

# Preparing for The Joint Commission

## A Guide to TJC Survey Readiness








MASSACHUSETTS  
GENERAL HOSPITAL

---

PCS QUALITY, SAFETY & PRACTICE

**2020**

## Quick References

Link	QR Code (Scan with camera on phone)
<a href="#"><u>Nursing and Patient Care Services Excellence Every Day</u></a>	
<a href="#"><u>Tuesday Take Aways</u></a>	
<a href="#"><u>MGH Excellence Every Day Portal</u></a>	
<a href="#"><u>Day of Survey Checklist</u></a>	
<a href="#"><u>Joint Commission National Patient Safety Goals 2020</u></a>	

# PREPARING FOR THE JOINT COMMISSION

---

## Table of Contents:

<a href="#">Introduction</a> .....	4
<a href="#">A message from Chief Nurse</a> .....	4
<a href="#">What is Joint Commission?</a> .....	5
<a href="#">What Happens During the Survey?</a> .....	5
<a href="#">What is the Tracer Methodology?</a> .....	5
<a href="#">What Happens When Surveyors Visit My Department?</a> .....	6
<a href="#">What You Should Know about Communicating with Patients?</a> .....	9
Envision Excellence: National Patient Safety Goals (NPSG):	
• <a href="#">NPSG #1: Identify Patients Correctly</a> .....	10
• <a href="#">NPSG #2: Improve Staff Communication:     Critical Results</a> .....	11
• <a href="#">NPSG #3: Use Medications Safely</a> .....	11
• <a href="#">NPSG #6: Use Alarms Safely</a> .....	13
• <a href="#">NPSG #7: Prevent Infection</a> .....	13
• <a href="#">NPSG #15: Identify Patient Safety Risks</a> .....	14
• <a href="#">NPSG: Preventing Mistakes in Surgery</a> .....	15
Capture Patient Information	
• <a href="#">Observers</a> .....	16
• <a href="#">Titrating Medication</a> .....	16
• <a href="#">Managing Pain</a> .....	17
• <a href="#">Restraints</a> .....	19
• <a href="#">Documentation Drilldown</a> .....	20
<a href="#">Know Your Resources!</a> .....	22
<a href="#">Envision Excellence: Prevent Infection</a> .....	24
<a href="#">Envision Excellence: Maintain a Safe and Functional Care Environment</a> .....	26
<a href="#">Culture of Safety</a> .....	29
<a href="#">Preparing for Patient Emergencies</a> .....	31

## Introduction:

This pocket guide is designed to assist you in preparing for our upcoming Joint Commission survey.

This guide provides an overview of the survey process, National Patient Safety Goals (NPSG), and information on policies and processes. Please review this guide and think about your role in providing quality and safe patient care.

## **A message from Chief Nurse:**

### **Our Commitment to Quality and Safety**

Nursing & Patient Care Services is committed to the highest levels of quality and safety. Our ability to achieve that goal is directly tied to the knowledge, skill, and involvement of every member of our department. We're able to meet or exceed the expectations of our patients because 'Excellence Every Day' is more than just a catchphrase to us — it's a way of life.

Thank you,  
Debra Burke, DNP, RN, NEA-BC  
Chief Nurse  
Senior Vice President, Patient Care Services

### What is Joint Commission?

The Joint Commission is one of four agencies authorized by The Center for Medicare and Medicaid Services (CMS) to accredit hospitals for federal “deemed” status. Only hospitals that achieve “deemed” status may participate in and receive payment from Medicare and Medicaid.

MGH is visited by The Joint Commission (TJC) every 3 years to validate that we are meeting standards and continuing to provide exemplary, safe care to our patients.

### What Happens During the Survey?

The JC survey, typically 5 days in length, is designed to confirm that a hospital follows its own guidelines and policies as well as national standards.

The survey team will include: Nurses, Physician and Ambulatory Care specialists and an Engineer. Every surveyor will be accompanied by leadership from MGH during the survey.

### What is the Tracer Methodology?

Surveyors will trace the care experience of a patient and evaluate processes – such as medication management, infection control, and use of data to improve patient care.

- **Inpatient** - will review a minimum of 90 records
- **Ambulatory clinics/sites** - will visit at least 50% including locations approved for procedural sedation and high-level disinfection.

## What Happens When Surveyors Visit My Department?

When surveyors arrive at your practice area/unit, they will:

- Tour the unit
- Observe care & listen for alarms
- Review a patient record with caregivers
- Interview caregivers
- Interview patients

## Tour of Unit:

Surveyors will be **looking at:**

- Identification badges worn above the waist and visible
- Use of 2 patient identifiers when administering medications, drawing blood or providing a treatment
- Perform hand hygiene before entering and after exiting patient room or patient contact, contact with the patient's environment or donning and doffing PPE
- Medication storage and security
- Cleanliness and safety of environment
- Clear corridors- stretchers and equipment on one side if they are in use. Any items in corridors for more than 30 minutes are considered "storage" rather than "in use" and therefore are considered clutter.
- Clear access to fire extinguishers and pull stations, medical gas shut-off valves and exits
- Security of HIPAA protected information
- Compliance with the Universal Protocol

## PREPARING FOR THE JOINT COMMISSION

---

- Limited access to secure areas (know who has access, how access is determined and if training is required)
- Adherence to precaution standards including how to correctly put on, or don, and remove, or doff, personal protective equipment (PPE)
- Labeling specimens in the presence of the patient

For additional information and checklists go to  
[PCS Excellence Every Day Website](#)



### Surveyors will be **listening** for:

- Alarm audibility and response to alarms and call lights
- Evidence of write-down, read-back and confirmation of correct information for any verbal/ telephone orders/critical results
- Effective hand-off communication techniques
- Respectful treatment of patients and their families
- Compliance with privacy and confidentiality rules

### Surveyors may **interview staff** about:

- Unit and hospital quality initiatives (QAPI Plans)
- Ensuring safety for your patients
- Your training and competence
- How you assess and treat pain

### Tips for talking to a surveyor

- Stay calm, they want you to do well!
- Answer **ONLY** the question that you are asked.
- Be honest. If you don't know, tell them where/how you would find the information
- Give examples of excellence from your unit.

### Surveyors may **interview patients** about:

- Patient and family education
- Advance Directives (Health Care Proxy)
- Pain management
- Staff responsiveness (help when needed and response to questions)
- Continuity of care
- Understanding of medications
- Preparation for discharge
- Environment of care (cleanliness)



### What You Should Know About Communicating with Patients

Communicate with the patient in a way that meets their needs.

- This may include personal devices such as glasses or hearing aids, language interpreters, communication boards and translated or plain language materials.
- The hospital is required to identify patient’s oral and written communication needs, including the patient’s preferred language for discussing health care.
- Preferred and primary language may be different.
- The medical record includes documentation of the preferred language—know where to find it.

---

#### Remember:

Qualified interpreters are available 24/7. **Know how to access a qualified interpreter (call 6-6966 or unit iPOP/VPOP).**

Interpreter options include: scheduled live American Sign Language (ASL) interpreters, scheduled live foreign language interpreters, IPOP

Family members are not “qualified” interpreters.



Visit [MGH Interpreter Services Website](#) for more resources

---



2020 Envision Excellence



Follow the  
National Patient  
Safety Goals

#### Know the Goals

The National Patient Safety Goals are fundamental to safe patient care. For example:

- **Patient Identification** – use two patient identifiers
  - **Universal Protocol** – correct patient, correct site/side
- Everybody stop before you start an invasive procedure

## National Patient Safety Goal #1 Identify Patients Correctly.

Use at least two patient identifiers when administering medications, blood or blood components, collecting specimens or providing treatment or services.

### MGH Identifiers:

- In-patient: Name & MRN
- Out-patient: Name & Date of Birth
- Always use active identification:
  - ✓ Say “Please tell me your name and date of birth” instead of “are you Mr. Jones?”
- Compare and verify patient identifying information with any registration materials, requisitions, or orders.
- Label all specimens in the presence of the patient.
- Perform patient identification for transfusions at the patient’s bedside.
- Use barcode scanning to ensure proper matching patient and product.

### National Patient Safety Goal #2

#### Improve Staff Communication:

##### Critical Results

What is meant by “Critical Results?”

- Critical Results are test results that indicate a potentially life-threatening condition and must be reported as soon as possible.

What is considered a “Critical Result?”

- There is a list of critical results available in the Pathology Lab Handbook.

How do I communicate a “Critical Result?”

- Process for communicating critical lab results varies by area.
- Review the “[Communication of Critical Results](#)” policy for the response plan for your area.

[MGH Pathology](#)

[Lab Handbook](#)



[Communication of Critical Results](#)



### National Patient Safety Goal #3

#### Use Medications Safely

**Preparing medications for a procedure:** label all medications and solution containers (e.g. medicine cups, basins, syringes) that are not immediately used. This should be done in the medication preparation area.

**Reducing harm relating to anticoagulation:** Anticoagulants are high risk medications.

#### **Ensuring accurate patient medication list:**

Review home medications with patient. Compare home medications with new orders. Give patient written information about medicine.

## MGH High Alert Medications:

Defined as having a heightened risk of causing significant patient harm when they are used in error.



### 1. INSULIN

**Example Drug Names:** insulin lispro, insulin NPH, insulin regular, insulin glargine, concentrated insulin

**Example Safety Strategies:**

- Review lab results at the time of ordering and administering
- Refer to insulin resources (e.g. MGH Insulin Product Chart, medication specific policies)
- Review administration instructions provided on all insulin orders
- Ensure segregated storage by returning vials to dedicated Omnicell locations after use



### 2. OPIOIDS

**Example Drug Names:** HYDROmorphone, fentaNYL, methadone, morphine, oxyCODONE, opioid infusions, opioid patient controlled analgesia (PCA's)

**Example Safety Strategies:**

- Note TALLman lettering on Omnicell screen, product labels, MAR, and Pump to prevent wrong drug selection
- Verify pump settings, especially when concentration changes and pump is reprogrammed



### 3. ANTICOAGULANTS

**Example Drug Names:** warfarin, enoxaparin, unfractionated heparin, argatroban, bivalirudin

**Example Safety Strategies:**

- Verify pump settings and ensure patient weight is in kilograms when programming pump
- Consider independent double-check to verify pump settings (concentration/rate)
- Ensure that lab results are available at the time of ordering and administering



### 4. ANTINEOPLASTIC AGENTS FOR ONCOLOGY DIAGNOSIS

**Example Safety Strategies:**

- Beacon plans or approved order sets
- Dual pharmacist order verification
- Dual nurse bedside verification
- Dual nurse product verification



### 5. CONCENTRATED ELECTROLYTES

**Example Drug Names:** potassium chloride 1 mEq/mL 20 mL syringe, sodium chloride 3% bag and 23.4% syringe, magnesium sulfate vial 50% or greater

**Example Safety Strategies:**

- Note Omnicell "High Alert Med" warning alert
- Review lab values prior to ordering and administering
- Infuse per rate of administration in med guide (Lexicomp)



### 6. NEUROMUSCULAR BLOCKER AGENTS (NMB)

**Example Drug Names:** cisatracurium, rocuronium, vecuronium

**Example Safety Strategies:**

- Ensure that patient is ventilated; NMBs cause respiratory paralysis
- Note auxiliary labels on medication storage containers (e.g. WARNING: CAUSES RESPIRATORY PARALYSIS) to avoid wrong drug selection
- Refer to the NMB guideline in Ellucid for safety/clinical recommendations



### 7. SYSTEMIC ALTEPLASE

**Example Drug Names:** Alteplase (Systemic)

**Example Safety Strategies:**

- Independent verification of dose by pharmacist or nurse and clinician recommended
- Embolic stroke use requires Neurology attending or Neurology fellow approval
- Cerebral intraventricular hemorrhage use requires Neurology attending or Neurosurgeon approval
- Acute myocardial infarction use requires Cardiology or Emergency Department attending approval



### National Patient Safety Goal #6

#### Use Alarms Safely

- Be aware of your unit's default alarm settings.
  - Customize alarms to maximize your ability to respond to changes in your patient's status.
- Promptly respond to any clinical alarms, including telemetry alarms, IV pumps, bed alarms.
- Discuss decisions around discontinuation of monitoring during multidisciplinary rounds.

### National Patient Safety Goal #7

#### Prevent Infection

Perform **hand hygiene before and after contact** with the patient or their environment.

Prevent healthcare acquired infections (HCAI) due to multiple drug-resistant organisms (e.g. MRSA, VRE, C-Diff)

- Training annually and at hire (Healthstream).
- Educate patients, and families as needed.

Prevent central line-associated bloodstream infections.

- Educate patient and family about prevention of central infection.
- Complete "Central Line Insertion Checklist" flowsheet.
- Use a standardized protocol to disinfect catheter hubs and injection ports before accessing ("scrub the hub" and Curoc caps).
- Evaluate all central line catheters routinely, remove nonessential ones.

Prevent surgical site infections.

- Educate patients and families having procedures about surgical site infection prevention.
- Implement policies and practices aimed at reducing risk of surgical site infection.

Implement evidence-based practice to prevent catheter associated urinary tract infections (CAUTI).

- Think twice before inserting a catheter.
- Remove catheter at earliest time.
- Utilize Nurse Driven Protocol

### National Patient Safety Goal #15

#### **Identify Patient Safety Risks**

Identify patient populations at high risk, such as:

- Patients with Limited English Proficiency (LEP)
- Substance Use Disorder (SUD)
- Patient at risk for falls
- Patients at risk for suicide

On admission, all patients are:

- Interviewed about language proficiency and preference
- Screened for SUD
- Screened for fall risk
- Screened for suicidality using the Columbia Suicide Assessment Scale

**If a patient screens positive for suicide risk:**

- Ensure the patient remains in view of staff or observer at all times.

## PREPARING FOR THE JOINT COMMISSION

---

- Ensure comprehensive pass-off is performed between RN and observer using [suicide checklists](#) (available in Ellucid).
- Ensure the environment is cleared of items that the patient may use for self-harm. Alert the observer to any items that are not able to be removed.
- Engage the patient in the plan of care.

### Practice UPDATE



Suicide Risk Assessment Tool



### National Patient Safety Goal Preventing Mistakes in Surgery

Utilize Universal Protocol to ensure:

- ✓ Correct patient
- ✓ Correct body site
- ✓ Correct procedure
- ✓ Correct equipment
- ✓ Correct consent

Utilize the “Time-Out” flowsheet in Epic for:

- Bedside procedures
- Procedural areas
- Procedures in the OR

### Patient Education Materials

- Healthwise in Epic (Auto-populated into After Visit Summary (AVS))
- Partners Handbook
- MGH Patient Education Documents
- Care Notes



## 2020 Envision Excellence



### Capture Patient Information

#### Complete Your Documentation

Ensure your documentation is complete, concise, and timely. An accurate medical record is an integral part of patient care.

### Documentation should always “Tell the Story”:

- ✓ What happened?
- ✓ What did you do?
- ✓ How did the patient respond?



### Observers:

- A patient observer is an adjunct to other patient safety measures. Patient behaviors and ability to respond to re-direction drive the level of observation needed.
- Document when direct observation is initiated, continued and discontinued in patient’s record.

### Titration Medication:

- Titratable medications can be adjusted based on parameters that are specified within the order
- Documentation should clearly show the reason for titration, the dose adjustment and the patient’s response.
- Dose adjustments should be within parameters (range, frequency) of the medication order
- Using of the Titration Flowsheet is helpful in documenting frequent titrations.



### Managing Pain:

**Our philosophy:** The identification and control of pain is an important part of patient-centered care requiring individualized assessment, reassessment and treatment refinement aligned with realistic comfort/function goals that are understood by the patient.

- All admitted patients are screened for pain. When present, its nature and impact are assessed to develop a personalized goal and pain treatment plan.
- Progress towards comfort/function goals are noted following pharmacologic/nondrug interventions; including any undesired effects of the treatment.
- Patients are informed about how pain is assessed, and its treatment monitored to balance pain control with daily functioning and avoidance of treatment-related harm.
- Nurses may use judgment based on subjective, objective and clinical factors (see “PRN Pain” model) to treat pain and reassess in a timely manner the intervention’s safety and effectiveness.

### **Know your resources:**

- ✓ Pain Assessment and Management Policy in Ellucid
- ✓ Pain Clinical Nurse Specialist (Paul Arnstein x4-8517)
- ✓ Pain consultative services (require provider order)

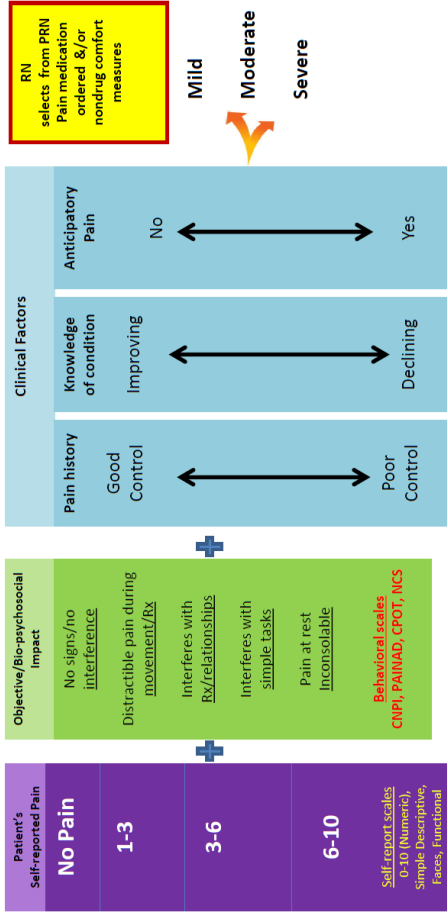
[Pain Management  
Resources EED Page](#)



**PRN PAIN MEDICATION SELECTION GUIDELINES: MILD-MODERATE-SEVERE**

**PAIN ASSESSMENT**

**Patient's Self-report + Objective Assessment + Clinical Judgment = Mild-Moderate-Severe**



**Important consideration**

Decrease the need for PRN opioid analgesics by discussing with healthcare team the feasibility of scheduling routine non-opioid pain medications

## PREPARING FOR THE JOINT COMMISSION

### Restraints:

- A restraint is any manual, physical or mechanical device, material or equipment that immobilizes or reduces the ability to move arms, legs, body or head freely
- Restraints should only be used when less restrictive interventions have been ineffective to protect the patient, staff or others from harm.
- Restraint use must be **clearly documented** in patient record.
  - Order must match the restraint type in use
  - Each restraint episode must have an active order
  - Document restraint type and monitoring on Restraint Flowsheet
- When patient no longer requires restraint, ensure that:
  - Order is discontinued
  - Restraint type is documented as “discontinued” on Restraint Flowsheet

#### Non-Violent Restraint Type

Restraint Type	Soft restraints	Soft restraints	Soft restraints
Soft restraint R wrist	Continued	Continued	Discontinued
Soft restraint L wrist	Continued	Continued	Discontinued
Soft restraint R ankle	Continued	Continued	Discontinued
Soft restraint L ankle	Continued	Continued	Discontinued

#### Restraint Monitoring

# Documentation Drilldown

Be prepared to review a patient record with caregivers. Make sure you know how to access these important items in the patient record

<p><b>Be able to locate <u>Important Patient Information</u> →</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Preferred language &amp; Need for Interpreter Services</li> <li><input type="checkbox"/> Allergies</li> <li><input type="checkbox"/> Precaution Status</li> <li><input type="checkbox"/> Code Status</li> <li><input type="checkbox"/> Advanced Directives</li> <li><input type="checkbox"/> Medication List</li> <li><input type="checkbox"/> Immunizations</li> </ul>
<p><b>Treatment Information</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Nursing Plan of Care             <ul style="list-style-type: none"> <li>✓ Make sure it has measurable goals and timeframes!</li> <li>✓ Updated every shift</li> <li>✓ Resolve problems that are no longer active</li> </ul> </li> <li><input type="checkbox"/> Patient Education</li> <li><input type="checkbox"/> Time-Outs (Universal Protocol)</li> </ul>
<p><b>Nursing Notes</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid “do not use” abbreviations</li> </ul>
<p><b>Assessments</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is required documentation complete?</li> <li><input type="checkbox"/> PTA Medications Reviewed</li> <li><input type="checkbox"/> Restraint flowsheets:             <ul style="list-style-type: none"> <li>✓ Does the restraint order match what is documented on the flowsheet?</li> <li>✓ Were the restraints appropriate documented as “discontinued?”</li> </ul> </li> <li><input type="checkbox"/> Pain assessments:             <ul style="list-style-type: none"> <li>✓ Are pain scores documented before and after treatment?</li> <li>✓ Is the pain scale used appropriate for my patient?</li> </ul> </li> </ul>

## PREPARING FOR THE JOINT COMMISSION

<b>Paper Chart Items</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Procedure consents             <ul style="list-style-type: none"> <li>✓ Are they dated and signed?</li> </ul> </li> <li><input type="checkbox"/> EKGs: Labeled with patient's name and MRN</li> <li><input type="checkbox"/> Rhythm strips:             <ul style="list-style-type: none"> <li>✓ Contain patient's name and MRN</li> <li>✓ Printed for each shift that the patient required ECG monitoring</li> </ul> </li> <li><input type="checkbox"/> Documents from outside facilities labeled with patient's name</li> <li><input type="checkbox"/> Downtime documents labeled with patient's name and MRN</li> </ul>
--------------------------	--

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)  Q.O.D., QOD, q.o.d, qod(every other day)	Mistaken for each other  Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily"  Write "every other day"
Trailing zero (X.0 mg)**  Lack of leading zero (.X mg)	Decimal point is missed	Write X mg  Write 0.X mg
MS  MSO <sub>4</sub> and MgSO <sub>4</sub>	Can mean morphine sulfate or magnesium sulfate  Confused for one another	Write "morphine sulfate"  Write "magnesium sulfate"

# Know Your Resources!

<b>Clinical Resources for Staff</b>	
<ul style="list-style-type: none"> <li>✓ <a href="#">Elucid Policy and Procedure Manual</a></li> <li>✓ Nursing Director and Clinical Nurse Specialist/Nurse Practice Specialist</li> <li>✓ Excellence Everyday Quality Board                             <ul style="list-style-type: none"> <li>○ Quality Data and Performance Improvement Plans</li> </ul> </li> <li>✓ Unit Champions, Resource Nurses and Collaborative Governance representatives</li> <li>✓ <a href="#">Excellence Everyday Portal</a></li> <li>✓ <a href="#">PCS Clinical Resources webpages</a></li> <li>✓ Operations Managers</li> <li>✓ Infection Control Liaison</li> <li>✓ PCS Administrative Support teams:                             <ul style="list-style-type: none"> <li>○ PCS Quality, Safety and Practice</li> <li>○ PCS Informatics</li> </ul> </li> <li>✓ <a href="#">MGH/MGPO Compliance Office</a></li> </ul>	
<b>Hospital-wide Services</b>	
✓ <a href="#">Medical Interpreter Services</a>	✓ <a href="#">Ethics and Optimum Care</a>
✓ <a href="#">MGH Accessibility Program</a>	✓ <a href="#">Office of Patient Advocacy</a>
<b>Resources for Patients and Families</b>	
✓ <a href="#">Mass General Patient Guide</a>	✓ <a href="#">Maxwell &amp; Eleanor Blum Patient and Family Learning Center</a>
✓ <a href="#">Patient Rights and Responsibilities</a>	✓ <a href="#">MGH Visitor Policy</a>

### Safety Data Sheets

- Definition: Previously known as Material Safety Data Sheets or MSDS
- Provides chemical disposal, hazard, spill, & splash information.
- Electronic copy on the intranet
  1. Go to Partners Utilities
  2. Select "[MSDS Material Safety Data Sheets](#)"



3. Log in using:
  - a. Username "MGH"
  - b. Password "MGH"
4. Search by chemical or common name to locate appropriate SDS sheet.

Scan here to  
access MSDS





## 2020 Envision Excellence



### Prevent Infection

#### Be Aware of Patient Precautions

Perform hand hygiene before and after contact with the patient or their environment. Follow transmission-based precautions, Isolation (Contact, Contact Plus, Droplet, Airborne) when required; including use of Personal Protective Equipment (PPE) worn correctly. Clean and disinfect equipment and environment between patients.

Perform **hand hygiene before and after contact** with the patient or their environment.



MASSACHUSETTS  
GENERAL HOSPITAL

Infection Control Unit

## Hand Hygiene at MGH... What is Expected?

#### Hand hygiene is required:

- Before and after contact with the patient.
- Before and after contact with the patient's environment (*patient care items, surfaces, equipment, etc*).
- During care or work...
  - When moving from a "dirty" task to a cleaner task.
  - Before performing an aseptic procedure.
- After body fluid exposure risk.

#### Cal Stat (alcohol-based handrub) = the #1 method of hand hygiene!

- Apply Cal Stat to clean dry hands. Rub until dry, approximately 20 seconds.

#### Wash with soap and water for $\geq 15$ seconds at 4 specific times:

- When hands are visibly soiled.
- After using the bathroom.
- Before eating.
- After working where spore-forming or alcohol-resistant organisms are present. (*see blue box*)

#### Remember: Gloves may not be used as a substitute for hand hygiene!

Hand hygiene is required before putting on clean or sterile gloves and after removing used gloves.

#### Fingernails: **Not** $>1/4$ " long and no artificial nails, tips, wraps, tapes, acrylics, etc.

Paint-on nail polish is allowed if it is well maintained with no chips, cracks, peeling, or scratches.

#### Skin care

- Avoid excessive washing: Soap can remove natural skin oils, leading to dryness.
- Use of the hospital-supplied lotion is recommended at least twice per shift.
- Report dermatitis to Occupational Health.

(All requirements are based on the current CDC & WHO guidelines for hand hygiene in health care settings.)



## PREPARING FOR THE JOINT COMMISSION

### Follow transmission-based precautions when required:

- Contact
- Contact Plus
- Droplet
- Airborne
- Enhanced Respiratory Isolation

### Wear Personal Protective Equipment properly

Video on: [Proper donning/doffing of precaution gowns](#):



### Clean and disinfect equipment between patients.

#### Dry Times for Commonly Used Chemicals

Each of our cleaning products must remain wet, and then air-dry on surfaces, for a certain amount of minutes in order for the disinfection process to be effective.

#### **VIREX Plus**



**3 MINUTES**

#### **DISPATCH/BLEACH**



**3 MINUTES**

#### **SANI-WIPES**



**2 MINUTES**

**Virex Plus:** Virex + needs to remain wet on surfaces for 3 minutes in order to kill all the germs and bacteria (will not work on C-Diff).

**Dispatch/Bleach:** For Contact + Precaution patients, surfaces must remain wet with bleach for 3 minutes.

**Super Sani-Wipes:** Sani wipes require 2 minutes of dry time in order to kill all the germs and bacteria (will not work on C-Diff)



## 2020 Envision Excellence



### Maintain a Safe and Functional Care Environment

### Safely Maintain Equipment

Take ownership of your patients' environment. Make sure the environment and all equipment is operating properly. Follow manufacturers' instructions for use and regularly check your equipment. Report broken equipment or overdue inspections to Biomedical Engineering.

OSHA prohibits the consumption of food or drink in areas where work involves exposure or potential exposure to blood or other potentially infectious or toxic materials or where contamination can occur.

- Food is allowed in conference rooms, staff lounges, the cafeteria and any location in a department that is designated as a non-patient care area.
- Do not store patient items in soiled utility area.
- Report stained ceiling tiles to engineering so they can be replaced.
- Be fit tested for an N95 respirator if required for your job.
- Know how to tell the difference between clean and dirty equipment in your area. Cover clean equipment.
- Oxygen tanks must be stored upright in designated spaces.
- Check all call buttons to be sure they are in working order and accessible to the patient.
- Staff food must be kept separate from patient food or medications.
- Know your area's process for monitoring refrigerator temperatures.

## PREPARING FOR THE JOINT COMMISSION

---

- Patient food items must be dated and label with last name only (NO MRN). If distributed by the hospital, the expiration date is on the container. If brought in by the patient's family or friends, date it and it may be kept for up to 72 hours.
- Do not store open multi-dose vials in procedure rooms or patient rooms. Once they are open in a procedure room, they are considered contaminated and must be disposed of properly.

### **Eyewash stations:**

- Know where the eyewash stations are for your area.
- Know who is responsible for keeping them clean and accessible.

### **Fire Safety:**

- Do not use extension cords / power strips for plugging in clinical equipment.
- Do not store anything within 20 inches of the ceiling.
- Our Fire Response Plan explains RACE and PASS.
  - **RACE** is how we respond to a fire:
    - **R**escue
    - **A**larm
    - **C**ontain
    - **E**xtinguish or Evacuate

There are **four** essential steps to take if you discover a fire:

 <p><b>R</b> Rescue anyone in immediate danger of the fire.</p>	 <p><b>A</b> Alarm Pull the nearest fire alarm and call fire response.</p>	 <p><b>C</b> Contain fire by closing all doors in the fire area.</p>	 <p><b>E</b> Extinguish small fires. If not, leave the area and close the door.</p>
--	---	---	--

- **PASS** is how we use a fire extinguisher:
  - Pull
  - Aim
  - Squeeze and
  - Sweep



**Waste Disposal Information on Apollo:**

<https://apollo.massgeneral.org/ehs/waste-management-tables/>



**Biomedical Engineering Website**

<http://biomed.massgeneral.org/>



### Culture of Safety

Guided by the needs of our patients and their families, the MGH aims to deliver the very best health care in a safe, compassionate environment; to advance that care through innovative research and education; and to improve the health and well-being of the diverse communities we serve. Quality of patient care is multi-dimensional; it encompasses safety, effectiveness, patient-centeredness, timeliness, efficiency and equity.

### **Safety Culture: Speak Up for Safety**

- Promote patient's understanding of side-effects and the safe use of medications
- Increase the use of Interpreter Services
- Share errors and near misses through narratives and filing of safety reports
- Keep suicidal patients in sight at all times. Use the suicide checklist and order set
- Scan all medications before administering

### Quality Assurance Performance Improvement (QAPI)

- Know how to find your unit-specific Quality Data and Improvement Plans
  - Prevent Falls, Pressure Injury and Hospital Acquired Infections
  - Utilize IPASS for handovers
- 

**Identify any unit-based Quality Improvement projects below. Ask your manager/director if you are unsure.**

Examples of unit-based projects:

### Preparing for Patient Emergencies:

#### Responding to changes in patient condition:

MGH Campus: 6-3333  
Off Campus: 9-911

- Notify the responding clinician.
- Utilize Rapid Response Team as appropriate
  - Rapid Response Team consists of Medical Senior, Nursing Supervisor and Respiratory Therapy
  - Can be activated by any team member or patient/family member
- Ensure emergency equipment is always ready to go
  - **Code Carts:**
    - Red lock: Code Cart ready to go
    - Blue lock: Code Cart has been used and must be exchanged immediately
    - Serial number must be checked every day: number on lock must match number of cart
      - Checklists must be kept for 3 months
    - Do not bring Code Carts into patient rooms
  - **Defibrillators:**
    - Should always be plugged into red outlet
    - Undergo wireless “Code Readiness Check” at 2am every day
    - Should display **green check**, indicating code readiness



Rapid Response Triggers:

<p><b>RESPIRATORY</b> Breathing Rate/Pattern O2 Sat &lt; 90</p>	<p><b>CARDIAC</b> Heart Rate/Rhythm Blood Pressure Urine Output &lt;50 for 4 Hrs</p>
<p>ANYONE <b>ADULT TRIGGERS</b> ANYTIME</p>	
<p><b>NEUROLOGICAL</b> Conscious State/Mental Status Stroke Symptoms Seizure</p>	<p><b>OTHER</b> Bleeding Pain "I'm very concerned."</p>

<p><b>RESPIRATORY</b> Work of Breathing Respiratory Rate O2 Sat</p>	<p><b>CARDIAC</b> Heart Rate/Rhythm Blood Pressure Mottling/Capillary Refill</p>
<p>ANYONE <b>PEDIATRIC TRIGGERS</b> ANYTIME</p>	
<p><b>NEUROLOGICAL</b> Mental Status</p>	<p><b>OTHER</b> "I'm very concerned." Uncontrolled Pain</p>

<p><b>RESPIRATORY</b> Work of Breathing Respiratory Rate O2 sat</p>	<p><b>CARDIAC</b> Heart Rate/ Rhythm Blood Pressure</p>
<p><b>Neonatal Triggers</b></p>	
<p><b>NEUROLOGICAL</b> Mental Status</p>	<p><b>OTHER</b> "I'm very concerned." Low Blood Sugar</p>



# PREPARING FOR THE JOINT COMMISSION

## Plain Language Alerts

(In Hospital)

**CODE: 6-3333**



<b>NEW CODE</b> Alert Type	<b>FORMER CODE</b>	<b>OVERHEAD ANNOUNCEMENT</b> <i>(when appropriate)</i>
<b>Security Alert</b>	Code Silver	"Security Alert, Security Alert. There is a report of a life-threatening security situation in <specific location>. Police and hospital security staff are responding. All patients, visitors, and staff are asked to secure their area and to shelter in place until help arrives."
	Code Pink	"Security Alert, Security Alert. There is a <child, infant, newborn> missing from a hospital unit. The child is with <specific description of suspect>. If you see this individual, please immediately alert hospital staff to call MGH Police and Security."
<b>Weather Alert</b>	Weather Alert	"Weather Alert, Weather Alert. There has been a report of the possibility of a tornado threatening <MGH Main Campus or other location>. Please immediately seek shelter away from windows and exterior walls and await further instructions from the overhead system."
<b>Facility Alert</b>	Code Red*	"Facility Alert, Facility Alert. There has been a Fire Alarm Activation in <specific location>. The fire department and hospital staff are responding. Please avoid this area and await further instructions from the overhead announcement system."
	Code Disaster*	"Facility Alert, Facility Alert. Code Disaster. <Situation summary> MGH has activated the Hospital Emergency Operations Plan. Please follow your department plan."
<b>Medical Alert</b>	Code Blue*	"Medical Alert, Medical Alert. There is a Medical Emergency in <location>. <Insert appropriate Emergency Response Team> please respond."

**For emergencies outside of main campus, dial 9-911**



MASSACHUSETTS  
GENERAL HOSPITAL

Published September 2020

Catherine Benacchio, RN, MSN, ACNS-BC

Karen Miguel, RN, MM-H, CPPS

Mary-Ann Walsh, RN, BSN, CPPS