Be Prepared for the Joint Commission

2015 Readiness Guide

METHODIST HEALTH SYSTEM

The meaning of care.℠

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MJE Jennie Edmundson Memorial Hospital
MH Methodist Hospital
WH Women's Hospital

The Joint Commission

The Joint Commission surveyors will be tracking patients throughout the Methodist Health System including Methodist Jennie Edmundson Hospital, Methodist Hospital, and Methodist Women's Hospital. They will be asking staff about the care that is provided and the processes in place to provide a safe environment for our patients.

Ethics, Rights, and Responsibilities

Q. Where can I find a copy of the patient rights?

A. (**MJE**) In the Methodist Jennie Edmundson Hospital Guide To Patient and Visitor Services found in the Patient & Family Education Folder—every inpatient is given a folder at admission.

(**MH** and **WH**) in the *Guide to Patient and Visitor Services* which is placed on the patients bed. Copies are available at the registration desk.

Q. What if patients, families, and/or surrogates are unable to read the English language?

A. (**MJE**) The Patient/Admission Handbook is in both English and Spanish language. Spanish is on blue paper. MARTTI is a portable touchscreen PC video remote interpreting system that provides immediate on-demand video and audio interpreting for Limited English Speaking, Deaf, and Hard of Hearing patients.

Q. How do we inform patients who may be deaf or hard of hearing of their Patient's Rights?

A. An interpreter is obtained by contacting Nursing Service or the Administrative Coordinator. MARTTI interpreting services can also be used.

Q. What is an Advance Directive?

A. A legal document that states a patient has made a health care choice or that he/she appoints or designates another individual to make health care choices on behalf of the patient. More information can be found on www.bestcare.org under Patients and Visitors.

Q. Is there more than one type of Advance Directive?

A. Yes, there is a Living Will and a Durable Power of Attorney for Health Care.

Q. Is an Advance Directive the same as a No-Code or DNR order?

A. No. A physician writes a No-Code order after consultation with the patient and/or family. Having an Advance Directive does not automatically mean a patient is a "No-Code." These are two separate processes.

Q. Who can have an Advance Directive?

A. Any adult patient. All patients must be asked if they have an Advance Directive upon admission.

Q. Who is responsible for obtaining informed consent?

A. It is the physician's responsibility to discuss the risks, benefits, alternatives, and consequences of a course of therapy, medical treatment, or procedure with a patient.

Performance Improvement

Q. What is the "Model of Improvement"?

A. A Model of Improvement is a four-step method designed to improve the out comes of an action.

- Set an aim
- Establish measures
- Select changes
- Test changes (Plan, Do, Study, Act)

Q. What performance improvement activities have we been working on in our department?

A. _____

_____

_____

Each unit should have specific performance improvement data displayed. You may ask the surveyor to accompany you to the location of the display. Be able to discuss the data and actions taken to improve the data.

Q. What are your National Hospital Quality Measures (Quality measures)?

A. They are:

- Acute Myocardial Infarction
- Perinatal Care Measures
- Surgical Care Infection Prevention
- Outpatient Measures
- Stroke
- Emergency Department Timeliness
- Venous Thrombosis Prevention

Q. What is the National Database of Nursing Quality Indicators (Nurse Sensitive)?

A. There are three indicators:

- Patient Falls
- Pressure Ulcers
- Pain

Sentinel Event/Variance Reporting

Q. What is a sentinel event?

A. According to The Joint Commission, a sentinel event is a patient safety event that reaches a patient and results in any of the following: Death, Permanent Harm, or Severe Temporary Harm.

Examples:

- Infant abduction
- Suicide in our care
- Wrong-site surgery

- Unintended retention of a foreign object in an individual after surgery or other procedure
- Any elopement of a patient leading to death, permanent harm, or severe temporary harm
- Fire, flame, or unanticipated smoke, heat, or flashes occurs during an episode of patient care
- Any intrapartum through postpartum period (24 hours) that results in maternal death or severe maternal morbidity
    - Transfusion of four or more units of blood products
    - Admission to the intensive care unit

Q. What happens after a sentinel event occurs?

A. A thorough investigation is conducted by a team including those involved in determining the root cause(s). An action plan is then developed to suggest steps for preventing future occurrences and education is provided. This process is called RCA or Root Cause Analysis. This process is conducted for sentinel events and can be conducted for any variance reported.

Q. What variances should be reported?

A. Report any incident or the potential for any happening that is not consistent with the normal usual operation of the hospital.

Examples:

- Medication error
- Patient Fall
- Failure to enter orders
- Hospital acquired events such as pressure ulcers and infection

Q. How do we report variances?

A. Online, go to mhsIntranet—select Patient Safety Variance Reporting

Environmental Safety / Fire PASS and RACE

Q. The fire alarm sounds, now what?

A. The fire doors automatically close, air handlers are turned off and the local fire department is alerted. Staff should not open fire doors once closed unless absolutely necessary.

Q. What does R.A.C.E. stand for?

- ***R.A.C.E.*** is an acronym for the actions to take in case of a fire.
- **R** = **Rescue** Patients, visitors, and staff from the area; immediate life saving only.
- **A** = **Alert** by shouting "Code Red", pull nearest fire alarm, and dial 6911 **MJE**, and 46911 **MH** and **WH**.
- **C** = **Confine** fire/smoke by closing doors or extinguishing the fire in initial stages.
- **E** = **Evacuate**—
    1. Evacuate compartment that fire started in
    2. Evacuate horizontally on the same floor
    3. Evacuate horizontally to opposite tower or building
    4. Evacuate using elevator in opposite tower/building as directed by fire department
    5. Use stairs when necessary

Q. What does P.A.S.S. stand for?

A. **P.A.S.S.** is the acronym that helps you remember how to operate a fire extinguisher.

- **P** = ***Pull*** the pin toward you to remove
- **A** = ***Aim*** low at base of fire. Do not get cornered; always stay between the fire and the door so you have an escape.
- **S** = ***Squeeze*** the handle of the extinguisher. Be sure you have a grip on the hose or nozzle, so it does not get away from you.
- **S** = ***Sweep*** from side to side. Stay close to the base of the fire.

The fire extinguishers in my area are located:

_____

_____

The fire pull stations in my area are located:

_____

_____

The oxygen zone shut-off valves in my area are located:

_____

_____

Q. Who can shut off the oxygen zone valves?

A. Respiratory Therapy

Q. What is the proper way to store compressed gas (Oxygen)?

A. Compressed Gas cylinders must not be mixed together when stored. Oxygen must be separated between "Full Cylinder", "In Use Cylinders", and "Empty Cylinders".

Q. What do I do if there is an emergency while I am working?

A. Find the Emergency Plans Manual on mhsIntranet.

Q. Do I use chemicals at work?

A. Yes, examples include:

- Cleaning products
- Office products
- Drugs
- Specified products for my work task, such as alcohol, bath wash, formaldehyde, etc.

Q. Am I aware of the dangers and hazards of these chemicals?

A. Yes.

1. Health—irritants, i.e., burning, itching, poisoning through the skin.
2. Flammability—product burns when spark or flame present, product burns because static electricity ignites upon exposure to air, product explodes upon impact.
3. Reactivity—product reacts with water and other chemicals. Reactions can cause heat, expansion or explosion.

Q. Where can I find information on Hazardous Waste?

A. On mhsIntranet, click on Resources and click on Public Safety. Then move down the page to click on Hazardous Materials & Waste. Also review the General Safety Section.

Q. How do I protect myself from the dangers and hazards of these chemicals?

A. The following methods:

1. Engineering controls Minimizing the exposure by:
   A. Using air exchanges in the room
   B. Using hoods or filtering systems
   C. Reducing the time spent in contact with the chemical
   D. Substituting the chemical for a chemical with fewer hazards
2. Personal Protective Equipment (PPE)
   A. Gloves, Goggles, Face-shields, Aprons, Suits, Respirators

Q. How do I find out information about these chemicals?

A. The following methods:

1. Supervisors
2. Product label and the NFPA 704 Diamond
3. Safety Data Sheet (SDS) - Accessible on mhsIntranet under SDS Safety Data Sheets in the left column
4. Hazardous Material Inventory (HMI)
5. Safety Department

Q. How do I know my equipment is safe?

A. The following:

1. Visual inspection of equipment for damage
2. Has preventive maintenance PM sticker with date to indicate the month and year equipment is due for reinspection
3. Pre-check of equipment prior to use, or operational check
4. Monitor initial operation before proceeding to next task

Q. What if a piece of equipment fails or malfunctions?

A. According to the Safe Medical Device Act (SMDA), you should:

1. Attend to the medical needs of the patient
2. Report the variance to your supervisor
3. Complete a variance report on mhsIntranet. Select Patient Safety.
4. Remove the device from the area and label it "out of service"
5. Save all packing materials, instructions or operational manuals
6. Do not clean, leave device in its original condition
7. Contact BioMED Department at 4111 (**MJE**) or 44111(**MH** and **WH**)

Emergency Preparedness

Q. How is staff alerted to disasters?

A. External Disaster (Code triage) announcements, internal communications, local TV and radio if necessary.

Q. What do I do if there is an emergency while I am working?

A. Find your Evacuation Plan on mhsInternet and a paper copy is in Nursing Service.

Security

Q. What type of identification do I need?

A. Methodist Health System issued identification badges
- Worn above the waist and visible at all times
- Photo easily identified and information easily read
- Secured at all times and not left unattended

Q. To use the Health System Watch Program, how should I confront suspicious activities?

A. Use the following methods:
1. Cordial confrontation: "Hi, may I help you?"
2. Redirecting/escorting individuals to the appropriate area
3. Obtain assistance from other staff members
4. Call Security immediately if needed
5. Call 6911 (**MJE**) or 46911 (**MH** and **WH**) Dr. Major if you feel threatened
6. Call 6911 (**MJE**) or 46911 (**MH** and **WH**) Code Adam if you suspect abduction

Q. How do I react to abductions or missing person in the facility?

A. The following:
1. Be observant
2. Listen for direction/overhead page
3. Suspicious activity requires action—DON'T WAIT
4. Report observations
5. Intervene as appropriate
6. Follow department-specific policies

Q. What is a Code Silver?

A. Active Shooter/Armed Intruder Response—Code Silver. Be sure to review this policy on mhsIntranet. Armed Intruder Response—Run, Hide, Fight

Q. What is a Code Black?

A. A bomb threat
- Don't panic
- Get as much information as possible from the caller (use blue card)
- Call the operator at 6911(**MJE**) or 46911 (**MH** and **WH**)
- Wait for instructions

Infection Control

Q. What is the best way to prevent spreading infection?

A. The best way to prevent spreading infection is hand hygiene.

- Alcohol based hand sanitizer's are the most effective way to prevent the spread of disease. Alcohol based sanitizer's can only be used when hands are NOT visibly soiled. Rub it onto your palms, interlock fingers to get between fingers, then the backs of fingers, fingernails and thumbs until dry.

- Hand washing with warm water and soap for at least 30 seconds is the most effective way to prevent the spread of disease. Use soap when hands are visibly soiled. Use soap and water to wash your hands when caring for patients with C-Diff.

- Use proper hand hygiene:
  1. Before touching a patient
  2. After touching a patient
  3. After touching environmental surfaces or medical equipment in a patient room
  4. Before clean/aseptic procedures (examples: injection, IV tubing change, dressing change)
  5. After body fluid exposure risk (example: handling a urinary catheter system)
  6. After removing gloves or personal protective equipment (PPE)

Q. What is a blood or body fluid exposure?

A. Blood or body fluid exposure occurs if there is contact with blood or body fluids by way of mucous membranes or broken skin, or by a puncture with a sharp like a needle or scalpel.

Safe Injection Practices

- Aseptic technique during preparation & administration
- One syringe—one patient
- One syringe—one use
- Never administer single-dose, single use vials, ampules, bags, bottles to more than one patient
- Dedicate multi-dose vials to single patient whenever possible
- Safe sharps disposal

Q. What goes in a red bag?

A. Any items containing blood or body fluids that are:

- Squeezable
- Pourable
- Drippable
- Caked on (flakeable upon drying)

Q. What goes in a sharps container?

A. Things that could possibly cause a puncture should go into the sharps container. Some examples are:

- Needles
- Safety needles
- Scissors
- Glass slides
- Broken glass

Q. Does everyone get training on infection control?

A. Yes, training is provided during new employee orientation and annually after that through Annual Organization Review (AOR).

Q. Who is responsible for infection control?

A. Everyone.

Q. What do I do if I have a blood or body fluid exposure?

A. Flush the site with water and

- Contact Employee Health at 712-396-4158 (**MJE**) or 402-354-5684 (**MH** and **WH**) during regular hours
- After hours and weekends, contact the administrative coordinator

Q. How do I clean up a blood or body fluid spill?

A. Refer to the policy and procedure, "Infectious Spill, Management for Bloodborne Pathogen Exposure Plan" in mhsIntranet.

- Small spills (<1/2 cup) can be managed by employees using guidelines provided in the policy
- Large spills (>1/2 cup) or spills containing sharps or involving carpet should be reported to Customer Service Center at 4111 for cleaning

Q. Where do I find an Eye Wash Station in my work area?

A. Please locate or ask your coworkers/supervisor to show you where it is.

Q. What are "Standard Precautions"?

A. Standard Precautions are procedures which treat all blood and other body fluids as though they are infected with bloodborne pathogens. Procedures for safe handling include wearing personal protective equipment (PPE), hand hygiene, and safe sharps handling. These procedures should be routinely used by all healthcare workers to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated.

Q. What is the difference between Contact, Enhanced Contact, Droplet, and Airborne Precautions?

A. ***Contact Precautions*** are used for illnesses spread by direct patient contact or items in a patient's room (MRSA). Gloves are required when

entering patient's room. Gowns are required when anticipating contact with environmental surfaces or the patient.

Enhanced Contact is used for patients with Clostridium difficile or Norovirus infection. It is spread by direct contact or contact with surfaces in a patient room. Gown and gloves are required prior to entering the patient room. Patient equipment should be dedicated to these patients. Environmental surfaces and shared medical equipment are disinfected with hospital-approved bleach.

Droplet Precautions are used to prevent transmission of large particle droplets (meningitis, influenza, mumps). A surgical mask is required.

Airborne Precautions prevent transmission of small particles from sneezing, coughing or talking. The following infections require the employee to wear an N-95 respirator and a negative pressure room: TB, SARS, chicken pox. You will need to be fit-tested for an N-95 respirator.

Q. What cleaners are used when a patient has C-Diff, Norovirus or diarrhea?

A. Oxicide, which is used for cleaning by our Housekeeping staff is effective against these types of organisms. Bleach wipes are used on share medical equipment when the patient has one of these organisms or has diarrhea.

Q. What are the specific precautions to use with C-Diff and MRSA?

A. Private Room, Do not share equipment between patients (unless they have been appropriately disinfected).

Q. Why can't I wear artificial nails?

A. Artificial fingernails have been shown to increase the risks of hospital acquired infections. Anything we can do to reduce the risk of infection is good for our patients. The Joint Commission and AORN provide the following definition for artificial: "Any fingernail enhancement or resin bonding product is considered artificial. Fingernail extensions or tips, gels and acrylic overlays, resin wraps or acrylic fingernails constitute types of artificial fingernails."

Q. Does someone keep track of health-care associated infections?

A. Yes, our Infection Control Preventionists keep track of this information and looks for ways to reduce these infections. Examples of infections tracked include ventilator associated events, surgical site infections, central line-associated blood stream infections, catheter-associated urinary tract infections, Clostridium difficile infections, MRSA and VRE.

Q. What measures are taken to prevent healthcare-associated infections?

A. There are several practices related to medical devices that can prevent infections.

- Assessing whether the medical device meets the insertion criteria before inserting
- Adhering to insertion bundles for central line insertions
- Adhering to standardized practice to insert foley catheters
- Using aseptic technique when handling a medical device
- Facilitating early removal of medical devices when they no longer meet the insertion criteria

Q. What are the top things I can do to prevent healthcare-associated infections?

A. Do the following:

1. Perform hand hygiene every time you enter a patient room and upon leaving. Additionally, before a clean procedure, after a contamination risk or dirty procedure, after touching environmental surfaces in a patient room and upon removing gloves.
2. Practice Standard precautions and cough etiquette
3. Routinely use personal protective equipment for Transmission-based precautions
4. Medical equipment is cleaned and disinfected between patients every time (glucometer, bladder scanner, stethoscope)
5. Regular cleaning and disinfection of healthcare equipment and surfaces (patient room surfaces, computers, cell phones, and vocera)

6. Adhering to insertion bundles and standardized insertion practices for medical device (Central lines, foley catheters) that meet insertion criteria
7. Routinely perform infection prevention practices when accessing and maintaining central lines and foley catheters
8. Facilitate removal of medical devices when no longer medically necessary
9. Adhere to surgical site infection prevention practices

Medication Management

Q. What is an adverse drug event?

A. Adverse drug event (ADE) is defined as "Any unexpected, unintended, undesired, or excessive response to a drug that:

1. Requires discontinuing the drug (therapeutic or diagnostic)
2. Requires changing the drug therapy
3. Requires modifying the dose (except for minor dosage adjustments)
4. Necessitates admission to a hospital
5. Prolongs stay in a health care facility
6. Necessitates supportive treatment
7. Significantly complicates diagnosis
8. Negatively affects prognosis, or
9. Results in temporary or permanent harm, disability, or death

Q. What do you do if an adverse drug event occurs?

A. Medication administration errors, adverse drug reactions, or incompatibilities resulting in harm or having the potential to cause harm will be communicated to the physician as soon as detected; documented in the patient's medical record.

Medication administration errors, adverse drug reactions, incompatibilities, or other adverse drug events not resulting in harm or having the potential to cause harm will be documented in the patient's medical record.

Notify Physician, Notify Pharmacy, and Complete a Variance Report.

Q. How do I know that medications are approved for use?

A. The Pharmacy and Therapeutics (P and T) Committee approves and maintains a Hospital Formulary per the Drug Formulary policy on mhsIntranet. The Cerner Computer system has the most current list of drugs approved by the Pharmacy and Therapeutics Committee. If additional information is required, the pharmacy departments are able to provide a listing of formulary drugs. The Formulary is classified as "Closed" and requires that all drugs must be reviewed prior to use at the hospitals.

Q. Am I able to use a saline flush syringe to dilute medications?

A. No, ISMP notes that these syringes should be used for flushes and not for diluteing medications. The syringe markings are not meant to be used for drawing up medications and are not accurate.

Q. What is needed in a Pediatric patient's chart? (MJE only)

A. A Pediatric Emergency Medication sheet. It is generated and printed on the unit when the patient's weight is entered into Cerner. Refer to the policy & procedure, "Pediatric Code Medications". (**MJE**)

Q. What are the key steps to managing medications?

A. The key steps to managing medications include:

1. ***Selection and Purchasing***
   A Closed Drug Formulary, meaning that each drug used is formally reviewed by the Medical Staff through the Pharmacy and Therapeutics Committee.

2. ***Storage***
   All Medications must be secured in the hospital: in Pharmacy, in Automatic Dispensing Cabinet (ABC), in locked servidors and refrigerators. Medications should never be left unattended.

3. ***Ordering/Transcribing***
   - LIP credentialed at **MJE**, **MH**, or **WH** can prescribe medications for patients. Allied Health care practitioners may order medications within their scope of practice as verbal/phone orders or through protocol and all orders must be cosigned by LIP.

- Medication orders must be complete with drug name, dose, route and frequency; if any portion of the order is missing, the physician must be called to clarify.
- Medication orders for prns must include indication for use. All PRN medications with the same indications (Pain) must have specific instructions on the sequence of how they should be used. (i.e., for mild pain, for severe pain).

4. ***Preparing and Dispensing***
   - All medication orders must be verified by a pharmacist prior to administration unless a licensed independent practitioner controls the ordering, preparation. and administration of the medication or when a delay would harm the patient in an urgent situation (Emergency, including sudden changes in a patient's clinical status) in accordance with law and regulation
   - Nurse Check—an alert is fired for new orders and is noted by the eyeglass on the PAL
   - Radiology orders are assessed for safety through the Cerner system via a medical-staff approved protocols
   - Most medications are dispensed by Automatic Dispensing Cabinet (ABC), less are placed in the patient-specific serividors or medication box, refrigerated and less than 1% are located in crash carts
   - Medication should NEVER be placed in a pocket or left unattended
   - Avoid dispensing & administering to more than one patient at a time from the ABC

5. ***Labeling***
   - All medications are labeled with medication name, strength, amount, and expiration date unless being prepared and administered immediately to the patient.
   - Medication containers are labeled whenever medications are prepared but not immediately administered and must include drug name, amount, person preparing the dose, expiration date/time.

6. Administration
   - All medications contain a barcode that must be scanned prior to administration in most areas of the hospital. (excluding OR)
   - Medications prepared outside of the pharmacy departments shall be administered by the same person who prepared the dose, promptly after preparation

   - In the situation where the person preparing the medication for administration is not able to administer the product, the product will be labeled with the patient's name, patient's location, directions for use, and any precautionary information and expiration date/ time. These products MUST be used within 1 hour of drawing up

7. ***Monitoring***
   - The effects of all medications administered to the patient will be monitored. Specific protocols include pain medications where pain is assessed, insulin protocol where blood sugars are monitored and anticoagulation protocols where lab tests are monitored.
   - New medication orders, especially IV orders, will be monitored following the first dose

8. ***Evaluation***
   - Ensure that all medications are removed from the patient room upon discharge
   - (**MJE**) Patient Safety Committee meets monthly to review and address medication variances. Pharmacy reviews all medication events as they are documented at Methodist, Women's and Jennie Edmundson Hospital.

Q. Where can I find the list of High-Alert Medications?

A. The policy and procedure can be found in mhsIntranet.
   - SAFETY-10 High-Alert Medications (**MJE**)
     Medication Management—High Alert Medication policy (**MH** and **WH**) Signs are posted by Automated Dispensing Cabinets

Q. Are range orders for medications accepted?

A. They are not accepted and will be interpreted as SHORT and LOW.
   - Prescribed in no greater than a 3-fold dosing range for opiate and benzodiazepine agents (except for comfort care patients)
   - Entered into the computer using the shortest frequency in the range
   - Administered at the lowest dose based on the patient's Assessment

Q. What steps should Pharmacy and Nursing take to prevent errors related to Look-Alike or Sound-Alike Medication Names?

A. The steps Pharmacy and Nursing take are:

- Use tall-man lettering (ex. hydrOXYzine and hydrALAZINE) in the pharmacy and in Cerner
- Segregate medications in ABC and on the shelves in the pharmacy.
- Double-check select medications
- Eliminate from the formulary where applicable

Q. What safety checks should be performed before administering medications?

A. The checks are:

- 5 Rights
  - Right patient
  - Right time
  - Right route
  - Right drug
  - Right dose
- Medication matches the order
- Scan the patient's identification barcode and medication barcode
- Visually inspect the medication
- Check expiration date
- Verify no contraindications
- Family and patient informed of drug and effects

Q. What is Medication Reconciliation?

A. Medication reconciliation is the process of a clinician comparing the medications a patient should be using (and is actually using) to the new medications that are ordered for the patient and resolves any discrepancies.

The process steps include:

- ***Step 1:*** Verification (collection of medication history) 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

- ***Step 2:*** 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
- ***Step 3:*** Reconciliation (addressing discrepancies and documentation of changes in the orders, making both lists match)
- ***Step 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. Admission, Transfer and Discharge Medication Reconciliation are all required at NMHS Medication refrigerator temperatures are monitored by AeroScout system and the maintenance departments for patient care units and the pharmacy. If readings are outside the specified range, pharmacy will be notified.

Pain Management

Q. How often should pain be assessed?

A. Pain should be initially assessed when the patient is admitted. Pain should be reassessed a minimum of every 4 hours and within 30-60 minutes after an analgesic medication is provided (to determine effect).

Q. What is involved in a comprehensive pain assessment?

A. Comprehensive pain assessment includes characteristics of pain, precipitating factors, location, onset, intensity and as much other information as is relevant given the individual patient assessment.

Q. How often should a comprehensive pain assessment be completed and documented?

A. Comprehensive pain assessment should be completed on admission or the first time pain is reported with any significant change (such as quality or location) and should be repeated every time pain is reassessed. Documentation should occur once each shift, at the beginning of the shift or at the first occurrence of pain on any given shift, UNLESS there are significant changes in the pain. Then documentation should take place with each significant change.

Q. What assessment tools are available to assess pain intensity?

A. Two examples of pain assessment tools are the 0-10 (numeric rating) pain scale and the faces scale. Be sure assessment tools are appropriate to the patient's age, ability to verbalize, language spoken, etc.
For medication orders, intensity of pain levels are defined 0-3 mild; 4-6 moderate; 7-10 severe.

PAINAD is used to assess patients who are unable to self-report, as in patients with advanced dementia. A positive score indicates the patient may be experiencing pain.

Q. Who is responsible for pain management?

A. Everyone involved in a patient's care is responsible for pain management. The patient must be an active participant for optimum pain management.

Patient Education

Q. Who should document patient education?

A. Patient education is provided throughout the continuum of care and should be documented by the interdisciplinary care team member providing the information.* (Interdisciplinary care team members: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Pharmacy, Respiratory Therapy, Dietary, Social Services, Pastoral Care, Students, Certified Patient Assistance).

Q. Availability of teaching materials.

A. The following materials are available:

- Krames printed health sheets accessible through CERNER are utilized as our primary resource for patient education and are available in multiple languages
- The Expectation Management and Medical Information (EMMI) programs may be accessed via the computer providing informed consent and patient education
- At **MH** and **WH**,, the Television Initiated Guided Resource (TIGR) system Is used to provide patient education videos on demand via the television
- Krames videos may be utilized for patient education and are accessible on the computer

Q. Before administering a new medication, what education should be provided?

A. The patient or family is informed of the indication for the medication and any potential clinically significant adverse drug reactions or side effects regarding administration of the new medication. This must be documented in the medical record for each new medication.

Q. Where can I find the Nutrition Care Manual to obtain needed information?

A. mhsIntranet, Clinical Applications to the left on the screen, highlight "Nutrition Care Manual", click on GO.

Q. Where can patients and family obtain additional health information?

A. Additional health information is available at the following locations:

- The Family Resource Centers located at **MJE**, **MH**, and **WH** provide free health information to patients, families and the community through books, videos, online searches and community outreach
- At the Methodist Estabrook Cancer Center Library, consumers will find access to a broad spectrum of current cancer and health-related information and resources
- A Health Library is accessible via the internet on bestcare.org

Patient Safety

Q. What is patient safety and who is responsible for it?

A. Patient safety encompasses the actions taken by individuals and the organization to protect patients from being harmed by the effects of health care services. EVERYONE is responsible for patient safety.

Q. When and how do I accurately identify the patient?

A. Before providing care, treatment and services verify at least two patient identifiers. Containers used for blood or other specimens are labeled in the presence of the patient. Two patient identifiers are used when administering medications, blood or blood components. The two patient identifiers must be verified EVERY time before providing care, treatment and services. Two Patient Identifiers are Patient Name and Date of Birth.

Q. What are National Patient Safety Goals and which ones apply to me?

A. National Patient Safety Goals are evidence-based care practices developed as solutions to problematic areas in health care. Review a list of the current goals so that you can name two or three of them.

Q. What is the new National Patient Safety Goal number Six?

A. National Patient Safety Goal Six , Improve the Safety of Clinical Alarm Systems. Review the policy and procedure, (**MJE**) Clinical Alarms. Be able to list the education received on Alarm Management. Be able to speak to questions about Critical or actionable alarms and non critical alarms on your nursing units.

Q. Who is responsible for answering Alarms?

A. Everyone is responsible for answering Alarms.

Q. What is the No Pass Zone?

A. The hospital holds Everyone responsible for assisting in answering all patient call lights.

Q. What do I do about verbal/phone orders?

A. For verbal/phone orders:

- If the physician is present, ask him/her to enter the orders in the patient's EMR (electronic medical record)
- For a phone order, enter what the MD has ordered in the EMR and then READ BACK the order for physician verification. Please review the policy and procedures on CPOE (Computerize Physician Order Entry).

Q. (MJE) Can any nurse monitor a patient that will be receiving moderate sedation for a procedure?

A. Prior to caring for a patient receiving Levels II, III, and IV sedation, the Hospital staff must demonstrate knowledge, skills and abilities to manage the patient. The staff member competency must be on file. Please review the policy and procedure, "Interdisciplinary Care of the Patient Receiving Moderate Sedation".

Q. What do I do when there is a concern about the clinical condition or if a patient's condition is deteriorating?

A. Call the Rapid Response Team at ext. 6911(**MJE**) or 46911 (**MH** and **WH**). Review the policy for the criteria for when to call.

Q. What do I do about critical lab values that you receive by phone/verbally?

A. For critical lab values received by phone/verbally:

- Document the results the lab has reported in Cerner and then READ BACK the results to the lab for verification
- Notify the physician except when the physician is aware of the patient's condition and /or critical level is anticipated and treatment is in progress
- Document the notification or non-notification of the physician. Include Date/Time

Q. (MJE) What is a Critical Test ?

A. A critical test is any test that needs to be completed, resulted, and the results communicated immediately even if the results are normal. The result is instrumental in determining the next line of treatment for an unstable patient.

The **MJE** Medical Staff has identified the following as Critical Tests and determined the reporting time frame from order to result communicated:

Oncology (report within 2 hours of order)

- CBC if initiation of Patient treatment is dependent on result

Cardiology (report within 1.5 hours of order)

- EKG on active chest pain patient
- Troponin levels for active chest pain
- Echo to rule out Thrombus or tamponade
- Prolonged QT Interval

Radiology (report within 2 hours of order except as below)

- Head CT without contrast to rule out intracranial bleed with symptoms such as right/left-sided weakness, mental changes
- Brain MRI to rule out Stroke with symptoms of weakness, mental status change, etc. (report within 3 hours of order)
- Pelvic Ultrasound to r/o ectopic pregnancy
- Venous Doppler ultrasound to rule out DVT with symptoms such as lower extremity swelling, pain, erythema.
- Chest CTA with contrast to r/o PE or Traumatic Aortic Injury
- Testicular ultrasound to r/o testicular torsion

Surgical Services (report upon completion of frozen section)

- Frozen section in OR – Reported upon completion in the OR

Q. How do I eliminate transfusion errors?

A. Two person verification process must include matching the physician order with the blood product that has been issued or dispensed. Before initiating a blood or blood component transfusion, the patient is objectively matched to the blood or blood component during a two-person bedside verification process.

Q. What is Universal Protocol?

A. The following steps are required for any invasive procedure which requires informed consent, per the Joint Commission's Universal Protocol expectations:

- Must use pre-op verification process
- Physician or licensed independent practitioner must mark op site
- Must conduct time-out

Q. What is a "time-out"?

A. The "time-out" is to conduct a final assessment that the correct patient, site, positioning and procedure are identified and that, as applicable, all relevant documents, related information and necessary equipment are available. During the time-out all activity stops and full attention of the team is required. The time-out addresses the following:

- Correct patient identity
- Confirmation that the correct side and site are marked
- An accurate procedure consent form
- Agreement on the procedure to be done
- Correct patient position
- Relevant images and results are properly labeled and appropriately displayed.
- The need to administer antibiotics or fluids for irrigation purposes.
- Safety precautions based on patient history or medication use

For the surgical services, the following also needs to be included:

1. Antibiotic: _____Time Given: Repeat
2. Equipment/implants
3. Images available
4. Need for blood
5. VTE risk score

Q. What is the process of labeling containers?

A. Label containers used for blood and other specimens in the presence of the patient. In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if only one medication is being used.

Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient and administers to that patient without any break in the process.

In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container. Medication or solution labels include the following:

A. Medication name
B. Strength
C. Quantity
D. Diluent and volume (if not apparent from the container)
E. Preparation date
F. Expiration date when not used within 24 hours
G. Expiration time when expiration occurs in less than 24 hours

Q. Where do I find the nursing recovery room record or the nursing surgical record in Cerner?

A. In Cerner, click on "Menu", Go to "Clinical Notes", click on "Nursing Surgical Record" and click on "Postoperative Report". Be prepared to show a surveyor where to find documents within Cerner.

Q. How do I know if the equipment I have is safe to use?

A. If the equipment has been verified as working properly, it will have a BioMed sticker on it with the date that the sticker will expire.

Q. (MH and WH) What is the resource for patients/families if they have a concern about a patient's medical condition?

A. They dial 43999 for the FIRSTeam (Family Initiated Response Safety Team), for further clarification review the FIRSTeam policy.

Q. What if I have a concern about the safety or quality of care being given?

A. Follow this procedure: (MJE)

- Contact your Supervisor
- Contact Patient Safety at MJE ext. 7609—MH/WH ext. 44211
- Contact Hospital Administration Office - MJE ext. 6222—MH/WH ext. 44441
- Complete an electronic report form anonymously by clicking on Compliance/Workplace Safety in the left column on mhsIntranet
- You may also report concerns directly to the Joint Commission without fear of disciplinary action. Submit your concern online or send it by mail, fax or e-mail. Summarize the issues in one to two pages and include the name, street address, city and state of the health care organization.

E-mail: complaint@jointcommission.org

Fax: Office of Quality Monitoring
(630) 792-5636

Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

If you have questions about how to file your complaint, you may contact the Joint Commission at this toll free U.S. telephone number, 8:30 to 5 p.m., Central Time, weekdays. 800-994-6610

You may also contact:
The State of Iowa, Department of Inspections & Appeals
Lucas State Office Building, 321 East 12th Street,
Des Moines, Iowa 50319-0083 • (515) 281-4115

In Nebraska
Nebraska Department of Health and Human Services
301 Centennial Mall S.
Lincoln, NE 68508
402-471-3121

Restraints

Q. If my patient has to have restraints placed for clinical safety, how often should he or she be assessed?

A. Patients in medically-needed restraints should be directly monitored at least every two (2) hours and assessed for continuation every four (4) hours.

Q. How often should I get a physician order for my patient in restraints?

A. An order must be obtained with the initiation of the restraint, signed by the physician within 24 hours and renewed every calendar day.

Human Resources and Competency

Q. How often will I be evaluated on my job performance?

A. Each year, your supervisor will meet with you and go over your performance. This is your opportunity to set goals for the next year and develop action plans for areas needing improvement.

Q. What if I am uncomfortable performing certain tasks or procedures (such as termination of life support systems or administering certain medications) due to my personal beliefs?

A. Follow this procedure:

- Express your objections to your supervisor in writing, in advance
- Ask not to be assigned to that type of duty in the future

The care of the patient is the top priority. Every reasonable attempt will be made to accommodate your request. However, if reasonable accommodation is not possible, patient care will not be comprised.

Q. What if I have reason to suspect a patient/customer or fellow employee has been physically, emotionally, or sexually abused?

A. Report the matter immediately to your supervisor or a social worker.

Q. If I see something that is unsafe, such as something in the hall that could cause someone to fall or trip, what should I do?

A. Either remove it, or report it to Customer Service at 402-354-4111.

Q. How will I be made aware if things change in the organization?

A. Employees are notified about changes in a variety of ways, including mhsIntranet, e-mail, online forums and articles on Employee Connections, online policies and direct mail.

Q. As a new employee, how am I trained and how long does it take?

A. Orientation is designed to ensure you are competent to carry out your job responsibilities. New employees are oriented to the organization through New Employee Orientation. Employees are oriented to their specific job and department through their supervisor/preceptor. You will have completed orientation when your department skills checklist is fulfilled and your supervisor/preceptor and you feel you have received all the training necessary to competently perform your job.

Q. What training or orientation do employees receive beyond the initial orientation to stay competent in their job?

A. Annually, employees complete:

- AOR (Annual Organization Review)
- Inservices or training as necessary at the direction of the supervisor
- Annual job/department specific competency review

Additionally, as policies/equipment/processes change, appropriate training and orientation is provided.

Q. How has this organization helped you stay competent in your job?

A. Skills labs occur annually; continuing education is available to meet our licensing or certification requirements and ongoing education occurs on new equipment, treatments or procedures.

Q. Do I have a job description?

A. Yes, every employee has a job description. It is reviewed annually at the time of your performance evaluation.

Q. How does the organization promote a continuing focus on safety?

A. We have seasonal safety topics or areas we focus on via the monthly Safety 1st flier, awareness campaigns, fliers/posters, department meeting updates and educational programs.

Additional Information

Q. What is HIPAA?

A. HIPAA (Health Insurance Portability and Accountability Act) was created to keep patients' information private, allowing access only to those with a need to know.

Q. When do I have to wear my name badge?

A. Whenever you are working. Make sure the picture is visible.

Q. How do I know if a certain physician has privileges?

A. A current Medical Staff Directory is maintained on mhsIntranet under Directories. If a physician's privileges are still unclear, contact Administration weekdays at ext. 6222 (**MJE**) or the Medical Staff Office weekdays at 44035, 44036, or 44037 (**MH** and **WH**). After hours, contact the administrative coordinator.

Key Areas To Focus On:

Please obtain and review the current National Patient Safety Goals for the year. A surveyor will ask you to identify 2 or 3 of the goals during a survey. Be able to answer questions about NPSG 6 Clinical Alarms. Review the Clinical Alarms policy & procedures.

Check on the following:

1. Care plan complete and updated
2. No unapproved abbreviations present in the medical chart
3. Handoff Communication, be able to explain the process
4. Process for cleaning computer, cart, and equipment
5. Procedure when Cerner is down
6. Entries in the medical record are dated, timed and signed
7. Crash Cart is checked daily
8. No food/open drinks at the work stations
9. Hallways are clear
10. Areas where medications are prepared are clean
11. Check for Outdated Supplies

- Directly answer a question from the surveyor but do not give out additional information. Answer a Yes or No question, only with Yes or No.

- If you can not answer a question from the surveyor, ask your supervisor or the management team member that is with the surveyor. The surveyor(s) will never be left alone, someone from **MJE**, **MH**, or **WH** management will always be with the Surveyor(s).

Notes

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