pro re nata)

Frequently Asked Questions (FAQs)

The abbreviation **FAQ** appears near instructions, demographic questions, assessment items, or glossary terms if a "Frequently Asked Question" associated with that topic has been anticipated. The FAQ will help explain the intent of the instruction, demographic question, assessment item, or glossary term and will also provide further details to guide your accurate response. Please reference the FAQs, which can be found at: www.ismp.org/node/18027, prior to responding to the demographic questions and assessment items.

Glossary

Anesthesia personnel: **ANESTHESIA PROVIDERS** as well as any licensed practitioners or unlicensed personnel who work under the direct supervision of **ANESTHESIA PROVIDERS**, including technicians who may assist (e.g., order, stock, and replenish medications and supplies) **ANESTHESIA PROVIDERS** with clinical (not business/billing) processes.

Anesthesia provider(s): A licensed practitioner (e.g., anesthesiologist, CRNA, certified anesthesiologist assistant) who is trained, qualified, and authorized within the organization to plan and administer **MAC**, **DEEP SEDATION**, **GENERAL ANESTHESIA**, and/or **REGIONAL ANESTHESIA**; monitor sedated and/or anesthetized patients during procedures; support patients' vital functions inclusive of hemodynamic stability and airway management during procedures; and diagnose and treat pathologic changes and other clinical problems that might occur during the perioperative period.

Antithrombotic medication(s): Includes anticoagulants (e.g., vitamin K antagonists [warfarin], heparin(s) [unfractionated heparin, low molecular weight heparin]); factor Xa inhibitors (e.g., apixaban, betrixaban, edoxaban, fondaparinux, rivaroxaban); direct thrombin inhibitors (e.g., argatroban, bivalirudin, dabigatran); thrombolytics (e.g., alteplase, tenecteplase); and antiplatelet medications (e.g., aspirin, clopidogrel, dipyridamole, prasugrel, ticagrelor, cangrelor, ticlopidine).

At-risk behavior(s): Behavioral drift that occurs over time in all humans after successful violations (no adverse outcomes) of a rule; a behavioral choice that increases risk where the risk is not recognized or mistakenly believed to be insignificant or justified. **AT-RISK BEHAVIORS** often occur when individuals knowingly violate policies, procedures, or generally accepted practices to work around unexpected problems and system failures to accomplish their work in the moment. Examples include bypassing a duplicate therapy alert during order entry without due consideration; technology workarounds; removing more than one patient's medications from an ADC prior to administration; and written orders or documentation that include **ERROR-PRONE ABBREVIATIONS**. The just response to **AT-RISK BEHAVIOR** is to investigate the source and scope of the behavior; to remove any barriers to the desired safer alternative choice; and to **COACH** (not **DISCIPLINE**) individuals to see the significant risk associated with their choice and more appropriate safer alternatives.

Autoverification: EHR functionality which allows a medication order to be entered and released (automatically verified) in the EHR, bypassing the need for medication order verification by a pharmacist and facilitating medication administration.

Barcode scanning: The use of optical machine-readable representation of data found in barcodes on medication packages and patient identification bands to verify that the correct patient is receiving the correct medication, the correct solution or ingredient is selected prior to compounding a preparation, or the correct medication is retrieved from or stocked in the correct storage location. The process involves the use of a barcode scanner, an electrical device that can read and output printed barcodes to a computer.

Basal infusion: A continuous infusion of an opioid and/or local anesthetic to provide a constant level of analgesia, which may also be administered as **BOLUS DOSES**, PCA, or PCEA.

Bolus dose(s): A discrete dose of medication or fluid given in a set volume at the desired infusion rate or for a specified duration prior to (see **LOADING DOSE**) or during a continuous infusion.

Carrier fluid (also called a "medication line"): A small bag of sterile, nonpyrogenic crystalloid fluid used to help deliver and flush the administration set used to administer small volume IV medications or an IV medication titrated to effect; the **CARRIER FLUID** may be administered simultaneously with medication infusions or used before and/or after infusions to ensure any residual incompatible solution has been cleared from the administration set or any residual medication left in the tubing has been administered to the patient.

Coach/coaching: Refers to a values-supportive, non-**DISCIPLINARY** discussion with a person who has misread risk and engaged in an **AT-RISK BEHAVIOR**, to help them see risk that was not seen or misread as being insignificant or justifiable, and to help them understand the need to engage in better behavioral choices.

Commercially manufactured: A product available from a commercial manufacturer.

Commercially prepared: A product available from an outsourced compounding facility (e.g., a 503B outsourcing facility).

Computerized prescriber order entry (CPOE): Refers to an inpatient and/or outpatient electronic computer system into which an authorized prescriber enters medical orders.

Console/consoling: Refers to the act of comforting an individual who has made a **HUMAN ERROR** to help alleviate any sense of failure and loss, restore relationships and trust, and promote forgiveness (of self and others) and healing.

continued on page 74 ►

Glossary continued

Controlled medications: Medications or substances that are categorized under the Controlled Substances Act and which are regulated under state and federal law into five “schedules,” depending on the substance’s medical use, the potential for abuse, and safety or dependence liability. Examples of classes of **CONTROLLED MEDICATIONS** include opioids, depressants, stimulants, hallucinogens, and anabolic steroids.

Deep sedation: A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Disciplinary sanction/discipline: Punitive deterrent to encourage an individual or group to refrain from undesired behavioral choices.

Dose error-reduction system(s) (DERS): Refers to the integral computer software in **SMART INFUSION PUMPS** intended to aid in the prevention of infusion programming-related errors and warn users of potential over- or under-delivery of a medication or fluid by checking programmed doses/rates against facility-configurable preset limits specific to a medication/fluid, and to a clinical application (e.g., epidural administration) and/or location (e.g., neonatal intensive care unit, medical/surgical unit).

Dose stacking: The administration of another dose of the same medication or class of medications (e.g., **MODERATE SEDATION** agents, pain medications) before the peak effect of the previous dose/medication has been reached, which could result in an excessive total drug effect over time. For example, peak analgesic effect with morphine may not be achieved for up to 20 minutes following IV administration.

DOSE STACKING is possible if more morphine is given before the previous dose reaches its peak effect. However, morphine may be titrated safely in certain settings (e.g., immediate postoperative setting) every 5 minutes if smaller **BOLUS DOSES** are used.

Drug intolerance(s): An adverse drug reaction characterized as a side effect (undesirable effect at recommended doses), intolerance (low tolerance to an adverse effect), idiosyncrasy (genetically determined, abnormal reaction to a drug), or toxicity (toxic reactions linked to a high dose and/or impaired excretion), rather than a true drug allergy.

Elastomeric pump(s): A device (e.g., Ambu ACTION, ON-Q, ball pump) used after certain procedures to intermittently or continually infuse medications, typically local anesthetics, at a specific rate into the tissues around an incision. The medication is held in a stretchable balloon reservoir (medication reservoir ball), and pressure from the elastic walls of the balloon drives the medication delivery, rather than gravity.

End-tidal carbon dioxide (ETCO₂) monitoring (capnography): Breath-by-breath measurement of the amount of carbon dioxide (CO₂) in exhaled air, which assesses ventilation and provides an early warning about a worsening trend in a patient’s condition caused by hypoventilation, hyperventilation, increased metabolic activity, decreased cardiac output, and/or poor pulmonary perfusion.

Epidural anesthesia: A technique of managing pain in the thoracic, lumbar, or sacral areas without the loss of consciousness, in which an opioid and/or anesthetic is injected or infused into the peridural space through an indwelling catheter. Administration may be a single injection, a continuous **BASAL INFUSION**, or self-administered (patient-controlled) within programmed limits.

Error-prone abbreviations: Certain medical abbreviations, symbols, ratio expressions used for single-entity products, drug name abbreviations, and dose designations that are considered “dangerous” and have often contributed to serious medication errors. A complete list can be found at: www.ismp.org/node/8.

Failure mode and effects analysis (FMEA): A **PROACTIVE RISK ASSESSMENT** method based on the simultaneous analysis of possible failure modes, their consequences, and associated risk factors. Also referred to as failure mode effects and criticality analysis (FMECA) and healthcare failure mode and effects analysis (HFMEA).

General anesthesia: A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Gravity infusion(s): Medication or fluid administered without an infusion device or **DOSE ERROR-REDUCTION SYSTEMS (DERS)**, which relies on the force of gravity to infuse and is manually controlled (e.g., with a roller clamp).

continued on page 75 ►

Glossary continued

Hand-off(s): The real-time process of communicating all pertinent patient information from one provider/team to another provider/team as the responsibility of care is transferred (transitions of care) for the purpose of ensuring continuity and safety. The process includes verification of the shared information and an opportunity to ask questions and receive answers.

Hard limit/hard stop (within drug library): A medication- or fluid-specific forcing function that ensures that an infusion cannot be given outside facility-established medication- or fluid-specific parameters (e.g., concentration, dose-rate of continuous infusions, dose of intermittent infusions, duration of intermittent infusions). These upper (maximum) and lower (minimum) limits are set in the drug library and cannot be overridden.

Hazardous drug(s): According to the National Institute for Occupational Safety and Health (NIOSH) List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, NIOSH considers a drug to be hazardous if it exhibits one or more of the following characteristics in humans or animals: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity, organ toxicity at low doses, genotoxicity, or structure and toxicity profiles of new drugs that mimic existing **HAZARDOUS DRUGS**. Examples of **HAZARDOUS DRUGS** used in the perioperative setting include antineoplastic drugs such as fluorouracil, gemcitabine, methotrexate, and mitomycin; non-antineoplastic drugs that meet other NIOSH criteria, such as azathioprine, carbamazepine, estrogen creams, fosphenytoin, progesterone, and zidovudine; and drugs with reproductive hazards, such as dronedarone, fluconazole, and oxytocin. USP General Chapter <800> provides standards for safe handling of **HAZARDOUS DRUGS** to minimize the risk of exposure to healthcare personnel, patients, and the environment. These standards describe the responsibilities of personnel handling **HAZARDOUS DRUGS**; facility and engineering controls; procedures for deactivating, decontaminating, and cleaning; spill control; and documentation.

High-leverage risk-reduction strategies: Refers to the most effective risk-reduction strategies, which prevent, restrict, or stop an identified risk with minimal reliance on human vigilance and memory. **HIGH-LEVERAGE RISK-REDUCTION STRATEGIES** often require **SYSTEM REDESIGN** and a **JUST CULTURE** to make systems more resistant to **HUMAN ERROR** and enable practitioners to make safe behavioral choices by removing the system- and cultural-based incentives for cutting corners. Examples of **HIGH-LEVERAGE RISK-REDUCTION STRATEGIES** include barriers that prevent carrying out tasks the

wrong way, strategies that “force” task completion the correct way (forcing functions), engineering failsafes (e.g., free-flow protection with **SMART INFUSION PUMPS**), and technology such as **BARCODE SCANNING** to provide just-in-time decision support, verify accuracy, and halt progress when errors are made. Education and rules, while important, are not **HIGH-LEVERAGE RISK-REDUCTION STRATEGIES** and should not be relied on alone to prevent errors.

High-risk patient(s) (for respiratory depression): A pediatric or adult patient receiving a central nervous system depressant (e.g., general anesthetic, sedative, opioid) who has risk factors that increase the likelihood of respiratory depression and associated adverse outcomes:

- Age less than 6 months or greater than 55 years
- Obesity
- Hepatic or renal impairment
- Known or suspected sleep-disordered breathing (e.g., snoring, upper airway resistance syndrome, obstructive sleep apnea-hypopnea syndrome)
- Large neck circumference
- Anatomical maxilla or mandible abnormalities
- Prolonged surgery (greater than 2 hours)
- Thoracic or upper abdominal surgical incisions that may impair adequate ventilation
- Pulmonary or cardiac disease or dysfunction or major organ failure
- Congenital central hypoventilation syndrome (pediatrics)
- Myasthenia gravis
- Ultra-rapid drug metabolism (genetic polymorphism)
- Smoker
- Concomitant administration of sedating agents
- High opioid dose requirements
- History of naloxone administration

Human error(s): Inadvertently doing other than what should have been done; a mental slip, lapse, or mistake, such as miscalculating a dose, forgetting to dilute a medication, or transposing the doses of two antibiotics while prescribing the medications. **HUMAN ERRORS** are unintentional acts, not behavioral choices; thus, the just response to **HUMAN ERROR** is to **CONSOLE** the individual and to investigate **SYSTEM REDESIGN** to prevent/reduce reoccurrence.

Independent double check(s)/independently double checked: A procedure in which two individuals, preferably two licensed practitioners, separately check each component of the work process. An example would be one person calculating a medication dose for a specific patient and a second

continued on page 76 ►

Glossary continued

individual independently performing the same calculation (not just verifying the calculation) and matching the results.

Invasive procedure(s): A procedure that penetrates the protective surfaces of a patient's body, generally requiring entry into a body cavity and/or insertion of an indwelling foreign body; is performed in an aseptic surgical field; and requires **MODERATE SEDATION**, **DEEP SEDATION**, **MAC**, **REGIONAL ANESTHESIA**, and/or **GENERAL ANESTHESIA** of the patient to perform. Procedures that do not require sedation or anesthesia as listed above are not included in this definition.

Just Culture: Refers to a safety-supportive model of shared accountability where healthcare institutions are accountable for the systems they design, for supporting the safe behavioral choices of patients, visitors, and staff, and for responding to staff behaviors in a fair and just manner. In turn, staff are accountable for the quality of their behavioral choices (**HUMAN ERROR** is not a behavioral choice) and for reporting their errors and system vulnerabilities.

Loading dose(s): The initial dose of a medication given by infusion or syringe that is intended to rapidly achieve a therapeutic level prior to initiating the continuous infusion or scheduled maintenance dose infusion.

Maximum dose(s): The dose of a medication that represents the upper limit that is normally found in the literature and/or manufacturer recommendations. **MAXIMUM DOSES** may vary according to age, weight, organ function, or diagnosis.

Medication delivery device(s): An instrument/equipment used to administer medications and solutions, including programmable large volume and syringe infusion pumps, PCA pumps, epidural infusion pumps, implantable pumps, **ELASTOMERIC PUMPS**, drug-eluting stents, pen devices that contain medication (e.g., **EPINEPHRINE**, insulin), oral or ENFit syringes, parenteral syringes, needles, and dosing cups.

Medication safety officer: A clinical practitioner designated by an organization to serve as the authoritative leader in safe medication use for the purpose of reducing patient harm related to medication use. Other titles used to describe this role include medication safety leader, medication safety manager, medication safety coordinator, medication safety clinical specialist, medication safety pharmacist or nurse, and director of medication safety.

Medication-use process: A series of clinical tasks and sub-tasks for managing the information, environment, and human resources associated with all phases of medication use, including medication procurement, prescribing, prepara-

tion, dispensing, administration, and patient monitoring. The **MEDICATION-USE PROCESS** consists of ISMP's *Key Elements of the Medication Use System*[™] (www.ismp.org/key-elements-medication-use) that form a framework for managing medication use safely: 1) patient information; 2) drug information; 3) communication of drug orders and other drug information; 4) drug labeling, packaging, and nomenclature; 5) drug standardization, storage, and distribution; 6) **MEDICATION DELIVERY DEVICE** acquisition, use, and monitoring; 7) environmental factors, workflow, and staffing patterns; 8) staff competency and education; 9) patient (or caregiver) education; and 10) quality processes and risk management.

Moderate sedation: A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. **MODERATE SEDATION** should be performed by a qualified individual, separate from the proceduralist, so that vital functions can be continuously monitored and supported.

Monitored anesthesia care (MAC): A specific anesthesia service used for medical and/or surgical procedures in which a qualified **ANESTHESIA PROVIDER** continually monitors and supports the patient's vital functions; diagnoses and treats clinical problems that occur; administers sedative, anxiolytic, or analgesic medications to achieve varying levels of sedation, awareness, and analgesia; and converts to **GENERAL ANESTHESIA** if required.

Neuraxial anesthesia: A type of **REGIONAL ANESTHESIA** (excluding peripheral nerve blocks) that involves injection of one or more opioids and/or anesthetic medications by the epidural or intrathecal (spinal) routes of administration to manage pain in the thoracic, lumbar, or sacral region, without loss of consciousness. **NEURAXIAL ANESTHESIA** includes **EPIDURAL ANESTHESIA** and **SPINAL ANESTHESIA**.

Non-anesthesiologist sedation practitioner(s): A licensed physician, dentist, or podiatrist who has not completed postgraduate training in anesthesiology but is specifically trained to personally administer and supervise the administration of **MODERATE SEDATION**.

Non-controlled medications: Medications that are not controlled under the Controlled Substances Act (e.g., neuromuscular blockers, reversal agents, vasopressors, hypotensive agents, anticholinergics, antiemetics, antibiotics, steroids, electrolytes, blood glucose regulators, gastrointestinal agents, bronchodilators, anticoagulants).

continued on page 77 ►

Glossary continued

Operating room(s): A specially equipped room that meets the requirements of a **RESTRICTED AREA** and is designated and equipped for performing medical and/or surgical procedures that require an aseptic field. Any form of anesthesia may be administered in an **OPERATING ROOM** as long as appropriate anesthesia gas administration devices and exhaust systems are provided. A hybrid **OPERATING ROOM** is included in this definition (an **OPERATING ROOM** that has permanently installed equipment [not portable imaging technology] to enable diagnostic imaging before, during, and after medical and/or surgical procedures).

Opioid-naïve (adult patient): Patients who do NOT meet the definition of **OPIOID-TOLERANT**, and thus have NOT been receiving for 1 week or longer, at least: 60 mg oral morphine/day; 25 mcg transdermal fentanyl/hour; 30 mg oral oxyCODONE/day; 8 mg oral **HYDRO**morphine/day; 25 mg oral oxyMORphone/day; 60 mg oral **HYDRO**-codone/day; or an equianalgesic dose of another opioid, including heroin and/or non-prescribed opioids.

Opioid-tolerant/opioid tolerance (adult patient): **OPIOID TOLERANCE** is defined by the following markers: Patients receiving, for 1 week or longer, at least: 60 mg oral morphine/day; 25 mcg transdermal fentanyl/hour; 30 mg oral oxyCODONE/day; 8 mg oral **HYDRO**morphine/day; 25 mg oral oxyMORphone/day; 60 mg oral **HYDRO**-codone/day; or an equianalgesic dose of another opioid, including heroin and/or non-prescribed opioids.

Patient Safety Leadership WalkRounds: Weekly rounds by senior leaders in patient care units, designed to open the lines of communication about patient safety among leaders and staff so learning can occur, and to demonstrate leadership's commitment to safety and communicate its value in the organization. [FAQ](#)

Pin Index Safety System (PISS)/Diameter Index Safety System (DISS): A set of engineering standards designed to ensure the correct gas is filled into the correct cylinder, and that the cylinder will only connect to the correct equipment, including flow meters and wall outlets. The engineering standards designate unique, gas-specific connectors of different diameters and thread counts for each different medical gas, thus preventing misconnections. The PISS is designed for high-pressure gases (exceeding 200 PSI), while the DISS is for low pressure cylinders and equipment (less than 200 PSI).

Post-anesthesia care unit(s): A unit (sometimes called the recovery room or area) that provides a safe environment where immediate care of patients who have undergone a medical and/or surgical procedure can be closely

monitored by specially trained practitioners for the return of protective airway reflexes and early recognition and treatment of anesthesia and/or procedural side effects and instability, including airway compromise, respiratory depression, bleeding and other hemodynamic instability, nausea, vomiting, delirium, and pain control.

Practitioner-prepared: Refers to medications and/or solutions prepared (e.g., drawn into a syringe, poured into cups or basins) by **ANESTHESIA PROVIDERS**, surgeons, nurses, or other practitioners in the perioperative setting, outside of the pharmacy and/or outside of a biological safety cabinet/laminar flow hood.

Preoperative holding area(s): Any location where practitioners prepare patients and conduct a preprocedure assessment (e.g., vital signs, medication history, airway assessment, general health assessment) of the patient on the day of their scheduled medical and/or surgical procedure, before the procedure begins.

Proactive risk assessment: The process of identifying and systematically analyzing the risks and hazards embedded in the process and structure of care to prevent adverse events from occurring. Understanding the risks and hazards helps to inform the design, planning, and development of appropriate system interventions that will eliminate or minimize risks and hazards before patient injuries occur.

Procedure room(s): A room designated for the performance of medical and/or surgical procedures that require the use of sterile instruments, high-level disinfection of the room, and some but not all of the environmental controls needed in an **OPERATING ROOM**. Medical and/or surgical procedures include any procedure performed on a patient by a licensed healthcare practitioner that requires **MODERATE SEDATION**, **DEEP SEDATION**, **MAC**, **REGIONAL ANESTHESIA**, and/or **GENERAL ANESTHESIA**, including diagnostic and **INVASIVE PROCEDURES** that meet this definition.

Profiled ADC(s): Functionality that allows an ADC to be interfaced with the pharmacy computer system and EHR, thereby restricting the removal of a medication from the ADC until after a pharmacist has verified the safety of the order. Once pharmacy verification has occurred, a practitioner can select the medication from a patient-specific list on the ADC screen and remove the medication from the ADC.

Reckless behavior(s): A behavioral choice to consciously disregard a substantial and unjustifiable risk. (Conscious disregard of a policy or procedure, rather than conscious disregard of a significant risk, is often an **AT-RISK BEHAVIOR**,

[continued on page 78](#) ►

Glossary continued

not **RECKLESS BEHAVIOR**.) **RECKLESS BEHAVIORS** occur when people put their own needs ahead of the needs of patients, the organization, and/or their colleagues. An example includes drug diversion. The just response to **RECKLESS BEHAVIOR** is typically **REMEDIAL ACTION** or **DISCIPLINARY SANCTION**.

Regional anesthesia: Refers to peripheral nerve blocks as well as all **NEURAXIAL ANESTHESIA**, including **EPIDURAL ANESTHESIA** and **SPINAL ANESTHESIA**.

Remedial action: Actions taken to aid an individual including education, training, and/or reassignment to a task appropriate to their knowledge and skill level.

Restricted area(s): A designated space that can only be accessed through a **SEMI-RESTRICTED AREA** to achieve a high level of asepsis control. Traffic in the **RESTRICTED AREA** is limited to authorized personnel and patients, and personnel are required to wear surgical attire and cover head and facial hair. Masks are required where open sterile supplies or scrubbed persons may be located.

Safety huddle(s): A short (5-15 minutes), stand-up meeting involving the entire care team, led by senior leaders in a non-judgmental environment at the same time each workday, to give the team a way to actively manage safety and quality, including review of specific patient safety issues and review of the care of patients who may be at higher risk for an adverse outcome during or after a medical and/or surgical procedure.

Semi-restricted area(s): Peripheral support areas surrounding the **RESTRICTED AREA** of a surgical area, including storage areas for clean and sterile supplies, sterile processing rooms, work areas for storage and processing of instruments, scrub sink areas, corridors leading to the **RESTRICTED AREA**, and pump rooms.

Smart infusion pump(s)/smart infusion pump technology: An infusion pump with integral computer software (see **DOSE ERROR-REDUCTION SYSTEMS**) that is, at a minimum, capable of: 1) maintaining a drug library of standard drug concentrations, which when enabled, is used to support dose calculations and alert the user to incorrect orders, calculation errors, or programming errors that would result in significant over- and under-delivery of a drug, electrolyte, or other fluid; and 2) capturing administrative infusion data in a systematic, objective manner to support improvement in medication use. If the programmed dose is outside the preset limits, the pump alerts clinicians and can either require confirmation before beginning delivery (**SOFT LIMIT**) or not allow delivery (**HARD LIMIT**).

Soft limit/soft stop (within drug library): A medication or fluid-specific limit that can be overridden by a practitioner. These upper (maximum) and lower (minimum) limits advise the user that the specified infusion is about to be infused outside facility-established parameters (e.g., common dosage range).

Spinal anesthesia: A technique of managing pain in the lower part of the body by the injection of an opioid and/or anesthetic into the spinal canal, usually in the lumbar region, to interrupt conduction of nerve impulses without the loss of consciousness.

Surgical safety checklist: A tool similar to that created by the World Health Organization (WHO) (www.ismp.org/ext/655) designed to improve the safety of medical and/or surgical procedures by bringing together the whole procedural team (surgeons, **ANESTHESIA PROVIDERS**, **ANESTHESIA PERSONNEL**, and nurses) to perform key safety checks during vital phases of perioperative care: prior to the induction of anesthesia ("sign in"), prior to skin incision ("**TIME-OUT**"), and before the team leaves the **OPERATING ROOM**.

System design/redesign: Refers to the design/redesign of processes, procedures, equipment, interfaces, overall structure, and the environment or conditions under which staff work, for the purpose of satisfying specific requirements, such as patient safety. The design of a system dictates how reliable it is in terms of satisfying specific requirements.

Tall man lettering: Refers to a method of differentiating the appearance of similar drug names known to be confused with one another by using bolded, uppercase letters to draw attention to a small group of unique letter characters that are different in each of the drug names. A list of look-alike drug names with recommended **TALL MAN LETTERING** can be found at: www.ismp.org/node/136.

Time-out: A formal process of active communication among all team members involved in a medical and/or surgical procedure, during which, immediately prior to the procedure, all team members pause to review a standardized checklist to confirm key aspects of the procedure, such as verification of the patient, the procedure being performed, procedure laterality, medications to be administered, and a patient monitoring and rescue plan.

Triggers: Critical indicators (e.g., laboratory values, patient symptoms, use of antidotes for medications administered) that alert practitioners to the need for evaluation of a potential adverse event.