

TJC Readiness Booklet

**The Joint Commission
(TJC)
Continual Readiness**

**Quick Reference
Guide
2019-20**

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 Medical Center. Please take the time to familiarize yourself with the important information in this guide.

St. Vincent's Mission, Vision and Values

Our Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Our Vision

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

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 every day!
- Be familiar with your role in Fire and Safety and Disaster Preparedness. *The Source* – use the 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.
- Answer only those questions 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...”
- 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.
- If you do not know the answer **be honest**; but if you 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 and desks. Make sure nothing is sitting on the floor or obstructing hallways.
- **Ensure that no protected health information (PHI) is in an unsecure location and log off your workstation.**

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

“High Reliability” organizations are pre-occupied with failure, taking intentional precautions to identify risks and prevent potential safety events and learning from actual events to prevent reoccurrence.

Since 2010, all St. Vincent’s employees and physicians have completed 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 & 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.
- PI is 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:

- **Plan** (Plan the test/observation)
- **Do** (try out the test on a small scale)
- **Study** (study the data and analyze results)
- **Act** (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 National Patient Safety Goals
- Serious safety event (SSE) rate
- Other specific departmental projects

How do you report patient-related occurrences?

- Any significant/immediate issue involving patient safety should be immediately and directly reported to your manager and/or to the Risk Management Department.
- All occurrences should be entered into the Quantros system (on *The Source*). This allows for rapid communication of the incident to management and the Risk Management Department. Quantros is also a valuable tool for trending and analyzing patient occurrences.

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: clinical alarm safety, scope reprocessing in the GI Department, and the communication and documentation of critical values.

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**.
- Outpatient 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.

Clinical Alarm Safety

- TJC requires hospitals to make alarm management a top priority and to develop education and policies regarding alarms in the clinical setting.
- St. Vincent's formed an interdisciplinary Alarm Safety taskforce that has engaged management and staff in: inventorying all clinical alarms, assessing/determining appropriate parameters, and reviewing policies and educational needs to improve alarm use and safety.

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 Indwelling Catheter-Associated Urinary Tract Infections (CAUTI)

- Place indwelling urinary catheters for appropriate indications only
- Insert aseptically and follow all care and maintenance guidelines
- Utilize Urinary Retention Algorithm (URA)
- Review need for continued use daily / limit use and duration
- Utilize nursing protocol for discontinuation

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

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.

How can patients/clients or staff report complaints regarding quality of care or safety?

Issues that cannot be resolved by staff/physician at the time of service, or by the manager, should be referred to the Patient Relations Department, or to the Patient Advocate at the Westport Campus.

Patients and families also have the right to file complaints, including concerns about safety, with external agencies including TJC and CT Department of Public Health (DPH). Contact information for TJC and DPH is provided to and/or posted for all patients.

If ever a physician or employee has a quality or safety concern, which they believe has not been adequately resolved through internal measures, they too have the right to contact TJC or DPH.

How are patients Spiritual Needs addressed?

St. Vincent's Pastoral Care Services are available to meet with patients/families of all religious and spiritual beliefs.

Pastoral Care Services can be reached at:

Main Campus: 475-210-5110

Westport Campus: 475-210-5110 or 475-210-5117

What is an Advance Directive?

- Each patient is asked about Advance Directives at the time of inpatient registration/admission and during nursing admission assessment.
- Upon request, a Social Worker provides information about and assistance with writing an Advance Directive.
- A copy of Advance Directives is placed in Medical Record when available.

Advance Directive (cont'd)

- A written or verbal statement that provides direction for caregivers regarding the patient's preference for care and treatment in the event the patient loses the ability to speak for him/herself.
- A living will, a durable power of attorney with medical authority, or designation of a health care proxy representative are examples of documents that are created while the patient still has the capacity to make decisions.
- The content of an Advance Directive is an essential part of the plan of care, especially for a patient with a potentially terminal prognosis.
- Patients also have the right to have a **Psychiatric Advance Directive**, which may be used to document a patient's preference for mental health treatment, if ever he/she loses the capacity to give/withhold consent due to an acute psychiatric episode.
- Advance Directive documentation can be found in the Red Tab section of the medical record at the Main Campus, and in the Admission section of the medical record at the Westport campus.
- Patients registered for outpatient testing or ambulatory procedures are informed about Advance Directives in the event that the patient unexpectedly requires inpatient hospitalization.
- Family Health Center, Urgent Care Center, and Wound Care Center patients are not informed about Advance Directives. Inquiries by the attending clinical staff are documented in the progress notes.
- A Social Worker is available to all outpatients if they request information regarding an Advance Directive.

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**

How do you check to ensure that a Licensed Independent Practitioner (physician, APRN) is privileged to perform a specific procedure?

Check Cactus on *The Source*:

- Go to *The Source*
- Click on the applications tab on the left side tool bar
- Under the “Clinical” header, click on Cactus Privileges
- Enter the providers name and click Search
- Click on the provider’s name from the list
- You will see their core and non-core privileges listed. If you would like more detail, you can click on the individual privilege.

How are Ethical Conflicts resolved?

St. Vincent’s understands that at times there may be ethical dilemmas among patients, their families, medical staff, and employees. The process for resolving ethical questions/conflicts is to initiate an Ethics Committee consult. Anyone can contact the Ethics Committee by asking the Main Campus operator to contact the ethics-on-call person.

What has St. Vincent’s done to prevent workplace violence (WPV)?

- Employees can report WPV risk and concerns through their managers, security or ViaOne incident reporting system.
- Interdisciplinary committees (Threat Assessment Team) analyze episodes and develop strategies to mitigate risk of harm to patients, employees and visitors.
- Through a proactive identification system, clinical staff is informed about patients who have demonstrated aggressive/violent behavior in and out of the medical center.

PATIENT ASSESSMENT & CARE

Describe the Process of Care/Treatment Planning

- The care/treatment planning process is multidisciplinary.
- Each discipline assesses the patient and documents on the Interdisciplinary Plan of Care (IPOC).
- Problems, outcomes, and goals are identified after discussion with the patient and/or family.

Pain Assessment

Explain the Pain Assessment process at St. Vincent's

- All patients (inpatient and outpatient) have the right to appropriate assessment and management of their pain.
- All inpatients are assessed for pain at the time of admission and on daily basis or as needed using the appropriate pain rating tool. Outpatients are assessed at each new episode of care.
- The assessment includes description, intensity, location, aggravating/alleviating factors, signs/symptoms, impact on ADL's and pain management methods used by the patient.
- Any time an intervention to alleviate pain is given, **a re-assessment must be done and documented within 1 hour!**

Medication Safety

*** All medications 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: Chemotherapy, Opioid Infusions, Insulin, Cardiac Infusions, Anticoagulant Infusions (Heparin and Argatroban), Amphotericin, 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 high risk meds such as Insulin and Heparin
- Use of Heparin Protocol
- Electronic systems ("pop-ups") 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** physically in the medical center.

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.

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.
- Hand washing is the best defense for preventing spread of infection.
 - 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.
- Discard uncapped needles/syringes and sharps in the sharps containers.
- Discard trash in the appropriate trash receptacle.
- 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.**

Patient/Family Education:

St. Vincent's is committed to providing education in ways the patient and family comprehend. Barriers to learning are assessed on admission and throughout the course of treatment. Teach-Back is utilized to validate that the patient/family fully comprehend the education being provided.

Preventing Readmissions

St. Vincent's is committed to doing everything possible to minimize the need for our patients to be readmitted to the hospital.

Some of the initiatives we have taken are:

- Daily multidisciplinary Discharge Rounds are held on each unit to review discharge plan.
- Discharge RN contacts RN at Home Care Agency or Skilled Nursing Facility with report on patient status prior to discharge.
- Follow-up appointments are scheduled for patient prior to discharge.
- Discharge envelopes have been developed for discharge paperwork, including instructions and appointments. The name and number of hospital contacts are included on the envelope.
- Our Outpatient Pharmacy can fill prescriptions prior to discharge.
- MD Physician Advisor reviews readmissions within 30 days on discrete diagnoses, Bundle Medicare patients, and ad hoc high risk patients.

What has St. Vincent's done to address patient flow?

- Full-time Patient Flow Manager to oversee throughput process (M-F days, Off-shift Managers evening, nights)
- All units participate in daily Discharge Huddles
- Daily Bed Census Status report given at morning Management Safety Huddle; also in the evening Huddle.
- Medical Center utilizes the Cerner OneChart Bed Management System to coordinate Bed Management, Transportation, and Housekeeping process to maximize efficiency of bed utilization.

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

As mandated reporters, all employees are required by law to report suspected 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. 210-5608).

SAFETY & ENVIRONMENT OF CARE

The Environment of Care (EOC) program is critical in helping to ensure the physical safety of patients, visitors and employees. The Safety Committee is an interdisciplinary group, chaired by the Senior Director of Facilities and Security (ext. 210-5325).

EOC rounds are conducted with the purpose of identifying and mitigating any potential safety risks in the environment.

How do you report environmental safety concerns and employee injuries?

- Urgent safety concerns and work-order requests should be immediately reported to Engineering/Building Services. At the **Main Campus: extension 210-5251**. At **Westport Campus Building Services: extension 8885**.
- **Routine work-order requests** and other non-urgent environmental safety concerns should be reported through the Medxcel Work Order System on *The Source* or call **210-5251**.
- **Employee work-related injuries** are reported through the **ViaOne** system on *The Source*.

Who is responsible for turning off medical gases in the event of an emergency?

All nurses must be familiar with the location of the medical gases. The Nurse Manager, Clinical Leader/Charge Nurse or designee shuts off the gases after evaluating the oxygen needs of the patients.

How do you turn off medical gases?

Turn valve away from the pipe.

What do you do if a piece of patient care equipment malfunctions? What to do for ambulatory clinics?

All medical equipment used on patients is inspected prior to use and at least annually for safety and proper functioning. If equipment malfunctions, we immediately take it out of service until it is replaced or repaired.

Main Campus: A red tag is placed on equipment to identify it as “Out of Service”. Call Clinical Engineering at **ext. 210-6363** immediately to have equipment removed for testing. For non-clinical equipment, contact **ext. 210-6111**.

Westport Campus: Contact Building Services ext. 8885 to report any damaged equipment and ensure it’s taken out of service.

What are MSDS and where can you find them?

Material Safety Data Sheets (MSDS) contain information on how to handle an accident/exposure involving a chemical product. Copies of MSDS for products found in your area may be found on *The Source*. (Under Application – “General” heading – “MSDS Online” link.

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 /Extinguish). **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.:** (Rescue- Stop What You Are Doing And Get Everyone To Safety, Alarm, Close All Doors, Evacuate/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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PATIENT SATISFACTION

How does St. Vincent's monitor and improve patient experience?

St. Vincent's collects patient experience data, which enables us to monitor and compare our satisfaction scores internally over time and against other healthcare organizations nationally. Results are disseminated to service areas, and action plans are developed at unit and department meetings to help improve patient experience. You should be aware of any priorities for improvement in your unit/area as a result of your most recent patient experience data.

HUMAN RESOURCES / STAFF COMPETENCY

Describe the approach to staff competency at St. Vincent's

- Pre-employment interviews ensure you have the necessary skills, education, experience and license/certification to perform your job.
- Every new employee goes through both a general and department-specific orientation process that includes tests, return demonstrations and preceptorships where appropriate.
- Annually all staff are required to complete mandatory competencies on specific core areas that are important to your job.
- Annual performance appraisals assess your performance expectations.
- Your job description outlines performance expectations.
- Some departments require that certain knowledge and skills be validated in addition to the annual review. Be sure you know what your requirements are and how competency is measured.
- Employees who provide direct patient care are assessed annually on age-related and population specific competencies specific to the care and populations they care for.