

ALL
STAFF

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QUALITY DEPT COMICS

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SMMC ASSEMBLE!



MISSION:

JOINT COMMISSION

2021/2022

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JOINT COMMISSION

2021/2022

The success of this mission depends on all of us. The following intel includes everything you need to prepare for San Mateo Medical Center's (SMMC) 2021/2022 Joint Commission Survey.

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PATIENT-CENTERED CARE AT SMMC

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PATIENT-CENTERED CARE AT SMMC

At SMMC, patients come first. We want to ensure that our patients are not only on the road to recovery, but also feel good about their experience with us. We also want to be sure that our patients understand their rights and feel comfortable to speak up whenever they have questions or concerns about the services they receive. The following are some of the ways in which we show our commitment.

PATIENT RIGHTS

- Patient Rights are posted at entry points into the organization.
- All patients receive a copy of their rights as part of registration.

WHAT TO DO IF A PATIENT HAS A FORMAL/INFORMAL CONCERN ABOUT CARE OR SAFETY:

Following SMMC's policy titled *Patient Complaint and Grievance Procedure*, all issues are to be resolved at the level closest to the point of contact. We listen to concerns and try to resolve them.

If there is an immediate safety concern, staff notifies the provider and supervisor. If the issues cannot be resolved, the supervisor should be involved. The supervisor will work with anyone involved to resolve a concern. If the concern can't be resolved at the supervisory level, or if the patient wishes to file a formal complaint/concern, the issue is recorded on a Patient Complaint form, which is forwarded to the Patient Advocate for resolution. Concerns help us understand how we can improve services and meet patient needs.

WHO CAN REFER AN ETHICAL ISSUE TO THE ETHICS COMMITTEE?

Any staff member, family member or physician can refer a case for review by the Ethics Committee. Contact the Medical Staff Office to request a patient case review.

PROTECTING PATIENTS FROM SUSPECTED ABUSE

Abuse or neglect is any of the following: suspected domestic violence, suspected adult/elder abuse, suspected child abuse, physical abuse, sexual assault, or fiduciary abuse.

Every SMMC employee has a responsibility to identify and report any suspected incident of abuse and/or violence involving a patient treated at our facilities.

GUIDELINES FOR SUSPECTED ABUSE

- Identify and report victims of abuse or assault through a comprehensive assessment of patients presenting with physical and psychological symptoms that reasonably appear to be the result of assault or abuse.
- Notify your supervisor and/or appropriate agency.
- Notify law enforcement by phone immediately or as soon as practically possible and prepare and send a written report within two working days.
- Provide a safe environment for the victim.

PAIN MANAGEMENT

- All patients are assessed for pain at the time of admission, ED, or clinic visit.
- Include the patient in developing a pain treatment plan which includes non-medication interventions.

- Develop measurable goals and provide education on safe use of pain medications.
- Reassess the patient's pain and document response to pain interventions and progress toward goals.

ADVANCE DIRECTIVES

An Advance Directive is a legal document indicating what life-sustaining treatment is to be administered, discontinued, or withheld if an individual has lost their ability to make medical decisions about their own healthcare.

It is the responsibility of all clinical staff to see if a patient has a Medical or a Behavioral Advance Directive.

- A **Medical Advance Directive** allows a patient to name a surrogate decision maker and to provide written instructions regarding the health care management/wishes for patients who cannot communicate for themselves.
- A **Behavioral Health Advance Directive** informs the health care staff patient preferences for treatment modalities, medication and people who may be notified and participate in the patient's treatment plan.

If no advance directive, nursing provides information on advance directives to the patient. When needed, Social Services is called to assist the patient in developing their advance directive.

An Advance Directive is discussed with the patient prior to surgery. In outpatient clinics, Advance Directive information is available on request.

IF THE PATIENT HAS AN ADVANCE DIRECTIVE BUT IT IS NOT AVAILABLE:

- Attempt to obtain the Advance Directive and alert the physician to the issue.

- In absence of the actual Advance Directive, the patient is interviewed by the primary care physician and it is recorded in the Medical Record.

NOTES

SMMC: ASSEMBLE!

SMMC is committed to the delivery of excellent, high-quality healthcare. We welcome the periodic surveys of regulatory agencies such as the Joint Commission, the California Department of Public Health, (CDPH), and the Centers for Medicaid and Medicare (CMS) as opportunities to highlight the excellent care we provide on a daily basis.

HOW WE'LL MEET THE STANDARDS



This guide book provides updates on important topics related to our organization. Please take the time to read this guide book in preparation for all surveys.

WHAT IS THE JOINT COMMISSION?



An agency that evaluates hospitals for accreditation, based on performance and regulatory standards.

WHERE WILL THE SURVEY TAKE PLACE?



In all acute care hospital services, ancillary, and clinic services.

WHY IS ACCREDITATION IMPORTANT?



It ensures safety and helps SMMC provide quality care.

ARE YOU SURVEY READY?

The Joint Commission, CDPH, and CMS have a book of standards or regulations that all hospitals must meet to become accredited. Each of these agencies will survey SMMC to evaluate where we are in meeting those standards. The standards were developed to ensure patients get the highest quality and safest care. In this guide book you will find information you need to know to make sure we are in compliance with the standards.

CARING FOR OUR PATIENTS ACCORDING TO THE STANDARDS SHOULD BE SOMETHING WE STRIVE FOR EVERY DAY, NOT JUST WHEN WE ARE BEING SURVEYED!

OUR OBJECTIVE:

COMPLIANCE

100%

OF THE TIME!

WHERE DO I FIND MORE INTEL?

SURVEYORS WANT TO KNOW ONE THING: HOW DO YOU DO THINGS AT SMMC?

Many times, the answer to that question rests in SMMC's policies and procedures. If you have any questions about policies and procedures, please ask your supervisor how to find the answers.

DURING THE SURVEY IF YOU DON'T KNOW THE ANSWER TO SPECIFIC QUESTIONS, KNOW WHERE TO FIND IT.

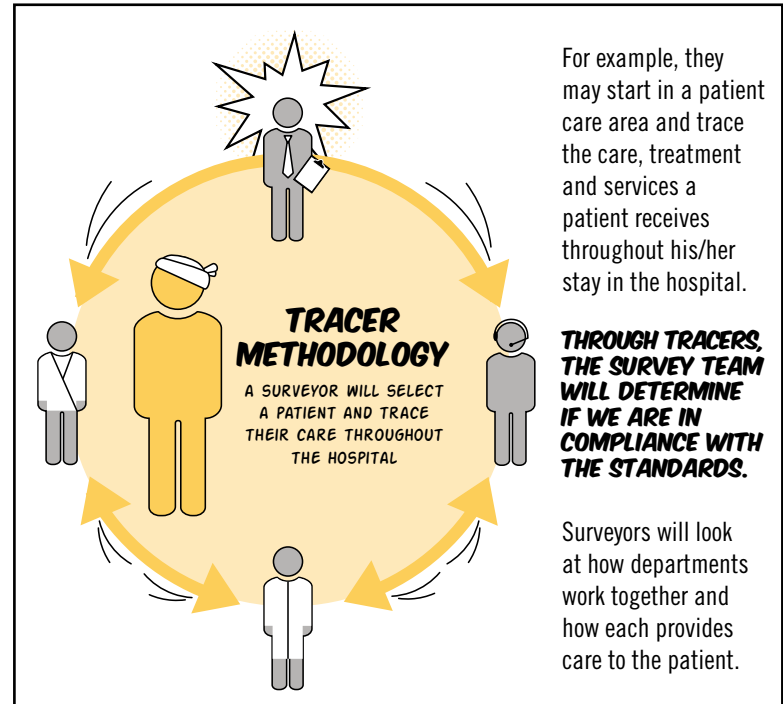
- **SMMC Intranet on Sharepoint:** This site has general information, resources, organization-wide and department policies.
- **Emergency Operations Plan (EOP):** Information on SMMC disaster preparedness.
- **Department Manuals:** Make sure you know how to access policies and procedures specific to your area.

**TEST YOUR KNOWLEDGE
BY REVIEWING THE
MISSION BRIEF
SECTIONS IN THIS BOOK!**



TRACER METHODOLOGY

Surveyors will use a method called "**TRACER METHODOLOGY.**" In tracer methodology, the surveyors select a patient and use that patient's record as a road map to assess and evaluate SMMC's systems of providing care and services. Surveyors will "**TRACE**" the path of a selected patient throughout the hospital.



For example, they may start in a patient care area and trace the care, treatment and services a patient receives throughout his/her stay in the hospital.

THROUGH TRACERS, THE SURVEY TEAM WILL DETERMINE IF WE ARE IN COMPLIANCE WITH THE STANDARDS.

Surveyors will look at how departments work together and how each provides care to the patient.

TIPS FOR TALKING TO SURVEYORS

RELAX. If a surveyor asks you a question, this is an opportunity to talk about all the good work you do on a daily basis.

JOIN YOUR CO-WORKERS when they are approached by a surveyor to **OFFER HELP AND SUPPORT.**

ASK THE SURVEYOR TO REPEAT OR REPHRASE the question if you do not understand.

Answer questions **HONESTLY.** Be brief and to the point.

AVOID WORDS OR PHRASES that can give the impression that we are **NOT CONFIDENT OR CONSISTENT.** Examples of words to avoid include: “usually,” “sometimes,” “I assume.”

Tell the surveyor how you would **FIND THE ANSWER** if you do not know how to respond to a question (e.g. asking your supervisor or reviewing the appropriate policy).

TALK ABOUT TEAMWORK. Let the surveyor know how you work and communicate with others inside and outside your work area.

Show patient care as a **MULTIDISCIPLINARY** effort.

Include information on the **NATIONAL PATIENT SAFETY GOALS** (which will be covered in this book); a winning topic with surveyors.

SHARE POSITIVE STORIES. If the surveyor asks you a question that relates to a special project in your work group, talk about it!

THE SURVEYORS WILL:

- Talk with staff.
- Request employee files for staff they speak with.
- Perform an employee file review for competency (initial and ongoing) assessments, certification and licenses, mandatory education, continuing education and employee health files.
- Talk to patients directly to find out:
 - ◇ *How are they informed of their rights?*
 - ◇ *Are patients involved in care plan/discharge plan?*
 - ◇ *Do they know how to make a complaint about their care?*
 - ◇ *Is their pain assessed and managed?*
 - ◇ *Is an Advance Directive established if patient desired one?*
 - ◇ *Was their wish to have a person of their choosing present during their stay accommodated?*
 - ◇ *We're visiting hours kept flexible to accommodate their needs?*
 - ◇ *Did their care givers wash their hands?*
 - ◇ *Did their care givers identify the patient prior to providing care?*
 - ◇ *Do they know their caregivers?*
 - ◇ *Were they educated about their diagnosis, care received?*

EXAMPLE TRACER: A surveyor goes to the Emergency Department and chooses a patient to trace. The surveyor goes to all the places the patient went: Radiology, Lab, and ICU. The surveyor talks to staff who have interacted with the patient along the way, including staff that may have admitted them, provided care, cleaned their room, transported them, or delivered the meal tray. The surveyor may return several times to talk to different staff about the patient's treatment, care plans, education, training, communication, or National Patient Safety Goals.

TOP 10 HABITS FOR STANDARDS COMPLIANCE AND GOOD PRACTICE

- 1.** I wash my hands EVERY TIME before and after patient contact, after contact with a patient's surroundings, before an aseptic task, after glove removal, and after a body fluid exposure risk.
- 2.** I know when and what Personal Protective Equipment (PPE) is required when providing patient care and how to doff and don.
- 3.** I clean my work surfaces.
- 4.** I know manufacturer's guidelines for cleaning and maintaining equipment.
- 5.** When I am doing my tasks I look for expired medications, supplies or food.
- 6.** I store medications in a locked secure area.
- 7.** I do not keep any food in patient care areas.
- 8.** I do not use doorstops or prop doors open due to fire hazard.
- 9.** I do not block exit hallways with equipment, supplies or furniture.
- 10.** I ensure hazardous chemical containers are labeled and stored safely.

NOTES

YOU
**PLAY A KEY ROLE IN A
SUCCESSFUL SURVEY!**



NATIONAL PATIENT SAFETY GOALS

Your knowledge is your power.
Review this intel to ensure you're ready!

INFECTION CONTROL & PREVENTION

IDENTIFY RISKS

EFFECTIVE COMMUNICATIONS

MEDICATION SAFETY

PATIENT IDENTIFICATION

INFECTION CONTROL & PREVENTION

Healthcare-associated infections are the most common complication of hospital care and occur in approximately one in every 25 patients. These infections are the 4th leading cause of death in the US. Hand hygiene can reduce the transmission of healthcare-associated infections to you and your patients.

5 MOMENTS OF HAND HYGIENE

1. BEFORE PATIENT CONTACT
2. BEFORE AN ASEPTIC TASK
3. AFTER A BODY FLUID EXPOSURE
4. AFTER PATIENT CONTACT
5. AFTER CONTACT WITH A PATIENT'S SURROUNDINGS



HAND HYGIENE IS THE SINGLE MOST IMPORTANT THING YOU CAN DO TO PREVENT SPREAD OF INFECTIONS!



Use alcohol-based hand rub to perform hand hygiene, unless hands are visibly soiled or the patient is in "Extended Contact Precautions" (purple sign).

In these instances hand hygiene must be performed with soap and water.

ENVIRONMENTAL CLEANING & DISINFECTION

PURPLE TOP WIPES

Routine cleaning and disinfection of all surfaces.

WHITE EASY SCREEN WIPES

Equipment screens (i.e. phones, tablets, etc.)

ORANGE TOP WIPES

Bleach, for terminal cleaning, point-of-care testing devices and when a patient is in "Extended Contact Precautions" (lavender/purple sign).

For areas using reusable equipment, have knowledge of how to prep and transport dirty equipment to sterile processing. Follow manufacturers guidelines. If you do not know please ask your supervisor.

The label on the product container indicates how long to keep a surface wet to kill the germs. It's important to check before each use to allow adequate kill time for bacteria/viruses. Equipment labeled for single patient use must be discarded after each use. (For example, disposable blood pressure cuffs are for single patient use.)

WEARING AN N95 MASK



Fit testing is required annually for staff involved in direct patient care.

Staff must wear an N95 mask when caring for a patient in airborne/respiratory precautions. Do not enter a negative pressure room unless you have been fit tested and are wearing an N95 mask or higher.

Patients do not use N95 masks. Use a surgical mask for the patients who must leave their rooms. N95 masks are single use and not to be reused unless directed by Infection Control.

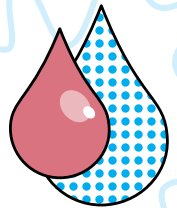
EMPLOYEE HEALTH

Blood and Body Fluid Exposure (BBFE)

- DO NOT recap needles.
- If you get a needle stick or other body fluid exposure. Notify your supervisor and contact infection control/employee health at ext. 3409 or 2845. After hours, call the Nursing Supervisor. Obtain an orange envelope and follow the directions inside the envelope.
- Use the appropriate personal protective equipment (PPE) when needed.
 - ◇ A basic surgical mask if a patient is coughing.
 - ◇ Eye protection if splashing of bodily fluid may occur.
 - ◇ A gown if there is potential for exposure to body fluids or secretions.
 - ◇ Use the appropriate PPE for safe handling of hazardous medications.
- No gloves/gowns should be worn outside of patient care areas.
- Get your flu shot every year.
- Do your annual TB screening.
- Do your annual N95 Respirator Fit Testing.
- Stay up-to-date on immunizations.

BLOOD SPILLS

- Put on gloves and all other appropriate personal protective equipment for cleaning up a spill.
- Contain the spill with absorbent material and hospital-grade disinfectant.
- Dispose of it in a red biohazard waste bag.
- If the spill is large, create a barrier to the spill and call Environmental Services and Infection Control.
- Use orange top bleach wipes to disinfect the area.
- Remove gloves/other personal protective equipment and perform hand hygiene.



FOOD STORAGE

- No food in patient care areas.
- No staff food stored with patient food storage.
- Outdated food must be discarded.
- Open food: label and date with date of expiration.
- Refrigerators need to be monitored for temperature.
- Staff coffee or water cups in patient care areas must be covered.

SUPPLY STORAGE

- Check supplies for outdates; for red dot electrodes, when opened, date bag for a 45 day expiration.
- Clean supplies should be stored separately and covered.
- No outside boxes are to be stored in clean supply areas.
- Bottom shelf for storage units must have a hard surface.
- All sterile supplies should be stored in a designated area and temperature and humidity is to be monitored and recorded.

HEALTHCARE-ASSOCIATED INFECTIONS

Implement evidence-based guidelines to prevent health care-associated infections due to multi-drug resistant organisms (MDRO), e.g. ESBL, MRSA, VRE, and C-difficile. Current safety practices include:

- MRSA screening on admission and pre-operatively for elective surgery patients.
- Decolonization of all ICU patients and pre-operatively if screening is positive.
- Isolation once an MDRO active infection is identified.
- Antimicrobial stewardship to give the right drug for the right bug for the right amount of time.
- Use disposable, pre-packaged bathing cloths to prevent transmission of MDRO's.

Implement best practices for evidence-based guidelines to prevent central line-associated blood stream infections (CLABSI). Current safety practices include:

- Standardized insertion and maintenance bundles.

- Completion of the central line insertion practice form (CLIP).
- Chlorhexidine skin prep (or alternative if allergic) with adequate drying time.
- Avoiding femoral vein unless there are no other options.
- Removal of lines placed in femoral vein in 24 hours if clinically possible.

Implement best practices for preventing surgical site infections (SSI).

Current safety practices include:

- Hand hygiene best practices before touching wounds.
- Glucose control pre-operatively and post-operatively for diabetic patients.
- Prophylactic antibiotic use 30 minutes before incision and stoppage within 24 hours.
- Chlorhexidine bathing the night before and morning of elective surgery.

Implement best practices for preventing catheter-associated urinary tract infections (CAUTI). Current safety practices include:

- Adherence to sterile technique for insertion.
- Removal of catheters within 24 hours post operatively if not clinically necessary.
- Keeping bag below level of the patient.
- Hand hygiene before and after contact with the collection system.
- Routine evaluation for removal of Foley catheter.

PLACING A PATIENT IN ISOLATION

- Identify the appropriate isolation and hang an isolation sign outside the patient's room. (Binders with signs are located on each nursing unit.)
- A physician's order is NOT required to isolate a patient, but Infection Control must release patients from respiratory isolation.
- Place an isolation cart outside the patient room with the correct personal protective equipment (PPE).
- Educate the patient/family member on need for isolation and expectations of them to maintain isolation.

- Perform hand hygiene and put on PPE prior to entering patient room. Dispose of PPE in room and perform hand hygiene before leaving.
- With patient transfer or discharge, leave the isolation sign posted for environmental services to remove following their cleaning of the room.
- When there is an isolation sign, for example, “extended contact,” outside patient room, do not enter room without checking with a nurse and wear the appropriate PPE as indicated by the sign.
- Infection Control must give approval prior to discontinuation of airborne/respiratory precautions.

PATIENTS WITH CONFIRMED OR SUSPECTED COVID-19

- Immediately isolate confirmed or suspected COVID-19 patients in “Novel Respiratory Isolation.”
- Wear all appropriate PPE indicated for patients in “Novel Respiratory Isolation.” (Refer to PPE chart on SharePoint: Infection Control > PPE or <https://bit.ly/2SVvKvk>.)
- Contact Infection Control to discontinue isolation precautions for all confirmed or suspected COVID-19 patients.

EMPLOYEE HEALTH PROTOCOLS FOR COVID-19

- Do not come to work if you have any symptoms of COVID-19 such as fever, cough, sore throat, diarrhea, nausea, vomiting, body aches, fatigue, headache, and new loss of taste/smell.
- Call the Infection Control Hotline at 650-573-4744 to report your sick call, for return-to-work clearance, and for any potential exposures that may have occurred at work or outside of work.

MISSION BRIEF

MISSION: ARE YOU JOINT COMMISSION READY?

DIVISION: SMMC

SUBJECT: INFECTION CONTROL AND PREVENTION

LOCATION: HOSPITAL AND CLINICS

When is it okay to wear artificial nails?

It is never okay to wear artificial nails if providing direct patient care, or working in an area that processes sterile supplies, equipment or pharmaceuticals. Artificial nails can harbor bacteria, which can cause infections in hospitalized patients. Natural nails should be kept short and clean. Nail polish without embedded enhancements in good repair is permitted.

What can be disposed of in a red hazardous waste bag?

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

If you had an exposure to blood or body fluids (i.e. splash or needle stick) what would you do?

- Wash the site immediately will soap and water.
- Flush mucous membranes with soap and water.
- Notify your supervisor.
- Get the orange blood borne exposure envelope and follow the directions provided.
- Call work related injury/exposure triage line who will direct your care.

ARE YOU READY?
PROCEED TO THE
NEXT SECTION...



IDENTIFY RISKS

IMPROVE THE SAFETY OF CLINICAL ALARM SYSTEMS

Clinical alarms are intended to alert caregivers of potential patient problems. If clinical alarms are not properly managed, they can compromise patient safety. Know the policy and procedures to manage and respond to patient care alarms in your area.



SUICIDE RISK

Any patient assessed to be at risk of suicide should be placed on suicide precautions as per policy. Remove any objects that pose a risk for self harm and are not medically necessary for the patient's care. Hanging is the most likely method of suicide in hospital settings. Know the areas of high risk in your work environment.

If you are concerned about a patient who is at risk for suicide, there are 24 hour psychiatric services available to assist by calling (650) 573-2662.

RESTRAINTS AND SECLUSION

Be sure to know the restraint and seclusion monitoring results and reduction efforts on your unit.

- Restraints are an absolute last resort in protecting patient and staff safety.
- Restraint use reduction is our goal.
- Attempt alternatives including:
 - ◊ Reorientation or repositioning.
 - ◊ Family involvement.

- ◊ Sitters.
- ◊ Placing the patient close to the nursing station, etc.
- Restraints are never used for staff convenience.
- Restraints should be discontinued as soon as possible.
- No PRN restraint orders of any kind.

Behavioral and medical reasons are considered before use of restraints.

BEHAVIORAL

- For sudden, unanticipated change in behavior, emergency violent aggressive/emergent and life-threatening self-destructive behavior.
- Initial order must be obtained within one hour of initiation of the restraint being applied.
- Physician must see patient within one hour for a full face-to-face assessment after restraint application.
- Patient must be continuously monitored, and interventions documented every 15 minutes.
- Physician must see, reassess patient, and reorder the restraint if necessary at the end of:
 - ◊ 4 hours for adults.
 - ◊ 2 hours for adolescents.
 - ◊ 1 hour for children under 9 years of age.
- Every two hours do range of motion, toileting and offer food and nutrition.
- Debrief with staff involved and patient when appropriate after restraint event.

MEDICAL

- For patient dislodgement of tubes/drains, confusion, etc.
- Initial order must be obtained within 1 hour of initiation of the restraint being applied.
- Safety and wellbeing checks are performed every 15 minutes and documented every two hours.

POINT-OF-CARE TESTING

(Laboratory tests done in department/unit/clinic)

- Ensure CLIA license is located in POC testing area.
- All log sheets are neat organized and complete, including:
 - ◊ Patient logs
 - ◊ Daily room temperatures logs
 - ◊ Refrigerator temperatures are checked daily by FusionLive temperature monitoring system.
 - ◊ Analyzer maintenance logs
- All POC competencies are completed yearly.
- All POC testing is ordered in eCW/Sorian and results are downloaded or manually entered (Preg and Strep).
- Remove expired items.

ANALYZERS – GLUCOMETER, HEMOCUE, URINALYSIS

- Open/expiration dates are documented on all controls and reagents.
- Understand and document cleaning and maintenance of analyzers. (e.g. Glucometer cleaned after every patient).
- Critical values for glucose (<50 and >450) and hemoglobin (<6.5 and >18) are documented in analyzer that “Dr. was notified”.
- Do not perform fingerstick glucoses on critically ill patients.

MANUAL TESTS – PREGNANCY, STREP

- Date box when opened.
- Log sheets include:
 - ◊ Lot number and expiration date of kit
 - ◊ 2 patient identifiers
 - ◊ Patient results (pos/neg)
 - ◊ Internal control (yes/no)
 - ◊ Performers initials
- All patients accounted for on log sheet.

- Controls done monthly on pregnancy kits.
- Results manually entered in eCW and time stamped. Perform eCW audit.

BLOOD TRANSFUSION

- At bedside 2 licensed personnel confirm proper ID of patient and unit prior to starting the transfusion.
- If transfusion is delayed, return products immediately.
- Transfusion start time is when blood reaches the patient.
- Vitals taken 1 hour pre, 15 minutes post.
- Blood tubing must be changed after 4 hours of a unit transfusion.
- Blood transfusion should not exceed 4 hours. In the event of a suspected reaction, immediately stop the transfusion, contact ordering provider AND laboratory STAT.

PREVENTING ALL PROCEDURE AND SURGICAL ERRORS

- Conduct a pre-procedure verification process to confirm the correct patient for the correct procedure.
- Mark the procedure site.
- Immediately before starting the procedure conduct a time-out to identify the correct:

1. PATIENT
2. PROCEDURE
3. SITE
4. POSITION
5. STUDIES
(E.G. X-RAYS, LAB WORK)

**THE ENTIRE TEAM
MUST BE FOCUSED
ON THE PAUSE.**

**IF NOT, STOP AND
RESTART.**



ENVIRONMENT OF CARE

SAFETY

The Safety officer can be contacted at 573-2182.

Each work area is involved in activities to improve care and patient safety:

- Know the location of the fire alarm pull station, fire extinguisher, and evacuation procedures in your unit/department.
- If you are injured, notify your supervisor, and call the work related injury/exposure triage line who will direct your care.
- Know the location of the Disaster & Safety policies and procedures.
- Keep corridors clear. In an emergency it can make the difference in being able to move patients safely.
- Do not block electrical panels or fire extinguishers with equipment, furniture or supplies.

HAZARDOUS MATERIALS

In the event of a Hazmat incident:

- Locate PPE and specific spill clean up materials.
- Obtain the SDS by calling the 3E Company at 1-800-451-8346 or by going online to the SMMC Intranet (SharePoint).
- Persons exposed to chemicals who require immediate medical attention go to the SMMC Emergency Department with copy of SDS or name of chemical.

A Safety Data Sheet (SDS) provides basic information on the chemical/substance that we work with. It tells us the personal protection equipment to use, disposal method, first aid, and the potential hazards associated with that substance.

HAZARDOUS MEDICATIONS

Identifiable in Pyxis alerts or green stickers on packaging. There are PPE requirements, depending on dosage form, required for handling hazardous medications. Inquire with your supervisor, or check references (see policy, Hazardous Drugs) for more detailed information on the (required) special procedures.

MEDICAL EQUIPMENT

WHEN A MEDICAL DEVICE OR EQUIPMENT MALFUNCTIONS:

- Check that the patient is safe.
- Take the equipment out of service.
- Tag the equipment with a red Biomed "out-of-order" tag and include as much information as possible.
- Save any disposable supplies involved, including wrappers and containers.
- Document the last equipment settings, if applicable.
- Notify your supervisor.
- After determining with your supervisor that equipment needs inspection or repair, contact Biomedical Engineering.
- Release device/equipment only to Biomedical Engineering, orderlies, or the Nursing Supervisor.
- If there was a patient or staff injury, complete a SAFE S2S online.

OXYGEN

Rooms with oxygen storage must have signage for an oxygen storage area. All cylinders must be secured.

Unless in a fire rated area, there is a maximum storage of 12 E cylinders (full tanks) in an open area within a smoke compartment.

IN THE EVENT OF A DISASTER, OXYGEN SUPPLY ZONE SHUT-OFF VALVES (LOCATED IN EACH PATIENT CARE AREA) WILL BE CLOSED BY ENGINEERING STAFF UPON APPROVAL BY CHARGE NURSE, NURSING SUPERVISOR, OR THE FIRE DEPARTMENT.



FIRE SAFETY



Rescue and remove persons in immediate danger.

Alarm. Activate nearest pull station, call x2121 to give operator exact location and intensity of fire.

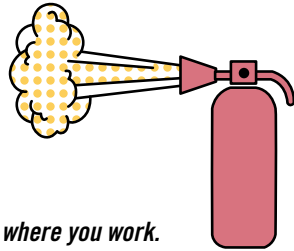
Contain. Close windows and doors.

Extinguish the fire only if safe to do so.

Be aware of the extinguisher for all areas of the buildings you work in.

The fire pull stations are located near the fire exits.

Learn the evacuation route in the areas where you work.



DISASTERS

To learn what our greatest risks are for disaster and what to do in an emergency, consult the Hazard Vulnerability Analysis and the Emergency Operations Plan located on the SMMC Intranet under Resources.

COMPUTER DOWNTIME

Consult the SMMC Intranet site for Downtime Procedures and forms.

EMERGENCY MANAGEMENT

SECURITY

Call Security 24 hours a day, 7 days a week ext. 3561 to report:

- Suspicious activity.
- Loitering of unidentified individuals.
- Threat of violence or abusive behavior.
- A request for an escort to your car.

EMERGENCY CALLS

Hospital & Clinics—Dial ext. 2121
Off-site Clinics—Dial 9-911

SMMC CODES-DIAL 2121



BLUE- cardiac or respiratory arrest



GRAY- combative person



ORANGE- hazmat response team only



PINK- child abduction



RED- fire



SILVER- person with weapon/hostage situation



YELLOW- bomb threat

EMERGENCY CODES

Code situations are for emergencies.

Make sure you know where the Emergency Preparedness Procedures (red binder) is located in your area.

A RRT (Rapid Response Team) is called for a person experiencing a rapid decline in their medical condition.

MISSION BRIEF

MISSION: ARE YOU JOINT COMMISSION READY?

DIVISION: SMMC

SUBJECT: IDENTIFY RISKS

LOCATION: HOSPITAL AND CLINICS

What are patients' rights when restraints are used?

- A patient must be afforded protection, safety, dignity, respectful care, and privacy.
- Restraints and/or seclusion will not be used as an adverse treatment, as punishment, or for the convenience of staff.
- Patient restraints should be used only after less restrictive interventions have been tried.

How do you report patient harm or potential patient harm?

Complete a SAFE S2S (Safety Alert For Employees) report and inform your supervisor of any patient harm events.

What would you do in the event of a disaster?

Each of us has a different role dependent on the department/position we are in. Check in with your manager/supervisor for instructions. Know evacuation procedures for your work area.

What actions have been taken to reduce the use of restraints?

- Staff education regarding alternatives to restraint.
- Establish and follow policy and procedure with focus on alternatives to restraint.
- Notifying family and asking about calming techniques or suggestions that help calm patient.

What do you do in the event of a small hazardous materials spill?

- Block off the area to restrict access.
- Obtain the SDS.
- Clean up the spill using PPE and the appropriate spill kit.
- Notify the Safety Officer at ext. 2182.

How do you access emergency power?

If the power goes out, plug necessary equipment into the red outlet.

Who maintains our medical equipment?

Biomedical Engineering Dept.

Do you know the evacuation routes?

Learn the evacuation route in the areas where you work.

What do you do in the event of a large hazardous materials spill?

- Remove patients from danger and direct the staff to leave the contaminated area.
- Notify the PBX operator at extension 2121. Identify yourself, report the exact location and the type of spill. Call Code Orange.
- Persons exposed to the chemicals are to be directed to the Emergency Department.

What is the correct temperature for a blanket warmer cabinet?

The temperature setting is limited to 130°F.

ARE YOU READY?
PROCEED TO THE
NEXT SECTION...

EFFECTIVE COMMUNICATION

TREATMENT PLANNING

The patient's care is coordinated among healthcare professionals and documented on the treatment plan. Use the "ticket to ride" when a patient goes to another department for a test or procedure.

HAND OFF

When transferring a patient to another provider, there must be an exchange of the patient's current condition.



CARE COORDINATION

- The patient's care is coordinated among healthcare professionals & documented on the treatment plan.
- Patients are assessed at admission and reassessed as indicated in the unit/department policy.
- Patients (and their families) actively participate in all planning and decision-making regarding their care.

FASTER CRITICAL TEST RESULTS TO PROVIDERS



Provide critical test results to the provider within 30 minutes for inpatients and within 60 minutes for outpatients. Document date and time of provider contact in the patient's health record.

DOCUMENTATION TIPS FOR PROVIDERS:

- Authenticate all medical record entries.
- Authenticate all orders within 48 hours.
- Dictate or update H&P within 24 hours of admission and prior to surgery.
- Dictate operative and high-risk procedure reports immediately after surgery.
- Dictate a concise discharge summary at discharge.
- Complete all record deficiencies within 14 days of discharge.

DOCUMENTATION TIPS FOR NURSES:

- Make the care plan specific to each patient.
- Review and update the care plan when there is a change in patient condition or every 72 hours at a minimum.
- Document all patient responses to interventions, such as response to pain medication.
- Document providers notified of critical test results within 30 minutes of receipt for inpatients and 60 minutes for outpatients.
- Document all patient and family teaching.
- Complete required documentation by the end of each shift.

INPATIENT DOCUMENTATION-ADDING UPDATES OR EDITS:

- Assessments: within 72 hours
- Clinical Notes: within 24 hours
- After discharge: call the help desk

IF YOU HAVE ANY QUESTIONS, TALK TO YOUR MANAGER.



PATIENT EDUCATION

At admission and throughout the patient's stay, the healthcare team assesses, documents, and updates on an on-going basis the patient and family to determine their individual educational needs. Nursing uses 'Teach back' to verify patient's understanding.

EDUCATION SHOULD INCLUDE:

- Safety issues (e.g. fall prevention).
- Infection control precautions.
- Safe and effective use of medications, why it is prescribed, proper dose, and time to take.
- Nutrition, dietary recommendations.
- Pain management.
- Smoking cessation.
- Basic health practices.

LANGUAGE AND CULTURE



Treat patients in ways that respect and account for their culture and language. Be aware of the patient's preferred language for discussing health care. The patient's preferred spoken language should be available in the patient registration system.

Use an interpreter when needed to communicate with patients. Interpreter services are available via the phone or video. When using our bilingual staff as medical interpreters, only use staff whose red label (medical interpreter training) is still valid. You can find the latest bilingual staff list on the Diversity, Equity, and Inclusion (DEI) SharePoint site.

VISITING HOURS

Visitation is subject to change based on current patient safety needs.

SUPPORT PERSON

Patients have a right to designate a support person to be with them throughout their stay.

Patients can elect to have anyone they choose to be given medical information and be a part of their health care decision making team.

SPEAK UP FOR PATIENT SAFETY

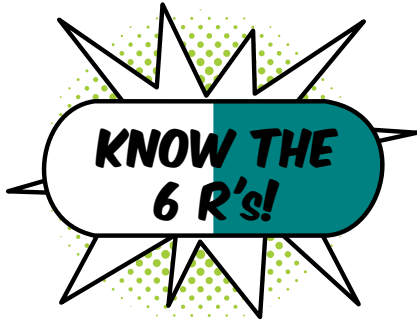
SMMC has a Conflict of Opinion policy. All employees and contractors are responsible for bringing issues/concerns regarding patient care and/or safety to the physician or management's attention.

You may be part of the care team or just observing what you believe to be unsafe patient care. Either way you need to speak up. The hospital administration and the medical staff, in support of safe patient care, have made this communication an organization-wide policy.



MEDICATION SAFETY

RIGHTS OF MEDICATION ADMINISTRATION:



1. PATIENT
2. MEDICATION
3. DOSE
4. ROUTE
5. TIME
6. DOCUMENTATION

PATIENT EDUCATION ON NEW MEDICATIONS

When administering a new medication, the patient or family must be educated on:

- Medications patient is receiving.
- Side/adverse effects.
- What it is for.
- Importance of taking medications and benefits.
- The dose.
- Food-drug interactions.
- How to protect against errors.
- Taking med list/meds to all health care visits.



MEDICATION SAFETY RULES

LABEL

Label IVs, Mixtures & IV tubing with full description of patient, drug, mix date/time, and administration date/time.

Label all medications when removed from original container (e.g. syringes, cups, basins, etc.)

MEDICATION EXPIRATION

Date of expiration cannot exceed the Beyond Use Date (BUD). When working with medications, check for outdates.

SMMC policy and practice is to use single dose injectable vials. Multi-dose injectable vials are for use by a single patient.

Expiration date is 28 days from the date opened. Expiration date cannot exceed the beyond use date.

- Medication storage areas are always locked when not in use.
- Do not leave medication unsecured or unattended.
- Anytime a medication or solution is removed from its original container and placed in another container, that container must be labeled.
- Medications requiring refrigeration are stored in a secure “medication only” refrigerator where the temperature is monitored daily. For temperatures outside acceptable range, follow-up must be documented.
- Crash cart checks are done according to policy.
- Checks for outdated medications done monthly by Pharmacy. Review for expirations should be done as you provide care.
- Return discontinued medications and discharged inpatient medications to pharmacy for disposal.
- Narcotics are accounted for. Unused waste is witnessed and co-signed.
- Be aware some medications have black box warnings for patient safety concerns.
- Automatic Dispensing Cabinet, (Pyxis), discrepancies should be resolved prior to the end of your shift.

CRASH CART CHECKS

When performing a crash cart check, the lock number must be verified. The purpose of the lock is to verify that all supplies and medications are present and in date while the lock is secured.

Check that the serial number of the lock matches the log.

MEDICATION REFRIGERATORS

Each unit/clinic will be responsible for responding to initial alerts and to perform daily, or 2x daily (vaccines), temperature reviews for refrigerators/freezers located in their areas.

Communicate issues and/or corrective actions needed or completed to the Pharmacy and Facilities Engineering.



Through collection and analysis, this data provides information to reduce recurrence and improve the quality of medication services delivered.

ERROR-PRONE MEDICATION ORDERS

Telephone/Verbal Orders

Read back procedure—complete and document

Range Orders

Obtain explicit instructions (on starting dose, advance rate and dose) if not written

Resume Orders

NOT ALLOWED

Taper Orders

Obtain step-by-step instructions; requires drug strength, route, dose, times, and the number of days or doses.

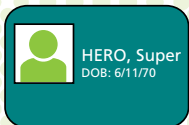
Titration Orders

Make sure drip has complete order:

- Drug name
- Concentration of drip
- Starting dose
- Timed increments for increasing and/decreasing with amount to titrate drip by
- Titration parameters and goals
- Maximum dose.

E.g. Levophed Drip: Start drip at 2mcg/min; titrate by 1mcg/min every 5 minutes to goal MAP \geq 65mm Hg. Maximum dose 20 mcg/min.

PREVENTING PATIENT MEDICATION ERRORS



- When administering medication to the patient, use 2 identifiers: Patient's name and DOB.
- Keep a complete list of current medications to follow with patient.
- Educate the patient regarding any new medications.
- If you work in an area with MAK and scanning technology, keep overrides to a minimum and use a second staff member to identify patient when override must occur.

REPORTING A MEDICATION ERROR OR ADVERSE DRUG REACTION

Medication errors are documented using the Safety Alert From Employees (SAFE S2S) online reporting system. For additional information about SAFE S2S, please review the Identify Risks section of this booklet.

UNACCEPTABLE ABBREVIATIONS

QD (or qd) or QOD

U, u, or IU

*trailing zeros (x.0mg)
leading zero (.x mb)*

ms, mso4, mgs04

WHAT STAFF SHOULD DO

Write "daily" or "every other day"

Write "unit" or "international unit"

Never write a zero by itself after a decimal point, (X mg) and always use a zero before a decimal point (0.X mg)

Write "morphine sulfate" or "magnesium sulfate"

MEDICATION RECONCILIATION STEPS:

- List patient medications and keep the list current during the patient's stay/visit.
- Review with provider and patient.
- Explain importance of taking medications to the patient.
- Encourage patient to bring the medication list to all their healthcare visits.
- Give the list to the next provider and provide an updated list to the patient at discharge.

LOOK-ALIKE, SOUND-ALIKE DRUGS

Be on the alert to reduce the risk of medication errors when preparing and administering drugs with similar names:

- | | |
|-------------------------------|-----------------------------------|
| 1. ePHEDrine – EPINEPHrine | 8. sulfaSALAZine - sulfaDIAZINE |
| 2. HYDRomorphone – morphine | 9. ZyPREXA – ZyrTEC |
| 3. hydrOXYzine – hydrALAZINE | 10. OxyCONTIN – oxyCODONE |
| 4. insulin products | 11. CarBAMazepine – Oxcarbazepine |
| 5. DOXOrubicin – DAUNOrubicin | 12. DOPamine – DOBUtamine |
| 6. metFORMIN – metroNIDAZOLE | 13. Clindamycin–cLARITHROMYcin |
| 7. CeleBEX – CeleXA | |

Store similar meds separately and look for TALL man lettering.

WHAT ARE HIGH-RISK MEDICATIONS?

High-risk medications are known to be error-prone or pose a significant hazard to the patient if not properly handled. High risk medications require a two professional double check prior to administration.

THE HIGH-RISK MEDICATIONS ARE:

- Cytotoxic drugs/chemotherapy, except those used for non-cancer diagnoses (i.e. methotrexate)
- Dextrose (10%, 50%, and 70%)
- Lovenox (enoxaparin) and other anti-coagulants such as Arixtra (fondaparinux)
- Heparin
- Insulin
- Narcotics (parenteral)
- Neuromuscular blockers
- Parenteral nutrition
- Potassium chloride and potassium phosphate and potassium acetate (concentrated)
- Promethazine injection
- Sodium chloride (3% and 23%), sodium phosphate, sodium acetate (concentrated)
- Fentanyl Transdermal System (FTS)
- Magnesium sulfate (concentrated) (50%)
- Warfarin and NOACs



ARE YOU READY?
PROCEED TO THE NEXT SECTION...

PATIENT IDENTIFICATION

IDENTIFY THE RIGHT PATIENT BY USING 2 FORMS OF ID:

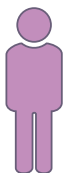


IN FRONT OF THE PATIENT:

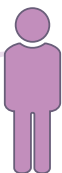
Label containers used for blood and other specimens.



ELIMINATE TRANSFUSION ERRORS BY USING:



2 PERSON
VERIFICATION BEFORE
TRANSFUSION



All of SMMC's staff play a role in respecting patient privacy and confidentiality. Thank you for your dedication!

10 PATIENT PRIVACY BEST PRACTICES

- 1. LEARN:** Learn more about privacy rules including HIPAA and CMIA by visiting the Privacy Resource Center on the SMMC Intranet.
- 2. DISCARD:** Place discarded Protected Health Information (PHI) in confidential shred bins only.
- 3. DISCUSS:** Discussion of patient/client PHI in public areas (elevators, cafeteria, offices, etc.) should be avoided as much as possible.
- 4. PAUSE:** Be cautious when handling/mailing PHI. Pause to make sure that the correct information is being processed.
- 5. TEXT:** Do not text PHI.
- 6. ELECTRONIC DEVICES:** Any electronic device used to communicate PHI should be encrypted and password protected.
- 7. EMAIL:** Limit e-mail transmission of PHI. Always encrypt emails containing PHI going outside the County.
- 8. TELEWORK:** Remember that PHI needs to be protected while working from home. Keep phone calls and computer screens private. Do not print paper PHI at home.
- 9. ACCESS:** Use only the minimum PHI necessary to do your job!
- 10. REPORT:** Immediately report any suspected breaches to the privacy officer at 573-2329.





NOTES

A large rectangular area with a light green dotted background, intended for taking notes.

MISSION BRIEF: RECAP

WHAT ACTIONS DO YOU TAKE TO CONTRIBUTE TO PATIENT SAFETY?

I clean my hands after removing gloves.

After witnessing or discovering a patient or staff harm event or a potential harm event I complete a SAFE S2S report online.

I label all medications when they are taken out of the original container.

I label multi-dose vial medications with a 28 day expiration date when opened.

I am aware of my area specific needs to identify and care for patients with risk of suicide.

When I transfer my patient I provide current patient status to the next care provider.

I know what Personal Protective Equipment, PPE, is needed for patient and staff protection.

I do a "teach back" when educating patients.

I am on the lookout for outdated supplies and meds.

I reassess my patient's pain after pain medications and non-pharmacological interventions.

I introduce myself to the patient and explain what I am doing in all patient interactions.

I confirm patient identification (name and date of birth) including when taking blood samples, giving blood products or medications, and prior to invasive and non-invasive procedures.

APPLYING THE NATIONAL PATIENT SAFETY GOALS INTO YOUR DAILY WORK

Wash or sanitize your hands thoroughly for at least 20 seconds to prevent infections.

Follow protocols to prevent multi-drug resistant organisms infections, central line associated blood stream infections, surgical site infections, and catheter associated urinary tract infections.

Be attentive to clinical alarms as they may be signaling a potential problem.

Label containers/syringes used for blood and other specimens in the presence of the patient. Even when staying at the patient's bedside, label the specimen.

Facilitate a current list of medications for the patient on admission, transfer, and discharge from unit/clinic/department.

Explain importance of medications and encourage patient to bring medication list to all appointments.

Immediately discard any medication or solution found unlabeled.

Follow the SMMC policy regarding patient identification.

The team must be focused when performing a procedural pause prior to a procedure (check for correct surgery, patient, and place on the patient's body).

Assess patients for suicide risk. Take precautions for a safe environment and get help for further care.

Get important test results to the right care giver within 30 minutes for inpatients and 1 hour for outpatient critical labs.

NOTES

NOTES

THE SUCCESS OF THE
MISSION DEPENDS ON
ALL OF US!



SMMC'S MIGHTIEST HEROES

YOU

**HAVE THE KNOWLEDGE
TO COMPLETE THE MISSION:**

JOINT COMMISSION 2021/2022



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**