

The Joint Commission (TJC)  
Continual Readiness  
Quick Reference Guide  
2019-2020

Practitioner Edition

*St. Vincent's Medical Center*

This Continual Readiness Quick Reference Guide has been prepared to provide you with easy access to key information about St. Vincent's Health System. Please take the time to familiarize yourself with the important information in this guide.

## **St. Vincent's Mission Statement**

The St. Vincent's Health Ministry is spiritually centered and committed to quality, cost effective healthcare that improves the health of the community.

St. Vincent's is a Catholic health ministry, sponsored by Ascension Health, a national Catholic healthcare system. St. Vincent's affirms the sanctity and dignity of human life and is dedicated to:

- Outreach to the vulnerable and medically underserved
- Providing a caring and competent staff to ensure quality patient care
- Stewarding of healthcare resources
- Creating an environment that affirms its employees and physicians

### **Our Core Values:**

- ***Service of the Poor***
- ***Reverence***
- ***Integrity***
- ***Wisdom***
- ***Creativity***
- ***Dedication***

## **What is The Joint Commission (TJC)?**

- TJC is an independent non-for-profit organization dedicated to improving the safety and quality of patient care in healthcare settings.
- TJC develops accreditation standards, awards accreditation decisions and provides education and consultation.
- TJC will assess compliance to its standards by visiting departments/units, reviewing our policies and talking with employees, physicians and patients.
- TJC has been granted “deeming” authority by The Center for Medicare/Medicaid Services (CMS). Once a healthcare organization achieves TJC accreditation, TJC also deems the organization as having met the Medicare and Medicaid certification requirements.
- A team of TJC surveyors will likely include physicians, nurses and a life safety expert, who will conduct an integrated survey of both the Hospital and Behavioral Health standards.

## HELPFUL TIPS

- While not to be taken lightly, the survey process is typically collegial in nature. Try to relax and be confident in talking with surveyors about how/what you do to safely care for patients/clients everyday!
- Be familiar with your role in Fire and Safety and Disaster Preparedness. (Source use search engine to locate policy/plan.)
- Use good hand hygiene and hold patients, co-workers/ physicians and visitors accountable.
- Wear your ID badge at all times.
- Ask for clarification of any questions that you don't understand.
- Ask only those question asked—allow the surveyor to ask follow up questions.
- Surveyors want to see that we have and use standardized policies/procedures. **Avoid** using words/statements like: “usually”, “sometimes” or “I don't know about other staff, but the way I do it is.... ....”

- If you do not know the answer **be honest**; but if know where to find it or who to go to—say so, and then proceed to show the surveyor (i.e., refer to a policy, manual or manager).
- Keep all surfaces in your work area free of clutter, including under sinks, desks and make sure nothing is sitting on the floor or obstructing hallways.
- St. Vincent's policies are available on the *Source*. **If you don't know how to locate policies including departmental policies/manuals, ask your manager.**
- Remember we're a team; talk about the collaboration among various disciplines that occurs when taking care of our patients.
- Attitude counts! Surveyors ask specific questions about our policies and procedures; but they also pay careful attention to the overall approach we take to our work and our attitudes towards patients/clients and co-workers.
- Take time now to talk with your coworkers/manager about the ways we have worked to improve safety and quality of care. Joint Commission surveyors will likely ask you about such "Performance/Quality Improvement (PI)" efforts. Be prepared to talk about our High Reliability journey and some of your measurable quality/safety outcomes.

## **“SAFETY FIRST” - St. Vincent’s Journey Towards Becoming a High Reliability Organization (HRO):**

“High Reliability” is a term that has become synonymous with industries (like nuclear power and aviation), while inherently complex and risky, maintain excellent track records in terms of their error rates.

As of 2010, all St. Vincent’s employees and physicians have competed a High Reliability/ Safety class. The goal of this class is to raise awareness for how and why errors occur and to provide staff/physicians with the tools necessary to help prevent accidental harm to our patients/clients.

Please take time to review the Safety Site on the *Source*, which includes information about becoming a High Reliability Organization, the St. Vincent’s safety “Tool Kit”, and a real time count of the number of days between an event causing accidental harm to patients as well as the number of days between employee injuries.

## **Patient Safety and Performance Improvement**

### ***What is Performance Improvement (PI)?***

- All staff and departments play some role in PI efforts such as: reduction in medication errors, restraint use, falls and patient satisfaction.
- It's an ongoing effort of identifying opportunities for improvement and making necessary changes that will lead to improved and safer patient care.
- PI activities are data driven and often related to processes and outcomes that are high-risk, high-volume and/or problem-prone.

### ***What is St. Vincent's PI model?***

- St. Vincent's practices the **PDSA** model for Performance Improvement:
  - P**lan (Plan the test/observation)
  - D**o (try out the test on a small scale)
  - S**tudy (study the data and analyze results)
  - A**ct (refine the change based on what was learned from the test)

***What measures are used to monitor quality and safety at St. Vincent's?***

St. Vincent's PI efforts include:

- Falls reduction, including falls with injury
- CAUTI
- Venous Thromboembolism (VTE)
- C Difficile
- Restraint Use
- Pressure ulcers
- Surgical site infections
- Central line infections
- Ventilator Associated Events
- Patient satisfaction scores
- Compliance with TJC Core Measures
- Compliance with TJC Nat'l Patient Safety Goals
- Serious safety event (SSE) rate
- Other specific departmental projects

## Sentinel & Serious Safety Events

- A **sentinel event** or “**serious safety event**” is an unexpected outcome involving death or serious physical or psychological harm (temporary or permanent), which is due to a medical error or other deviation from the generally accepted standard of care. If you have concerns about a safety event, speak with your manager. You can also contact:

**Risk Management:** ext. 210-6285 or ext. 210-5019

**Quality/Patient Safety Officer:** ext. 210-5778

- A **Root Cause Analysis (RCA)** is conducted after a sentinel or serious safety event. It's a team effort involving thorough investigation and review of the event, with the goal of identifying any/all root causes and developing a corrective action plan to help prevent similar events from occurring in the future.

- A High Risk Process Analysis also referred to as **Failure Mode and Effects Analysis (FMEA)** is a proactive method of identifying and preventing high probability, high volume and high risk occurrences before they occur. Most recent FMEAs conducted here are: management of potentially aggressive clients, safe use of power contrast injectors and air embolism, clinical alarm safety, scope reprocessing in the GI Department.

## **The Joint Commission National Patient Safety Goals (NPSGs)**

*What are the NPSGs and how does St. Vincent's comply with these standards?*

### **Identify patients correctly**

**A.)** Two patient identifiers must be verified prior to giving/drawing blood, giving medications and providing care/treatment.

- At the **Main Campus**, the two patient identifiers are **Full Name and MRN**.
- At the **Westport Campus** the two patient identifiers are **Full Name and Date of Birth**
- **Out-patient settings** in the out-patient settings, patients are asked to state their names, date of birth and produce photo I.D.'s. Identifiers are compared to data provided on requisitions, medical records or labels.

**B.)** Label all containers used for blood and other specimens in the presence of the patient.

### **Improve staff and physician communication**

Report critical results of tests and diagnostic procedures within 30 minutes of receipt. The recipient must **write down** and **read back**

the complete order or test results.

### **Use medicines safely**

Label all unlabeled medicines, medicine containers and other solutions on and off the sterile field in peri-operative and procedure setting that are not immediately administered. For example: medicines in syringes, cups and basins.

## **Anticoagulant Safety**

Evaluate all patients for their risk of developing a blood clot (also known as VTE-Venous Thromboembolism) while in the hospital. Interventions such as getting out of bed, walking, compression stockings/SCD pumps, or a blood thinner such as Heparin injections will be implemented to prevent a VTE:

- Use approved protocols for Heparin & Warfarin
- Obtain and record accurate patient weights
- Heparin drips require “Smart Pump” - use drug library
- Educate patients/families regarding the importance of follow-up monitoring, compliance, food/drug interactions and possible interactions

## **Reduce Healthcare Associated Infections**

- Always wash hands or use hand sanitizer before and after contact with patient or their environment
- Remember! Hand sanitizer is not effective against C-difficile diarrhea; handwashing with soap and water is required. Use bleach for cleaning all equipment used for patients with C-difficile
- Follow isolation policies- available on *The Source*
- Use standard precautions for the care of all patients
- Practice 200% accountability- healthcare providers, patients, families, and visitors must demonstrate meticulous hand hygiene practices.

### ***What can you do to improve alarm related safety?***

- **200% Accountability:** Alarm Safety is EVERYONE's responsibility. Never assume someone else will respond to an alarm; and NEVER turn down/off an alarm.
- **Validate & Verify** which alarms you have the authority to adjust. Do not overuse physiologic monitoring; verify that the current level of monitoring is necessary to continue.
- **Validate & Verify** that alarm systems are functioning properly, parameters are appropriately set, and batteries are replaced timely.

### **Accurately and Completely Reconcile Medications**

- Reconcile meds upon Admission, Transfer and Discharge, or when patient seen in out-patient setting.
- List of discharge medications must be given to and reviewed with the patient. Advise patient to share this list with his/her next provider of care.
- Advise patient of importance of managing medication information at discharge or end of outpatient encounter.

### **Identify Patients at Risk for Suicide**

*Applies to patients being treated for psychiatric/emotional/behavioral disorders:*

- All patients/clients are assessed upon admission for risk of suicide and more frequently depending on level of risk.
- Patient/Client has a psychiatric consultation when required.
- Observation status is adjusted as required. Patient is placed in setting appropriate to level of risk.
- Patients are provided with crisis hotline phone number upon discharge.

**Prevent Central Line Associated Blood Stream Infections (CLABSI)**

- Place central lines for appropriate indications only
- Insert aseptically using the central line bundle and follow all care and maintenance guidelines
- Utilize standard protocols to disinfect catheter hubs and needleless connectors before accessing
- Review need for continued use daily / limit use and duration

**Prevent Hospital Acquired Multi-drug Resistant Organisms (MDRO)**

- Utilize appropriate transmission-based isolation precautions/ sign
- Utilize alert system in EMR to flag patients with MDRO for initial and subsequent admissions
- Screen patients in select units for the presence of MDRO
- Monitor for any increase in acquisition and transmission of MDRO

## **Patient Rights**

### ***How are Patients' Rights communicated?***

At the Main Campus, copies of the "Patient Rights" are available to patients at registration and posted. At the Westport Campus and Ambulatory Clinics, they are posted in patient care areas.

### ***How are patients informed of their rights?***

A copy of the Rights and Responsibilities of Patients and Medical Staff document is given to each patient at the time of admission for Medical Center inpatient services and at initial registration for outpatient and ambulatory services. The Rights and Responsibilities document is posted on the patient care units at the Medical Center, Westport, and Ambulatory Clinics and can be obtained upon request from the Patient Access Office at (203) 576-5759.

Informing patients and their families of their rights is an important aspect of patient education. Patient rights include the following:

- Right to safety, respect and dignity
- Right to privacy and confidentiality
- Right to free from neglect, exploitation, abuse, harassment
- Right to refuse treatment
- Right to informed consent to treatment
- Right to effective pain management
- Right to participation in treatment plan and discharge planning
- Patient's cultural and personal values, beliefs and preferences are respected

***How are patient rights to Privacy and Confidentiality protected? Health Insurance Portability and Accountability Act aka HIPAA)***

HIPAA is a federal law that protects individuals from misuse of their health information. Patients have the right to privacy and to have their protected health information (PHI) kept confidential and secure at all times.

- Never discuss patient related information in any public area, stairwell, lobby or elevator!
- Patient confidentiality is maintained by keeping patient medical records in designated areas and by logging off computers when you are not using them.
- Computer access is password protected. It is against St. Vincent's policy to share or use another employee's password.
- Only authorized users have access to electronic health records. Security measures are in place to protect access to only those persons who require it.

### ***What is Informed Consent?***

- Informed Consent is a patient's voluntary approval and understanding of a procedure/service, including what the procedure/service involves, why it is being recommended, the risks, benefits and alternatives as explained by the responsible physician.
- Informed Consent is needed for:
  - Any surgical or other invasive procedure
  - Any high-risk procedure
  - Non-surgical procedure that may cause a change in the body's structure (i.e.: chemotherapy or hormone treatments)
  - Investigational drugs, devices or research
  - Electroconvulsive therapy (ECT)
  - Radiation therapy
  - Anesthesia or moderate or conscious sedation
  - Transfer to another acute care facility
  - Voluntary admission to inpatient psychiatric services
  - Blood transfusion
  - Medication consent for minors (Westport Campus)

The informed consent document is filed in the chart after the patient, a witness to the patient's signature and the physician sign the document, validating informed consent.

***How does St. Vincent's accommodate patients with hearing, language or visual impairments?***

We are required to make reasonable accommodations for patients/clients with hearing, language or visual impairments. Resources available to assist patients with special needs and limited English proficiency include:

**MARTTI** (a two-way video interpreter): for foreign language and sign language interpreter services (at the Main Campus, Outpatient Ambulatory Clinics and Westport).

**Over-the-Phone Interpreters**: Main Campus and outside campuses may dial directly to access services from any speaker phone or dual handset 1-877-799-7830. Access Code 2161477. If you need assistance you may dial the operator (0) from the main campus or 203-576-6000 from any of our outside campuses.

**TTY, Pocketalker and Braille Telephone**: TTY is a text telephone for our deaf and hearing impaired community. A Pocketalker provides a personal amplifier for the hard of hearing. Braille telephones with large buttons and braille numbers are provided for our visually impaired clients.

**LifeBridge Community Services**: Can be contacted by calling 1-888-676-8554. LifeBridge is a contracted agency that provides live sign language interpreters.

All services can be reviewed under **Policy AP600-15**

## **Medication Safety**

**\* All medication must be secured at all times.**

***How does St. Vincent's reduce the risk of patient harm due to medication errors and high risk medications?***

- St. Vincent's defines **high risk medications** as:  
Chemotherapeutic Agents, Narcotics, Insulin,  
Anticoagulants, Cardiac Medications, Aminoglycosides,  
Antifungals and Neuromuscular Blockers.

Some of the many safeguards in place to prevent medication errors include:

- "Look–Alike–Sound–Alike Meds" list and "Tall Man Lettering"
- Nurses verify orders prior to administering
- Medication Reconciliation process
- All medication orders are reviewed by pharmacy prior to dispensing (except for in emergencies)
- Nurse double-checks of high risk meds such as Insulin and Heparin
- Use of Heparin and Warfarin Protocols
- Electronic systems ("pop-ups" in the Computerized Physician Order Entry system) in place to alert to drug interactions and dosing ranges

***Are verbal and telephone orders acceptable?***

Verbal orders are only acceptable in EMERGENCY SITUATIONS and must be authenticated within 24 hours by a Licensed Independent Practitioner (LIP) (Physician, APRN). Telephone orders are only acceptable from an LIP when the prescriber is **not** on the patient care unit. Telephone orders are only acceptable from House Staff when resident is **not** physically in the medical center.

### **PRN Orders**

PRN orders must include an **indication** and **clear instructions** that are specific and clearly describe when a registered nurse should administer one PRN medication over another PRN medication (in comparison to the already active orders)

### **Duplicate Medication Orders**

TJC, CMS and DPH standards do not permit duplicative orders that leave the decision between two orders to be decided by a registered nurse. This results in the registered nurse practicing outside his/her scope of practice. While many of these issues are addressed in order sets, the problem arises when order sets are not used and /or orders are entered outside of the order set.

### **Pain Management and Opioid Reduction**

Opioid addiction and overdose is a public health crisis, both nationally and in the State of Connecticut.

In 2018 the Joint Commission revised their pain assessment and management standards to ensure that pain management practices and the safe prescribing of opioids are an organizational priority.

SVMC considers pain management practices, the safe prescribing of opioids and the reduction of opiate use an organizational priority.

Opioid Reduction Strategies:

- Order sets reviewed for appropriate pain management treatment
- Prescribe no more than 3-7 days of opioids
- If opioids indicated, use lowest possible dose
- List of alternatives to opioids provided for use in the Emergency Department based on pain syndrome
- Provider access to One Chart to electronically prescribe controlled substances (EPCS)

## Infection Prevention/Control

### *How do you prevent the spread of infection?*

- Standard Precautions are used by all employees and physicians in the care of all patients. Standard Precautions is an approach that treats all blood and body fluids as if they could be infectious.
- Use Personal Protective Devices when you anticipate contact with blood and/or body fluid.
- Always wash hands before and after all procedures and patient contact.
- Alcohol hand rub may be used **unless** hands are visibly soiled. It is also NOT effective for C. Difficile diarrhea.
- Medical equipment and other high touch items, such as those used between patients regularly, should be disinfected between each single use to minimize the risk of contamination.
- Dwell time - the length of time that product remains wet on a surface to effectively kill germs. PDI wipes = 2 minutes: Bleach wipes = 4 minutes
- For patients with C-Diff and Noro Virus use bleach wipes and leave surface wet for 4 minutes
- Discard uncapped needles/syringes and sharps in the sharps containers.
- When accidental exposure to blood/body fluids occurs, wash or flush the exposed area well with soap (skin) and water (eyes). **Report the accidental exposure to your supervisor and complete an occurrence report by calling ViaOne—866-856-4835.**

## Restraint Use

### ***What is St. Vincent's policy regarding restraint use with violent and/or self-destructive patients?***

Patients have the right to be free from restraint/seclusion as a means of coercion, discipline, retaliation or at the convenience of staff. Please be familiar with Restraint/Seclusion Policy (on *The Source*).

- We always consider alternative and least restrictive interventions first.
- Restraint use is limited only to patients who are an immediate risk to injuring themselves or others.
- Always obtain a specific, time limited, physician order for any type of restraint— we never use standing or PRN orders.
- **Always document the behavior that warrants initiation of restraint/seclusion and the behavior that warrants continuation of restraint/seclusion.**
- Use of restraints must be in accordance with modifications to the IPOC which is **updated** with each new **episode**.
- A nurse should discontinue the use of restraint as soon as clinically appropriate—even if it is before the expiration of the order.
- Total hours of restraint use is benchmarked and monitored as one of TJC Psychiatric Core Measures.
- The death of a patient while in restraints or seclusion must be reported immediately to your manager, off-shift manager, or risk manager. This does not apply to patients in soft wrist restraints used for non-violent, non-self-destructive behavior.

## **Abuse and Neglect**

### ***What is the employees' responsibility when abuse and/or neglect is suspected?***

As mandated reporters, all employees are required by law to report physical and sexual abuse/neglect of children, elderly and persons with intellectual/developmental disabilities.

Strive to identify and assist adult victims of physical, sexual, and domestic abuse. Review St. Vincent's Abuse Reporting policy and Reporting Grid and familiarize yourselves with the signs and symptoms of abuse for the above populations. If you have any concerns about patient abuse/neglect please contact your supervisor and the social work/case-management department (Main Campus - ext. 5608).

### **OPPE and FPPE**

Focused professional practice evaluation (FPPE) is a time/volume limited period during which the organization evaluates the practitioner's professional performance. Privilege specific focused professional practice evaluations will be initiated for practitioners credentialed through the medical staff process every 8 months for:

- All newly appointed practitioners
- Existing practitioners who are applying for new privileges

FPPE may also be initiated under the following circumstances:

- Reported patterns of concerns/complaints regarding a currently privileged practitioner's ability to provide safe, high quality patient care.
- Any practitioner meeting the following triggers:
  - Practice/behavior is identified as a root cause or contributing factor for any sentinel event reviewed by the organization
  - Adverse clinical practice or outcomes with statistically significant variation from expected over two consecutive evaluation periods
  - Violation of professional ethics, bylaws or professional standards
  - Activities or conduct detrimental to the hospital's licensure or accreditation

The medical staff participates in routine monitoring and evaluation review of all current medical and allied health practitioners with clinical privileges utilizing performance indicators and specialty specific criteria. Ongoing professional practice evaluation (OPPE) information shall be factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE is considered a part of the OPPE process.

## Main Campus - Bridgeport

### *What are St. Vincent's emergency codes?*

To report an emergency: Tap/dial **77** from any Medical Center phone

- **Roll-Call:** Fire - **R.A.C.E.:** (**R**escue- Stop What You Are Doing And Get Everyone To Safety, **A**larm, **C**lose All Doors, **E**vacuate /**E**xtinguish). **PASS** the Extinguisher, (Pull pin, Aim, Squeeze, Sweep - spraying nozzle at base of fire). Know location of the closest pull-station and fire extinguisher in your work area and know your evacuation route!
- **Total Roll Call** - Evacuation
- **Code 200:** Bomb Threat - Report to supervisor for instruction. Search common areas and report any findings to Security
- **Code Silver:** Hostile intruder with a weapon, potentially a firearm. The overhead page will be accompanied by a location. **Do not respond to the area identified.**

### **Remember the 4 A's:**

- **ACCEPT** this is happening.
- **ASSESS** options and determine appropriate response: Run, Hide, or Fight.
- **ACT** to survive and protect.
- **ALERT** using emergency line when it is safe to do so.
  
- **Signal D:** Disaster - Report to your supervisor for assignment
- **Code Security:** Emergency Help with Aggressive Patients; Imminent Harm Foreseeable
- **Code Adam:** Possible Infant/Child Abduction - Cover exits and question any suspicious individuals; report relevant issues to Security

## Westport Campus

### **What are the Westport Campus emergency codes?**

**From 8AM—9PM:** tap/dial 244, report the nature of emergency/type of CODE, your name and location. Calling 244 gets priority attention from the operator.

**From 9PM—8 AM:** overhead page by dialing **89** from any phone. Speaking directly into the receiver, announce the type of emergency/Code and location

- **Code Orange:** Agitated patient / behavioral emergency - available staff respond
- **Code Green:** Agitated patient / escalated behavioral emergency - all staff respond
- **Code Yellow:** Patient eloping - cover all exits
- **Code 99:** Medical Emergency; RNs and MDs respond
- **Code RED:** Fire - **R.A.C.E.:** (**R**escue- Stop What You Are Doing And Get Everyone To Safety, **A**larm, **C**lose All Doors, **E**vacuate/Extinguish).
- **Signal D:** Disaster - report to supervisor for instruction
- **Code Adam:** Child Abduction - cover exits and question any suspicious individuals; report relevant issues to Security
- **Code 200:** Bomb Threat - report to supervisor. Search common areas and report any findings to Security
- **Code Silver:** Hostile intruder with a weapon, potentially a firearm. The overhead page will be accompanied by a location.  
**Do not respond to the area identified.**

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