Quality and Patient Safety

Guide for Continuous Survey Readiness

July 2023-2024

Jackson HEALTH SYSTEM
Miracles made daily.

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Introduction

The Agency for Healthcare Administration (AHCA-State), the Centers for Medicare and Medicaid Services (CMS-Federal), and The Joint Commission, are three agencies that set standards for healthcare organizations, and inspect organizations to see if they are in compliance.

When surveyors come to visit our hospitals, they will be touring and asking employees questions about how the hospitals function. The tour and questions they ask will be a big part of their inspection of our hospitals.

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 answers short and related to the question being asked.
- 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, you are allowed to 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.
- If the surveyor asks for a document, the designated person will provide the document.

Mission, Vision and Values

Jackson, an academic health system with a public health care mission.

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

Jackson is committed to providing the best care, with care, for everyone by demonstrating compassion, accountability, respect, and expertise.

National Patient Safety Goals

What are the National Patient Safety Goals (NPSGs)?

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 and observe 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).

National Patient Safety Goals

Goal 1

IDENTIFY PATIENTS CORRECTLY

01.01.01

- Use 2 identifiers: Patient's full name, date of birth, and/or medical record number.
- Involve patients in the identification process.
- NEVER USE THE ROOM NUMBER to identify a patient.
- Label specimens in the presence of the patient.
- Use distinct methods to identify newborns.
  - ID banding using 2 body sites
  - Distinct naming system (i.e., Mother's last name, Mother's first name, Newborn's gender and MRN)

National Patient Safety Goals

Goal 2

IMPROVE STAFF COMMUNICATION

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 - 400.060)

National Patient Safety Goals

Goal 3

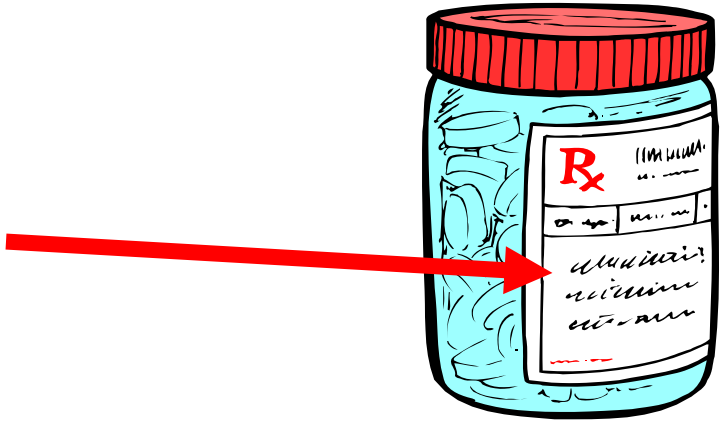
USE MEDICINES SAFELY

03.04.01

LABEL MEDICATION

Label all medications/solutions or medication containers on and off the sterile field in perioperative/procedural areas. (JHS Policy - 400.025).

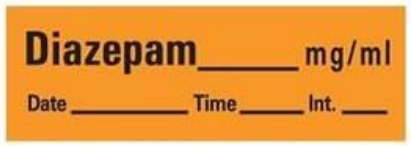
Medication containers include syringes, medicine cups, basins and bulbs.



National Patient Safety Goals

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

- Label all medications or solutions that are transferred from the original packaging to another container. Label one medication at a time.
- Label requirements: drug name, strength, amount (if not apparent from the container), diluent name and volume (if not apparent by container), and expiration date/time.
- All labels are verified (verbally and visually) by two qualified individuals when the person preparing the medication is not the person administering the medication.
- Discard any unlabeled medications immediately.
- All original containers are to remain available for reference in the perioperative/procedural area during the procedure.
- All labeled containers on the sterile field are discarded at the conclusion of the procedure.



National Patient Safety Goals

<u>03.05.01</u>

REDUCING HARM FROM ANTICOAGULATION THERAPY

- Use of approved protocols
  - Heparin, Argatroban, and bivalirudin: Mandatory use of drug libraries for infusions
  - VTE prophylaxis
- Unit dose products and premix infusions.
- JHS Policy 400.084 Laboratory Monitoring of Inpatients on Anticoagulant Medications (Example: INR Monitoring, aPTT).
- Patient education for all patients receiving anticoagulants (i.e. warfarin, apixaban).
- Reversal guidelines for anticoagulation/bleeding management and recommendations for peri-operative management is available on badge buddy for anticoagulation.
- Refer to JHS Anticoagulation application - https://jhsmiami.org/anticoagulation.

National Patient Safety Goals

03.06.01

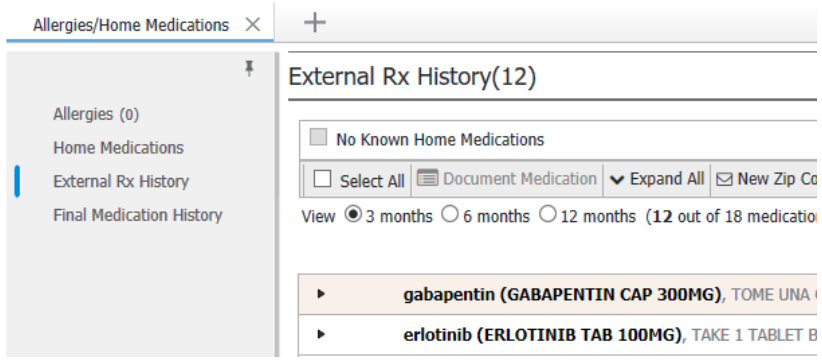
MAINTAIN AND COMMUNICATE ACCURATE PATIENT MEDICATION INFORMATION

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 may be 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 goal.

EXTERNAL RX History – Available in Cerner for medications filled at retail pharmacies



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 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.

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.

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).

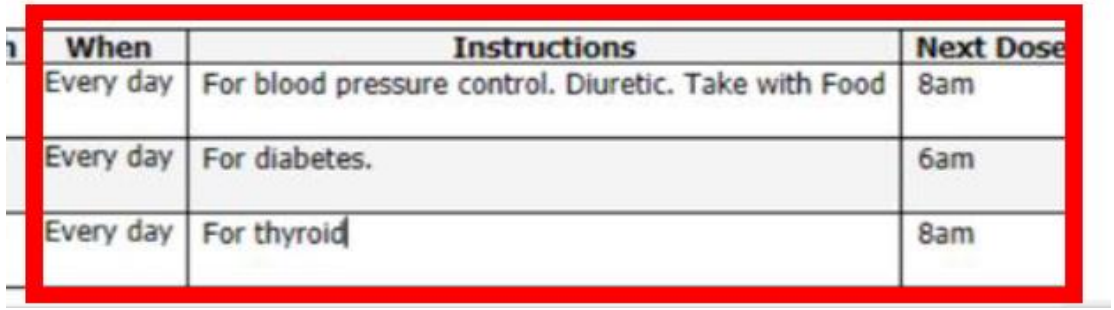
   Note: When the only additional medications prescribed are for a short duration, the medication information the hospital provides may include only those medications.

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.

Inform patient when next dose is due at home!



When	Instructions	Next Dose
Every day	For blood pressure control. Diuretic. Take with Food	8am
Every day	For diabetes.	6am
Every day	For thyroid	8am

National Patient Safety Goals

Goal 6

REDUCE THE HARM ASSOCIATED WITH CLINICAL ALARMS

06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Refer to JHS Policy 400.157 Clinical Alarm Management

National Patient Safety Goals

Goal 7

REDUCE THE RISK OF HEALTH CARE-ASSOCIATED INFECTIONS

07.01.01

Comply with the WHO Hand Hygiene Guidelines. (Policy JHS 400.155 Hand Hygiene)

To clean your hands, you should prefer hand rubbing with an alcohol-based gel. Why? Because it makes hand hygiene possible right at the point of care; it is faster, more effective, and better tolerated.

You must wash your hands with **soap and water** when they are visibly soiled, after contact with a patient/patient environment with C. difficile, before eating, and after using the rest room.

National Patient Safety Goals

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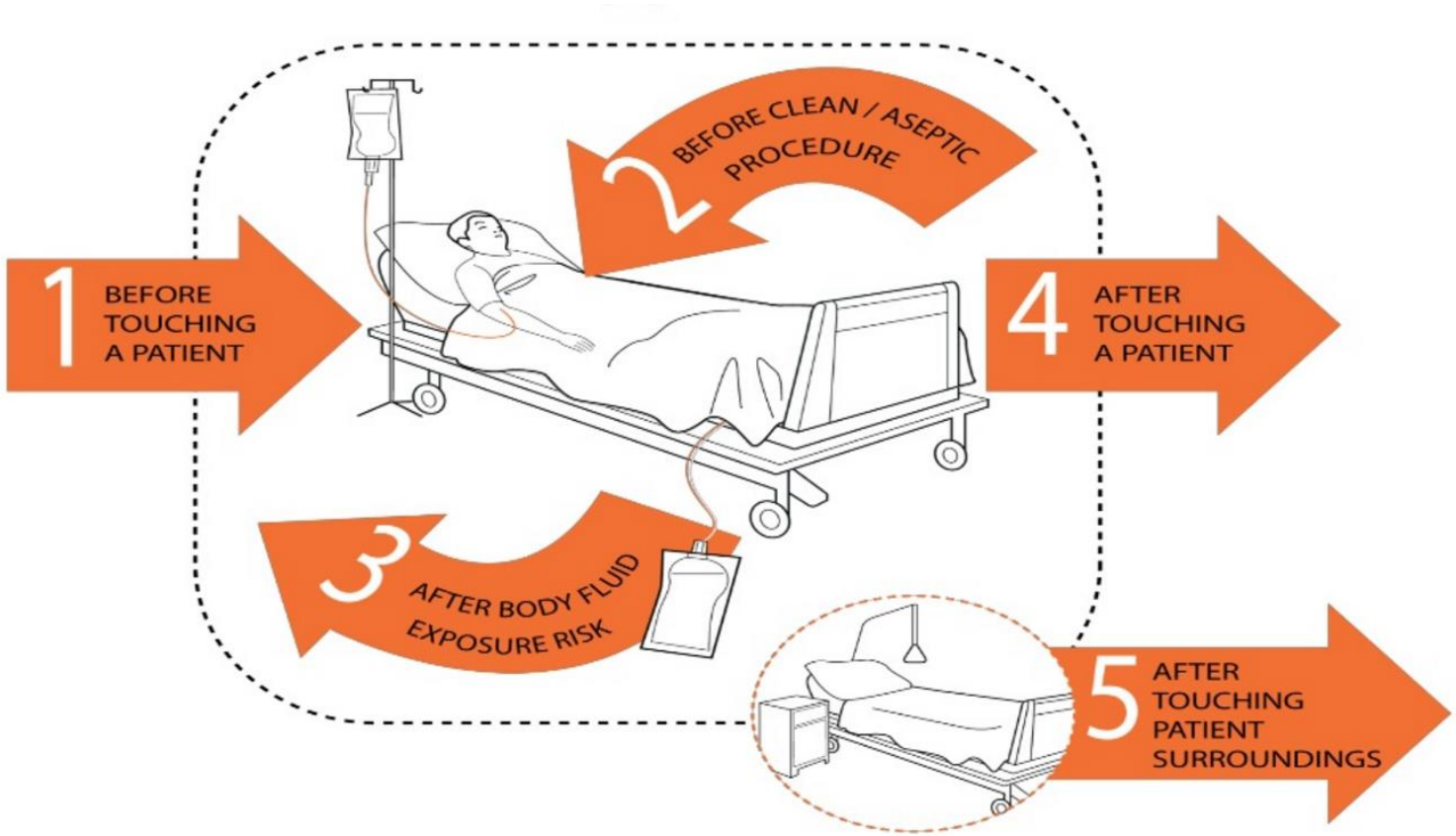
WHO Hand Hygiene Model

My 5 Moments for **Hand Hygiene**



National Patient Safety Goals

Goal 15

THE ORGANIZATION IDENTIFIES SAFETY RISKS INHERENT IN ITS PATIENT POPULATION

15.01.01

IDENTIFY PATIENTS AT RISK FOR SUICIDE

Identify immediate safety needs, place patient in safe setting, provide safety plan (including suicide hotline) and appropriate follow up at discharge from the hospital.

- Note: Safe setting includes ligature-resistant behavioral health environment or for non-behavioral health units, a safe environment including 1:1 continuous observation.

(JHS Policy 400.044 Suicide Prevention - Non-Behavioral Health Setting)

(JHS Policy 400.044a Suicide Prevention - Behavioral Health)

Healthcare Equity

Goal 16

Reducing healthcare disparities for Jackson Health System patients is a quality and safety priority.

Jackson Health System is committed to providing safe and equitable care to all of its patients. Reducing healthcare disparities at Jackson is a quality and safety priority that will help improve the overall health of our patient population, while also providing economic benefits.

Jackson Health System has identified **Isis Zambrana** as the Health Equity Officer.

We will identify and address Social Determinants of Health (SDoH) or Health Related Social Needs (HRSN) in our patient population and design these in our patient-centered care plans and nursing assessments, as well as provide patients information about community resources and support services. SDoH / HRSN may include healthcare access, food insecurity, housing instability, transportation needs, utility difficulties, interpersonal safety, education and literacy support.

National Patient Safety Goals

Goal 16

Reducing healthcare disparities for Jackson Health System patients is a quality and safety priority.

16.01.01

- Identify health care disparities in its patient population by stratifying quality and safety data using the sociodemographic characteristics of the hospital's patients.
- Develop a written action plan that describes how to improve health care equity by addressing at least one of the health care disparities identifies in its patient population.
- Acts when it does not achieve or sustain the goals in its action plan to improve health care equity.
- Annually inform key stakeholders including leaders, licensed practitioners, and staff of the progress to improve health care equity.

National Patient Safety Goals

UNIVERSAL PROTOCOL FOR PREVENTING WRONG SIDE, WRONG PROCEDURE AND WRONG PERSON SURGERY (JHS POLICY 400.059)

UP 01.01.01
Conduct a pre-procedure 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.

Do Not Use Abbreviations

DO NOT USE	USE INSTEAD
"U" (UNIT)	Write - UNIT
"IU" (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?

1. Discuss issue directly with the nurse manager/charge nurse or department manager/supervisor.

2. Enter the incident report into the Safety Event Reporting System within three (3) business days.

3. Manual forms may be used if the computer system is down.

For further questions, you may email Risk Management at JHSRiskmanagement@jhsmiami.org , call at 305-585-2900, or reach out to a Risk Director in your area.

Advance Directives

Refer to JHS Policy #122 Advance Directives

Advance Directive = A witnessed written document in which instructions are given by the patient 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, EDs, 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 health care.

• In outpatient 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 Clinical Resource Management Department via consult.

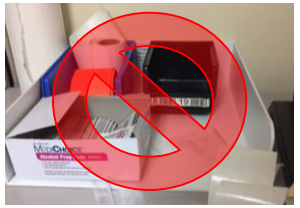
• The surveyor will ask you to demonstrate where this information is documented in the medical record. ***The Advance Directive Checklist can be viewed within the General Consent for Treatment C-613 form.***

Medication Management

- All medications are labeled appropriately.
- Medications are routinely checked for expiration dates.
- Single-dose/single-use vials should be discarded immediately after use.
- Multi-dose containers/vials of parenteral medications must be dated with the revised EXPIRATION DATE (28 days after opening/needle puncture unless otherwise specified by manufacturer) Refer to JHS Policy 400.079.
    - MUST be dated with the beyond use date (EXPIRATION DATE) and not date opened!
- Opened/unlabeled medications must be discarded **immediately.**
- No disinfectants or cleaners are stored with medications.
- Medication errors, near misses, and adverse drug reactions are reported in our Safety Event Reporting System.

Medication Management

- Medications are stored in locked cabinets/boxes and/or locked refrigerators.
    - Medication refrigerator temperatures are monitored continuously by remote electronic monitoring.
    - Immediate corrective action is taken when out of range.
    - A beyond use date (BUD) label must be affixed on IV fluids, contrast, and/or medications stored in a different location than outlined in the package insert such as a warmer, refrigerator, freezer, etc.
- Pharmacy compounds or admixes ALL compounded sterile preparations except in urgent situations.
    - A medication tray is provided for urgent preparations ONLY <u>on the nursing unit</u>.
    - Sterile product tray is clean, uncluttered and dedicated solely for IV preparation



Best Practice

Medication Management

- Titration orders for infusion have clear titration parameters (i.e. initial rate, titration parameters, and goal). Refer to JHS Policy 400.073 and 400.023
- **BLOCK CHARTING-** Abbreviated method of documentation that can be used when rapid titration is necessary as defined in Policy 400.023. The following elements must be documented in each block charting episode:
  - ✓ Time of initiation of the charting block
  - ✓ Name(s) of medications administered during the block
  - ✓ Starting rates and ending rates of medications administered during the block
  - ✓ Maximum dose (rate) of medications administered during the charting block
  - ✓ Time of completion of the charting block
  - ✓ Physiological parameters evaluated to determine the administration of titratable medications during the charting block

KEYPOINT: A single “block” charting episode does not extend beyond a 4-hour period

Block charting does NOT take the place of a valid order.

Medication Management

OVERRIDE Medications

- Only override in critical situations where a delay may result in clinical harm! Refer to Override posters in medication rooms.
- Refer to JHS Policy 400.049 for JHS Approved Override Medication List and approved indications.

Identify High-Alert and Look-Alike/Sound-Alike (LASA) Medications

- High-Alert and LASA posters are available in medication rooms (Omnicell). Posters in the medication rooms list risk reduction strategies to prevent error/harm. Refer to JHS Policies 400.089 for High Risk/High Alert and 400.088 for Look-A-Like/Sound-Alike.

- Remember **APINCH-V:**

A= Alteplase/Argatroban/Anticoagulants

P= PCA Opioids/ Potassium IV

I= Insulin

N= Neuromuscular Blockers/Narcotics

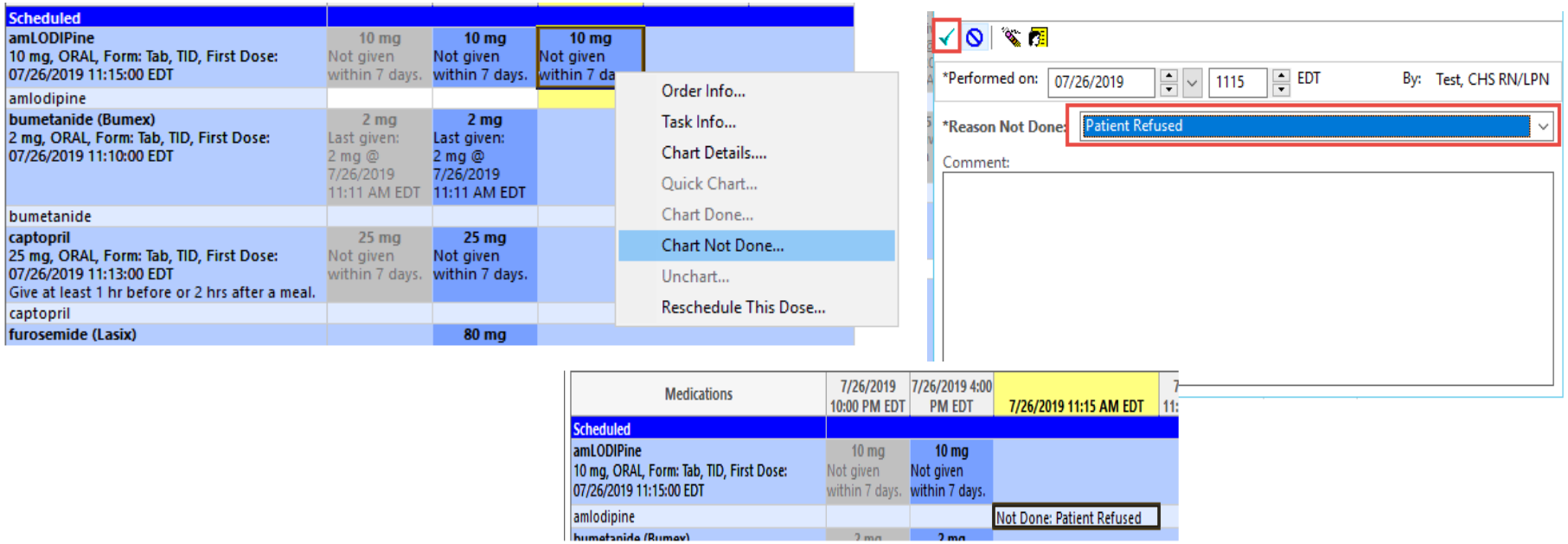
C= Chemotherapeutic agents

H= Heparin IV drip

V= Vasopressin/Veletri

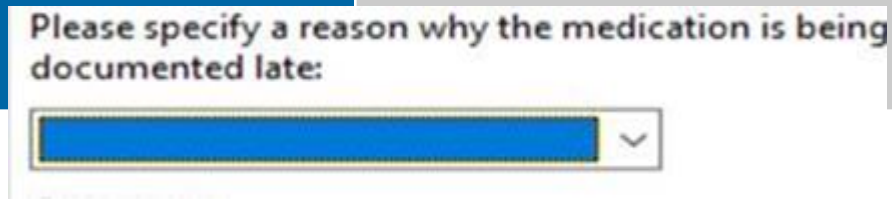
Medication Management

- Medications should be administered TIMELY based on the designated time and urgency (Routine, Time-Critical, Now, Stat). eMAR will display overdue tasks in red (i.e. med. not given in the designated time limits).
- If medications are not given or omitted, need to document reason for not giving.
- **Notify provider as per policy 400.025 Medication Administration**



Medication Management

Type of Scheduled Medication	Goals for Timely Administration	Examples
Time-Critical Scheduled Medications		
Hospital defined time critical medications	Administer at the exact time, otherwise 30 minutes before or after the scheduled time, for a total window of 1 hour	• IV Antibiotics • IV Anticonvulsants • Pain medications administered more frequently than every 4 hours.
Non-Time Critical Scheduled Medications		
Medications prescribed more frequently than daily but less frequently than every 4 hours	Within 1 hour before or after the scheduled time, for a total window of 2 hours	• Beta blockers (metoprolol tartrate, propranolol) • Histamine 2-receptor antagonist (famotidine)
Daily, weekly, three times a week medications	Within 2 hours before or after the scheduled time, for a total window of 4 hours	• HMG Co-A Reductase Inhibitor (Rosuvastatin) • ACE inhibitor (e.g. lisinopril) • Angiotensin II receptor blocker (Candesartan) • Calcium channel blocker (amlodipine) • Beta blocker (metoprolol succinate XL) • Clonidine patch • Others (azithromycin 1200 mg PO weekly, Bactrim M/W/F)



Therapeutic Duplication

Multiple medications for the same clinical indication:

- Percocet 5/325 mg 1 tab po q4h prn severe pain
- Morphine 2 mg IV prn q4h prn severe pain

No guideline or policy to guide nursing staff on when a medication is to be administered

- Ondansetron 4 mg IV q8h prn N/V
- Phenergan 12.5 mg IM q8h prn N/V

Duplicate medications orders are only appropriate if clear instructions regarding each order is given (priority, sequence and/or indication)

- Ondansetron 4 mg PO q8h prn N/V
- Phenergan 12.5 IM q8h prn N/V (Order Comment: if no PO access or patient vomiting)

Safe Handling of Hazardous Drugs

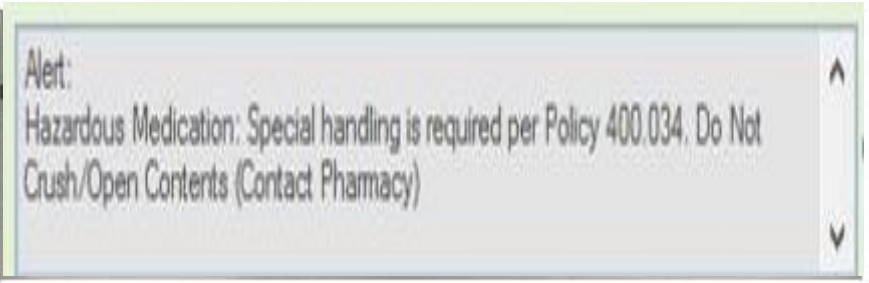
Identify

BAG

DOOR

ARM

OMNICELL



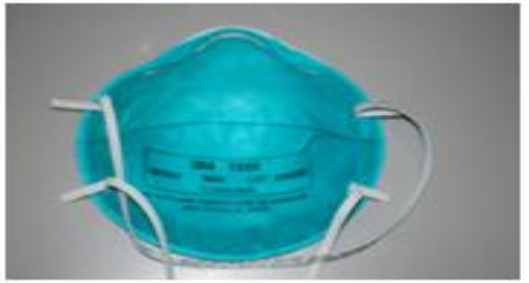
Personal Protective Equipment

GOGGLES

CHEMO GLOVES

GOWN

RESPIRATOR MASK



Safe Handling of Hazardous Drugs

Administration

Spills KIT

Disposals

Exposures-WASH HANDS WITH SOAP & WATER

Where do I find : JHS Policy and Procedure Manual 400.034

Refer to JHS Policy 400.034

Pharmaceutical Waste

Regular Trash
Empty IV bags with tubing and empty vials.
< 30% remaining

Needles and Sharps
Syringes and ampules

Maintenance IV Solutions
(Saline, Dextrose, Potassium, Sodium Bi-carb, Calcium, LR)

Rinse with running water

Controlled Substances
All CS including oral, inj, IVs and patches Witness waste in OmniRx Cabinet
*Bin expires within 1year from in-service (start) date

Opened and Unused Medications
>30% remaining
*Bin expires within 1 year from in-service (start) date

See below

Opened and unused medications and wrappers described below are to be placed in black pharmaceutical waste bin

- Partial IV bags
- Partial Vials
- Pills/Capsules/Creams/Solutions
- Medication wrappers (Nicotine/Coumadin/Physostigmine)

NOTE: If the original medication packaging is not compromised, return to OmniRx

DO NOT PLACE IN BLACK BIN: Controlled Substances, Plain IV Solutions, Empty IV Bags/Medication vials or "Return-To-Pharmacy" medications

"RETURN TO PHARMACY" Medications (Opened and Unused)

Place the following products in a RETURN TO PHARMACY bag:

- Aerosols/Inhalers
- Silver nitrate sticks
- Veletri® (epoprostenol)
- Botox (area specific bin)

Contact Environmental Services for bin replacement

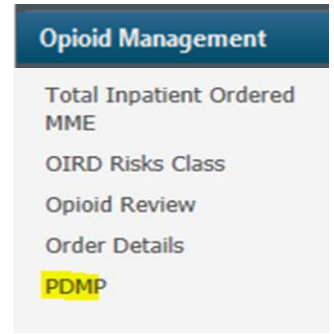
Pain Management and Assessment

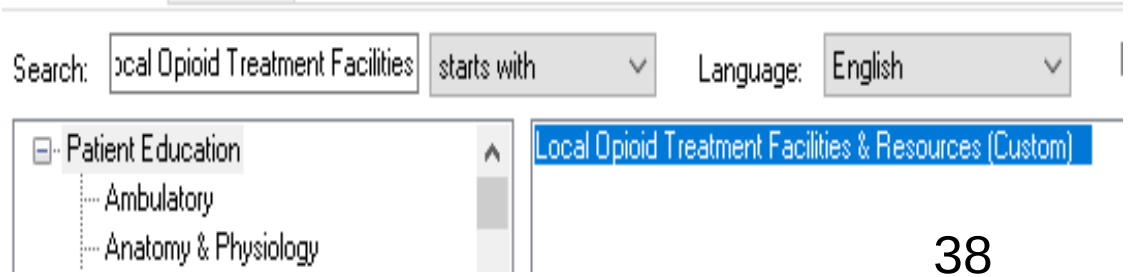
- Pain assessment and management, including safe opioid prescribing is an organizational priority
- Assess patient's pain during emergency department visits and at the time of admission.
- If pain present:
  - Offer non-pharmacologic pain options (e.g., reposition, music therapy, distraction)
  - Offer non-opioid medications if no contraindication exists (i.e. ibuprofen, topical lidocaine, acetaminophen). If a non opioid prescribed medication (ibuprofen / acetaminophen) is ordered, it may be administered based on patient preference. Nurse must document patient preference at time of administration.
  - When appropriate, use a multi-modal pain approach and use the lowest effective dose
  - Establish realistic pain goals (i.e. turn in bed, walk with improved pain control) that are understood by the patient (i.e. duration and reduction of pain)
- Assess patient's pain score before and after administering pain medications.
- Assess patient's sedation after administering opioid medications i.e. Pasero/POSS (Med-Surg); RASS (ICU); NPASS (Neonatal).

Refer to JHS Policy 400.020 Pain Assessment and Management

Pain Management and Assessment

- Identify patients at high risk for opioid induced adverse drug events such as opioid induced respiratory depression (OIRD) and institute appropriate monitoring (OIRD RISK CLASS 7 automatically triggers increased respiratory rate monitoring).
- Complex or high-risk patients may be referred to specialist (i.e. Acute Pain Service).
- Discharge planning for patients needing opioids
  - Consult E-FORCSE when prescribing opioids outpatient (link in Cerner).
  - Educate the patient and family on discharge plans related to pain management, side effects of pain medication, activities of daily living, safe use, storage, and disposal of opioids when prescribed.
  - A list of Opioid Treatment Programs or Centers are available in Cerner for Patients with Opioid Use Disorders under Patient Education.





Infection Prevention and Control

- Paper towel dispensers and soap/alcohol dispensers are 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 has a plastic liner.
- Patient items are 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 and Control

- Know how to use the personal protective equipment (PPE) properly (refer to JHS Policy 201, Transmission Based Isolation Precautions).
- **DO NOT** wear PPE outside of the patient room unless indicated by our COVID-19 risk level (it is not necessary to wear a glove when carrying a specimen in a plastic bag).
  - Note: Surveyors will be observing staff to ensure that PPE equipment has been removed and discarded properly.
- Implement isolation properly (refer to JHS Policy 201, Transmission Based Isolation Precautions or JHS Badge Buddy for COVID-19 Protocol).

Infection Prevention and Control

SEQUENCE FOR DONNING PPE

- Hand hygiene
- Gown
- Mask or respirator (if used)
- Goggles or face mask (if used)
- Gloves (ensure proper size is utilized)

SEQUENCE FOR REMOVING PPE

- Gloves
- Gowns
- Goggles or face mask (if used)
- Mask or respirator (if used)
- Hand hygiene

Infection Prevention and Control

- All shared patient care devices must be disinfected between patients.
- Equipment that has been cleaned/disinfected must be identifiable (covered with a plastic sheet or bag).
- All patient care items and supplies must be at least 36 inches away from water sources.
- No outside shipping containers or corrugated cardboard allowed in patient care areas.
- All trash, sharps, and soiled linen are properly stored.
- Biomedical waste is disposed of in red bags and stored in the soiled utility room until collected.

Infection Prevention and Control

NUTRITION REFRIGERATORS

- Dietary nourishments are dated with the expiration date.
- No open containers (milk containers) or leftover food stored.
- No unlabeled patient food in the patient refrigerator.
- Refrigerators are clean and defrosted.
- Refrigerators have daily temperature checks.
- Separate refrigerators for 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 a Visitor ID Pass.
- When Workplace violence is observed, speak up and report to Security.
- Exterior doors that are locked to the outside must not be propped open.

SMOKING IS NOT PERMITTED ON HOSPITAL PREMISES INCLUDING INSIDE VEHICLES PARKED ON CAMPUS

Workplace Violence

THIS IS A PLACE OF HEALING, COMPASSION, AND RESPECT.

By working together, we can provide the highest level of care.

Unacceptable behaviors are:

Bullying
Infliction of physical / Verbal force or conduct
Verbal Outburst
Shaming, humiliation
Demeaning comments
Sexual Harassment / Innuendo
Invading another person's personal space
Slights due to gender, race, age, or sexual orientation
Making disrespectful gestures

Jackson HEALTH SYSTEM

Miracles made daily.

Workplace Violence

JHS has **zero tolerance** for workplace violence (Refer to JHS Policy 200, Workplace Violence and Prevention)

Reporting

- Immediate Threat of Violence – Activate a Code Gray
- Non-Immediate Threat of Violence – Notify immediate supervisor and/or AIC
- Employee to complete the safety report into the Safety Event Reporting System

Post event staff-debriefing will be conducted

Resources for victims – Employee Health Services, Emergency Services and EAP where appropriate

Investigation by Security Services with HR, Department leaders, Risk Management

All incidents will be reviewed and monitored by the Workplace Violence Prevention Committee

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.
- Safety Data Sheets (SDS) contain critical information for safe handling and use of chemicals (i.e. product contents, recommended protective gear, first aid, and safe clean up information).

STAFF NEEDS TO KNOW:

- Location of the SDS 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).
- Oxygen tanks are secured in proper holders. Separate full from empty.
- No doorstops are used to prop open doors anywhere, at any time.
- No holes in the walls or ceilings (Call Maintenance – Complete Work Order).
- No paper 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:

- Where is the 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: PASS

P – **Pull** pin

A – **Aim** at base of fire

S – **Squeeze** nozzle

S – **Sweep** 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 two-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 (PI). Examples may be participation in established interventions for clinical PI projects, departmental, or maintenance-monitoring such as:

- Patient education for pneumonia/influenza
- Pain management interventions
- Use of restraints
- Patient falls interventions
- IV site care
- Other department-specific indicators, etc.

Performance Improvement

HOSPITAL EVIDENCE-BASED MEASURES (EBM)

- Hospital evidence-based measures are specific sets of evidence-based diagnostic and treatment indicators that are used in the evaluation and treatment of sepsis, stroke, ED throughput, Behavioral Health Influenza Immunization, and perinatal care - mothers and newborns.
- Some examples of evidence-based practice:
  - Timely antibiotic administration:
    - Within 24 hours prior to severe sepsis presentation **or**
    - Within 3 hours after severe sepsis presentation
  - Blood cultures drawn prior to starting antibiotic therapy for sepsis.
  - 30 ml/kg of crystalloid fluids for appropriate patients for sepsis.
  - Antithrombotic by end of Day 2 for appropriate stroke patients.
  - Influenza vaccine screening and administration.

Management of Information

HOW DO WE ASSURE PATIENT CONFIDENTIALITY?

- HIPAA (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 verbal consent is obtained prior to discussing patient information with patient family or friends.
- If patient is incapacitated, patient information can only be shared with designated contacts (e.g. proxy, guardian, power of attorney).
- Speak quietly when discussing a patient's condition in areas where complete privacy is not possible (i.e. multi-occupancy patient rooms).
- All medical records are kept secure.

For any privacy concerns, call: (305) 585-2980

Management of Information

HOW DO WE ASSURE PATIENT CONFIDENTIALITY?

- Only access patient information for legitimate job duties.
- Type “secure” in the subject line for non-JHS or non-UM email recipients when transmitting PHI.
- Dispose of paper PHI in the appropriate shredding bin.
- Lock or log off your computer when unattended.
- Do not take unauthorized photos of patients.
- Do not share your user credentials with other employees.
- Do not use your personal device to text patient information.
- Do not share PHI on social media.
- Do not leave paper records visible and unattended.

For any privacy concerns, call: (305) 585-2980

Care of Patients

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

- Interpreter Service Line Translation Services are available by calling the facility specific number (Client ID 203067).
- Video Remote Interpreting (VRI) service available throughout Jackson Health System.
- Bilingual employees may act as an interpreter **after** being evaluated and deemed competent by completing the Web Based module “Clinical Interpretation” on the weLearn landing page
- Sign language interpreters are also available for those who are hearing impaired.

Frequently Asked Survey Questions

1. Telephone orders must be signed within what time period?

   Seven days. Check the* ORDERS *screen for any orders bearing the caduceus icon. This indicates the order needs to be cosigned by the ordering physician.

2. 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, then read back, and receive verification from the individual that gave the order.

Frequently Asked Survey Questions

3. How long do I need to wash my hands with soap and water?

   After wetting your hands and applying soap you need to lather for 20 seconds before rinsing.

4. What two patient identifiers are used at Jackson?

   Name and medical record number or date of birth.

   This will be observed during the survey. Surveyors will also observe administration of medications, labeling of specimens and drawing of blood specimens. Remember specimens MUST be labeled in the presence of the patient.

5. Where do I find:

   - Safety Data Sheet (SDS) list?
     Jet Portal: Content Directory - Type SDS in SEARCH BOX
   - Policy and Procedure Manual
     Jet Portal: Content Directory - JHS Policy Manual

Frequently Asked Survey Questions

6. When do procedural consents expire?

   Consents remain valid for the duration of the hospitalization unless:

   - ***The procedure or a portion of the procedure has changed***
   - ***Significant risk factors have changed***
   - ***There is a significant change in the patient's condition***
   - ***The patient withdraws consent***

7. When do you conduct hand off?

   Written or verbal communication occurs when transferring a patient to another level of care or caregiver.

   - ***Situation; Background; Assessment; Recommendation; Documentation; Questions (SBARDQ).***

Frequently Asked Survey Questions

8. When disinfecting equipment with germicidal or bleach impregnated wipes, how long must the equipment stay wet (contact/kill time) in order to be effective?

- Germicidal (PDI Super Sani-cloth **PURPLE top**) = 2 minutes
- Germicidal (PDI Super Sani-cloth **RED top**) = 3 minutes
- Bleach (PDI Sani-Cloth Bleach **ORANGE top**) = 4 minutes

Always check the container for the information.

9. When do I need to reassess my patient after providing a pain relieving intervention (oral, intramuscular, intravenous, and non pharmacologic)?

Reassessment must take place within 60 minutes (except for transdermal and implantable pumps).
Refer to JHS Policy 400.020 Pain Assessment and Management

Frequently Asked Survey Questions

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

    Morse Fall Scale

    Humpty Dumpty Scale (Pediatric)

11. What documentation is required when a patient falls?

    Post Fall Assessment, Post Fall Huddle and Safety Event Report

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

- Encourage participation in ongoing communication with the health care team
- Promote active participation and collaboration in decisions related to care
- Provide effective patient education

Jackson
HEALTH SYSTEM

Miracles made daily.

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