



Patient Care Services, Quality and Safety



*Being Ready for Every Patient Every Day*

**Regulatory Readiness**

*Resource Guide for Patient Care Associates*

## **Excellence Every Day Introduction**

At Massachusetts General Hospital, Excellence Every Day means striving to provide the best possible care to every patient and family in every moment of every day. It is our philosophy and our commitment.

During 2011 and 2012, Massachusetts General Hospital is scheduled to have three surveys by regulatory agencies: The Joint Commission Laboratory Survey, The Department of Public Health Infection Control Survey, and The Joint Commission Hospital Survey. The purpose of these surveys is to confirm that we are providing care that meets each agency's standards. In addition to these surveys, MGH will also be resurveyed in 2013 by Magnet appraisers; the purpose of this survey is to verify that patients at MGH continue to receive excellent nursing care.

You are an important part of the team that provides care to patients. During these surveys, you may be questioned about your work and how you work with others at MGH. This resource guide is designed to help you feel ready if you are questioned by surveyors.

### **2011 Joint Commission National Patient Safety Goals.**

Below are the goals that the Joint Commission has identified as important to patient safety that are **applicable to the PCA role**.

#### **Goal 1: Identify patients correctly**

- **Use at least two ways to identify patients.** On inpatient units, always use the patients name and medical record number as your 2 identifiers. For example, when drawing blood, match the name and medical record number on the patient's ID band with the name and medical record number on the specimen label. Label the tube in the presence of the patient. This is done to make sure that the blood does not get labeled with the name of the wrong patient.  
If you are in a procedural area or outpatient, the two identifiers may be name and date of birth; check with your manager to see what is used where you work.

#### **Goal 7: Prevent healthcare-associated infection**

- Use proper hand hygiene. Use Cal Stat before and after contact with the patient or the patient's environment. Also perform hand hygiene between tasks when going from a dirty to a clean task. Wash hands with soap and water when they are visibly soiled, before eating and after using the toilet; also after contact for patients on Contact Precautions Plus for *Clostridium difficile*. Follow directions on Precaution signs – putting on/removing personal protective equipment such as gown, gloves, goggles, etc.; clean equipment after use e.g. glucometers, ECG machines, etc. .

### **Survey Process**

**What will surveyors look at?** Below are examples of what the surveyors will look at.

- Communication between you and other staff
- Infection control, isolation precautions and hand hygiene
- Correct use of precaution gowns (tied securely, removed on leaving room; surveyors will cite non-compliance if gowns and gloves are worn in hallways)
- Cleanliness and clutter
- No external shipping boxes, no expired supplies, no supplies on floor, windowsill, underneath sinks
- No food or drink in patient care areas or where specimens collected
- Cleaning of equipment between patients including glucometers
- Clean equipment identification and storage
- Patient and family education about precautions and preventing infections
- Use of 2 identifiers and labeling of specimens in the presence of the patient
- Specimens collected using the correct type of precautions
- Patient safety such as preventing patient falls
- Only clean supplies in the clean utility room
- Clean and soiled utility room doors closed
- Glucometer controls (hi/lo) initialed, dated when opened; not expired, (within 90 days of opening)
- Fecal occult tests performed correctly and documented on the log.

**Who will be Involved?** Leadership from the hospital as well as your Nursing Director or Clinical Nurse Specialist will be with the surveyor as he or she tours the unit. The surveyor will review a patient record and will observe care and interview staff including nurses, therapists, operations associates, unit service associates, patient care associates, physicians.

What types of questions will the surveyor ask me? Below are examples.

**Specimen Collection and Point of Care Testing (POCT) such as fingersticks for blood glucose, urine dipsticks, fecal occult tests.**

**Q Describe your procedure for obtaining specimens?**

**A** For inpatients, I match the patient's name and unit number on the label with the name and unit number on the patient's wristband. For outpatients I match name and birth date. I label the specimens in the presence of the patient. I label the container, not the cap.

**Q How were you trained to perform phlebotomy?**

**A** During orientation, I attended a class where I learned how to perform phlebotomy. After that, I had supervised practice sessions in PATA or on my unit. Six times I showed the Staff Development Specialist or designee that I correctly drew blood as written on the skills checklist. I keep my skills up by frequently drawing blood.

**Q. Do you perform blood glucose, stool guaiac or urine dipsticks on this unit? If yes, how do you have the skill to perform these tests?**

**A** I learned the skills during orientation. Each year as part of annual required training I complete a training module in HealthStream and complete the required quiz. I also successfully perform a quality control test (hi/lo) on the glucometer at least once a year.

**Q How do you prevent spread of infections while performing blood sugar tests with the glucometer?**

**A** I use Cal Stat before I perform the test. I wipe the glucometers between patients with a hospital-approved disinfectant such as Super Sani-Cloths. I also use the correct type of precautions depending on the patient.

**Q How do you know the glucometer is working properly? What do you do if the glucometer result is not in range.**

**A** A hi/lo control test is performed every 24 hours by either an RN or PCA. If I perform the test and the result is out of range, I report the problem to the RN.

**Q How do you know the glucometer controls are not expired?**

**A** Controls are labeled by the company with a permanent expiration date. In addition, when they are opened they are labeled with the date opened and are good for 90 days.

**Q What do you do if a glucometer result is 462?**

**A** I notify the RN immediately. The RN notifies the physician who then orders a venous specimen.

**Q What do you do if a glucometer result is 42?**

**A** Same as above.

**Q What is a hemoccult slide used for?**

**A** A hemoccult slide is used to check for blood in the stool.

**Q How do you ensure that the hemoccult slides perform correctly?**

**A** By storing them away from moisture and light, and by conducting the performance monitor (orange strip) with each test.

**Q Where do you document results of a guaiac test?**

**A** On the Hemoccult QC log which is located in the dirty utility room.

**Q What do you do if a guaiac test is positive?**

**A** Report the result to the RN.

## **Infection Control**

**Q What are the most common ways you prevent transmission of infections from one patient to the next?**

**A** Cleaning my hands with Cal-Stat before and after contact with the patient and the patient's environment, following precaution signs on the doors of patient rooms, wearing personal protective equipment when necessary.

**Q Describe the procedure for putting on and taking off precaution gowns and gloves.**

**A** I perform hand hygiene, place the gown over the shoulders, tie the neck and waist strings so that the gown overlaps, put on the gloves, pulling them up to cover the cuffs of the gown. When finished, I take off the gloves first then the gown and perform hand hygiene before going into the hallway or having contact with surfaces outside the patient's room.

**Q** *What training have you received regarding infection control and what does it include?*

**A** I received training about general infection control practices such as hand hygiene, blood borne pathogens and tuberculosis guidelines, how to clean equipment, wear gown and gloves, different types of precautions and what to do.

**Q** *When did you receive this training?*

**A** During orientation; it is repeated each year as part of required annual training.

**Q** *Describe a few ways you prevent urinary tract infections.*

**A** When getting a sterile specimen I perform hand hygiene, wear gloves, only obtain specimens from the injection port, clean the insertion site with alcohol, avoid kinking of the tube, keep the urine bag lower than the bladder and off the floor.

**Q** *What other precautions do you take when caring for patients on airborne precautions?*

**A** I wear an N-95 respirator when in the room. The respirator has been sized and fitted for me.

**Q** *When must you wash your hands with soap and water?*

**A** When hands are visibly soiled, after using the toilet and before eating. Also after caring for a patient on Contact Precautions Plus for *C. diff*.

**Q** *When are gloves worn?*

**A** Clean, non-sterile, gloves must be worn when touching blood, body fluids, secretions, excretions, mucous membranes, and contaminated medical equipment.

**Q** *What do you do if you have symptoms of, or have been exposed to, infection disease/illness?*

**A** I let my Nursing Director know what my symptoms are. It may be necessary for me to call Occupational Health if I have something that is contagious.

**Q** *How do you know that equipment has been cleaned between patients?*

**A** Materials Management tags clean equipment located on the LEAN cart. Equipment that is cleaned on the unit is kept in the clean utility room and/or another designated area. Dirty equipment is kept in the dirty utility room. If I am not sure about a particular piece of equipment, I assume it's dirty and clean it prior to patient use.

## **Restraints**

**Q** *Describe your training regarding use of restraints? When were you trained and what did your training include?*

**A** During orientation I learned how to take off and put on restraints. The training is repeated annually.

## **Fall Prevention**

**Q** *Describe what you do to prevent falls?*

I make sure there is no clutter in the room or anything on the floor that the patient can trip on. I also check patients frequently, leave the call light in reach, remind patients to call if they want to get out of bed, assist the patient as necessary with getting out of bed and walking, help the patient to and from the bathroom.

## **Skin Integrity**

**Q** *How do you help to prevent pressure ulcers?*

**A** I keep sheets as wrinkle free as possible. I clean patients as soon as possible after they are incontinent. I also turn them in bed, get them out of bed, help with their eating and drinking, and use pressure relieving devices.

## **Response to Change in Patient Condition**

**Q** *What do you do if the patient seems different to you?*

**A** I notify the nurse immediately.

## **Patient Rights**

**Q** *How do you communicate with a non-English speaking patient or a patient who was deaf or hard of hearing? What resources are available to you? What do you do on weekends and off shift?*

**A** For non-English speaking patients, I call interpreter services; (available 24/7) or use an IPOP. I never act as a medical interpreter, even if I speak the same language. For deaf or hard of hearing patients, we use devices provided by communications. We also write messages and use cue cards.

**Q** *What do you do if a patient or family complains to you?*

**A** I report complaints to the resource nurse on the unit.

### **Interdisciplinary Communication**

**Q** *How do you communicate with other members of the health care team?*

**A.** An RN tells me my assignment. The RN caring for the patient tells me special things I need to know about the patient.

### **Equipment**

**Q** *What do you do if you find a piece of medical equipment doesn't work properly?*

**A** Put it aside and inform the nurse

### **Disaster and Fire Safety**

**Q** *What is your role in a disaster that results in an influx of patients to your organization?*

**A** Follow the directions of my Nursing Director, charge nurse, or supervisor.

**Q** *What would you do if you saw smoke coming out of a patient's room?*

**A** I would implement the hospital's fire plan which, is R.A.C.E., by "R"escuing the patient, sounding the "A"larm, "C"ontaining the fire by closing the door to the room after the patient has been evacuated, and, finally, if it is safe to do so, "E"xtinguish the fire.

**Q** *Show me the fire extinguishers and fire alarms on this unit.*

**A** (Fire alarm pull stations are usually located by exit doors and by the nurse's station.)

### **Patient Interview**

**Who will be involved?** The surveyor will ask the nurse caring for the patient if the patient is able to be interviewed. If yes, the surveyor will interview the patient and family without other members of the healthcare team present.

#### **Some topics may include:**

- Patient and family education
- Advance directives
- Understanding of medications
- Participation in care planning
- Continuity of care
- Pain management
- Environment e.g. noise, cleanliness
- Help when they need it
- Response to questions
- Preparation for discharge

#### **Remember!**

- Surveyors know the standards, but YOU know your job.
- Relax and take your time answering the surveyor's questions, but be direct and to the point with your response
- You will not be alone, your CNS, Nursing Director and others will be there to help you.
- If you don't know the answer to a question, it's okay to say "I don't know but I know where to find it."
- Tell positive stories! If the surveyor asks you a question that relates to special project on your unit or in the hospital, tell about it!

### **Resources**

- Feel free to ask your Nursing Director and Clinical Nurse Specialist if you have questions about anything that you have read.