

Implementation Information and Resources

Implementation Considerations

Organizational Approval—

Review: Adoption may require approval by certain groups, including:

- Patient Safety Committee
- Quality Improvement Council
- Medical Staff Committee
- Board of Directors
- Director of Education
- Risk Management

Action Plan: Facilities may have different committees that need to approve changes that directly impact patient care. Each facility needs to assess which committees need to approve the adoption of the initiative. Remember to consider the stakeholders and be sure they understand and approve the initiative before it is implemented.

Materials Management Supply Assessment and Purchase—

Review: Assessment of current supply and wristband procurement.

Action Plan:

- Most organizations have a vendor in place to fill wristband orders. It is important to communicate to vendors that you are standardizing your color-coded alert wristbands to conform to the specifications included in this toolkit. Many vendors may be aware of this initiative and what specific colors need to be used to be in compliance with the standardization.
- The THA is not recommending Tennessee hospitals use a particular vendor. Rather, hospitals are encouraged to work with their existing vendor.
- Coordinate with your materials management department to evaluate the current stock of out-of-date color-coded wristbands, and approximate the time when new color-coded wristbands can be introduced.

Hospital Specific Documentation—

Review: Policy adoption, assessment revision, forms revised to meet standards, and consents.

Action Plan:

- The color-coded patient alert wristband policy should be reviewed and approved if changes are made.
- Hospitals should review their respective forms for possible modifications (patient education assessments, etc.).
- You may want to include language that the patient received in the wristband education brochure (see Staff/Patient Education materials).
- If a patient refuses to wear an alert wristband, there should be written documentation of refusal.
- Make certain to coordinate with risk management staff and individual hospital administrators.

Staff and Patient Orientation, Education, and Training—

Review: Schedule staff training, documentation requirement, and FAQs.

Action Plan:

- Education format and training materials need to be reviewed. Staff education materials and a competency form have been provided in this toolkit. The competency form may be customized to suit each hospital's unique needs.
- Education of hospital staff will need to be scheduled and documented per hospital policy.
- Ensure that new employee orientation procedures include wristband education.

Implementation—

Review: Take measures to prepare for hospital's standardization "Go Live" date.

Action Plan:

1. Include article in hospital newsletter(s) alerting all staff of the new patient alert wristband standardization policy.
2. In the weeks leading up to "Go Live" date, remind all hospital staff of impending standardization at regular intervals (staff meetings, rounds, etc.) and summarize alert wristband colors, their designated meanings, and policies and procedures that will be adopted in accordance with the standardization.

3. On the evening before the “Go Live” date, remove all the hospital’s stock of old wristbands and replace with new, standardized alert wristbands.
4. Designate hospital staff to review the medical chart and apply appropriate alert wristbands to patients on day of standardization.
5. On “Go Live” date, ensure correct alert wristband signage is posted at nursing stations.
6. On “Go Live” date, designated staff should review medical charts of all patients for medical conditions or wishes requiring a red (allergy), yellow (fall risk), and/or purple (do-not-resuscitate) alert wristband.
7. Prior to alert wristbands being applied to patients, staff should remove any/all social cause wristbands present on the patient, keeping in mind patient/family education and refusal procedures.
8. Alert wristbands should be applied to patients as appropriate, keeping in mind patient/family education and refusal procedures.
9. Supervisors should review alert wristbands that have been placed on patients for accuracy.
10. Hospital staff responsible for applying alert wristbands to patients should contact hospital’s Materials Management leadership once all alert wristbands have been applied to patients to make them aware of future inventory needs.
11. Two to four weeks after “Go Live” date, follow-up meetings should be scheduled with clinical leadership and other hospital staff involved in patient care to review patient alert wristband policy and procedure to gauge the standardization’s effectiveness.
12. Collect input from hospital staff and pursue necessary improvements to patient alert wristband policy and procedure.

THA COLOR CODED PATIENT ALERT WRISTBAND STANDARDIZATION

Patient Alert Wristband Standardization Task Chart

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Identify staff person who supports committee meetings and obtain contact information for each committee												
Verify committee meeting times and seek space on agenda to present initiative												
When initiative is approved, contact appropriate staff members to initiate action and convey information to staff												
Inform materials manager about upcoming initiative and provide access to the toolkit												
Inquire with materials manager about current wristband supply and when it will be depleted												
Assure materials management staff that they will be informed when approval for new product order is obtained												
Request that the materials manager contact the facility's wristband vendor to alert of the pending change in product order												

THA COLORCODED PATIENT ALERT WRISTBAND STANDARDIZATION

Patient Alert Wristband Standardization Task Chart

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Review policy and procedure (P&P) for wristband application												
Contact clinical directors to ensure consistency in P&P across departments												
Secure approval of changes in P&P												
Become familiar with training content and tools												
Discuss education rollout format with clinical directors												
Contact appropriate committee to review patient education brochure												
Contact trainers and announce train-the-trainer sessions												
Replicate staff education section of toolkit for each trainer												
Contact trainers to ensure proper preparation of educational materials for staff												
Hold train-the-trainer sessions												

Task Charts Sample

#1 – Organizational Approval and Awareness

STEP 1			
What to do	Notes – Comments – Follow-ups		
<p>Identify the staff person who supports the following committee meetings. Obtain contact information for each one:</p> <ul style="list-style-type: none"> - Patient Safety Committee - Medical Staff Committee - Quality Improvement Council - Board of Directors - Risk Management - Other? <p>Note: Not all committees will need to approve this initiative; however, they may benefit from a presentation that provides information so they can support it. Seek guidance from your administrative team to determine which meetings should receive the presentations.</p>	Committee	Name	E-mail/Ext.
	Patient Safety Committee		
	Medical Staff Committee		
	Quality Improvement Council		
	Board of Directors		
	Risk Management		
	Other		

STEP 2			
What to do	Notes – Comments – Follow-ups		
<p>Find out when meetings are and seek time on the agenda to present the initiative for purposes of acquiring or conveying information.</p> <p>Note: Not all committees will need to approve this initiative; however, they may benefit from a presentation that provides them information so they can support it. This is equally important and should be considered a priority.</p>	Committee	Meeting Date	On agenda? (Yes/No)
	Patient Safety Committee		
	Medical Staff Committee		
	Quality Improvement Council		
	Board of Directors		
	Risk Management		
	Other		

STEP 3			
What to do	Notes – Comments – Follow-ups		
After presentations are made and implementation of the program is approved, contact appropriate departments and staff members to initiate action/convey information.	Department	Information to be Conveyed	Follow-ups
	Materials Management	<ol style="list-style-type: none"> 1. Committee approvals obtained. 2. Approval to order wristbands. 3. When will wristbands be available? Take that date and add five to seven more days. That is your “Go Live” date. (The five to seven additional days allow for distribution of wristbands to pertinent areas.) 	How long until delivery?
	Staff Education	<ol style="list-style-type: none"> 1. Wristbands will be arriving in about ___ weeks. 2. OK to start education. 3. “Go Live” date is _____. 	When will education occur?
	Risk Management and/or Quality Improvement Director	<ol style="list-style-type: none"> 1. Wristbands will be arriving in about ___ weeks. 2. “Go Live” date is _____. 3. Confirm that policy and procedure have been approved and start preparation for add-ins to Policies and Procedures manual. 	
Other departments to consider: Medical Staff, Admitting, Emergency, Peri-Operative, Nursing, Dietary, Laboratory, Radiology, Pharmacy, etc.	<ol style="list-style-type: none"> 1. Wristbands will be arriving in about ___ weeks. 2. OK to start education. Coordinate with education department for materials, training and information. 3. “Go Live” date is _____. 		

#1 – Organizational Approval and Awareness	Date Completed / / /
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#2 – Supplies Assessment and Purchase

STEP 1

What to do	Other Notes/Cues
<p>Brief Materials Manager on the initiative. Answer questions and share the toolkit.</p> <p>Remember: You are just gathering information. Do not order wristbands until organizational approval has been obtained.</p>	<p>Coordinate with the Materials Management contact who will place the order:</p> <p>Name: _____</p> <p>Email: _____</p> <p>Telephone: _____</p>

STEP 2

What to do	Other Notes/Cues
<p>Ask Materials Manager when current supply of wristbands will be depleted. This is based on estimates from typical order patterns and staff usage.</p>	<p>Allergy bands depleted about _____ (ex. mid-January 09)</p> <p>Fall bands depleted about _____</p> <p>DNR bands depleted about _____</p>

STEP 3

What to do	When to do it	Other Notes/Cues
<p>Assure Materials Management staff that you will contact them to order wristbands once organizational approval has been obtained and Policy and Procedure changes have been approved</p>	<p>Give status report within a month of initial contact so Materials Management knows this still is being worked on.</p>	

STEP 4	
What to do	Other Notes/Cues
<p>Ask Materials Manager to contact wristband vendor and alert to the pending change in supply color. Convey the information in the next column, and check off items as they are communicated to vendors.</p>	<p>Allergy band: <input type="checkbox"/> Red: PMS 1788 <input type="checkbox"/> "ALLERGY" pre-printed on the band in black – 48 pt. Arial Bold, all caps</p> <p>Fall Band: <input type="checkbox"/> Yellow: PMS 102 <input type="checkbox"/> "FALL RISK" pre-printed on band in black – 48 pt. Arial Bold, all caps</p> <p>DNR Band: <input type="checkbox"/> Purple: PMS 254 <input type="checkbox"/> "DNR" reversed out on band in white – 48 pt. Arial Bold, all caps</p>

STEP 5	
What to do	Other Notes/Cues
<p>Follow-up with Materials Management in one week and validate that the vendor has been contacted.</p> <p>Complete the information obtained from the Materials Manager in the next column.</p>	<p>Lead time required when ordering wristbands is:</p> <p>Allergy band: _____ weeks</p> <p>Fall band: _____ weeks</p> <p>DNR band: _____ weeks</p>

#2 – Supplies Assessment and Purchase	Date Completed / /
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#3 – Hospital-Specific Documentation

STEP 1

What to do	Other Notes/Cues
<p>Contact chief nursing officer and clinical directors to review if documentation records contain specific information about wristbands, such as daily nursing charting.</p> <p>Remember: This is not a recommendation to add “wristbands” to your documentation process or color-specific information, but to review your current documents/process.</p>	<p>Coordinate with chief nursing officer and clinical directors.</p> <p>It may be helpful or more efficient to pull the daily documentation information for the various areas and review the current requirement. Consider these documents:</p> <ul style="list-style-type: none"> ER Triage Record or Treatment/ER Nurses Notes Admitting Assessment Intensive Care Units Nurses Notes Peri-Operative Assessments or Notes Daily Nursing Documentation Other: _____

STEP 2

What to do	Other Notes/Cues
<p>If current documentation addresses wristband information, review documents to ensure any reference to colors is updated to reflect these changes.</p>	<p>This is not a recommendation that the documentation reflect color information about wristbands. However, if your documentation is color-specific, this is a cue to validate that the information be updated to reflect the new colors – if that is your current process.</p>

STEP 3

What to do	Other Notes/Cues
<p>If changes are required to the documentation forms, contact the forms committee and pertinent clinical directors and initiate the process for changes.</p>	<p>Some organizations require any changes to forms be reviewed through a “forms committee” or similar entity. Other organizations do not require this process if the information being changed is minimal and does not change “content.” This step is to determine your organization’s process.</p>

STEP 4	
What to do	Other Notes/Cues
<p>Once the process is known, and if a form(s) update is required, factor the print time and new form availability into the timeline so the education and implementation processes are coordinated with the arrival of new documentation.</p>	

STEP 5	
What to do	Other Notes/Cues
<p>The policy and procedure (P&P) for wristband application needs to be reviewed and updated to reflect the new process.</p> <p>Obtain a copy of the current wristband P&P and review content.</p>	<p>A sample P&P has been provided to use as a template. Review this sample and adopt its content as appropriate in your organization.</p>

STEP 6	
What to do	Other Notes/Cues
<p>Some banding processes may vary slightly within the organization given the area of care and its unique needs, such as Emergency Room, Peri-Operative, Radiology, Labor and Delivery, etc.</p> <p>Contact the directors of these areas to determine if each has a specific policy and procedure or if the hospital's general policy and procedure is followed. Review any needed changes in specific policy and procedure with the respective director.</p>	<p>Emergency Room Director, Name/Ext: _____ Unique P&P? No _____ Yes _____ (obtain copy)</p> <p>Peri-Operative Director, Name/Ext: _____ Unique P&P? No _____ Yes _____ (obtain copy)</p> <p>Radiology Director, Name/Ext: _____ Unique P&P? No _____ Yes _____ (obtain copy)</p> <p>Labor and Delivery Director, Name/Ext: _____ Unique P&P? No _____ Yes _____ (obtain copy)</p> <p>“Other” Director, Name/Ext: _____ Unique P&P? No _____ Yes _____ (obtain copy)</p> <p>“Other” Director, Name/Ext: _____ Unique P&P? No _____ Yes _____ (obtain copy)</p>

STEP 7	
What to do	Other Notes/Cues
<p>Secure placement of the wristband application changes on the agenda of the P&P Committee. Coordinate this with the departments that have “unique” P&P so all are considered the same.</p> <p>Secure approvals of changes in your organizations operating policy and procedure.</p>	<p>P&P Committee Contact/Ext: _____</p> <p>Date/Month on P&P Committee Agenda: _____</p> <p>Communicate the P&P Committee date to other pertinent directors so the proposed changes are reviewed and agreed upon in advance.</p>

#3 – Hospital-Specific Documentation	Date Completed / / /
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#4 – Staff and Patient Education

STEP 1

What to do	Other Notes/Cues
<p>Become familiar with training content and tools (FAQs, brochures, posters, etc.).</p>	<p>Review the content of the education section in this toolkit. This is important because as discussions occur about who will do what, you can inform the directors about the tools that are available for staff to use. Because the education section is comprehensive, some may opt to participate in the facilitation process. By giving directors all of the information about the tools and training section in this manual, they can make a better and informed decision.</p>

STEP 2

What to do	Other Notes/Cues
<p>Discuss the education format with the education department and clinical directors to determine if education is going to be managed at the unit-specific level or in a general session where multiple departments are present. Is education going to be facilitated by department-specific directors or the education department?</p> <p>It is important to consider all of the stakeholders: physicians, dietary, pharmacy, therapies, radiology, peri-operative, ER, labor & delivery, housekeeping, volunteers, students, etc.</p>	<p>Education Department Preferences are: Unit-Specific__General Session__</p> <p>Other: (explain): _____</p> <p>Facilitator Preferences: Unit-Based_____ Education Department_____</p> <p>Critical Care Director Preferences are: Unit-Specific__General Session__</p> <p>Other: (explain): _____</p> <p>Facilitator Preferences: Unit-Based_____ Education Department_____</p> <p>Med/Surg Director Preferences are: Unit-Specific___ General Session___</p> <p>Other: (explain): _____</p> <p>Facilitator Preferences: Unit-Based_____ Education Department_____</p> <p>Pharmacy Director Preferences are: Unit-Specific___ General Session___</p> <p>Other: (explain): _____</p> <p>Facilitator Preferences: Unit-Based_____ Education Department_____</p>

STEP 3	
What to do	Other Notes/Cues
<p>Obtain the names of the trainers and send an e-mail advising them of an upcoming Train-the-Trainer session. This meeting should be no longer than one hour. Schedule this about one month in advance to accommodate already full schedules</p>	<p>Whether training occurs at a unit-based level or in a general session, a Train-the-Trainer session should be considered so the education materials and training tips can be reviewed by all and used consistently.</p>

STEP 4	
What to do	Other Notes/Cues
<p>Contact the chair of the “patient/community education” committee and schedule an appointment to review the patient brochure and wording to add to the hospital’s patient handbook distributed upon admission. If necessary, secure a place on the agenda of the next committee meeting to obtain approval for the brochure and handbook wording to be used.</p>	<p>Another component to the education section is patient education. Most organizations have a “patient/community education” committee that reviews education materials before their use.</p>

STEP 5	
What to do	Other Notes/Cues
<p>Make one copy of the education section of this toolkit for each trainer so each has his/her own set of materials. Include the PowerPoint® presentation. Some organizations may want to put the PowerPoint® on a shared drive, while others may want to burn a copy of the CD.</p>	

STEP 6	
What to do	Other Notes/Cues
<p>Send an e-mail to all trainers reminding them to make copies of the following handouts for their staff.</p> <ul style="list-style-type: none"> • Staff education brochure • Patient education brochure • FAQs • Posters announcing the meeting • Sign-in sheet • Competency checklist (if appropriate) 	<p>It may be useful to obtain the actual wristbands to show staff exactly what they look like. Also, try to incorporate some fun into training by using purple, red and yellow “props” or candy – like M&Ms, Skittles, etc.</p>

STEP 7	
What to do	Other Notes/Cues
<p>Contact your hospital’s public relations/marketing staff regarding communication about the color-coded wristband program. Identify target audiences in the hospital and the community and communication tools to reach them</p>	<p>A sample news release is provided in the education section of this toolkit. It can be used as an article in your hospital’s publications.</p>

#4 – Staff and Patient Education	Date Completed / / /
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#5 – Implementation

STEP 1

What to do	Other Notes/Cues
Include article in hospital newsletter(s) alerting staff of the new patient alert wristband standardization policy.	

STEP 2

What to do	Other Notes/Cues
In the weeks leading up to “Go Live” date, remind all hospital staff of impending standardization at regular intervals (staff meetings, rounds, etc) and summarize alert wristband colors, their designated meanings, and policy and procedure that will be adopted in accordance with the standardization.	

STEP 3

What to do	Other Notes/Cues
Designate hospital staff to review the medical chart and apply alert wristbands to patients on the day of standardization.	

STEP 4

What to do	Other Notes/Cues
On the evening before the “Go Live” date, remove all the hospital’s stock of old wristbands and replace with new, standardized alert wristbands.	

STEP 5

What to do	Other Notes/Cues
On “Go Live” date, ensure correct alert wristband signage is posted at nursing stations.	

STEP 6	
What to do	Other Notes/Cues
On "Go Live" date, designated staff should review medical charts of all patients for medical conditions or wishes requiring a red (allergy), yellow (fall risk), and/or purple (do-not-resuscitate) alert wristband.	

STEP 7	
What to do	Other Notes/Cues
Prior to alert wristbands being applied to patients, staff should remove any/all social-cause wristbands present on the patient, keeping in mind patient/family education and refusal procedures.	

STEP 8	
What to do	Other Notes/Cues
Alert wristbands should be applied to patients as needed, keeping in mind patient/family education and refusal procedures.	

STEP 9	
What to do	Other Notes/Cues
Supervisors should review alert wristbands that have been placed on patients for accuracy.	

STEP 10	
What to do	Other Notes/Cues
Hospital staff responsible for applying alert wristbands to patients should contact hospital's Materials Management leadership once all alert wristbands have been applied to patients to make them aware of future inventory needs.	

STEP 11	
What to do	Other Notes/Cues
Two to four weeks after “Go Live” date, follow-up meetings or discussions should be scheduled with clinical leadership and other hospital staff involved in patient care to review Patient Alert Wristband policy and procedure to gauge the standardization’s effectiveness.	

STEP 12	
What to do	Other Notes/Cues
Collect input from hospital staff and pursue necessary changes to Patient Alert Wristband policy and procedure.	

#5 – Implementation	Date Completed / / /
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