

THE RIGHT  
THING TO DO

# QUALITY AND PATIENT SAFETY

CONTINUOUS  
READINESS KIT FOR  
ALL SURVEYS

THE RIGHT  
THING TO DO

**Jackson**  
HEALTH SYSTEM



# TABLE OF CONTENTS

- \* Introduction, Tips for Survey
- \* Jackson Health System MISSION, VISION AND VALUES
- \* Jackson Health System STANDARDS OF EXCELLENCE
- \* Patient Safety/NATIONAL PATIENT SAFETY GOALS
- \* Reporting Patient Safety Issues/Advance Directives
- \* Medication Management
- \* Infection Control
- \* Safety/Security
- \* Environment of Care/Life and Fire Safety
- \* Performance Improvement
- \* Care of Patients
- \* Frequently Asked Survey Questions

# INTRODUCTION

- \* ACHA, CMS, and The Joint Commission, are three agencies that set standards for healthcare organizations, and inspect organizations to see if they are in compliance with these standards.

# INTRODUCTION

- \* When surveyors come to visit the hospital, they will be touring the hospital and asking employees questions about how the hospital functions. The tour and questions they ask will be a big part of their inspection of our hospital. Chances are, you will be asked some questions by one of the surveyors. The information in this booklet is provided to help you prepare for some of the questions they may ask.

## TIPS FOR SURVEY

It is highly recommended that you read this booklet before the survey to familiarize yourself with the information.

What should you do if a surveyor asks you a question?

- \* Be friendly, professional and helpful
- \* Answer each question as completely as you can
- \* **However, never guess if you don't know the answer**
- \* Keep your answer related to the question being asked
- \* Do not monopolize the conversation
- \* Do not volunteer additional or unnecessary information
- \* Ask for the question to be re-stated or said differently if you do not understand it
- \* **Never argue** with the surveyor
- \* **Always** be truthful

If you are asked a question and do not know the answer off the top of your head, state "I would like to contact my resource person." You are allowed to look up the answer in any printed material, including policy and procedure manuals around you.

# JACKSON HEALTH SYSTEM MISSION & VISION

## MISSION

To build the health of the community by providing a single, high standard of quality care for the residents of Miami-Dade County.

## VISION

Our strategic vision is to be a nationally and internationally recognized, world-class academic medical system and to be the provider of choice for quality care.

## VALUES

Commitment – Service Excellence & Quality – Confidentiality  
Compassion – Teamwork & Communication – Culture of Inclusion  
Respect – Integrity & Stewardship

# JACKSON HEALTH SYSTEM STANDARDS OF EXCELLENCE

- \* Smile, offer help, say please and thank you
- \* Acknowledge others
- \* Take pride and care in your environment
- \* Be responsive and responsible
- \* Ensure confidentiality and privacy
- \* Use professional telephone etiquette
- \* Use ethical behavior

# PATIENT SAFETY

## NATIONAL PATIENT SAFETY GOALS

### What are the National Patient Safety Goals?

The NPSGs were implemented in 2003 by the Joint Commission to help accredited organizations address specific areas of concern in regards to patient safety.

- Surveyors evaluate the actual staff performance for compliance with the goals
- NPSGs are scored as either Compliant or Not Compliant.
- Failure to comply with a NPSG will result in a “Requirement for Improvement” (RFI)



# GOAL #1

THE RIGHT  
THING TO DO

## PATIENT SAFETY NATIONAL PATIENT SAFETY GOALS

### IMPROVE ACCURACY OF PATIENT IDENTIFICATION

#### 01.01.01

Inpatient - Use Patient's Full Name and Medical Record Number.

Outpatient - Use Patient's name and date of birth.

- \* Involve patients in the identification process
- \* NEVER USE THE ROOM NUMBER
- \* Label specimens in the presence of the patient
- \* REMEMBER...This will be an observation during the survey.

#### 01.03.01

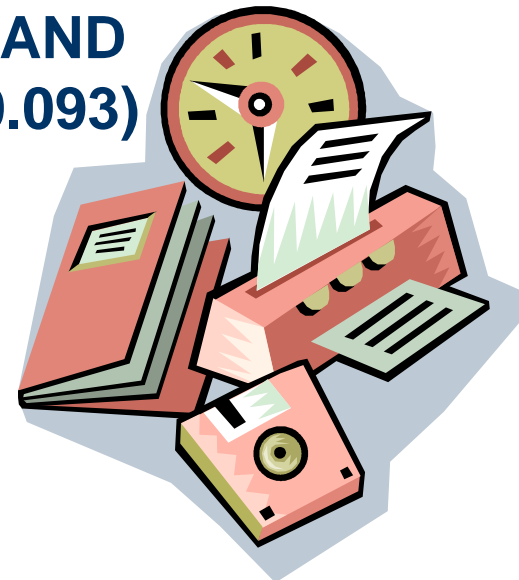
Blood /blood component transfusions require a two person bedside verification.

## PATIENT SAFETY NATIONAL PATIENT SAFETY GOALS

### IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CARE GIVERS

#### 02.03.01

Timely reporting of critical tests and critical results.  
Measure, analyze and take action to improve  
timeliness of reporting **CRITICAL VALUES AND  
CRITICAL TEST** results. (JHS POLICY - 400.093)



# GOAL #3

THE RIGHT  
THING TO DO

## PATIENT SAFETY NATIONAL PATIENT SAFETY GOALS

### IMPROVE THE SAFETY OF USING MEDICATIONS

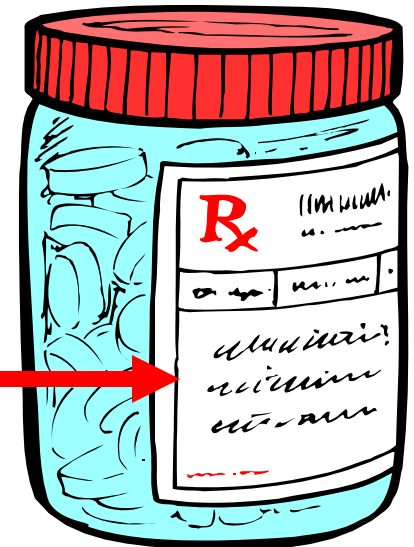
#### 03.04.01

#### LABEL MEDICATION

Label all medications/solutions or medication containers on and off the sterile field in preoperative procedural areas.

(JHS POLICY - 400.025)

- Medication containers include syringes, medicine cups and basins



## Label All Medications/Solutions or Medication Containers On and Off the Sterile Field in Preoperative/Procedural Areas.

- \* Medications and solutions both on and off the sterile field should be labeled even if there is only one medication being used.
- \* Labeling occurs when any medication or solution is transferred from the original packaging to another container.
- \* Labels include drug name, strength, amount (if not apparent from the container), expiration date when not used within 24 hours and expiration time when expiration occurs in less than 24 hours.
- \* All labels are verified both verbally and visually by two qualified individuals when the person preparing the medication is not the person administering the medication.
- \* No more than one medication or solution is labeled at one time.
- \* Any medications or solutions found unlabeled are immediately discarded.
- \* All original containers from medications or solutions remain available for reference in the preoperative area until the conclusion of the procedure. All labeled containers on the sterile field are discarded at the conclusion of the procedure.

# PATIENT SAFETY

## NATIONAL PATIENT SAFETY GOALS

### 03.05.01

1. Reducing the harm from anticoagulation therapy. Use of approved protocols, unit dose products, INR monitoring, Patient monitoring and education. (JHS Policy 400.000)

## PATIENT SAFETY NATIONAL PATIENT SAFETY GOALS

Maintain and communicate accurate patient medication information.

### 03.06.01

1. Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications.

#### Note 1

Current medications include those taken at scheduled times and those taken on an as-needed basis.

#### Note 2

It is often difficult to obtain complete information on current medications from a patient. A good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the EP.

# PATIENT SAFETY

## NATIONAL PATIENT SAFETY GOALS

2. Define the types of medication information to be collected in non–24-hour settings and different patient circumstances.

### Note 1

Examples of non–24-hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.

### Note 2

Examples of medication information that may be collected include name, dose, route, frequency, and purpose.

# PATIENT SAFETY

## NATIONAL PATIENT SAFETY GOALS

3. Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies.

### Note

Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the hospital, does the comparison. (See also HR.01.06.01, EP 1)



# PATIENT SAFETY

## NATIONAL PATIENT SAFETY GOALS

4. Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose).

### **Note**

When the only additional medications prescribed are for a short duration, the medication information the hospital provides may include only those medications. For more information about communications to other providers of care when the patient is discharged or transferred, refer to Standard PC.04.02.01.

# PATIENT SAFETY

## NATIONAL PATIENT SAFETY GOALS

5. Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.

### **Note**

Examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.

## GOAL #7

THE RIGHT  
THING TO DO

# PATIENT SAFETY NATIONAL PATIENT SAFETY GOALS

## REDUCE THE RISK OF HEALTHCARE ASSOCIATED INFECTIONS

### 07.01.01

Comply with either the CDC or WHO Hand Hygiene Guidelines  
(INFECTION CONTROL MANUAL)

### 07.03.01

Prevent multi-drug resistant organism infections.  
(JHS POLICY 400.085)

### 07.04.01

Preventing central line associated blood stream infections.  
(JHS POLICY 400.075.4)

## GOAL #7

THE RIGHT  
THING TO DO

# PATIENT SAFETY NATIONAL PATIENT SAFETY GOALS

## REDUCE THE RISK OF HEALTHCARE ASSOCIATED INFECTIONS

### 07.05.01

Preventing surgical site infections

### 07.06.01

Prevent indwelling catheter-associated urinary tract infections(CAUTI)

# GOAL #15

THE RIGHT  
THING TO DO

## PATIENT SAFETY NATIONAL PATIENT SAFETY GOALS

**THE ORGANIZATION IDENTIFIES SAFETY RISKS INHERENT  
IN IT'S PATIENT POPULATION**

### 15.01.01

**IDENTIFY PATIENTS AT RISK FOR SUICIDE** Identify immediate safety needs, place patient in safe setting and provide suicide hotline number when patient leaves hospital.

- **Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.  
(JHS POLICY 400-044)**

# PATIENT SAFETY

## NATIONAL PATIENT SAFETY GOALS

### UNIVERSAL PROTOCOL FOR PREVENTING WRONG SIDE, WRONG PROCEDURE AND WRONG PERSON SURGERY (JHS POLICY 400.999)

#### UP 01.01.01

Conducting a preoperative verification process

#### UP 01.02.01

The operating room practitioner marks the procedure site

#### UP 01.03.01

Conduct a time out immediately before the procedure

- When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated.

# PATIENT SAFETY

## NATIONAL PATIENT SAFETY GOALS

### DO NOT USE ABBREVIATIONS

DO NOT USE	USE INSTEAD
<u>"U"</u> (UNIT)	Write - UNIT
<u>"IU"</u> (international unit)	Write - INTERNATIONAL UNIT
Q.D., QD, q.d., qd, Q.O.D., QOD, qod, q.o.d.	Write - DAILY OR EVERY OTHER DAY
Trailing zero (x.0) Lack of leading zero (.x)	Write - x mg Write - 0.x mg
MS, MSO4 MgSO4	Write - Morphine Sulfate Write - Magnesium Sulfate

# REPORTING OF PATIENT SAFETY ISSUES

## How Do You Report Patient Safety Issues/Events?

- \* Discuss issue directly with the Nurse Manager/Charge nurse
- \* Incident Report
  - Entered into the Event Reporting System Quantros within 3 business days of the event
  - Manual forms may be used if the computer system is down (JHS policy 105)



# ADVANCED DIRECTIVES

## Refer To JHS Intranet Administration Policy #122

**Advance Directive = A witnessed written document in which instructions are given by the patient or in which the patient's desires are expressed concerning any aspect of the patient's health care. Advance Directives brochures are available in registration, waiting areas, ECC, ACC and Primary Care Centers.**

**Advance Directives include:**

- \* **Designation of a Health Care Surrogate**
- \* **Living Will**
- \* **Organ Donor**
- \* **At the time of admission, all adult patients admitted to JHS are asked if they have executed an advance Directive and will inquire if the patient has designated a durable power of attorney for healthcare.**
- \* **In out-patient settings where the possibility of an admission is unplanned and unlikely, the patient is asked if he/she has advance directives.**
- \* **Patient's request regarding additional information or assistance in executing an Advance Directive is referred to Social Work Department.**
- \* **The surveyor will ask you to provide Advance Directive documentation and where it is located.**

# MEDICATION MANAGEMENT

- \* All medications are labeled appropriately (initialed, dated, and timed)
- \* Medications are routinely checked for expiration dates
- \* All medications of discharged patients are returned to the Pharmacy
- \* All multi-dose vials are timed and dated and must be discarded after 28 days (JHS policy 400.079)
- \* Open/unlabeled medications must be discarded **immediately**
- \* No disinfectants or cleaners are stored with medications.

## INFECTION PREVENTION & CONTROL

- \* Hand Hygiene – before and after any patient contact
- \* Paper towel dispensers and soap/alcohol dispensers stocked.
- \* No food, drinks or candy in the workstation
- \* Linen covered (the cover is not ripped and covers the entire linen cart) and the bottom shelf as plastic liner.
- \* Patient items properly labeled and stored
- \* Clean/dirty supplies are never stored in the same area.
- \* All equipment/appliances are clean and free of dust.

# INFECTION PREVENTION & CONTROL

- \* Know how to use the personal protective equipment properly (refer to JHS Intranet Infection Control Manual)
- \* Note: Surveyors will be observing staff to ensure that PPE equipment has been removed and discarded
- \* Implement isolation properly (refer to JHS Intranet Infection Control Manual)
- \* All trash, sharps and soiled linen are properly stored. Biomedical waste boxes are not overflowing and placed in soiled utility room.

# INFECTION PREVENTION & CONTROL

## REFRIGERATORS

- \* Dietary nourishments are dated and current
- \* No open containers (milk containers) or leftover food stored
- \* No unlabeled patient food in the patient refrigerator
- \* Refrigerators are clean and defrosted
- \* Thermometers are in clinical refrigerators
- \* Refrigerators have daily temperature checks
- \* If a refrigerator temperature is out of range, adjust and recheck in 30 minutes. If still out of range, contact Pharmacy and Maintenance Department.
- \* Separate refrigerators medications, specimens and food.

# ENVIRONMENT OF CARE

## SAFETY/SECURITY

- \* Staff, volunteers, students, contracted staff and vendors are wearing ID badges positioned at eye level.
- \* Visitors have checked in with security and display visitor ID badge.
- \* Workplace violence – report to Security
- \* Exterior doors which are locked to the outside must not be propped open.

**SMOKING IS NOT PERMITTED ON THE HOSPITAL PREMISES**

# ENVIRONMENT OF CARE

## HAZARDOUS MATERIALS

- \* Hazardous materials labeled correctly (original/typed labels with content defined).
- \* Hazardous materials stored correctly (out of the reach of children)
- \* All biohazardous waste should be disposed in **“RED”** bags.

# ENVIRONMENT OF CARE

## WHAT DOES THE “RIGHT TO KNOW” MEAN?

- \* Employees have the right to know what hazardous chemicals are being used in their workplace.
- \* Material Safety Data Sheets (MSDS) contain critical information for safe handling and use of chemicals (i.e., product contents, recommended protective gear, first aid and safe clean up information).
- \* MSDS sheets are available & accessible to staff; check JHS Net Portal Library.

## STAFF NEED TO KNOW:

- \* Location of the MSDS sheets before an accident occurs
- \* Location of eyewash stations and procedure.



# ENVIRONMENT OF CARE

## LIFE SAFETY (Fire Safety)

- \* Keep storage away from sprinklers (18" rule from the ceiling) EVERYWHERE (Check Closets).
- \* O<sup>2</sup> tanks are secured in proper holders. Separate full from empty.
- \* No doorstops are visible on the unit, anywhere, at all, ever, at any time.
- \* No holes in the walls or ceilings (Call Maintenance – Complete Work Order)
- \* No papers hanging on walls and doors.
- \* The fire extinguishers are all current (must be dated monthly).
- \* All exit signs are illuminated (check them). Arrows in correct direction.
- \* No paper boxes, etc. stored on floor (including the closet) as they are fuel.

# ENVIRONMENT OF CARE

## IN CASE OF FIRE YOU SHOULD KNOW

- \* Location of nearest fire pull alarm box?
- \* Where is the nearest fire extinguisher?
- \* Who decides whether to evacuate the building or stay?
  - **Administrator on Call and Fire Department**
- \* Who can shut off the medical gases in case of emergency?
  - **Nursing/Supervisory staff or designee**

# ENVIRONMENT OF CARE

WHAT ARE YOU TO DO IN CASE OF FIRE? RACE

R – **R**escue

A – **A**lert

C – **C**onfine

E – **E**xtinguish the fire and/or evacuate the patient

Remain calm, prevent panic. DO NOT USE ELEVATORS

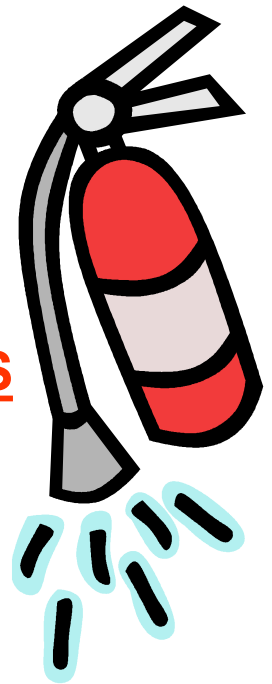
FIRE EXTINGUISHER:

P – **P**ull pin

A – **A**im at base of fire

S – **S**queeze nozzle

S – **S**weep side to side



# ENVIRONMENT OF CARE

## ELECTRICAL SAFETY

- \* Biomedical equipment is tagged with current tag
- \* All other electrical equipment has been checked/tagged by the engineering/biomedical department before use.
- \* All electrical equipment is grounded and/or double insulated or cannot be within 6 feet of the patient.
- \* No 2-prong appliances to be used within the facility.
- \* No wire “nests” under desks that feet could be tangled in.
- \* Patients should not bring in electrical devices from home unless battery operated.

# PERFORMANCE IMPROVEMENT

## WHAT IS YOUR INVOLVEMENT IN PERFORMANCE IMPROVEMENT/QUALITY MANAGEMENT?

**\*\* Response will be Unit/Department Specific\*\***

Describe your department's involvement in organization-wide performance improvement. Examples may be participation in established interventions for clinical PI projects, departmental or maintenance-monitoring such as:

- \* Patient Education for pneumonia/Influenza
- \* Immunization
- \* Pain Management Interventions
- \* Use of Restraints
- \* Patient Falls Interventions
- \* IV Site Care
- \* Other Department Specific Indicators, etc.

# PERFORMANCE IMPROVEMENT

## HOSPITAL CORE MEASURES

- \* Hospital Core Measures are specific sets of evidence based diagnostic & treatment indicators which are used in the evaluation and treatment of Acute MI, Heart Failure, Pneumonia, Stroke, ED throughput, global immunization, VTE, PC-mothers and specified surgical patients (SCIP).
  
- \* Some examples of Evidence-Based Practice:
  - Aspirin on admission for Acute MI
  - Blood cultures drawn prior to starting antibiotic therapy
  - Discontinuation of antibiotics within 24 hours after anesthesia end time (Non cardiac patients)

# MANAGEMENT OF INFORMATION

## HOW DO WE ASSURE PATIENT CONFIDENTIALITY?

HIPPA (Health Insurance Portability and Accountability Act) is a set of federal regulations designed to protect patient privacy.

- \* Patient information is not discussed in public areas such as hallways, elevators or the cafeteria.
- \* Patient information is not discussed with other patients or families.
- \* Patient confidentiality is considered when discussions or interviews are conducted.
- \* Information given over the phone is limited and given to designated contacts.
- \* All medical records are kept secure

# CARE OF PATIENTS

## HOW DO YOU COMMUNICATE WITH NON-ENGLISH SPEAKING PATIENTS? WITH THE HEARING IMPAIRED?

- \* Interpreters are available to help patients who don't speak English.
- \* Language Line Translation Services for languages other than Spanish & Creole 1-800-874-9426
- \* Sign Language Interpreters are also available for those that are hearing impaired.



# FREQUENTLY ASKED SURVEY QUESTIONS

1. ALL entries in the chart require what documentation?
  - *Signature, date and time AND entries must be legible.*
2. Telephone orders must be signed within what time period?
  - *48 hours*

Do they have to be signed by the physician that gave the original order?

- *No. They can be signed by another LIP.*
3. Whenever a nurse takes a telephone order, he or she must repeat it back to the physician to confirm it was understood correctly. Is that acceptable?
    - *No. Simply repeating back the order is not sufficient. Whenever possible, the receiver of the order should write down the complete order, or enter it into the computer, the read back, and receive verification from the individual that gave the order.*

# FREQUENTLY ASKED SURVEY QUESTIONS

4. How long should I wash my hands according to the CDC?
  - *15 seconds.....The surveyor will time you.*
  - *Gel is effective when completely dry.*
5. What 2 patient identifiers are used for JHS?
  - *Name and medical record number. This will also be an observation during the survey. Surveyors will observe administration of medications, labeling of specimens and drawing of blood specimens. Remember specimens MUST be labeled in the presence of the patient.*
6. Where do I find :
  1. MSDS list ?
    - Net Portal: Type MSDS in SEARCH BOX*
  2. Policy and Procedure Manual/Infection Control Manual?
    - Net Portal-Content -PHT Policy Manuals*

# FREQUENTLY ASKED SURVEY QUESTIONS

7. When do consents expire?
  - *Consents do not expire unless the procedure or a portion of the procedure has changed; risks and benefits have changed; patient withdraws consent.*
  
8. When do you conduct Hand-off?
  - *Written or verbal communication (SBARDQ) when transferring a patient to another level of care or caregiver  
Situation; Background; Assessment; Recommendation;  
Documentation ; Questions*
  
9. How frequently do you evaluate the patient's plan of care?  
Where is this documented?
  - *Every 24 hours*
  - *Cerner*

# FREQUENTLY ASKED SURVEY QUESTIONS

10. When do you reassess the patient for pain after intervention?

*ORAL ½-2 HRS; IM 30-60 MINUTES; IV WITHIN 30 MINUTES*

- *(JHS Policy - #400-020)*

11. What scale do you use to evaluate if a patient is a fall risk?

- *Morse*
- *Humpty Dumpty (Pediatric)*

*What documentation is required when a patient falls?*

- *Incident Report and POST FALL DOCUMENTATION FORM IN CERNER*

12. What can we do to encourage the patient and family to become involved in their care?

- *Educate family and patients to take a role in preventing errors. Provide the SPEAK UP BROCHURE on admission.*