2004 – 2005

JCAHO

REFERENCE

GUIDE

Table of Contents

INTRODUCTION

This reference guide* has been developed by the Murray-Calloway County Hospital leadership to serve as a resource to you – as we embark on a journey toward a successful 2005 JCAHO survey! Survey success is dependent on many different facets, however, a key indicator of our success as an organization is measured by our staff performance – which in previous surveys has been exemplary! Therefore it is our desire that the information herein is not only useful for surveys but will be a helpful guide as you strive to provide excellence in patient care on a daily basis. We urge you to take the time to read through this material so that you are fully prepared to represent MCCH.

From time to time this guide will be updated. If you feel that additional information will be helpful to you and your co-workers, please feel free to contact Lisa Ray, RN, Director, Case Management at extension 1427 in order that your input can be included in the next revision.

Once again we look forward to you seeing you "shine" during our upcoming survey!

Very truly yours,

Jonathon

Jonathon Brown, MBA, MSN, RN, CNAA, CHE
Interim Vice President, Patient Care Services

Lisa

Lisa Ray, RN, BSN
Director, Case Management

* ***Information contained in this guide was received from JCAHO Coordinators at local healthcare organizations, from the Internet, and from JCAHO produced resources.***

THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) SURVEY OVERVIEW

A JCAHO accreditation survey provides an assessment of an organization's compliance with standards and their elements of performance. JCAHO evaluates an organization's compliance based on:

- Patient and staff interviews via "tracer methodology" about actual practice.
- Performance improvement data/trends.
- Verbal information provided to JCAHO.
- On-site observations by JCAHO surveyors.

Purpose of a Survey

The survey is key to accreditation. The JCAHO accreditation process seeks to assist organizations in the identification and correction of problems and improve the quality of care and service(s) provided. In addition to evaluating compliance with standards and their elements of performance, significant time is spent in consultation and education. JCAHO and CMS (Center for Medicare and Medicaid Services) expects hospitals to be in compliance with ALL of the standards, ALL of the time.

Do we do things a certain way because "JCAHO says so"?

NO, our practice is governed by the Murray-Calloway County Hospital (MCCH) mission and vision. As an organization we have developed our own organizational standards, policies, and procedures to support our staff in providing for the mission and vision. Below are our mission and vision statements:

OUR MISSION: **To provide quality health services in a caring and cost-effective manner.**

OUR VISION: **To be the place of choice for health care.**

We develop and revise our standards, policies and procedures to be consistent with our mission and to follow applicable laws, regulations, and standards. JCAHO assists us by providing standards which set the structure for our organization to improve our performance, patient care, hospital environment, and other important processes and functions.

The purpose of this pocket guide is to provide you with additional education about regulatory standards and how MCCH meets such standards by continually improving our care, treatment, and services.

TRACER METHODOLOGY

This survey method traces a number of patients through the organization's entire health care process. Tracer activity is customized to the individual organization and surveys care across services and programs. This methodology uses multi-level participation, i.e., as cases are examined, the surveyor may identify performance issues in one or more steps of the process – or in the interfaces between processes. The surveyors determine which process to focus on using information from the Priority Focus Areas and clinical / service groups as identified by MCCH.

Primary objectives of tracer activities are:

- To follow course of care and services provided to the patient/resident.
- Assess relationships among disciplines and important functions.
- Evaluate performance of processes relevant to the individual.

More specifically the following are tracer selection criteria, i.e., determinants of how surveyors will select processes:

- Identified clinical / service groups as identified by MCCH.
- Patient's/resident's who have received complex services (often those close to discharge).
- Patient's/resident's who cross different programs, e.g., hospital and long term care.
- Patient's/resident's who relate to "system" tracers:
    - Infection Control.
    - Medication Management.
- Patient's in complex situations, e.g.,:
    - CCU.
    - ED.
    - Receiving anesthesia services.
    - L & D.
    - Observation status.

Tracer activity:

- Comprises 50 – 60% of on-site survey time.

- Will be approximately 90 minutes per activity but can be up to 3 hours.
- Starts in the setting/unit where the tracer patient/resident is located.
- May include sequential following of the course of care – but no mandated order for visits to other care areas.

Tracer visits include:

- Evaluation of top 4-5 Priority Focus Areas identified by MCCH.
- Observation of care areas and environment of care issues.
- Review of the medical record with staff, with the RN being the initial interviewee.

Tracer visits **may** include:

- Observation of direct care.
- Observation of medication processes.
- Observation of care planning process.
- Individual/family/significant other interview.
- Review of additional medical records, as needed.
- Staff level interaction:
    - Performance measurement (see PI section), activity.
    - Daily roles and responsibilities.
    - Orientation, competency assessment/reassessment (maintenance), and continuing education.

Surveyor activity may include:

- Review of closed records (if issues are found in initial tracer activities).
- Areas not included in the tracer, e.g., home care, hospice, and long term care sites in a hospital tracer.
- Building tour (areas not visited during the tracer), if applicable. For example, kitchen, pharmacy, etc.

Example of a **hospital tracer**:

- Medication management is a Priority Focus Area and surgical care is one of the top clinical / service groups.
- Surveyor will select a surgical patient who received anesthesia from an active patient list, follow the care provided to that patient, and focus on medication management, e.g.:
    - Dispensing, administering, monitoring.
    - Training of staff responsible for processes.

Example of an **ambulatory care tracer**:

- Vascular studies is one of the top clinical / service groups and communication is one of the top Priority Focus Areas.
- Surveyor will select a vascular study patient from an active patient list, follow the care provided to that patient, and focus on communication, e.g.:
    - Patient/family/significant other education.
    - Staff to patient communication.
    - Interdisciplinary team work.

Example of a **long term care tracer**:

- Resident needing pain control is a top clinical / service group and assessment and care/services is one of the top Priority Focus Areas.
- Surveyor will select a resident needing pain control from an active resident list, follow the care provided to that resident, and focus on assessment and care/services, e.g.:
    - Assessment of resident pain process.
    - Follow-up to pain assessment process.

Example of a **laboratory tracer**:

- Chemistry is one of the top clinical / service groups and analytical procedures is one of the top Priority Focus Areas.
- Surveyor will select a patient who received chemistry tests and trace the analytical procedures provided to that patient's testing experience, e.g.:
    - Specimen collection, transport, receipt, and processing.
    - Testing process and interpretation of results.
    - Reporting of results:
        - Turnaround times.
        - Critical values.

Example of a **home care tracer**:

- Home health personal care and support is one of the top clinical / service groups and information management is one of the top Priority Focus Areas.
- Surveyor will select a home health personal care and support patient from an active patient list, follow care provided to that patient, and focus on information management, e.g.:
    - Staff access to patient information such as medication allergies, medication history, etc.
    - Formats used to document care, treatment, and services.

Benefits of the new tracer methodology:

- Generalist surveyors evaluate common standards that apply to multiple programs within MCCH, e.g., hospital, long term care, home care) **once** across the entire organization.

- Program-specific surveyors evaluate specialty standards requiring evaluation at an individual program level. This primarily relates to the laboratory where standards are unique and specific.
- **This methodology focuses on execution, i.e., the actual delivery of care and services!**

HOW TO WORK WITH THE SURVEYORS

Keep the conversation professional. Ask questions if you do not understand. **NEVER** argue with the surveyors. Be professional and use appropriate language and behaviors.

Be truthful. If you do not know an answer say so and tell the surveyor where you would go or whom you would go to for the answer. Remember you may use any resources available to you, e.g., intranet policies, any departmental resources, or ask your manager.

Keep your answers focused and specific to their question. Whenever possible answer in your own words. Remember the surveyors are here to assess our compliance not to be distracted by internal issues or problems. Also, the survey methodology is very different than the past and thus the surveyors do not appreciate being referred to as "inspectors."

Support your co-workers. If you are present when someone is being questioned, feel free to add any relevant information. Respond to questions with confidence – you know the answers better than anyone. Speak freely about all of the great things we do – and there are many!

THINGS YOU MUST KNOW:
Locations of:

- Fire pull boxes
- Fire extinguishers or other fire control mechanisms
- Evacuation routes
- Oxygen shut-offs
- Emergency showers/eyewash stations
- Personal Protective Equipment (PPE)
- Alcohol-based dispensers
- Disaster plan
- How to access MCCH policies (intranet)

Other tips on professional interaction with surveyors:

- Surveyors use a "tracer methodology" to choose a patient and trace their care throughout the organization. This is accomplished by rounding in each department that cared for the patient and interviewing staff, reviewing policies, looking at HR competencies, and asking staff about what they do compared to the standards. Surveyors may come at night to interview staff, review records, tour the building, etc.
- Patient safety and performance improvement are always very important things to know about.
- Relax – surveyors are physicians, nurses, medical technologists and others who have worked in hospitals. They've "been there!"
- Always be honest. Falsification or misrepresentation is absolutely not tolerated and can cause the organization to lose its accreditation.
- Just as in sports, success is dependent on teamwork. Excellent patient care is no different. Your communication and interaction with other members of the healthcare team are critical to providing excellent care for the patient!

THIS IS YOUR TIME TO SHINE & SHOW WHAT EXCELLENT CARE YOU PROVIDE!

ETHICS, RIGHTS, & RESPONSIBILITIES (RI)

The goal of the Ethics, Rights, & Responsibilities function is to improve care, treatment, services and outcomes by recognizing and respecting the rights of each patient and by conducting business in an ethical manner. All standards related to this function are coded "RI."

Care, treatment and services are provided in a way that respects and fosters dignity, autonomy, positive self-regard, civil rights, and involvement of patients. Family is involved in care, treatment, and service decisions with the patient's approval.

How are patients informed of their Rights and Responsibilities?
The "Guest's Rights & Responsibilities" are provided to the patient at the time of Registration. They are also located in the "Guide to Guest and Visitor Services" located in every patient room or department. Also, the Notice of Privacy Practices is offered to each patient at registration. Familiarize yourself with the patient's rights and responsibilities and be prepared to tell the JCAHO surveyor about this process.

What do you do if there is an ethical concern about patient care decisions?
MCCH has an established the Patient Rights and Organizational Ethics Key Function Committee. This Committee serves as a resource for patient care staff, patients and families/significant others. Their role is one of education, policy recommendation related to ethical issues and consultation. The committee is not intended to render decisions but to provide guidance. The **Patient Rights and Organizational Ethics Key Function Committee** may be accessed via a case manager, patient care director, administrative supervisor or any member of Administration.

Does a patient have a right to refuse treatment?
Yes, our standards promote the patient and family/significant other's involvement in all aspects of their care, including refusal of care.

Of particular importance is the patient's right to develop an advance directive in which they determine what degree of care they want at the end of life. If the patient has an advance directive and has it present, it is copied and placed in the medical record. If the patient has an advance directive, but no copy is available on admission, the patient and/or family/significant other is asked to bring it in. The intent of the advance directive is documented as part of the initial patient assessment and is incorporated into the patient's individualized plan of care.

If the patient does NOT have an advance directive, Registration and Nursing staff offer the patient written information. We encourage the patient to consider executing advance directives and offer our guest services coordinator, case managers, social workers and chaplains as resources for answering related questions. Advance directive forms and printed information are available from the Registration staff.

How do you ensure the patient's right to confidentiality?
Obvious ways:

- Covering patients during transport.
- Knocking before entering a room.
- Keeping doors closed during treatments and times of care.
- Refraining from discussing patient information publicly or at home.
- Discussing care only in the presence of the patient or in the presence of others with permission from the patient.
- Proper disposal of PHI (Protected Health Information) in appropriate receptacles.

All patient information should be accessed on a "need to know" basis, whether the information is accessed from computer, paper or by spoken word.

PATIENT INFORMATION SHOULD NEVER BE DISCUSSED IN HALLWAYS, IN ELEVATORS, IN YOUR HOME, IN OTHER PUBLIC PLACES, OR WITH STAFF THAT ARE NOT INVOLVED IN THE PATIENT'S CARE.

Meditech or other computer passwords should never be shared with anyone. Leaving one's screens up on the computer and walking away has the same effect as sharing your password. Always remember to log off the computer when you are finished or need to step away from computer. All staff sign confidentiality statements upon employment and annually, agreeing to honor the privacy rights of patient's, and agreeing never to share their computer passwords.

How do you obtain an interpreter for a patient or family member?
Foreign language interpreters are available to anyone via Network Omni Translation 24-hours/day at 1-866-852-9449. Telephones for this service are located in the Emergency Department or may be retrieved by contacting the administrative supervisor through the switchboard.

For individuals who are hearing impaired / deaf we provide a TDD phone and amplifier equipment. Equipment is kept in the Emergency Department area and is available as needed. For various communication needs, in-person interpreters may be available to assist.

Who would you call if your patient or family member/significant other needs spiritual or pastoral support?
Someone is readily available from the Chaplain's service to support patients, family/significant other's and staff. In addition, we have a chapel on the second floor off the main lobby. The chaplain may be accessed for pastoral support directly at extension 1274 or via the switchboard.

What if a patient is worried that they will experience a great deal of pain?
MCCH's philosophy includes that all patients have a right to the appropriate assessment and management of pain and discomfort. The key to successful pain management is to have an active team approach. This includes an interdisciplinary assessment of pain, planned intervention, frequent reassessment, and coordinated patient / family /significant other education.

If a patient, family member, or significant other has a complaint, how do you assist them?
The goal in managing patient complaints is early and immediate intervention and resolution. Complaints should be resolved at the level closest to the patient whenever possible. Unresolved issues are forwarded to the department director and/or the coordinator, guest services, Carol Ann Passmore, RN, extension 1457. The guest services coordinator reviews all complaints to ensure that all are resolved and appropriate action(s) are taken to prevent future occurrences. MCCH seeks to resolve all complaints within 30 days. Assure patients, families, and significant others that all comments are taken seriously and will receive our prompt attention. If you encounter a patient, family member, or significant other that is not pleased with the care they are receiving or have received, please refer them to your department director/administrative supervisor as quickly as possible or if s/he is not available to the guest services coordinator at extension 1457.

MCCH uses Press-Ganey Associates to measure and improve patient satisfaction. We are currently implementing a strategy called "Strive for Five" to push the envelope upward in setting expectations for service excellence. MCCH also has a Service Recovery Program whereby when a guest's expectation is not met we address the issue immediately. We recognize that service recovery plays an essential part in satisfying guests. Although we strive daily to meet and exceed the expectations of our guests, we recognize that sometimes there will be breakdowns or disappointed guests. In an effort to improve overall guest satisfaction, every staff member is expected to provide prompt service recovery when the guest informs them of their dissatisfaction. All staff have access to the manual, "The Essential ART of Guest Services" in their own department. Remember:

A = Attention
R = Respect
T = Time

Following are the following 4 main steps:
Step 1: Apologize and establish your intention to help.
Step 2: Get the facts about the situation.
Step 3: Develop solutions.
Step 4: Implement solutions.

Staff are educated on the Service Recovery Program during orientation at MCCH.

What is MCCH's Compliance Program (Organizational Ethics)?
MCCH focuses on respect for the dignity of our patients, their families and/or significant others. We believe this respect for patients must be enacted in every aspect of our service to patients from accurate marketing of services, consistent delivery of care to every patient, and accurate and consistent billing of services.
Additionally, we:

- recognize and affirm the unique and intrinsic worth of all individuals with whom we interact.
- treat all those we serve with compassion and kindness.
- act with absolute honesty, integrity, and fairness in the way we conduct our business and the way we live our lives.
- trust our colleagues as valuable members of our healthcare team and treat one another with loyalty, respect, and dignity.

Our Compliance Program extends to all our relationships with members of the community, business associates and educational affiliations.

What does the Corporate Compliance Officer (CCO) do?
The CCO is responsible for:

- Education for the entire staff regarding HIPAA regulations.
- Tracking & maintaining all education materials used while proving this education (for period of six years).
- Following up on privacy related complaints voiced by patients and/or employees.
- Reporting potential violations of the HIPAA ruling to the Corporate Compliance Committee.

Who is the CCO for MCCH?
Rita Ford. She may be reached at extension 1271.

If I think something might be a violation of MCCH's Compliance Program, but I'm not sure, what do I do?

MCCH personnel have a responsibility to report suspected violations related to the Compliance Program. A report can be made to your immediate supervisor / manager or to the Corporate Compliance Officer (CCO) at extension 1271. If you wish to anonymously report a suspected violation you can call the **Compliance HOTLINE at 1 (800) 270-0576.** Compliance Program information is offered to all new employees in orientation and is available upon request from Human Resources.

Examples of Compliance Program issues are:

- Theft.
- Inconsistent healthcare billing.
- Bribes.
- Kickbacks.
- Conflicts of interest.
- Questionable ethical practices.
- Internal controls.
- Misuse of funds or property.
- Questions regarding MCCH policy or state or federal law.
- Questions related to sexual harassment.
- Breech of patient confidentiality.
- Substance abuse.
- Violence in the workplace.
- Suspected abuse to patients.
- Personal use of organizational resources.
- Sexual harassment in the workplace.
- Accuracy, retention and disposal of documents.
- Truth in advertising, marketing.
- Altering care based on ability to pay.
- HIPAA / Privacy violations.
- Potential reportable events.

HIPAA COMPLIANCE

Health Insurance Portability and Accountability Act (HIPAA) went into effect on April 14, 2003. This federal law required that all hospitals and other entities providing healthcare comply with these new regulations.

How is training provided to staff, regarding these new regulations?

- In 2002, an intensive HIPAA education program was launched for all MCCH employees.
- New employees also receive HIPAA information during the MCCH general orientation process.
- The CCO periodically provides informational emails to all employees on HIPAA related subjects.

If I have a privacy related question after normal business hours, what should I do?

Contact the administrative supervisor, who in turn will contact the CCO.

How will our compliance with the HIPAA regulations be monitored?

Periodic privacy monitoring is conducted and the results are reported to department directors as appropriate and the Corporate Compliance Committee.

What is the proper way to dispose of Protected Health Information (PHI)? (Note: PHI includes any piece of paper with patient ID information, such as name, birth date, address, social security number, account or medical record number, diagnosis, employer, etc.).

Place in appropriate receptacle in your department. PHI is NEVER to be placed in a regular trashcan.

PROVISION OF CARE, TREATMENT, & SERVICES (PC)

Care, treatment, and services are provided through the successful coordination and completion of a series of processes that include:

- Appropriate initial assessment of needs;
- Development of a plan for care, treatment, and services;
- The provision of care, treatment, and services;
- Ongoing assessment of whether the care, treatment, and services provided are meeting the patient's needs; and
- Either the successful discharge of the patient or referral or transfer of the patient for continuing care, treatment, and services.

ASSESSMENT

How are the needs of patients known or identified?

Information about the patient's physical, psychological, social, cultural and spiritual status is obtained during the initial assessment, primarily by the physician and nurse caring for the patient but also by other members of the health care team such as case managers, social workers, dietitians, pharmacists, and rehabilitation or respiratory therapists.

What do you do for patients with functional needs? Nutritional needs?

RNs s patients on admission and refer as necessary to appropriate disciplines.

What does "age-specific" (populations served) assessment mean and how do you know about these needs?

Different age groups have different psychosocial and clinical needs. This must be taken into consideration when assessing and caring for patients. As necessary for your job at MCCH, you are educated to address individual patient needs specific to the age and populations served. For example, a 2-year-old patient requires an appropriate pediatric blood pressure cuff rather than an adult size. Also, when administering an IM medication, an appropriate gauge and length of needle would need to be considered. (A frail elderly person may have decreased muscle mass.)

What age groups or populations are served in this unit or area?

This information is identified in your department's *Scope of Service* and the *Leadership Plan for Provision of Patient Care, Treatment, and Service*. This plan, and other organizationwide plans can be found on the MCCH intranet. Look up this information for your unit.

Age ranges stated in the Plan for Provision of Care and accepted by our medical staff are the following:

- Older Adult, Geriatric (65 years and beyond).
- Adult (18 years-64 years).
- Adolescent (13 years-17 years).
- Child (2 years-12 years).
- Infant (Birth-1 year).

How do you know that MCCH employees who care for infants, pediatrics, adolescents, adults and older adults know the difference in how to care for these different age groups?

Employees who provide care to different age groups are required to prove their competency (or knowledge and skill) by ongoing direct observation of daily work, projects, review of documentation and feedback by supervisors, designated peers and/or customers.

ABUSE AND NEGLECT

If you suspect a patient is a victim of abuse, what must you do?

Commonwealth of Kentucky law requires that any individual having reason to suspect that a child, an elderly or dependent adult or any other person has been abused or neglected shall report the suspected abuse or neglect to the appropriate authorities. Refer to *Abuse and Neglect* policies on the MCCH intranet.

DIAGNOSTIC SERVICES

What information is necessary to include when requesting a clinical interpretation of a test?
Include reason for the examination. For example: Chest x-ray for suspected pneumonia. CT of Head for suspected cerebral bleed.

PROVIDING CARE, TREATMENT, AND SERVICE

How is a patient's plan of care determined?
The information gathered by the patient's health care team is assessed and care is delivered according to those needs. Patients are reassessed whenever there is a significant change in the patient's condition and/or diagnosis and response to treatment. The plan of care is reprioritized according to the changing needs of the patient.

What is evidence of interdisciplinary and collaborative care planning?
After a patient's needs are determined, the health care team develops a care plan. The primary care physician and specialists coordinate the team. Evidence of care planning includes but is not limited to the following:

- Progress or patient care notes.
- Dictated reports.
- Patient / family / significant other teaching information.
- Individualized pathway standing orders.
- Interdisciplinary plan of care.
- Medication Administration Records (MAR's).

How does interdisciplinary and collaborative patient care planning occur?
Communication via documentation in assessments and progress notes, Meditech requests for referrals to the appropriate disciplines, shift to shift report, case management discussions, and verbal discussion as needed to provide the mechanism for interdisciplinary care planning.

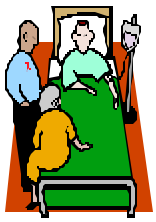
Is there a document that comprehensively addresses the plan of care and how is it prioritized?
The nursing plan of care incorporates interdisciplinary care needs of the patient. An RN reviews and updates the care plan daily or upon a change in patient condition.

PATIENT / FAMILY / SIGNIFICANT OTHER EDUCATION

The patient / family /significant other receives education and training specific to their needs and as appropriate to the care, treatment and services provided.

As appropriate to the patient's condition and assessed needs, the patient is educated about the following:

- The plan for care, treatment and services.
- Basic health practices and safety.
- Safe and effective use of medication.
- Nutrition.
- Safe and effective use of medical equipment.
- Pain Management.
- Habilitation or Rehabilitation.



How are patient's educational needs determined?
At the time of admission and throughout the patient's stay, the healthcare team assesses the patient and family to determine their individual education needs.

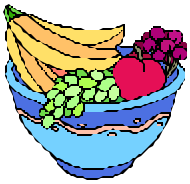
How are patient's individual needs addressed?
As a patient's educational needs are assessed, so are their preferences or barriers to learning, such as sensory impairment, language barriers as well as cultural and religious beliefs. These are documented in the Initial Patient Assessment.

What educational resources are available to assist us in accomplishing patient / family / significant other education?
Clinical areas have developed education materials that can be individualized for patients, i.e. printed materials, audio-visual, demonstrations, Logicare, etc.

How do you know that your patient / family / significant other understands the information they have received?

- Asking them to verbalize their understanding.
- Watching them perform a return demonstration.

How do you document Patient / Family / Significant Other education?
Documentation by all disciplines occurs on the appropriate form, patient notes, the education clipboard and the discharge instructions. If barriers are identified, a plan should be specified to assist in overcoming that barrier e.g. family member taught to manage situation.



NUTRITIONAL CARE

How would you know what is restricted in a patient's diet order?
Each nurses' unit and food services has access to the approved Diet Manual.

How would nutrition services know about patients who are at nutrition risk?
A nutrition risk screening is included in the Initial Patient Assessment. If the patient meets any nutrition risk criteria, nursing consults to the dietitian via Meditech that prints in the clinical nutrition office. The nutrition staff also has risk criteria that they screen for such as certain lab values, height/weight ratios.

How are physician-ordered nutrition supplements distributed to patients?
The order is sent via Meditech. The nutrition supplement is sent on the tray or between meals with snack delivery.

What would you do if a patient refuses the food served?
Offer a substitute of equal nutritional value. The Food Service department is notified by nursing if the patient has any cultural, religious, and ethnic food preferences and intolerances. Substitutions are sent on the tray. The nurse or food service staff also offers substitutions of equal nutritional value when the patient refuses the food served.

How do you accommodate "altered diet schedules"?
With advanced notice, we can accommodate a time change for delivery of meals, upon patient or physician request.

END OF LIFE

How do you meet the needs of patients and families for end of life care?
Interventions address as appropriate:

- Patient and family comfort (cots, recliner sleepers, extra chairs, large rooms).
- Dignity (privacy).
- Psychosocial, emotional and spiritual (consult pastoral care chaplain, social services).

How have you received education about End of Life care?
Staff has been educated as appropriate to their role in the *Care of the Dying Patient.* Policy is on the MCCH intranet.

RESUSCITATION SERVICES

Where is the nearest code cart for your department located?

Are code carts and their contents standardized throughout the facility?
Yes.

How often are code carts checked?
The integrity of the lock on the cart and the defibrillator is checked daily for 24 / 7 departments; each day of unit operation for other departments. Internal contents are checked regularly and following each cart access episode.

Do you have pediatric supplies in the code cart?
Yes. There is a designated drawer with pediatric medications and supplies.

RESTRAINTS

What is MCCH's philosophy on restraining patients?
MCCH recognizes the right of individual patients to be free from restraints of any form that are not medically necessary. All patients are treated with the least restrictive measures, consistent with their individual safety, and the safety of others in the environment. Refer to the *Restraint Policy on the MCCH intranet.*

How do we create this environment?

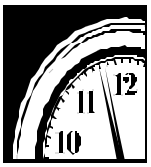
By using the least restrictive measures to maintain a patient's safety. For example, by using the following: environmental modifications; alternative activities; companions / supervision by family or others; modifying staffing.

What is the definition of restraint?
Any method of restricting a person's freedom of movement, physical activity, or normal access to his or her body. The term restraint refers to a physical restraint; a drug that is not being used as a treatment for a patient's condition but is intended as a chemical restraint is considered inappropriate.

Do we use seclusion at MCCH?
No.

When do we restrain a patient?
When less restrictive alternatives are ineffective in protecting the safety of the patient or others. Restraints should be discontinued at the earliest possible time. Clinical justification and other requirements must be documented.

What is necessary when placing a patient in Medical-Surgical restraints?
1. Determine the reason for restraints (may include):
   - Medical/surgical needs (disruption of lines/tubes; medically based confusion/agitation that impacts safety or care).
   - Presents a threat to self or others.
   - Interference with medical treatments.
2. Obtain a physician's order. The order must include:
   - Justification / reason for the restraint.
   - Duration / Time / Date.
3. Assessment / monitoring parameters:
   - Monitor every two (2) hours (or sooner depending on patient need).
   - When removed, document the restraint has been discontinued



MCCH policy on restraints reflects CMS (Centers for Medicare/Medicaid Services) as well as JCAHO standards.

MODERATE SEDATION (CONSCIOUS SEDATION)

Where at MCCH are the approved locations for Moderate Sedation / Analgesia (Conscious Sedation)?
ED, CCU, Cardiac Cath Lab/Radiology, Endoscopy, OR, and PACU.

What is necessary to administer Moderate Sedation / Analgesia (Conscious Sedation)?
1. Location: patient is in an approved location and appropriate equipment is available
2. Competent Staff: A Registered Nurse (under direct supervision of a physician with Conscious Sedation privileges) is available to administer moderate sedation / analgesia. This individual must have completed moderate sedation /analgesia competency. The patient must be monitored according to the policy guidelines.
3. If you work in an area that is not designated as approved for moderate sedation / analgesia, you need to be able to tell a surveyor it is not used in your area / unit.

What procedures in your area require Moderate Sedation / Analgesia?

How can you find out if someone is credentialed in Moderate Sedation / Analgesia?
A listing of provider privileges is located in the Medical Staff Resources office, extension 1258. They can also be found in CCU and the E.D.

What happens to a DNR order when a patient undergoes elective surgery?
The attending physician, anesthesiologist/CRNA, or the physician who is to perform the procedure must determine the wishes of the patient, health-care representative, or their surrogate decision maker prior to the procedure. If the DNR order is to be suspended during the procedure, the physician discusses the duration of the suspension to obtain agreement, in advance, regarding reinstatement of the DNR. The physician documents this discussion in the medical record.

PAIN MANAGEMENT

When are patients assessed/reassessed for pain?
Upon admission, every shift, after pain medication, as needed and prior to discharge.

Does MCCH use age specific (population served) pain assessment?
Yes, we use the numerical (0-10) scale and the FACES scale.

DISCHARGE OR TRANSFER

How does staff at MCCH provide for coordination of care, including discharge or transfer?
During the pre-admission or admission process, patients are assessed for potential ongoing care needs and possible services. The case managers and / or nurses collaborate on continuous care and the discharge plan.

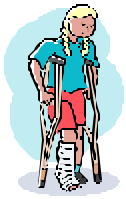
Communication regarding patient care occurs via:

- The use of high risk screening assessment.
- Documentation by various disciplines to notes.
- Formal and informal case management rounds / staffing.
- Family/significant other case conferences when warranted.

How do patients and their family learn what their care needs will be after leaving the hospital?
The nurses and / or case managers discuss anticipated need with the patient and their family. In addition, they help arrange for the services and referrals the patient needs for discharge.

The patient and family are included in the discharge planning process. Their right to choose is protected by case management by having them choose whom they will be referred to.

When is discharge planning initiated?
Upon admission and throughout their hospital stay.



How do you coordinate patient discharge needs?
Collaboratively with all disciplines involved, patient and family, and the physician.

POINT OF CARE (WAIVED) TESTING - POCT

What POCT do you do on your unit?
Example: Glucometer

How do you perform and document Quality Control for POCT?

Who directs and supervises POCT?
Carol Brown, MLT (ASCP), Laboratory Point of Care Testing Coordinator. She may be reached at extension 1121.
Lori Callihan, RN, BSN, Nursing Point of Care Testing Coordinator. She may be reached at extension 1248.

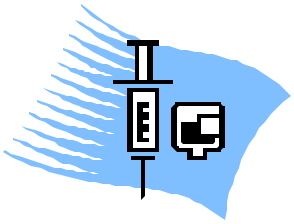
MEDICATION MANAGEMENT (MM)

What medications are categorized as High-Risk Medications at MCCH?
Examples are:

1. Coumadin or other oral anticoagulant.
2. Insulin.
3. Heparin.

Do you take extra precautions with "High-Risk Medications?"
Yes. High-risk medications must be double-checked by 2 nurses to visually and verbally verify accuracy of dose and route prior to administration. Both nurses must co-sign the MAR.

When would you administer a medication prior to review of the pharmacist?



- In an emergency.
- When resulting delay would harm the patient.
- A patient experiences a sudden change in clinical status, e.g., nausea.
- When a physician is present and controls the administration of the medication.

How has MCCH responded to the National Patient Safety Goal dealing with communication of medication orders?

- MCCH has implemented a list of dangerous abbreviations that should not be used in a medication order. These abbreviations are not to be used anywhere in the medical record. See mouse pads in all clinical departments for easy reference.
- All verbal orders are "written down and read-back for verification." The read-back includes the patient's name and birth date.

What happens if a medication order is illegible or contains an Unapproved/Dangerous Abbreviation?
The medication order is clarified with the prescriber before the order is carried out and a new order is written if necessary.

Is "Continue home medications" a valid order?
No, each medication must be written out as a complete order.

How has MCCH responded to Sentinel Event Alert #1 dealing with "IV concentrated potassium?"
Concentrated potassium chloride and potassium phosphate are only stored and prepared in the pharmacy. Pre-mixed I.V. fluids containing potassium chloride are available and encouraged.

How has MCCH responded to Sentinel Event Alert #19 dealing with "look alike/sound alike" medications?
Medications that look alike or sound alike have been segregated in medication storage areas to reduce the risk of errors.

Do you have any look-alike, sound-alike drugs in your area, e.g., Dopamine/Dobutamine? Write them below:

See section in this guide under National Patient Safety Goals for the annually reviewed list of look-alike/sound-alike drugs at MCCH!

Who is responsible for preparing I.V. admixtures?
Pharmacy routinely prepares I.V. admixtures except in emergencies or when short stabilities do not permit advanced preparation.

What happens if a physician writes "Resume pre-operative meds"?
The order must be clarified. Each order must be re-written after a transfer from one level of care to another or after a procedure requiring general anesthesia.

Are herbal medications used in our facility?
No.

Can patients use their own supply of medications?
It is discouraged but patients can use their supply IF a physician writes a specific order for the medication. The medication must be identified (visualized) by a pharmacist and verified. The home medication is stored in the medication cart in the medication room and administered and documented by nurses.

Can patients keep medications at the bedside?
Yes. Certain drug types may be kept at the bedside upon physician's order, e.g., inhalers.

Do patients "self-administer" medications?
Yes, but only with a prescriber's order after the patient /family member/significant other is deemed competent to do so and appropriate education is documented.

What happens to medications after they are discontinued?
They are returned to the pharmacy to be credited to the patient account or destroyed.

Do you report medication errors? If so, how?
Yes, all staff members are expected to report medication errors. Our non-punitive culture encourages error reporting. Medication errors are reported by completing a Medication Event Report. Medication errors are reviewed and trended by a pharmacist and the Performance Improvement Coordinator/Risk Manager; they are reported through the Patient/Resident Safety Committee and Evidence-Based Pharmacy Committee.

How are Adverse Drug Reactions identified and reported?
ANY staff member or physician can report an ADR. ADR are reported using a Medication Event Report which is available on all nursing units. ADRs are reviewed and trended by pharmacists and trends are reported, as well as actions taken through the Evidence-Based Pharmacy Committee.

What has been done to reduce the risk of medication errors in your area?

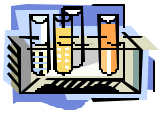
- Identification of dangerous "Do not use" abbreviations.
- Unit dose packaging.
- Computer generated MAR's.
- Faxing of orders to the pharmacy.
- Limited concentrations of medications are available.
- Additional precautions for high-risk medications.
- Identifying patients using 2 unique identifiers – name and date of birth.

Refer to the following policies: Medication Administration Error Monitoring, Adverse Drug Reactions and Reporting, Self-Administration of Medications, Medications Brought to the Hospital By Patient located on the MCCH Intranet.

SURVEILLANCE, PREVENTION & CONTROL OF INFECTION (IC)

The goal of the surveillance, prevention and control of infection function is to identify and reduce the risk of acquiring and transmitting infections among and between patients, staff, physicians, and other licensed independent practitioners, contract service workers, volunteers, students and visitors.

What are Standard Precautions?
Standard precautions are precautions designed to protect oneself and others by treating all body fluids as potentially infectious. Standard precautions are used for all patients regardless of their diagnosis.



What are bloodborne pathogens?
A bloodborne pathogen is an organism found in blood and certain other body fluids that, if transmitted, is capable of causing disease in another person. For example, Hepatitis C (HCV), Hepatitis B (HBV), and HIV (the virus that causes AIDS).

Where would you find information about bloodborne pathogens and precautions?

On the MCCH intranet.

How do you learn about Infection Control?

At the orientation program for new employees and annually via Mandatory Madness. When there are questions about patients or staff with infections, you are encouraged to call either Kathy Howard or Lisa Ray, Infection Control Practitioners at extensions 1419 and 1427 respectively. If both are unavailable contact your department director or the administrative supervisor.

Where is your orientation and annual Infection Control training documented?

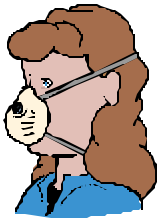
In your employee file.

What goes in a red bag for disposal?

Items that are contaminated with blood or other potentially infectious materials.

What is cross-contamination?

Transmission of germs from one person to another. Could be from direct or indirect contact.



What is PPE?

Personal Protective Equipment consisting of the following:

1. Gloves, disposable.
2. Gowns.
3. Goggles or face shields.
4. Surgical mask (with or without visor attached).
5. N95 Particulate Respirator (for Airborne Precautions; sometimes referred to as a TB mask).

Where is your PPE located? Write location(s) below:

When should you wash your hands?

- Wash hands when visibly soiled.
- Wash hands after completing personal functions such as using the restroom and before and after eating.
- Between patient contacts.

How do you wash your hands?

1. Wash for 10-15 seconds, using soap and water.
2. Use lather and friction.
3. Use warm running water. Do not use hot water as it irritates skin.
4. Wash all surfaces of hands, being careful to clean under and around fingernails and ends of fingers.

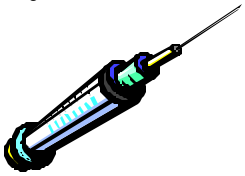
When should you decontaminate using the alcohol-based hand cleaner – CAL Stat?

- When hands are not visibly contaminated with blood/body fluids.
- Between patient contacts.
- Before invasive procedures, e.g., starting I.V.'s, inserting catheters, etc.
- After handling contaminated equipment.
- After removal of PPE, e.g., gloves.

CAL Stat is located in all patient rooms, at Nursing Stations, and in other clinical and non-clinical areas. The new CDC guidelines encourage the use of alcohol-based hand cleaner for hand decontamination. Cover all surfaces of hands, paying particular attention to ends of fingers and around fingernails. Allow to dry. This product has been shown to kill MRSA & VRE resistant organisms in 10-15 seconds.

What do you do if you get a needle stick?

1. Wash the site IMMEDIATELY with soap and water.
2. Notify your supervisor.
3. Notify the Infection Control Practitioner at extension 1419 or if unavailable contact the administrative supervisor through the switchboard. You will be offered post-exposure testing as appropriate.
4. Complete Employee Incident Event Report.



Exposure to blood and body fluids must be reported as soon as possible on the day of the occurrence.

How do you prepare a negative pressure room for Airborne Isolation for a TB patient?

Use one of 3 designated negative pressure rooms CCU-1, 372, and 373. Plant Operations checks the negative pressure rooms on an annual basis.

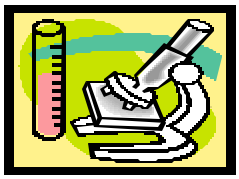
What do you do if the negative pressure room is not functioning properly"

Put the patient in another negative pressure room that is working properly and call Plant Operations immediately to check the room.

What precautions should you take with SARS (Severe Acute Respiratory Syndrome)?
At this time, Airborne and Contact Precautions, with the inclusion of goggles, are required when caring for a patient with suspected or confirmed SARS. In addition, a clean N95 particulate respirator is required each time you enter the patient's room or for each patient encounter. When transporting patient, patient should wear a surgical mask and the transporter should wear an N95 particulate respirator, and no one else should be on the elevator during transport.

What is the policy for fingernails for MCCH?
Artificial nails are not allowed in any areas that provide a service to patients. Recent studies have shown that artificial nails, acrylic, overlays, etc. grow bacteria more easily than natural nails. The length of the natural nails should not exceed a quarter inch in length.

How is the Infection Control Practitioner notified of infections?
Calls from staff, lab, and physicians. Receives reports from the Laboratory. Review of medical records.



How is the Health Department notified of infections?
The Infection Control Practitioner notifies the health department via telephone and mail.

Are nosocomial infections viewed as sentinel events?
Health care-acquired infections (nosocomial) resulting in unanticipated death or permanent loss of function should be handled as a sentinel event, including internal reporting, root cause analysis, and external reporting.

What type of surveillance is being done in your department?

Organization-wide:
- Foley catheter-associated UTI's.
- Multi-drug resistant organisms, e.g., MRSA, VRE, C. difficile.
- Sharps exposures.
- Staff PPD + conversions.

ICU:
- Ventilator-associated pneumonia.
- Central line-associated blood stream infections.

DOs AND DON'Ts REGARDING INFECTION CONTROL

DOs:
- Use gloves to handle paper or medical record portions that have been soiled with blood or body fluids. Place such papers in a plastic page protector to prevent spread of contamination.
- Label each refrigerator's use, such as Patient Food Refrigerator, Staff Food Refrigerator, Medication Refrigerator.
- Use prepared spill kits.
- Remove visible material from spill area first, then decontaminate area.
- Look on MCCH's intranet to find the guidelines for the specific type of precaution for each disease.
- Clean personal work equipment such as computer terminal, keyboard, mouse, telephone, calculator, stethoscope, scissors, etc., with germicidal spray.

DON'Ts:
- Don't take a patient off of isolation precautions if they have a drug-resistant organism until there are 2 negative cultures, 72 hours apart that are obtained at least 72 hours after antibiotic therapy.
- Don't eat, drink, apply cosmetics or lip balm, or handle contact lenses in a work area where there is potential for exposure to bloodborne pathogens

For any questions about bloodborne pathogens refer to Exposure Control Plans located within the Infection Control section on the MCCH intranet.

IMPROVING ORGANIZATION PERFORMANCE (PI)

"A work philosophy that encourages every member of the organization to find new and better ways of doing things."

The goal of Performance Improvement (PI) is to continuously improve patient health outcomes. It involves measuring the functioning of important processes and services, and, when indicated, identifying changes that enhance performance. These changes are incorporated into new or existing work processes, products or services, and performance is monitored to ensure that the improvements are sustained.

The Board of Trustees sets organizational PI priorities. Department directors set departmental goals to assist in addressing these priorities. MCCH staff and medical staff work together to improve performance and meet organizationwide goals!

What is MCCH's approach (method) to performance improvement?
In order that MCCH continually improve quality in any situation we follow this six-step process:

- Identify a project.
- Flow chart the process.
- Collect data.
- Remedy the cause.
- Evaluate the results of actions.
- Communicate the results.

How are the staff and physicians involved in performance improvement?
All staff and physicians are responsible for and involved in performance improvement activities either through ongoing data collection, analysis of results, development of action plans, and/or measurements of success or PI team participation. The Quality Council monitors and prioritizes PI activities, sanctions PI teams and submits reports to the Medical Executive Committee and the Board of Trustees. Physicians, leaders, and staff serve on many performance improvement teams, i.e., Guest Satisfaction Key Function Committee, Patient/Resident Safety Committee.

What is your responsibility for improving care and services at MCCH?
It is everyone's responsibility to look for opportunities to improve care and services. When you see opportunities, discuss them with your department director and participate in making improvements. Also, incorporate performance improvement principles and values into your everyday work processes.

How has your department improved care or services in the last 12 months?
(This question will be asked in all areas)!
Surveyors often ask staff to explain their role in improving care. Plan ahead and speak with confidence about something you or your department did to improve care or services for patients / families /significant others. Your department director can help you prepare for this question. When possible the answer should be expressed in measurable outcome statements, e.g., We increased patient satisfaction from ____ to ____).

What is a function or process that you have personally improved in your area?

_____

_____

What are some of the organization-wide performance improvement teams that have been working toward quality improvement?

- **Patient Identification Interdisciplinary Team** standardized organizational processes to ensure that all guests are identified using their name and date of birth across the continuum of care. This was accomplished through a **First Things First Campaign**.
- **Blood/Blood Products Administration Interdisciplinary Team** standardized the process for the administration of blood/blood products from ordering the post-administration. Campaign included feedback from nursing and laboratory staff and included documentation on a single tool reducing the amount of documentation while improving the accuracy and completeness of recording essential elements required by law and regulatory agencies.
- **Fall Team** comprised of nursing and rehabilitation staff from the acute and long term care areas revised and implemented a standardized Fall Prevention Protocol. Protocol included a Fall Event Report and Post-Fall Assessment, as well as Falls Prevention Quality Control Indicators that will serve as a mechanism for trending data collected.

How are Performance Improvement projects chosen?

Recommendations for PI activities may come from staff, leaders, or physicians. Leaders set priorities for both departmental and organizational PI activities, giving priority to high-volume, high-risk, or problem-prone processes. PI Team activities are prioritized/reprioritized in response to significant changes in the internal or external environment. The Quality Council approves and prioritizes activities by evaluating the impact on patients/families/community, costs, time frame for completion, impact on the organization, and risks if not implemented. The Quality Council considers the hospital's mission and strategic plan, the needs of our community, staff and physicians and the impact the project will have. They also assist individual teams by redirecting focus of the team as needed.

What are current PI priorities chosen by Leaders?
Core Measures, National Patient Safety Goals, Patient Falls, MAR implementation, "Strive for Five" Patient Satisfaction, and Facilities Upgrade.

What are Core Measures?
Core measure is the name of the JCAHO's initiative to incorporate performance measures into the accreditation process. Beginning back in 2002, all hospitals were required to submit data to JCAHO to compare their results with similar hospitals to evaluate clinical outcomes as a measure of quality. Core Measure diagnoses for MCCH are:

- **Heart Failure.**
- **Acute Myocardial Infarction.**
- **Community-Acquired Pneumonia.**

There are individual measures within these diagnoses, for which MCCH collects, submits and analyzes data, e.g., Aspirin at arrival for AMI patients, specific discharge instructions for CHF patients. For information contact your department director or Lisa Ray, Director, Case Management at extension 1427.

Failure Mode Effects & Criticality Analysis (FMECA)

FMECA is a proactive process to identify and reduce risks to the safety of patients. A high-risk process is chosen and analyzed step by step to determine potential failures or breakdowns, possible effects and the seriousness of the effects. Processes are then redefined to eliminate these potential risks. Examples of FMECA completed here at MCCH are:

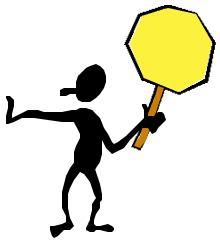
- First Things First Campaign: Patient Identification.
- Oxygen Safety.
- Medication Safety: Insulin.

What is a sentinel event?

"Any unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injuries specifically include loss of limb or function(s)."

Some examples of sentinel events are:

- Patient/resident suicide.
- Restraint death.
- Patient/resident death from a fall.
- Infant abduction.
- Blood transfusion death.
- Amputation of wrong limb.
- Medication error-related death.



What is the process for handling a potential sentinel event?

Your role is recognition of a sentinel event or potential sentinel event, preserving the equipment/supplies involved and environmental conditions, and alerting your immediate supervisor/department director. The administrator-on-call and the Risk Manager, Mary Sue Hubbard, are then notified immediately so an investigation can begin. You may also be involved in the investigation by providing important information about the event. If you are requested to participate please **JUMP** at this opportunity because it is **YOU** that may have critical information to ensure that our patients are safe and that the mishap does not occur again.

If a sentinel event occurs, a Root Cause Analysis (RCA) is performed to determine the "root cause" of the event, and make necessary changes to processes to prevent it from happening again. The RCA involves Performance Improvement, Risk Management, Administration, Medical Staff, and the involved department(s). An action plan is implemented following an RCA. Leadership, in conjunction with quality and Risk Management determines if an event meets criteria for external reporting.

Remember: A near-miss can be just as important to investigate. Do not hesitate to report an error that almost was a sentinel event.

NATIONAL PATIENT SAFETY GOALS

What do you do to comply with the National Patient Safety Goals (2005)?

1. **Improve the accuracy of patient identification.**
   - Use 2 patient identifiers – **patient name and birth date** in **all** instances when identifying patients, whenever administering medications or blood/blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures. The patient's room number is not to be used as an identifier.
   - Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure and site, using active – not passive – communication techniques. Surgical/procedure sites with right or left designations are marked with "yes."
2. **Improve the effectiveness of communication among care givers.**
   - All telephone orders or telephonic reporting of critical test results must be verified. The complete order or test result(s) is written down as received and verbally read-back to the person communicating the information.
   - Do not use any of the 12 abbreviations that MCCH has identified as "Dangerous." Refer to mouse pads placed in clinical areas! If a provider uses one of those abbreviations, clarification must be obtained prior to the order being acted upon.

- All values defined as critical by the laboratory are reported directly to a responsible licensed caregiver within pre-defined time frames established by the laboratory, nursing and medical staff. When the patient's responsible caregiver is not available within the time frames, then the critical information will be reported to the covering responsible caregiver.
- In 2005 MCCH will be formally measuring, assessing and, if appropriate, taking action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of pre-determined critical test results and values.

3. Improve the safety of using medications.

- Concentrated potassium and all other electrolytes are not permitted on patient care units. This includes saline solutions > 0.9%. They must be obtained from the pharmacy.
- MCCH has standardized and limited the number of drug concentrations available.
- MCCH has identified for 2004 a list of look-alike/sound-alike drugs used in the organization, and actions for practitioners to take to prevent errors involving the interchange of these drugs:

Table I: LOOK-ALIKE / SOUND-ALIKE MEDICATIONS FOR HOSPITAL

Potential Problematic Drug Names	Brand and Generic Name(s)	Specific Safety Strategies
1. Cisplatin and Carboplatin	Platinol (cisplatin) Paraplatin (carboplatin)	1. Safety sticker is applied to drug. 2. Do not store agents together next to each other. 3. Use generic names when prescribing and not chemical names or abbreviations.
2. Fentanyl and Sufentanil	Sublimaze (fentanyl) Sufenta (sufentanil)	1. Drugs are not stocked in patient care units outside of the OR/PACU settings. 2. Do not store these agents near one another if both products are available, e.g., pharmacy, anesthesia supplies.
3. Hydromorphine injection and Morphine injection	Dilaudid (hydromorphone) Astramorph Duramorph Infumorph (morphine)	1. Stock specific strengths for each product that are dissimilar. For example, stock units with hydropmorphone 1 mg unit dose cartridges, and morphine in 2 mg unit dose cartridges. 2. Ensure that health care providers are aware that these two products are not interchangeable.
4. Insulin products: a. Lantus and Lente. b. Humalog and Humulin. c. Novolog and Novolin. d. Humulin and Novolin. e. Humalog and Novalog. f. Novolin 70/30 and Novolog Mix 70/30.	Lantus (insulin glargine) Lente (insulin zinc suspension) Humulin (human insulin products) Humalog (insulin lispro) Novolin (human insulin products) Novolog (human insulin aspart) Novolin 70/30 (70% NPH and 30% regular) Novolog Mix 70/30 (70% insulin aspart protamine suspension and 30% insulin aspart)	1. Limit the use of insulin analog 70/30 mixtures to a single product. 2. Limit the variety of insulin products in patient care units, and remove patient-specific insulin vials from stock upon discharge.
5. Taxol and Taxotere	Taxol (paclitaxel) Taxotere (docetaxel)	1. Do not store these agents near one another.

Table II: LOOK-ALIKE / SOUND-ALIKE MEDICATIONS FOR HOME CARE & LONG TERM CARE		
Potential Problematic Drug Names	**Brand and Generic Name(s)**	**Specific Safety Strategies**
1. Amaryl and Reminyl	Amaryl (glimepiride) Reminyl (galantamine hydrobromide)	1. Do not store these agents near one another. 2. Maintain an awareness of look-alike and sound-alike drugs. 3. Reduce potential confusion by writing prescriptions using both brand and generic names.
2. Celebrex and Celexa and Cerebyx	Celebrex (celecoxib) Celexa (citalpram hydrobromide) Cerebyx (fospheytoin)	1. Do not store these agents near one another. 2. Maintain an awareness of look-alike and sound-alike drugs. 3. Reduce potential confusion by writing prescriptions using both brand and generic names.
3. Clonidine and Clonazepam (Klonopin)	Catapres (clonidine) Klonopin (clonazepam)	1. Do not store these agents near one another. 2. Maintain an awareness of look-alike and sound-alike drugs. 3. Reduce potential confusion by writing prescriptions using both brand and generic names.
4. Lamisil and Lamictal	Lamisil (terbinafine hydrochloride) Lamictal (lamotrigine)	1. Do not store these agents near one another. 2. Maintain an awareness of look-alike and sound-alike drugs. 3. Reduce potential confusion by writing prescriptions using both brand and generic names.
5. Zyprexa and Zyrtec	Zyprexa (olanzapine) Zyrtec (cetirizine)	1. Do not store these agents near one another. 2. Maintain an awareness of look-alike and sound-alike drugs. 3. Reduce potential confusion by writing prescriptions using both brand and generic names.

4. **Improve the safety of using infusion pumps.**
   - All infusion pumps at MCCH have free-flow protection and are standardized to one type.
5. **Reduce the risk of health care-associated infections.**
   - MCCH complies with current Centers for Disease Control (CDC) hand hygiene guidelines.
   - All identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
6. **Accurately and completely reconcile medications across the continuum of care.**
   - During 2005, for full implementation by January 2006, MCCH will develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process will include a comparison of the medications the organization provides to those on the list.
   - A complete list of the patient's medications will be communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.
7. **Reduce the risk of patient harm resulting from falls.**
   - MCCH revised its Fall Prevention Protocol effective October 2004. As a result MCCH assesses and reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and takes action to address any identified risks. An organizationwide fall definition is included in the protocol.
   - As a result of information gleaned from a fall in LTC, the LTC nursing staff standardized the electronic transfer lift procedure for use throughout the organization. Identical electric hydraulic lifts were purchased for all divisions within MCCH and the old mechanical lifts were removed.
   - The Risk Manager, Mary Sue Hubbard, will be analyzing and trending fall data to ensure that interventions related to the MCCH patient population are effective. Fall rates will be benchmarked to other organizations using nationally acceptable fall and falls with injury rates.
8. **LTC Only: Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.**
   - There is a mechanism in place for the administration and documentation of the flu vaccine. All residents are assessed on admission and their immunization status is documented at that time. If a resident is eligible for the vaccine an order is obtained from the appropriate prescriber, administered to the resident, and documented in the record.
   - There is a mechanism in place for the administration and documentation of the pneumococcus vaccine. All residents are assessed on admission and their immunization status is documented at that time. If a resident is eligible for the vaccine an order or is obtained from the appropriate prescriber, administered to the resident, and documented in the record.
   - There is a protocol in place to identify new cases of influenza and manage an outbreak if one should occur.

LEADERSHIP (LD)

The goal of the Leadership function is for the leaders of the organization to provide a framework for planning, directing, coordinating, providing and improving care, treatment and services to respond to community and patient needs and improve patient healthcare outcomes.

How is MCCH's strategic plan developed?

Information is gathered from many different places. The Board members, management staff and members of the medical staff participate in planning future direction and programming for the organization. In addition, individual departments review their specific areas and identify improvements in services that are required to achieve MCCH's mission of providing quality healthcare in a caring and cost-effective manner.

How are resources such as staff, money and equipment allocated at MCCH?
There are several ways in which resources are allocated:

- Each department director develops a budget based on their plans for services, the number of patients and the needs of the services provided.
- Department directors and administration set staffing guidelines that are based on the scope of care provided by each department or service.
- Input from the medical staff leadership and from the departments is actively solicited and included in the process.
- Each department requests the capital equipment it needs on an annual basis.

This information is reviewed and studied by several different interdisciplinary groups of directors. Physician input is included and priorities are set for the items to be purchased.

How are these discussions/decisions communicated?

- Department Director meetings.
- Staff meetings.
- CEO Employee Forums.
- Medical Executive Committee.
- Board of Trustees.

T

MANAGEMENT OF THE ENVIRONMENT OF CARE (EC)

The goal of this function is to provide a safe, functional, supportive and appropriate environment for patients, staff and others in MCCH. This is crucial to providing effective patient care and services, achieving good outcomes, and improving patient safety.

Within this function there are seven elements/components:

1. Safety management.
2. Security management.
3. Hazardous materials and waste management.
4. Emergency management.
5. Fire safety.
6. Medical equipment management.
7. Utilities management.

JCHAO requires that everyone at MCCH participate in the processes and activities that make the care environment safe and effective.

ELEMENT #1 – SAFETY MANAGEMENT

Where is safety information located?
Safety policies and plans are located in the Organizationwide Functions Manual under the Environment of Care (EOC) section. This manual is on the MCCH Intranet.

What safety training have you received?
Safety orientation during general hospital orientation, annual mandatory madness, National Patient Safety Awareness Week recognition, reviews at department meetings and during safety rounds.

Who is responsible for safety?
Everyone.

Who is responsible for maintaining and coordinating the Safety Program and how can this person be reached?
Bud Byars, Director, Plant Operations and Safety Officer. He may be reached at extension 1133.

How do you report an unsafe condition?

Tell your department director/immediate supervisor or call Bud Byars at extension 1133, Mary Sue Hubbard (Risk Manager) at extension 1391. Damaged furnishings or equipment are removed from service and a work order completed for repair.

How do we help prevent patient falls?
Patients are placed on different levels of fall risk, according to their assessment. See Fall Prevention Protocol. Several interventions to prevent falls include, but are not limited to: having the bed in the lowest position with brakes locked, bed and chair alarms, orienting the patient to surroundings & call light, non-skid footwear, and providing a safe environment (no clutter on the floor).

How does the staff know if a patient is on Fall Precautions?
The patient wears an orange bracelet.

ELEMENT #2 – SECURITY MANAGEMENT

What types of security incidents do you report?
Any injury or potentially dangerous or threatening situation involving staff, patients, or visitors. For example, threatening gestures, weapons, fighting, theft, or stalking.

What do you do if you notice someone suspicious or if someone in the hospital becomes disruptive?

- Dial "0" for operator.
- State exact location and situation.
- If the individual is disruptive and combative, a Code 10 with location will be paged overhead – the signal that "manpower" is needed.
- Security will be notified by radio.
- Listen with empathy and remain calm pending arrival of assistance.

What should you do if you discover the loss of Hospital or personal property?
Report the incident immediately to your supervisor. Then call security by dialing 1135 or via beeper 493 and complete a "Safety First Event Report."

What is the Hospital's Smoking Policy?
There is **NO SMOKING** within the facility. Designated smoking locations for employees and visitors are listed in the *Smoking Policy*, which is located on the MCCH Intranet.

Who is responsible for enforcing the Smoking Policy?
All employees and staff.

ELEMENT #3 - HAZARDOUS MATERIALS AND WASTE MANAGEMENT

What is MSDS?
MSDS is a Material Safety Data Sheet and provides information about hazardous materials. Our MSDS information is accessible via the MCCH Intranet.

How do you handle a spill or exposure to a hazardous material?

Blood/Body Fluids:

- Contain spill. Use personal protection equipment (PPE).
- Decontaminate with appropriate disinfectant.
- Dispose of contaminated supplies as per Exposure Control Plan.
- For large spills or spills with broken glass, page Environmental Services.

Chemical:

- Contain spill.
- Evacuate all non-essential personnel from the spill area.
- Locate MSDS and follow- clean-up instructions. Use PPE.
- Page Environmental Services for assistance if needed.

Mercury:

- Do not attempt to clean up a mercury spill.
- Increase ventilation in area of spill.
- Page Environmental Services to remove mercury using a Mercury Spill Kit.

What hazardous materials do you work with?
Review this information with your supervisor, identify the MSDS information you may need and the correct method to access this information. Examples include cleaners, chemotherapy, nuclear materials, film developing chemicals and formaldehyde.

ELEMENT #4 - EMERGENCY MANAGEMENT

Where is the Disaster Plan located?
Disaster policies are included in a document titled "Disaster Plan", which is located in the Organizationwide Functions Manual on the MCCH Intranet.

Does MCCH have policies and practices to handle potential biological/chemical/nuclear disasters?
YES – Policies are in the Disaster Plan on the MCCH Intranet. The MCCH Emergency Department staff are the designated team who has been trained to handle these issues .

How often does the Hospital conduct disaster drills?
Drills are held at least twice a year. One must include community involvement.

BOMB THREAT (CODE ORANGE)

What do you do in the case of a bomb threat?
If you receive a call:

- Get as much information as possible from the caller.

- Keep the caller on the phone as long as possible. Delay caller with requests and ask:
  - When is the bomb going to explode?
  - Where is it right now?
  - What does it look like?
  - What kind of bomb is it?
  - What will cause it to explode?
  - Did you place the bomb?
  - Why?
  - What is your address?
  - What is your name?
- Have a co-worker call the operator to notify security or call yourself immediately after hanging up.
- Security will notify administration and the police. Evacuate only on order of administration or the administrative supervisor.

What number do you call for emergencies?
All codes or emergencies are listed on a card behind your ID badge and are communicated as follows:

Emergency Codes:

CODE 505 – Fire (Pull fire alarm closest to your location or call out Code 505 and the fire location)
CODE 505 T – Tornado Warning (Administrative supervisor only dials "0" for operator)
CODE 99 – Cardiac/Respiratory Arrest (Dial 8210 and announce Code 99 and location)
CODE PINK – Child/Infant Abduction (Dial "0" for operator)
CODE ORANGE – Bomb Threat (Dial "0" for operator)
CODE 10 – Manpower Needed (Dial "0" for operator)
CONDITION BLUE – External Disaster Reported (Administrative supervisor only dials "O" for operator)
CONDITION RE – External Disaster Confirmed (Administrative supervisor only dials "O" for operator)
CONDITION GREEN – Disaster Over (Administrative supervisor only dials "O" for operator)

ELEMENT #5 - FIRE SAFETY

When was your last in-service on safety?
New employees: When you completed orientation; Other employees: When you did your annual mandatory madness, or when you attended a more recent inservice, possibly during a departmental meeting.

How often do you have fire drills?
Once a shift per quarter on all patient areas. All fire drills are unannounced. During construction, drills are increased to two per shift per quarter.

What would you do if you see a fire?
RACE – (See badge card)

Reporting A Fire (Code 505)
If you discover a fire or detect smoke, follow the **RACE** formula.

Rescue	Remove people in immediate danger from the fire.
Alarm	Pull fire alarm closest to your location or call out Code 55 and the fire location.
Confine	Close all doors and windows to help prevent smoke and fire from spreading.
Extinguish	Only attempt to put out small fires only if you have been trained to do so and have a clear escape route. Otherwise follow evacuation procedures.

Where is the nearest fire extinguisher and how do you activate it?

- Know location within your work area.
- Activate a fire extinguisher using P – A – S - S:

Pull	Pull the pin.
Aim	Aim the extinguisher at the base of the fire.
Squeeze	Squeeze the handle while holding the extinguisher upright.
Sweep	Sweep from side to side at the base of the fire.

Patient transport may be accomplished by using these methods:
1. Assist the patient in walking to safety
2. Wheel the patient in a wheelchair
3. If necessary, lift the patient using the one or two person carry method.

Do you know the emergency exit path from your area in case of fire?
Know your emergency route by reviewing the Evacuation Procedures located in the Fire Plan in the EOC section of the Organizationwide Functions Manual on the MCCH Intranet. Follow exit signs to the nearest exit.

ELEMENT #6 – MEDICAL EQUIPMENT MANAGEMENT

Who maintains your equipment?
For clinical equipment, call Biomedical Engineering at extension 1132.

How do you know equipment is working properly?
1. The user checks equipment before it is used.
2. Biomedical Engineering does an incoming inspection of equipment and it is tagged when it is functioning according to manufacturer specifications, is calibrated, has functional and audible alarms as appropriate and is safe. The equipment tag indicates the date it was checked, and the date it will be rechecked.
3. The operator notifies Biomedical Engineering if there is a problem with equipment functions. Any equipment not functioning properly should be immediately removed from service.
4. Equipment included in the Equipment Management Program is given a preventive maintenance inspection at regular intervals.
5. All equipment must be disinfected by the department/Environmental Services prior to being serviced by engineering / Biomedical Engineering. The exception in this situation is when the equipment is part of a "near miss" or "sentinel event." In this case all equipment will be secured "as is."

What do you do to get equipment repaired? What about after hours or weekends?
1. Equipment must be tagged.
2. Disinfect and remove equipment from use area and store.
3. File a work order with Maintenance.
4. If immediate assistance is needed, during the day shift, call Biomedical 1132. After hours (4:30 PM Monday through Friday, weekends and holidays) have the operators contact the "On-Call" Biomedical Technician.

What do you do if equipment has harmed the patient?
After the patient is taken care of, call Mary Sue Hubbard, Risk Manager at extension 1391, and Bud Byars, Director of Plant Operations at extension 1133 during normal work hours or contact the administrative supervisor during evenings and week-ends. Secure the room/area and leave everything as it was when the incident occurred, if possible. Save all disposables and supplies, including trash and used vials/containers. Do not change any equipment settings.

What is SMDA?
Safe Medical Devices Act (SMDA) is a law that requires the hospital to report to the FDA or manufacturer when equipment or user-error has been involved in a death or serious injury to a patient. Risk Management and Biomedical Engineering oversee this reporting.

Directors are responsible for assuring and documenting employee equipment training. Biomedical Engineering is available to provide assistance with training on any clinical equipment.

ELEMENT #7 – UTILITIES MANAGEMENT

Where is the your oxygen shut-off valve in your work area?
Know the oxygen shut-off valve location in your area. If you do not know, ask your department director.

When do you turn off the oxygen for your area?
In the event of a fire in your immediate area, follow the RACE protocol for a fire, assess your patients, provide alternate life support, i.e., portable oxygen, shut off oxygen and evacuate the area if directed to.

Who can turn off the oxygen for your area?
The highest-ranking person in the area at the point and the time of fire. Director, Plant Operations is responsible for turning the valve on again.

What do you do if there is a utility system failure, i.e., water, power, gas, etc.?
Refer to the MCCH's Utility Systems Failure plans, located in the EOC section of the Organizationwide Functions Manual on the MCCH Intranet.

How is MCCH prepared for a power outage?

The facility has emergency generators that provide power during power outages. Essential equipment is always to be plugged into red outlets. All non-essential equipment is to be removed from red outlets during power outages.

Fire safety equipment is powered by emergency generators, such as exit lights, smoke detectors, and emergency lighting, is powered by emergency generators. The following areas are fully powered by emergency power:
- OR.
- ICU.

- ED.

Oxygen Tank Safety:
Are you transporting patients with oxygen safely? Oxygen cylinders that become damaged can become a deadly projectile object. Here are some safety tips:

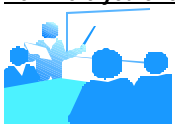
- When moving oxygen cylinders, even for short distances, use a cart or carrier designed for their transport.
- If transporting via hospital bed or stretcher, ensure the cylinder is safely secured.
- Never position an oxygen tank between a mattress and bedrail;
- Containers should be stored in the vertical position and properly secured by a chair or similar device.
- Oxygen tanks should never be left in any area unsecured, even for a short period of time.
- Close the container valve after each use and when empty, even if still connected to equipment.
- Open valve slowly to avoid pressure shock.
- If you have any questions, please feel free to contact your respiratory practitioner at extension 1171.

MANAGEMENT OF HUMAN RESOURCES (HR)

The goal of this function is to establish consistent standards for hiring, training and development, monitoring, evaluating and improving the competence of our employees.

The leadership of MCCH is responsible for setting appropriate staffing levels for all departments through position control.

How were you oriented to MCCH, your job and your responsibilities as an employee?



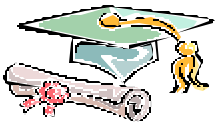
Every new employee is expected to attend the general orientation class before starting his or her job. In addition, you will have a department-specific orientation which included: job description, competencies, departmental policies and procedures including safety, infection control, hazardous materials, equipment operation, patient's rights, performance improvement, and management of information which could include: telephone systems, computer system(s), documentation, data reports, work schedule, etc.

As appropriate, each staff, student and volunteer is oriented to the following:

- MCCH's mission, vision, values, and goals.
- MCCH's policies/procedures (including safety and infection control) and relevant unit/setting/program-specific policies/procedures.
- Specific job duties/responsibilities and unit/setting/program-specific duties and responsibilities related to safety and infection control.
- Cultural diversity and sensitivity.
- Patient rights and ethical aspects of care/treatment/services and process to address ethical issues.

How does the hospital know you are competent to perform your job?
For all employees:

1. Orientation to the organization / annual and core competencies as mentioned above.
2. Ongoing competency assessment (Yearly, each department assess their staff members on a select number of items that are high-risk, low-volume or problem-prone, for example Patient Care Services evaluates nursing staff on operating the blood glucose monitor; environmental services has similar ones on the chemicals they use for cleaning). You should be able to discuss how your department assesses your competence including age appropriate competencies.
3. In-service and continuing education. Describe how you access your education record? Inservice Tracker through Educational Services.
4. Performance Improvement Plans.
5. Experience – Knowledge, skills, and abilities to perform the job.
6. Education levels per job title.



In addition, as required for your position:

- Degrees.
- Licensure, certification, registration.

What is a forensic patient?
A prisoner or person in the custody of law enforcement or the prison system.

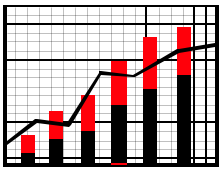
Who is responsible for the security of forensic patients?
They will be accompanied at all times by a Police Officer or Security Officer from their institution.

What is the required education for police officers or security officers (or forensic staff) accompanying forensic patients?
Nursing staff reviews the Forensic Staff Education Sheet outlining hospital emergency codes, communication channels, etc. The forensic staff member signs the sheet and it is placed in the medical record. In the ER, forensic staff education is posted in each treatment room and a signature is not required.

What do you do if you believe that participating in certain clinical procedures is in conflict with your personal (cultural, ethical, and / or religious) beliefs?
Notify your department director or administrative supervisor immediately (prior to the procedure). MCCH will try to honor requests unless patient care will be jeopardized.

What are Staffing Effectiveness standards?
JCAHO has requested hospitals to study at least four screening indicators (two HR and two clinical) in combination to determine if HR issues have an impact on quality. These indicators are called "Staffing Effectiveness Indicators."

When a connection is shown between indicators, more intense analysis is done to identify any cause and effect relationships and what, if any, changes should be made.



Staffing Indicators include:

- Overtime (continue in 2005)
- Worked hours per patient day -WHHPPD (continue in 2005)
- Patient Fall Rate (continue in 2005)
- Medication Error Rate (continue in 2005)
- Patient Satisfaction (continue in 2005)

Have any staffing effectiveness issues been identified that showed a relationship between clinical indicators and staffing indicators?
No. Leadership evaluated the data and indicators and found no relationship between the indicators. Leadership did feel that patient satisfaction may identify some staffing issues, and this will be monitored as a staffing effectiveness indicator in 2005. This is consistent with the available literature. Overtime has proved to be an indicator of staff fatigue and thus we are reviewing this in relation to worked hours per patient day to ensure correct standards in that realm.

MANAGEMENT OF INFORMATION (IM)

The goal of this function is to obtain, manage and use information to improve patient outcomes. Information Management also helps improve individual and hospital performance in patient care, governance, management and support processes.

Because we all depend on information to provide patient care and services, our goal is to provide complete, accurate, and timely information that is easy to access with a proper balance of security.

How are medical records secured?
Medical records are maintained in secure areas at all times. Records are not to be left unattended in areas accessible to unauthorized individuals.

How are requests for medical records managed?
Individuals requesting copies of their medical records are referred to the Health Information Management Department (HIM).

How do we protect confidentiality of patient information?
Every employee is responsible for maintaining a patient's privacy, whether that information is written, verbal, or on the computer. Every employee whose job requires access to the system has his or her own password. Confidentiality of patient information is the responsibility of every employee. This includes, among other things accessing information and talking in the halls or with a friend. All employees sign a Confidentiality Agreement during orientation and annually.

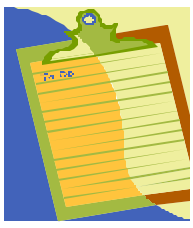
Does MCCH use external databases to compare itself to other similar hospitals?
Yes. MCCH uses many external databases. Examples are: Press Ganey Patient Satisfaction Surveys. Additionally, we obtain feedback from our patients on a regular basis using patient satisfaction tools. The data we get back is extremely valuable.

The Cancer Registry uses nationwide survival data to compare our patients to the rest of the nation by site, stage and treatment modality.

The National Registry for CPR compares MCCH patient CPR outcomes with those of patients in other facilities across the country.

How do you access "knowledge-based information" or reference material?
Computers with Internet access are located throughout the facility. Printed resources are available in various departments. Printed and bound reference materials are available in the Houston Medical Library which is available 24/7. Additionally, all computers have Intranet access with links to specific medical literature/library databases. Specific articles and journals may be requested from the librarian who is at MCCH every Monday, Tuesday, and Wednesday.

What are some things required to have a complete and accurate medical record? (This is not a complete list)



- Every entry is dated and authenticated (signed).
- Discharge summaries contain necessary information.
- Records must be completed within 30 days from discharge.
- Ongoing medical record review is performed at the point of care.
- Records are legible.
- Patient assessment within required timeframes (H&P within 24 hours, other disciplines' assessments).
- Emergency care prior to arrival.
- Diagnosis.
- Reason for admission or care/treatment/services.
- Progress notes.
- Treatment plan.

- Response to care.
- Informed consent.
- Medications ordered.
- Use of moderate (conscious) sedation.
- Operative progress note entered into record immediately after procedure.
- Dangerous Abbreviations are not used anywhere in the record.
- Verbal or telephone orders have a documented "read-back" to verify the accuracy of the order.
- Information about the patient's advance directive status.

What are specific medical record elements that are required in your area or department? (Write them below)

OK …

YOU ARE NOW READY FOR THE SURVEY …

TAKE A DEEP BREATH, SHOW THEM YOUR STUFF,

AND

SHINE, SHINE, SHINE!!