SURVEY POCKET GUIDE

(Clinical & Non-Clinical)

2019

HENDRICK HEALTH SYSTEM

SURVEY ETIQUETTE

- Greet surveyors like you would a guest, never argue.
- Keep answers simple and to the point, don't feel rushed.
- Ask questions and clarify if you don't understand, always be truthful.
- "Use a Life Line": Ask a Charge Nurse/co-worker.
- Refer to the Apps Launcher for the information requested, if applicable.

INFECTION PREVENTION & CONTROL

Hand Hygiene or Foam in, Foam out!: Follow the World Health Organization's 5 moments when giving care *(Before touching a patient and/or the environment, before clean/aseptic procedures, after body fluid exposure or risk, after touching a patient, and after touching patient's environment or for risk of C-diff)*. Soap and water *(scrub for 15 seconds)* if hands are visibly soiled. Perform in front of the patient as often as possible!

Standard Precautions: Applies to ALL patients! Wear PPE when handling body fluids.

Contact Precautions: Hand Hygiene *(done prior to donning PPE),* gloves and gown for direct contact with patient/environment.

Contact Precautions + Soap and Water Sign:
Hand Hygiene. Gown and gloves. Soap and water handwashing required after.

Droplet Precautions: Hand Hygiene. Wear surgical mask. Gown required if within 3 feet of patient.

Airborne Precautions: Hand Hygiene. Wear fit-tested N95 respirator and perform user seal check before entering the room! Fit-testing is performed annually.

Wipe Information: Contact/wet time = how long surface must stay wet. CaviWipes = 1 minute *(big, pink 1 on canister).* Bleach wipes *(used for C-diff)* = 3 minutes. Keep wipe containers closed to preserve potency.

RACE – Fire plan that includes: **R**escue, **A**larm, **C**ontain and **E**xtinguish

PASS – The process for using the fire extinguisher, in the event of a fire includes: **P**ull, **A**im, **S**queeze and **S**weep

(SDS) Safety Data Sheet – Located on the Apps Launcher. This contains detailed information on hazardous products and chemicals you work with or to which you could potentially be exposed, as well as what to do if you are exposed, recommended PPE when handling the material and spill clean-up and disposal procedures.

Waste (4 types)

1. Medical Waste – Use RED waste trash can *(Isolation PPE, items saturated with blood/body fluids).*

2. Narcotics & Controlled Substances – Use RX Destroyer before putting empty vials in BLACK containers.

3. Pharmaceutical & Hazardous Waste – Use BLACK containers (partially used medications). SECURE containers; keep lids CLOSED when not in use.

4. Sharps & Needles – Use sharps containers only.

Oxygen Storage – The oxygen tanks should be stored upright, in holders, with "full," "empty," or "in use" tanks separated with proper signage.

Amerilert – This system sends text alerts regarding potential, developing or existing emergencies to any employee who has requested to receive them. Sign up via Apps Launcher, under Hendrick Emergency Alert System.

Keep exits, electrical panels, fire pull stations and medical gas shut off panels free of any obstruction at all times.

PLAIN LANGUAGE CODES includes codes that are descriptive of the event that is happening. This promotes the safety of patients, visitors, physicians and staff.

- *"Fire Alarm Activation, Anderson Wing, 3rd Floor," "Active Shooter, Emergency Room #21," "Security Alert: Infant Abduction, Nursery"*
- *'Code Blue,' 'Rapid Response,' 'Stroke Code,' 'STEMI Code,' and 'Trauma Code' will still be announced with location*

Power Strips – If you have a power strip within 6 ft of a patient care vicinity space, make sure it is medical grade. You will see the green dot on the plug and receptacles. Please make sure they are not daisy-chained or a tripping hazard.

HUMAN RESOURCES

Orientation – New Employee Orientation, Licensed Nurse Orientation and/or Department-Specific Orientation are completed, depending on your job responsibilities.

Competency/Skills Check Off – Job-specific requirements essential to proper job performance. Assessed at least every year and for new equipment and tasks

Elessons – Annual requirements to educate and assess knowledge on various critical topics

Appraisals/Evaluations – Completed at least annually to provide feedback on job responsibilities and performance

Patient Centered Pledge – I will communicate, support, unite, be professional and take ownership to achieve safety, quality and excellence to uphold our Mission Statement.

AIDET – Effective communication: **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation and **T**hank You

PERFORMANCE IMPROVEMENT

Organizational Initiatives – Providing nationally recognized care for AMI, Stroke, Sepsis, Reducing Readmissions, Infections and Mortality

Department-Specific Initiatives – Huddles, Hand Offs, Falls & Pressure Ulcer Prevention, Turn Around Times, Task Completion Times, Patient Satisfaction Scores, Employee Engagement

PI MODEL: DMAIC – Define, **M**easure, **A**nalyze, **I**mprove and **C**ontrol

PATIENT RIGHTS

Patient Rights & Responsibilities – Provided in the 'Patient Information Brochure' and 'Guide to Patient and Visitor Services'

BioEthics Committee – Available to assist with decisions, conflicts in care, as well as end of life decisions. Contact administration for assistance.

Grievances & Complaints – Patient Relations can assist patients and families with care concerns.

Advanced Directives – Documents that outline a person's wishes for care when they are unable to make decisions for themselves

Informed Consent – CONVERSATION about information & options provided by the physician about planned care, treatments and procedures. Allows opportunity to ask questions, understand risks, benefits and alternatives

Consent Form – DOCUMENT signed by patient acknowledging receipt of information from their physician

Interpreters – Persons available who can communicate, including sign language, are available through video, amplifiers and other assistive devices *(i.e. MARTTI).*

Abuse and Neglect – All employees have a responsibility to report abuse and neglect. Case Management can assist. *(See Policy # 4.4031)*

MEDICATION MANAGEMENT

6 Rights of Med Administration – Right drug, right dose, right patient, right time, right route AND right documentation – every patient, every time!

Med Security – Pyxis access requires a unique ID and either fingerprint or access code.

Look Alike/Sound Alike (LASA) – Lists can be found on the Apps Launcher under the 'Reference Tab,' as well as "Pop-Up Alerts" in the Pyxis MedStations.

TALL MAN Lettering *(Ex: ePHEDrine vs EPINEPHrine)* **–** Helps alert staff to pay special attention when processing orders for these medications

High Alert Medication – Require special considerations to administer *(Ex: insulin requires 2 nurses to verify dosage. See Apps Launcher for list of all high alert meds.)*

Med Label Must Include – Med name, strength, quantity, diluent, volume and date prepared.

Range Orders are not accepted. *(Ex: Tylenol 1-2 tabs every 4-6 hours PRN Temp > 101 (Policy-Medication Range Orders, 3.1049)*

Blanket Orders Are Not Accepted. *(Ex:"Resume all orders")*

PRN Meds – Require indication/parameters in the physician order

Home Meds – Must have physician order & MAR documentation

Multi-Dose Vials (MDV) – Will be discarded within 28 days after initial needle puncture and must be labeled with a beyond-use date *(BUD)* of 28 days from the date opened or entered.

PATIENT SAFETY

Promote a Culture of Safety through Reporting Adverse Events and Near Misses in the Event Management System

National Patient Safety Goals

- **Two IDs from Two/Sources.** *(Ex: 1. Patient Name AND 2. Acct Number from: 1. EMR AND 2. Armband/KBMA)*

- Report Critical Test and Treatment Values timely.

- Label Secondary Medication Containers on and off the sterile field, even if only one medication is being used.

- **Use Alarms Safely –** Many alarms are in centralized systems so they can easily be heard. Alarms should never be turned off unless a physician orders to do so.

- **Prevent Infections –** The #1 initiative is HAND HYGIENE. Also cleaning and disinfection procedures & equipment, antibiotic stewardship program and Isolation Protocols.

- Prevent wrong site surgeries and procedures through the use of Site Marking, Time Outs and Patient/Family verification of planned procedure. *(See Universal Protocol)*

- Assess for Risk of Suicide.

CARE OF PATIENTS

Pain Assessment – Non-pharmacological pain relief includes diversion activities and comfort box contents (located on the units). Screening questions should be asked to assess pain levels using pain scales of 0-10, 'FLACC' and/or 'FACES' to rate intensity of pain before and after pain-relieving measures are implemented. Pain is assessed at a minimum: (1) on admission, (2) each shift, (3) before, during and after painful procedures, (4) with any new report of pain, and (5) after any pain intervention. When pharmacologic interventions are used, reassessment is based on each analgesic's onset and peak effect times.

Therapeutic Duplication – When 2 or more meds are ordered for the same indication, clarification is needed. *(Ex: Tylenol 2 tabs Q4H mild pain; Motrin 2 Tabs Q4H mild pain)* Med Errors and Adverse Drug Reactions are reported in the Event Management System.

Patient Family Education – Education resources available to patient and families including specialized staff members: such as Ostomy Nurses and Lactation Specialists. Also, other sources available include: Cancer Center and Hospital Libraries, as well as ExitCare information.

Restraints – This includes two classifications of Non-Psychiatric and Psychiatric. The two methods of restraints are physical and chemical. We do not restrain "prn" or "as needed." Only physicians can order restraint use and an order must be in the chart. There are required documentation elements throughout the entire episode of restraint use. When patients no longer need the restraint, the restraint should be removed and documentation completed.

MEDICAL STAFF

Privileges Online – Apps Launcher => Reference Tab => Medical Staff Privileges

Medical Staff Leadership – A medical staff leader is always on call for physician-related issues and may be contacted through the House Supervisor.

INFORMATION MANAGEMENT

- Expired drug reference books, printed policies and other reference materials should be removed and discarded.

- Never leave PHI lying around.

- Lock your computer when you walk away. Turning off the monitor is not a proper way to secure the system.

- Never send or receive email or text messages containing PHI/payment card information/employee's personnel information from any device except a Hendrick-managed computer or an HMC-approved secure texting application. *(Ex: Vocera)*

- Biomed equipment in service should be "tagged." All Biomedical equipment is issued a unique Biomedical Equipment Control (BEC) number and inspection tag. If you find a piece of equipment past its inspection date or without a sticker, please contact BioMed Services at ext 2307.