

Baptist Health Joint Commission Survey Guide 2011

This **Joint Commission Guide** is designed to guide you with some of the basic elements of what you are required to know during a Joint Commission survey. Since January 2006, all surveys are unannounced.

The Joint Commission is an independent, not-for-profit accrediting body that conducts an evaluation of hospitals and makes recommendations to help improve hospital safety and the quality of patient care.

Why is it important to pass the survey and perform well? The Joint Commission accreditation is closely linked with our ability to demonstrate to the community and payor sources that we provide quality patient care and services. Accreditation is a positive “gold seal of approval,” which assists in attracting patients to our facilities.


Best wishes on your survey!

(Missi) Mary R. Halvorsen, RN, BSN
Senior Consultant
Accreditation and Compliance
Baptist Health
904.202.4966

Ginger S. Griffin, R.T. (R), FASRT
Consultant
Accreditation and Compliance
Baptist Health
904.202.5134

Baptist Health Mission Statement

To continue the healing ministry of Christ by providing accessible, quality health care services at a reasonable cost in an atmosphere that fosters respect and compassion.

 **TIP:** The Joint Commission does not expect you to memorize the mission statement; however you must be able to state it in your own words. Remembering the underlined “Cs” in the statement will help in remembering the mission statement.

Core Values

- Community Advocacy
- Excellence
- Respect
- Stewardship

 **TIP:** These are listed on the back of your employee badge and in performance evaluations annually.

Baptist Health Administration

President, CEO, A. Hugh Greene

COO, John Wilbanks

Sr. Vice President, CNO, Diane Raines

Sr. Vice President, CMO, Medical Affairs/Clinical Effectiveness, Keith Stein, MD

Sr. Vice President, CFO, Mike Lukaszewski

Sr. Vice President, General Counsel, Harvey Granger

Sr. Vice President, CIO, Roland Garcia

Vice President, CRO, Marianne Hillegass

Chief Medical Information Officer, Louis Penrod, MD

Scope of Care/Services

The scope of care/services is what you do and the type of patients you serve or care for at Baptist Health. It includes services, diagnosis, patient population, average age, average length of stay, hours of operation and multidisciplinary team members.

 **TIP:** Scope of care/service is located in your Policy/Procedure Manual, in Human Resources and online in our intranet.

You may be asked to describe the scope of service with your department, your role and how it relates to the mission of the hospital.

Medications and Medication Safety

(Adverse Drug Reaction - ADR) Complete and submit the ADR information via the Baptist intranet Occurrence/Incident form link or contact the Pharmacy directly. All drugs are kept in restricted, observed areas or locked up. Secure all medications at all times. Medications include pills, solution vials, contrast media, syringes, (with and without needles) and IV bags.

Medication Variance and Occurrence Reporting

Baptist Health fosters a non-punitive culture and encourages employees to report medication errors/adverse occurrences. Narcotic waste is witnessed and electronically signed within Accudose. Narcotics must be discarded in a sink or toilet, never in sharps containers.

Medication Quality Assurance

- Opened multi-vials are good for 28 days, unless otherwise noted.
- Opened vials must be dated and initialed with the expiration date. (NEW!)
- Crash cart must be locked and checked every 24 hours.
- Opened SureStep test strips and quality control vials must be labeled when opened.

Medication Errors

Look-Alike, Sound-Alike Drugs

Pharmacy has taken measures to reduce the risk of look-alike, sound-alike drugs, which includes annual staff education and posters/newsletters. A Baptist Health and Joint Commission list of look-alike/sound-alike medications is available on the Baptist Nursing homepage on the intranet. For further information, contact the Pharmacy.

Patient Rights

Patient Bill of Rights

Provided to patients upon admission, the Patient Bill of Rights provides explanations of their rights and responsibilities. A list is available on the e-baptisthealth intranet, see "Patients & Visitors" link, click on "Patient Advocacy and Rights."

Informed Consents

The physician obtains informed consents. A physician may use his/her own consent form; however, a BH Consent Form must also be signed by the patient or his/her representative.

Nurses confirm that the patient has had an opportunity to ask questions and understands the content of the consent. Informed consents should be generated at the time of admission or before initiating the treatment/procedure. A signature of the witness is only required for the following circumstances:

- 1) If the patient cannot sign his/her name but can make a mark. The witness shall so indicate next to the mark that it is the "patient's mark" and sign the witness section.
- 2) If the patient is unable to sign, but can provide verbal consent. The witness shall document on the consent form that the "patient is unable to sign, gave verbal consent" and sign the witness section.
- 3) If the patient indicates consent by a shake or nod of the head. The witness shall document on the consent form that the "patient is unable to sign or give verbal consent, indicated consent by a shake or nod of the head" and sign the witness section.

TIP: Refer to Baptist Health Informed Consent Policy #7.11.3. If at any time there are questions or a need for guidance in matters regarding consents, contact the Nursing office, the Medical Affairs Office, the Legal Department or the Risk Management Department.

Advance Directives

Baptist Health addresses the wishes of the adult inpatient relating to end-of-life decisions.

- Policies address Advance Directives and the framework for withdrawing life-sustaining treatment and withholding resuscitative services: See Baptist Health Administrative Policy # 2.30 Advance Directives. See *Baptist Health Allow Natural Death (AND) Policy # 7.11.12*.
- Adults are given written information about their right to accept or refuse medical or surgical treatment. See *Patient Bill of Rights and Advance Directive checklist*.
- Documentation indicates whether or not the patient has signed an Advance Directive. See *the Advance Directives Checklist that is completed by the Patient Access Department*.
- The patient has the option to review and revise Advance Directives. Refer to *Social Services for assistance*.
- Appropriate staff are aware of the Advance Directive if one exists. *The direct caregivers should be aware if Advance Directives exist, and attempt to obtain a copy of the Advance Directive as the condition warrants. Document attempts to obtain a copy in the patient's medical record.*
- Upon patients' requests, Baptist Health helps or refers them to the proper source in formulating Advance Directives. *Information is available on the Baptist Intranet or from Social Services.*

Patient/Employee Complaints/Grievances

Our goal is to resolve complaints immediately by the staff in attendance. Inform a manager or administration when a complaint and/or grievance occurs.

 **TIP:** Employee complaints: Baptist Health Grievance Resolution Policy #1.2.13. Patient complaints: refer to Baptist Health Resolving Patient Complaints and Grievances Policy #2.39.

Effective Communication

Patient and Family communication needs should be identified and documented in the patient's medical record upon entry to our healthcare organization. For example, this includes (but not limited to) communication barriers such as: Deaf, hard of hearing, foreign languages, limited English proficiency, health care literacy and visual impairments.

It is our responsibility to respond to the patient's and families communications needs at the earliest point in the patient's stay and throughout their continuum of care.

All staff are empowered to access and provide communication resources for patient's and families however, if you need assistance, contact your manager, supervisor or ADON.

Examples of communication resources include, but are not limited to:

- On-site professional interpreters services
- On-line telephone professional interpreter services
- Sign language interpreters
- Ubi-Duo communications keyboard
- Closed caption T.V.
- Florida Relay telephone system
- Text telephones (TT4)
- Dual Handle Telephones
- Video relay devices

 **TIP:** Only upon request by the patient or patient's representative should family or friend be used for MEDICAL INTERPRETATION.

If the patient declines communication assistance and/or indicates a preference to use family or friends for interpretation, notation of such refusal should be documented in the patient's medical record.

At no time should a patient become financially responsible for language access services.

Professional medical translation services should be utilized at key points in care which include, but are not limited to:

- Informed Consent
- Registration
- Obtaining patient's medical history
- Assessment and clinical encounters

- Diagnosis and explanation of treatment
- Discharge planning
- Patient/family education
- Pre and post surgery, procedures, lab work and radiology
- Explanation of medications
- Discussion of referrals
- Patient complaint and grievance reporting
- When a patient or patient's representative or family members request an interpreter.

Use of a minor (child) for communicating medical information is not permitted, even at the request of the patient.

In an emergent situation, until a professional medical interpreter is obtained, BH staff may be used for medical interpreter needs.

In a non-emergent situation, Baptist Health staff should only be utilized for common conversational translations.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HIPAA was originally conceived to guarantee health insurance coverage for employees and their families when they change or lose their job. The HIPAA privacy Rule regulates the use and disclosure of protected health information (PHI) and includes any part of the patient's medical record or payment history. Privacy laws called the HITECH Act of 2009, have since expanded to include a focus on confidentiality of electronic protected health information (ePHI).

The HITECH Act increased penalties for HIPAA increased penalties for HIPAA violations. At Baptist Health, sanctions for violations include written warning(s), suspension and/or termination. However, additional regulatory fines incurred may include monetary penalties up to \$1.5 million. Civil penalties are a possibility with monetary fines and / or imprisonment. Breaches in protected health information are reported to the patient and to the Department of Health and Human Services (HHS).

TIPS:

- Handle protected health information with **EXTREME CARE!**
- Never share computer passwords
- Log off of the computer when finished with your work and prior to allowing another individual to use a shared computer
- Use care when faxing PHI, use a cover sheet and double check the fax number
- Call the recipient to ensure the fax was received
- Enter transcriptions to the correct number
- Use locked shredder bins to secure paper PHI
- Password protect your personal handheld digital devices
- Never access the medical records of patient without a "need to know" or their written consent
- Never share PHI with family or friends

- Never access a medical record of a VIP or after reading or hearing about a patient in the news
- Avoid using text messages for communicating PHI
- Confirm with patients that visitors in the room have their permission to know PHI, prior to discussing with the patient.
- Secure laptops from theft and protect with passwords and encryption.
- Avoid use of portable media (discs, thumb/flash drives) for use of PHI
- Do not include PHI in emails, unless you have encryption.
- Use a quiet tone when discussing PHI in open patient care areas such as semi –private rooms, registration, emergency departments and rehabilitation out patient settings.

Refer to Baptist Health Interpretive Services and Communication Assistance for Patients, Family Members or Patient’s Representative Policy #2.25. Patients are never billed for interpreter services. Call your supervisor if interpreter services are needed. See Baptist Health Employee Intranet under “Translation Services for Patients and Families.”

- Baptist Health HIPAA Privacy Officer: Harvey Granger, 202.5066
- Baptist Health Health Information Security Officer: Dave Dully, 202.2448
- HIPAA privacy line: 202.4472 (202.HIPA)

Ethics

Corporate Compliance

Baptist Health’s Corporate Compliance program was developed to encourage the prompt reporting, investigation and corrective action (if needed) of alleged unethical conduct by corporate officers, managers, employees, independent contractors, physicians, other health care professionals and consultants. Reporting is confidential and protected.

Code of Ethical Behavior

Baptist Health is committed to conducting business lawfully and ethically. “Code of Ethical Behavior in Business Practices” #6.3.5 defines and ensures uniformity in standards of our code of conduct.

Code of Business Practices #6.1.1

Baptist Health is committed to ensuring that its billing and reimbursement comply with applicable federal laws (False Claim Act), state laws, regulations, guidelines and policies, and that all bills are accurate. Baptist Health routinely audits, monitors and reviews to help prevent and detect fraud, waste and abuse. If you suspect an activity is fraudulent, contact the Corporate Compliance Department for guidance. When lawfully reporting False Claims or other fraudulent conduct, you are protected from retaliation under both state and federal laws.

- Corporate Compliance Hotline: 202.4685
- Corporate Compliance Officer: Harvey Granger, 202.5066
- BH Director of Risk Management/Corporate Compliance and Patient Safety Officer: Cory Meyers, 202.5644
- Senior Consultant, Accreditation and Compliance: Missi Halvorsen, 202.4966
- Consultant, Accreditation and Compliance: Ginger Griffin, 202.5134
- Corporate Compliance Paralegal: LuAnn Goodwyne, 202.5620
- Corporate Compliance Analyst: Christine Glover, 202.5617

Ethics Committee

Meets at least quarterly and on an as-needed basis for issues related to care of patients, as well as for any decision-making necessary in regard to that care. For example, decisions or conflicts regarding continuation of life-sustaining procedures or treatment may be an ethical issue, especially in the absence of an Advance Directive.

Committee members may be comprised of a physician, chaplain, community representative, nursing, legal representative, risk management and administrative representative. See Baptist Health Ethics Committee Policy #2.40.

Patient Assessment, Care and Treatment

Pain Assessment

All patients are assessed for pain at the time of admission. Clinicians must reassess and evaluate pain management interventions, documenting the effectiveness using an appropriate pain scale

History and Physicals

A complete history and physical examination shall be recorded within 24 hours of admission or within 12 hours for observation patients. If a complete history and physical has been performed by a staff physician within 30 days prior to admission, an update to the patient's condition, since it was last assessed, is required at the time of admission. In the situation where the patient is going to surgery or an invasive procedure, the update to the patient's condition and pre-anesthesia assessment may occur in a combined activity.

Abused or Neglected Patient

Inform manager/supervisor. See Baptist Health Patient Abuse/Neglect Policy #338. Clinicians are required to have domestic violence education according to licensure.

Patient and Family Education—An “Interdisciplinary Approach”

All care providers should document patient specific patient/family education in the patient's medical record, utilizing the education section in the Plan of Care. See Baptist Health Policy #7.02.3. The specific education provided and patient's understanding of the education provided should be documented.

Interdisciplinary Plan of Care (IPOC)

All care providers, including the patient/family, should work as a team to plan and evaluate the effectiveness of care. Communicate progress towards goals to the patient/family. Document the plan of care, date of initiation and target goals. PIE (Problem/Procedure, Intervention and Evaluation) has been adopted at Baptist as the methodology for documenting care provided by all disciplines. See Baptist Health Policy #7.02.1.

Anesthesia/Moderate Sedation

A licensed independent practitioner must assess the patient immediately (2 - 3 minutes) prior to induction. Document the assessment.

Brief Postoperative Note

This must be documented immediately following surgery and include the following: pre- and post-diagnosis, procedure, surgeon and assistants' names, findings, specimens removed, disposition of specimens and estimated blood loss.


Performance Improvement (PI)

The structure used to improve quality, cost and service, Performance Improvement has been called by many names, including Quality Improvement (QI), Continuous Quality Improvement (CQI) and Operational Performance Improvement (OPI). All are the same.

PI Methodology—(DMAIC) pronounced (De-May-Ick)

DMAIC is a data-driven, tool intensive strategy for improving processes:

- D** - Define (the problem)
- M** - Measure (collect data)
- A** - Analyze (the data collected)
- I** - Improve (processes for change)
- C** - Control (sustain improvement)

 **TIP:** Know what DMAIC means. Be able to discuss your department's PI project(s). Display PI projects within your department with charts/graphs or storyboards, as explanations are clearer with visual illustrations.

Baptist Health 2010 Strategic Goals

- 1 People** - Select, develop and retain the best people.
 - Workforce Development
 - Wellness Initiative
- 2 Growth** - Enhance access and loyalty to our comprehensive health care system.
 - Expansion and Replacement of Facilities
 - Clinical Service Development
- 3 Medical Staff** - Appropriately align relationships to address community need.
 - Physician Recruitment and Development
 - Emergency Room Coverage
 - Physician Satisfaction
- 4 Quality** - Deliver superior patient care by relentlessly driving to improve clinical quality.
 - Quality
 - Clinical Technology
 - Information Technology
- 5 Financial Health** - Manage and enhance resources and revenue streams.
 - Operational Performance
 - Philanthropy
- 6 Service** - Create superior experiences for those we serve.
 - Patient Experience
- 7 Community** - Enhance community health outside our walls.
 - Community Health

Baptist Health Quality Measures

CMS Core Measures, ORYX (Joint Commission), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and nursing sensitive quality measures (NDNQI) are monitored for a comparative benchmarked “best practice” analysis with respect to the patient experience, satisfaction and outcomes of care. Many of these results are available to the public. Each hospital has specific indicators that are being reported and analyzed. See hospital specific addendums for measures studied.

Objectives:


- To reduce and/or prevent medical/health care errors
- To improve patient safety
- To reduce risk to patients

Baptist Health Patient Safety Improvement Committee (PSIC):

- Committee Chair: Baptist Health System Senior Vice President Medical Affairs/Clinical Effectiveness, CMO, Keith Stein, MD
- Baptist Health Director of Risk Management/Corporate Compliance and Patient Safety Officer: Cory Meyers

Committee has representation from the following areas: Medical Staff, Nursing, Risk Management, Clinical Effectiveness and Performance Improvement, Nursing Administration, Administration, Infection Control, Safety and Security, Imaging, Regulatory and Accreditation, Pharmacy, Laboratory, Cardio-Pulmonary, and others on an as-needed basis.

At Baptist Health we encourage the patient’s active involvement in his/her own care as a patient safety strategy. Define and communicate the means for patients and their families to report concern about safety, encouraging them to do so.

 **TIP:** Upon registration, patients are provided with “Speak Up” information that encourages them to report their concerns about safety. This information is also provided to patients and families via our “Be Our Health Care Partner” signage seen in patient rooms. Patients have several ways to report safety concerns:

1. Directly to their care providers
2. Via patient surveys
3. Patient Advocate/Guest Services
4. Patient Safety Hotline: 202.SAFE 202.7233

Systemwide Patient Safety Initiatives:

- Improve the accuracy of patient identification with the use of at least two patient identifiers.
- Improve the effectiveness of communication among caregivers – especially when dealing with telephone and verbal orders and the communication of critical lab values.
- Utilize and monitor compliance with the “Prohibited” list of abbreviations, symbols or acronyms.
- Assure a standardized approach to “hand off” communication as patients and staff move through the facility.
- Continuously improve the safety of using medications. Label all medications and medication containers, both on and off the sterile field.
- Comply with current CDC hand hygiene guidelines.
- Monitor the Falls Prevention program. Reduce falls. Refer to Baptist Health Inpatient Falls Prevention Policy # 7.3.1. A patient’s fall risk may fluctuate from baseline assessment due to medications or treatments. Clinicians should reassess fall risk after a patient receives sedatives, analgesics, muscle relaxants and/or mood altering drugs. Ensure the patient’s safety by implementing fall preventative measures. Remember, if you feel a patient is a risk for falls, you may implement the fall prevention strategies using your clinical judgment.

- Reconcile the patient's medications throughout the continuum of care.
- Adhere to the Universal Protocol for preventing wrong-site, wrong-procedure and wrong-person surgery.
- Rapid Response Team utilization, decrease codes occurring outside of the ICU.
- Decubitus ulcer prevention.
- Standardize and improve the safety of crash cart deployment.
- Prevent central line infections.
- Improve safety with the use of anticoagulation therapy.

Safety and Security

Emergency Codes:

Fire

CODE RED: Dial 7777

Remember: R-A-C-E = Rescue (Rescue-Alarm-Contain-Extinguish)

Remember: P-A-S-S = Extinguishers (Pull-Aim-Squeeze-Sweep)

- Evacuate beyond firewall doors and then down or out if necessary.
- In the event of fire, after assured that all patients on oxygen have been safely removed from the area, the most senior person in charge will appoint a staff member to shut off the oxygen at the emergency shut-off panel.
- Help us improve the safe use of oxygen cylinders by keeping them in the appropriate oxygen tank holders, carts or racks. Empty tanks should be exchanged as soon as possible for a full tank.

Bomb Threat

CODE YELLOW: Dial 7777

Disaster

CODE ORANGE: Outside agency will notify Emergency Operator.

HAZMAT Spills

CODE H: Dial 7777

- Use Personal Protection Equipment (PPE).
- Obtain Material Safety Data Sheets (MSDS) for information on chemical. Know location of hard copy manual or how to access on the computer: <http://hazard.com/msds/index.php> or e-baptisthealth.com employee intranet, click safety, security and parking, click to update your departmental MSDS.

Cardio-Pulmonary Arrest

CODE BLUE: Dial 7777 or activate code button.

Infant/Pediatric Abduction

CODE ADAM: Dial 7777

Emergency Rescue Response

CODE GREEN: Dial 7777

Workplace Violence

CODE VIOLET: Dial 7777

Faulty Medical Equipment

During use on a patient:

Remove equipment. Provide immediate care to the patient for injury, if applicable. Label equipment "Broken" with a description of the problem. Complete occurrence report, including Equipment Event section. Save all product packaging and equipment in place at the time of the event. Notify Risk Management of the patient injury. Call Clinical Engineering (CE) technician, 202.5294.

Not in use on patient at time of event:

Label equipment "Broken" with description of what occurred and remove from service. Call CE technician, 202.5294, to report broken equipment for repair.

Faulty Non Medical Equipment

Remove it from area if possible. Label the equipment as defective. Describe the problem and remove from service. Call Plant Facilities, 202.1430.

Tools Used by Baptist Health for Improvement of Patient/Employee Safety

Hazard Vulnerability Analysis (HVA) A proactive analysis tool used to evaluate possible emergency/disaster scenarios based on probability of occurrence, possible risk and current state of preparedness (for example, hurricane preparedness plans).

Failure Mode and Effect Analysis (FMEA)

A proactive analysis tool used to measure possible failure rates and criticality (degree of risk) within processes. Our Systemwide FMEA initiative focuses on improving the safe transfer of patients within Baptist Health.

Root Cause Analysis (RCA)

Used to identify causal factors (the root cause) for a variation in performance or outcome. Focuses primarily on systems and processes, not individual performance.

Human Resources (HR) Staffing Effectiveness

The national need to address staffing issues is the impetus behind The Joint Commission's staffing effectiveness standards. The Joint Commission requires health care organizations to compare and analyze HR staffing data with clinical outcomes of care. Baptist Health studies HR staffing effectiveness indicators at each hospital. Information gained is used to help leadership identify and correct potential staffing effectiveness issues.

Infection Control

Baptist Medical Center uses Standard Precautions; Personal Protective Equipment (PPE) such as gowns, gloves, masks and goggles, hand hygiene; and participation in the Employee Health Program are used to prevent the spread of infection.

Centers for Disease Control (CDC) Hand Hygiene Guidelines

1. **Use alcohol-based hand rubs to clean your hands.** Allow hands to dry thoroughly. Studies indicate an increase in compliance and a significantly reduced number of microorganisms on skin when using alcohol-based hand rubs.

2. Handwashing with soap and water is required after toileting, blowing nose, coughing into hands, smoking, eating, before and after gloving, contact with blood or body fluid, or if hands are visibly soiled in order to remove particles.
3. Use only approved hand lotions provided by the facility. Do not use hand lotions from outside the facility, as some break down the protective integrity of rubber gloves.
4. Health care personnel in direct contact with patients should not wear artificial nails. Natural nails must be less than 3/16 inches long.

 **TIP:** See Baptist Health Hand Hygiene Policy #7.10.1.

Tracer Methodology

Tracer methodology is the Joint Commission's process of tracing the care a patient experiences throughout their stay in a health care organization. Surveyors utilize tracer activities to assess patient care and system process issues for standard compliance. Tracer activities are also used to assess interdisciplinary relationships and communication between departments or services. This includes inpatient, outpatient, ambulatory care, behavioral health and home care services.

Types of Tracers

There are two types of tracer activities: patient tracers and system tracers.

Patient tracers follow the path of selected patients through our organization. All employees, physicians and services caring for the patient/family, directly or indirectly, may potentially be interviewed by the Joint Commission surveyor during tracer activities. This is a "real-time" assessment of how effectively and safely we manage the care of our patients and families. The Joint Commission surveyors first review the patient chart to gather information, after which they interview staff about the care of the patient. Patients and families may be interviewed as well.

System tracers differ from patient tracers in that they explore high-risk system processes common to health care organizations. These include medication management, infection control and the use of data. System tracers are scheduled interview (discussion) sessions that involve leadership, directors and managers. However, these may also result in a patient tracer activity at the end of the interview. For example, during the medication management interview, the surveyor might request a follow-up patient tracer activity on a patient receiving pain management or chemotherapy.

Number of Tracers in a Survey

The tracer methodology allows for flexibility and follow-up on identified issues. Flexibility is built into tracer methodology, which comprises approximately 80 percent or more of survey activities. On the survey agenda, tracer activities will be randomly distributed throughout each day of the survey schedule. There are no time constraints for tracer activities. They may last 45 minutes to several hours, depending on the issues identified. On average, a three-day hospital survey will consist of 10 to 12 patient tracers. Taking into consideration the size and comprehensive services that we offer, we can expect a significant number of tracers.

On the first day and each subsequent day of the survey, Joint Commission surveyors will request an active daily census list and surgical schedules for current patients. Using these lists, they will select patients based on diagnosis, risk/severity of illness and length-of-stay criteria.

National Patient Safety Goals 2010/2011

Patient Safety initiatives implemented by the Joint Commission and effective for all Baptist Health accredited programs.

Safety Goal: Improve the accuracy of patient identification.

- Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples or other specimens for clinical testing, or providing any other treatments or procedures.
- Label containers used for blood and other specimens in the presence of the patient.
- Eliminate transfusion errors related to patient identification.

TIP: Surveyors will ask (or observe) employees and patients regarding identifiers used. Baptist Health's Patient Identification Policy #2.35 accepts the following as identifiers:

- Patient's Name
- Patient's Date of Birth

When necessary, additional identifiers have been approved to further clarify identification, including: medical record number (MRN), financial account number (FIN) or picture ID. Examples of sources used to obtain these identifiers may include: the patient's identification on band, medical record documentation, electronic or "white board" patient's information boards and /or verbal confirmation of identity by an oriented and competent patient.

Safety Goal: Improve the effectiveness of communication among caregivers.

- Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt, by the responsible licensed caregiver of critical results and values of tests and diagnostic procedures.

TIP: Clinicians who receive verbal/telephone orders or critical results of test or diagnostic procedures should always read back the order (as written) or critical result. Critical test results should be repeated to the physician within 15 minutes of the receipt of the result.

Safety Goal: Before initiating a blood or blood component transfusion:

- Match the blood or component to the order.
- Match the patient to the blood or blood component.
- Use a two-person verification process.


Safety Goal: Improve the safety of using medications.

- Label all medications, medication containers (i.e., syringes, medicine, cups, and basins) or other solutions on and off the sterile field in peri-operative and other procedural settings. Use a two-person verification process to verbally and visually ensure the medication/solution label is correct.
- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.


TIP: Label and draw-up or label and pour one medication at a time.

Safety Goal: Reduce the risk of health care-associated infections (HAI).

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

 **TIP:** Use alcohol foam before entering and upon leaving a patient's room,(foam in and foam out) encouraging and instructing patients, families and visitors to do the same, remember to also observe hand hygiene before and after gloving. Surveyors will observe hand hygiene practices during the survey.

- Implement evidence-based practices to prevent HAI(s) due to multi-drug-resistant organisms in hospitals.
- Educate patients and their families who are infected or colonized with a multi-drug resistant organism about HAI infection care strategies.
- Comply with Baptist Health policies and procedures aimed at reducing the risk of transmitting multi-drug resistant organisms.
- Implement evidence-based practices to prevent central line associated bloodstream infections.
- Educate patients and their families about central line-associated bloodstream infection prevention.
- Comply with policies and practices aimed at reducing the risk of central line associated bloodstream infections.


 **TIP:** Remember to "Scrub the Hub", which means thoroughly cleanse the intravenous line catheter hub and allow to completely dry before inserting a needle or needle-less device.

Implement evidence-based practices for preventing surgical site infections.

- Educate patients and their families as needed, who are undergoing a surgical procedure, about surgical site infection prevention.
- Comply with Baptist Health policies and procedures aimed at reducing the risk of surgical site infections.
- When hair removal is necessary, use clippers or depilatories. Note: shaving is an inappropriate hair removal method.

Safety Goal: Accurately and completely reconcile medications across the continuum of care.

- Implement a process for obtaining and documenting a complete list of the patient's current medications upon his/her admission to the organization with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service practitioner or different level of care within or outside the organization. The complete list of medications is also provided to the patient upon discharge from the hospital. Document all medication reconciliation communications (provider-provider or provider to patient/family) in the patient's medical record.

 **TIP:** Document a complete list of the patient's (inpatients and outpatients) current medications in the medical record by utilizing the Medication Reconciliation Form. Encourage patients to utilize our Baptist wallet-size medication card available on our e-baptisthealth.com web site under "Primary Care."

Safety Goal: The organization identifies safety risks inherent in its patient population.

- The organization identifies patients at risk for suicide.

TIP: Refer to Baptist Health Management of Patients at Risk for Self-Harm Policy #7.03.6. Place “Watchful” Owl signage on the door to raise staff awareness for a heightened need for patient safety. This signage is available on the Nursing homepage, click on “Patient Door Signage”.

Overview for Universal Protocol

In July 2003, The Joint Commission created and approved the Universal Protocol for preventing wrong-site, wrong-procedure and wrong-person surgery. Universal Protocol draws upon and integrates several of the pre-existing 2003 and 2004 National Patient Safety Goals and is applicable to all operative and invasive procedures.

TIP: In developing this protocol, consensus was reached on the following principles:

- Wrong-site, wrong-procedure, wrong-person surgery can and must be prevented.
- A robust approach—using multiple, complementary strategies—is necessary to achieve the goal of eliminating wrong site, wrong procedure, wrong person surgery.
- Active involvement and effective communication among all members of the surgical team are important for success.
- To the extent possible, the patient (or legally designated representative) should be involved in the process.
- Consistent implementation of a standardized approach using a universal, consensus-based protocol will be most effective.
- The protocol should be flexible enough to allow for implementation with appropriate adaptation when required to meet specific patient needs.
- A requirement for site-marking should focus on cases involving right/left distinction, multiple structures (fingers, toes) or levels (spine).
- Universal protocol should be applicable or adaptable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room.

In concert with these principles, the following steps, taken together, comprise the Universal Protocol for eliminating wrong-site, wrong-procedure and wrong-person surgery:

1) Pre-operative verification process:

Purpose: To safely identify the correct patient and verify all required elements prior to moving the patient into the operating or procedural room.

Process: Conduct a pre-procedure verification process to verify the correct procedure, for the correct patient, at the correct site. Involve the patient in the verification process when possible. Identify items that must be available for the procedure. At a minimum, these items include:

- Relevant documentation (H & P, signed informed consent, nursing assessment and pre-anesthesia assessment)
- Labeled diagnostic and radiology test results.
- Any required blood products, implants, devices and / or special equipment.

2) "Marking" the operative site


Purpose: To identify, unambiguously, the intended site of incision or insertion

Process: For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal surgery), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped. A written alternative process may be used for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site. Site marking or an approved alternative process must be completed before the procedure is performed. Site marking is not required when the individual doing the procedure is continuously with the patient from the time of decision to do the procedure through to the performance of the procedure.

3) "Time out" immediately before starting the procedure

Purpose: To conduct a final verification of the correct patient, procedure, site, mark and, as applicable, implants.

Process: Active (out-loud verbalization) communication among all members of the surgical/procedure team, consistently initiated by a designated member of the team, conducted in a "fail-safe" mode. (i.e., the procedure is not started until questions or concerns are resolved.) Document, in the patient's medical record, the date and time of the time out and authenticate with your signature (written or electronic).

 **TIP:** Surveyors will observe clinicians performing the "time-out" and pre-operative verification processes. The Universal Protocol is not limited to surgical or special procedure units; it includes medical/surgical units, intensive care units and the Emergency Department. Left/right distinction procedures, such as chest tube insertions, are often performed outside of the surgical/procedural suites and require adherence to the Universal Protocol. See Baptist Health Patient, Procedure and Site Verification for Surgery and Invasive Procedures Policy #7.12.1. At Baptist Health, the surgeon or proceduralist, marks the operative/procedural site.

Prohibited Abbreviations

The following are considered dangerous abbreviations and dose expressions and are Prohibited for writing orders at any of the hospitals of Baptist Health. Revise date 10/09, approved by Patient Safety Improvement Committee 10/09

Unacceptable	Intended Meaning	Misinterpretation	Correction
MgSO4	Magnesium sulfate	Morphine sulfate	Write out "Magnesium" or "Magnesium sulfate"
MSO4 or MS	Morphine sulfate	Magnesium sulfate	Write out "Morphine" or "Morphine sulfate"
U	Unit	Read as zero (0) or a (4) if poorly written, causing a 10 fold or greater overdose	Write "unit"
IU	International unit	Mistaken as IV (intravenous) or 10 (ten)	Write "international unit"
Zero after decimal point (1.0 mg)	1 mg	Misread as 10 mg if the decimal point is not seen resulting in a 10 fold overdose	Do not use terminal zeros for doses expressed in whole numbers
No zero before decimal point (.5 mg)	0.5 mg	Misread as 5 mg if the decimal point is not seen resulting in a 10 fold overdose	Always use a zero before a decimal when the dose is less than a whole unit
QOD	every other day	Mistaken for "daily" or "qid"	Write "every other day"
QD	once daily	Mistaken as "qid" or "every other day"	Write "daily" or "every day"

An abbreviation on the above "Prohibited" list should not be used in ANY of its forms (upper or lower case; with or without periods).

This list was adopted from lists of unsafe handwritten abbreviations developed by the INSTITUTE FOR SAFE MEDICATION PRACTICES (ISMP) and TJC (The Joint Commission).

Baptist Medical Center Beaches

Administration:

Administrator: Edward Sim

Assistant Administrator - Patient Care Services: Ann Hollander

Assistant Administrator - Support Services: John Bilello

Chief of Medical Staff: Pamela Rama, MD

Safety Committee:

Committee Chair: John Bilello

Manager Safety, Security & Emergency Management: Ed Solustri

Committee membership has representation from the following areas: infection control, employee health, risk management, clinical effectiveness and performance improvement, plant facilities, environmental services, nursing administration, imaging, laboratory, cardio-pulmonary services, community relations and others on an as-needed basis.

Objectives:

- 1) To provide a safe and effective environment for patients, families, visitors and staff.
- 2) To manage the seven key elements of the environment: safety, security, hazardous materials and waste, emergency management, fire prevention, medical equipment management and utility systems.

Beaches Patient Safety Improvement Committee Chair: Nicole Blackwelder, PharmD, Pharmacy Manager

Baptist Medical Center Beaches participates in the following Joint Commission/CMS Core Measure (also know as ORYX indicators) outcomes reporting:

Heart failure

Acute myocardial infarction

Pneumonia

Surgical infection prevention

Pregnancy-related conditions

Baptist Medical Center Nassau

Administration:

Administrator: Jim Mayo

Assistant Administrator - Patient Care: Barbara Gingher

Chief of Medical Staff: Edward Tribuzio, MD

Safety Committee

Baptist Nassau Safety Coordinator- Hoel (Ted) Jones

Committee membership has representation from the following areas: infection control, employee health, risk management, clinical effectiveness and performance improvement, plant facilities, environmental services, nursing administration, imaging, laboratory, cardio-pulmonary services, and others on an as-needed basis.

Objectives:

- 1) To provide a safe and effective environment for patients, families, visitors and staff.
- 2) To manage the seven key elements of the environment: safety, security, hazardous materials and waste, emergency management, fire prevention, medical equipment management and utility systems.

Baptist Medical Center Nassau participates in the following Joint Commission/CMS Core Measure (also know as ORYX indicators) outcomes reporting:

Heart failure

Pneumonia

Surgical infection prevention

Pregnancy-related conditions

Baptist Medical Center South

Administration

Administrator: Ron Robinson

Assistant Administrator - Nursing & Clinical Services: Tammy Daniel

Assistant Administrator - Clinical/Support Services: Brad Law

Assistant Administrator - Human Resources: Christine Johnson

Chief of Medical Staff: Joseph Greenhall, MD

Safety Committee

Baptist Medical Center South Safety Committee (Environment of Care)

Committee Chair - Assistant Administrator - Clinical/Support Services: Brad Law

Director of Plant Facilities/Security: Larry Peterson

Committee membership has representation from the following areas: infection control, employee health, risk management, clinical effectiveness and performance improvement, plant facilities, environmental services, nursing administration, imaging, laboratory, pulmonary services, CE tech, and others on an as-needed basis.

Objectives:

- 1) To provide a safe and effective environment for patients, families, visitors and staff.
- 2) To manage the seven key elements of the environment: safety, security, hazardous materials and waste, emergency management, fire prevention, medical equipment management and utility systems.

Baptist Medical Center South participates in the following Joint Commission/CMS Core Measure (also know as ORYX indicators) outcomes reporting:

Heart failure

Acute Myocardial Infarction

Pneumonia

Surgical infection prevention

PRIMARY STROKE CENTER

The Baptist Stroke Centers at Baptist Medical Center Downtown and Baptist Medical Center South are certified by the Joint Commission as Primary Stroke Centers. This certification demonstrates that Baptist Stroke Centers apply evidence-

based protocols for diagnosing and treating stroke that have been shown to improve patient outcomes. Certification also signifies that the services provided have the critical elements to achieve long term success in improving outcomes.

Critical elements provided for stroke patients:

- DVT prophylaxis (if patient is not ambulating alone by day two with arrival day as day one)
- Discharged on antithrombotic
- Patients with atrial fibrillation receiving anticoagulation therapy
- Tissue plasminogen activator administered
- Antithrombotic therapy by end of hospital day two
- Discharged on cholesterol reducing medication
- Dysphagia screening (prior to oral consumption of food, drink or medication)
- Stroke education documentation
- Smoking cessation/advise/counseling education documentation
- Assessed for rehabilitation

Code Stroke is initiated by facility staff when patient presents with warning signs of stroke such as:

- Sudden numbness or weakness of the face, arm or leg especially one side of the body
- Sudden confusion and trouble speaking or understanding
- Sudden vision problem in one or both eyes
- Sudden difficulty walking, dizziness and loss of balance or coordination
- Sudden severe headache with no known cause

If someone is exhibiting signs/symptoms of a stroke:

At Baptist Downtown and Baptist South, dial 7777 and inform the operator to activate Code Stroke and give exact location. A specialized team of clinicians will respond to the Code Stroke.

In the Community, act fast and call 911.

Remember: TIME IS BRAIN!!!

Baptist Medical Center Downtown

Administration

Administrator: Joseph Mitrick

Vice President, Patient Care Services: Kathy Murray

Vice President, Operations: Stephen Lee

Vice President, Community Health: Michael Lanier

Chief Medical Staff: Paul Farrell, MD

Safety Committee

Baptist Downtown/Wolfson Safety Committee (Environment of Care)

Director Safety/Security: Andy Sikes

Safety Specialist: Jim Murphy

Committee membership has representation from the following areas: infection control, employee health, risk management, clinical effectiveness and performance improvement, plant facilities, environmental services, nursing administration, imaging, laboratory, pulmonary services, CE tech, and others on an as-needed basis.

Objectives:

- 1) To provide a safe and effective environment for patients, families, visitors and staff.
- 2) To manage the seven key elements of the environment: safety, security, hazardous materials and waste, emergency management, fire prevention, medical equipment management and utility systems.

Baptist Medical Center Downtown participates in the following Joint Commission/CMS Core Measure (also known as ORYX indicators) outcomes reporting:

Heart failure

Acute Myocardial Infarction

Pneumonia

Surgical infection prevention

PRIMARY STROKE CENTER

The Baptist Stroke Centers at Baptist Medical Center Downtown and Baptist Medical Center South are certified by the Joint Commission as Primary Stroke Centers. This certification demonstrates that Baptist Stroke Centers apply evidence-

based protocols for diagnosing and treating stroke that have been shown to improve patient outcomes. Certification also signifies that the services provided have the critical elements to achieve long term success in improving outcomes.

Critical elements provided for stroke patients:

- DVT prophylaxis (if patient is not ambulating alone by day two with arrival day as day one)
- Discharged on antithrombotic
- Patients with atrial fibrillation receiving anticoagulation therapy
- Tissue plasminogen activator administered
- Antithrombotic therapy by end of hospital day two
- Discharged on cholesterol reducing medication
- Dysphagia screening (prior to oral consumption of food, drink or medication)
- Stroke education documentation
- Smoking cessation/advise/counseling education documentation
- Assessed for rehabilitation

Code Stroke is initiated by facility staff when patient presents with warning signs of stroke such as:

- Sudden numbness or weakness of the face, arm or leg especially one side of the body
- Sudden confusion and trouble speaking or understanding
- Sudden vision problem in one or both eyes
- Sudden difficulty walking, dizziness and loss of balance or coordination
- Sudden severe headache with no known cause

If someone is exhibiting signs/symptoms of a stroke:

At Baptist Downtown and Baptist South, dial 7777 and inform the operator to activate Code Stroke and give exact location. A specialized team of clinicians will respond to the Code Stroke.

In the Community, act fast and call 911.

Remember: TIME IS BRAIN!!!

Wolfson Children's Hospital

Administration

Administrator: Larry Freeman

Chief Medical Officer: Jerry Bridgham, MD

Vice President, Patient Care Services: Carolyn Johnson

Chief of Medical Staff: Jose Etedgui, MD

Safety Committee

Baptist Downtown/Wolfson Safety Committee (Environment of Care)

Director Safety/Security: Andy Sikes

Safety Specialist: Jim Murphy

Committee membership has representation from the following areas: infection control, employee health, risk management, clinical effectiveness and performance improvement, plant facilities, environmental services, nursing administration, imaging, laboratory, pulmonary services, CE tech, and others on an as-needed basis.

Objectives:

- 1) To provide a safe and effective environment for patients, families, visitors and staff.
- 2) To manage the seven key elements of the environment: safety, security, hazardous materials and waste, emergency management, fire prevention, medical equipment management and utility systems.

Baptist Medical Center Downtown participates in the following Joint Commission/CMS Core Measure (also know as ORYX indicators) outcomes reporting:

Outcomes of care for children diagnosed with asthma.