



TJC Survey Solutions Session 2

How to Prepare for Your Next Survey!!
Presented by Cathy Montgomery, RN

Infection Prevention What's Required

- ▶ TJC = CMS + CDC + OSHA
- ▶ Hand Hygiene
- ▶ How to identify infections
- ▶ How to mitigate the risk of infection



Infection Prevention What's Required

- ▶ Policies & Procedures (national guidelines)
- ▶ Must also cover environment of care
- ▶ Board approval
- ▶ Link to QA/PI program
- ▶ Directed by a qualified staff member
- ▶ Sterility policy, medical device policy
- ▶ Written Sharps Program

Infection Prevention What's Required

- › Coordinate with the larger community
- › Risk assessment
- › Improve compliance with hand hygiene
- › Process to investigate an outbreak
- › Patient/family education
- › Process for influx of infectious patients
- › Communication with referral sources

Infection Prevention What's Required

INFLUENZA VACCINATION PROGRAM

- › Establish a program
- › Offer education
- › Offer vaccine
- › Set goals for compliance
- › Collect reasons staff refuse



Infection Prevention What's Required

INFLUENZA VACCINATION PROGRAM

- › Set goal to achieve 90% by 2020
- › Outline method to determine your rate
- › Provide data to leaders
- › Annual improvement in rate



Infection Prevention What's Required

SHARPS INJURY PREVENTION PROGRAM

- › Orientation/annual review
- › Annual evaluation of safer devices
- › Sharps disposal
- › Neutral Zone policy



Infection Prevention What's Required

NEUTRAL ZONE INFORMATION

POLICY

- › The purpose of the neutral “no passing zone” is to provide guidelines for the safe management of sharp objects, with the objective of protecting patients and personnel from injury. The neutral zone is an area or container where a sharp item is placed by the scrub person or surgeon to be picked up by the scrub person or surgeon, thus eliminating passing sharp items hand-to-hand.

Infection Prevention What's Required

NEUTRAL ZONE INFORMATION

PROCEDURE

- › A. The scrub person will set up the surgical field with the appropriate neutral zone or sharps receptacle, communicate its location, and if necessary, orient the surgeons to the procedure for using it. The neutral zone will be as flat and level as possible and within easy arm's reach of the surgeon.
- › B. The circulating nurse will reinforce the scrub person's communication.

Infection Prevention What's Required

NEUTRAL ZONE INFORMATION

PROCEDURE

- ▶ C. The no-hands passing technique requires the scrub person to pass all sharp instruments and other items requested by the surgeon (e.g., hypodermic needles, suture needles, sharp trocars, scalpels) to the designated neutral zone. The surgeon picks up the item and replaces it after use to the same area. Examples of neutral zones include:
 - 1. A designated area on a Mayo tray;
 - 2. A metal or heavy plastic passing basin; or
 - 3. A magnetic mat, needle magnet pad, or non-slip pad.

Infection Prevention What's Required

Neutral Zone Information

PROCEDURE

- ▶ D. Sharps should not be handed directly by the scrub person to the surgeon, with the exception of those procedures in which the surgeon is operating through a microscope or loupes or is otherwise unable to take his or her eyes off the surgical site while retrieving a sharp from the neutral zone. When the sharp item is returned to the scrub person, it must be on an instrument, such as a needle holder, and placed in the neutral zone.

Infection Prevention What's Required

- ▶ Overall safety (written plan/company-wide)
- ▶ Patient-specific (food/Rx recalls)
- ▶ Fire and other hazard (disaster plan, fire drills)
- ▶ Equipment/device safety (borrowed instruments, single use, Laryngoscope handles/blades)

Infection Prevention What's Required

- ▶ Are the items processed allowed to dry prior to use?
- ▶ Are they stored in a designated clean area to prevent contamination?



Infection Prevention What's Required

Laundering of surgical scrubs and surgical attire



Home Laundry = CDC/HICPAC
Healthcare-accredited facility = AORN

Infection Prevention Citations- TJC/CMS for ASC's

- ▶ Board Approval
- ▶ National Guidelines
- ▶ Leadership
- ▶ Sterilization - flashing
- ▶ Manufacturers' Guidelines
- ▶ Expiration Dates
- ▶ New employee orientation/annual training



Infection Prevention Citations- TJC/CMS for ASC's

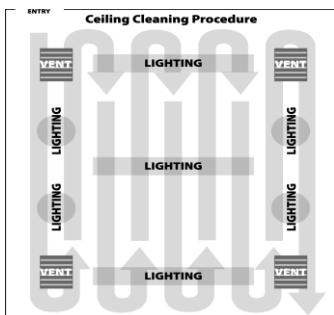
- ▶ Single-dose Vials
- ▶ Training
- ▶ Surgical Attire
- ▶ Hand Hygiene
- ▶ A mechanism to notify public health

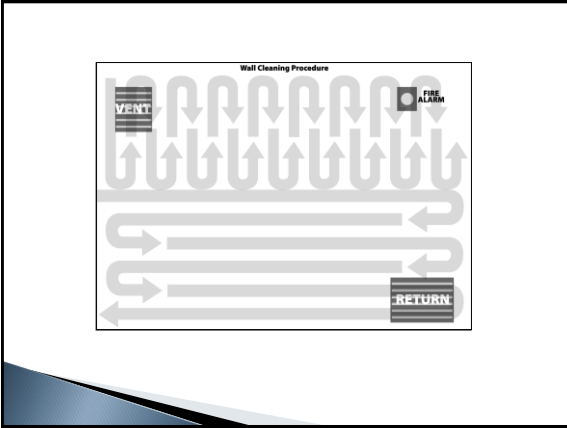


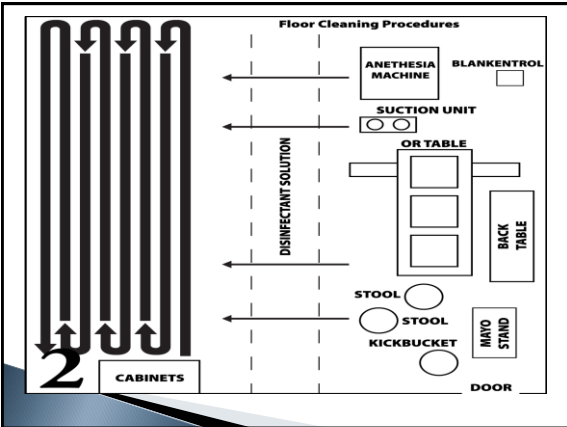
Infection Prevention Citations- TJC/CMS for ASC's HOUSEKEEPING

- ▶ Written contract
- ▶ Training
- ▶ Plan
- ▶ Compliance









Medication Management

Provided in a safe and effective manner... in accordance with ethical and professional practice.

USP <797>

Guidelines for Pharmaceutical Compounding - Sterile Preparations

Medication Management

- ▶ Single-dose vials must be used within 1 hour of withdrawal from vial; never enter multidose vials with previously used needle or syringe
- ▶ Multidose vials must be used within 28 days of needle puncture of vial unless manufacturer documents alternative dating (whichever comes first)
- ▶ Store IV bags in bins off floor with outer wrapper intact
- ▶ If outer wrapper is removed, use within same day
- ▶ IV solutions stored in warmer must be dated and used within 14 days

Medication Management

- ▶ Check refrigerator and freezer temps daily and record on log or...
- ▶ Use a thermometer with a/an graft/alarm to determine if temperature deviates
- ▶ Adjust temperature as needed daily
- ▶ Clean refrigerator and freezer monthly using proper cleaning/disinfectant solution
- ▶ No food allowed in medication fridge

Medication Management

- ▶ Utilize a Reverse Wholesaler to remove expired drugs from your center whenever possible
- ▶ EPA is asking everyone to not dispose of medications into sinks or toilets to prevent entering our water systems
- ▶ Controlled drug waste should be handled per state and federal requirements
- ▶ Use a specialized container or bio-waste container
- ▶ Use diaper, under pads, kitty litter, or coffee grounds as a lining in container to absorb meds

Medication Management

- ▶ Limit access to narcotics
- ▶ One person in charge of narcotic keys and allocation of narcotics will prevent problems
- ▶ Document allocation of narcotics to anesthesia staff and other nursing staff
- ▶ Document return of narcotics from anesthesia and other nursing staff
- ▶ Do not allow staff to leave until all administrations are documented and counts are verified at the end of the day

Medication Management

- ▶ Police single-dose vials
- ▶ Counts need to be visual, not just from records
- ▶ Use of a bag or bottle of IV solution is single-dose only!! Never reenter!!



Medication Management



TALLMAN lettering

Solu-MEDROL—Solu-CORTEF
ePHEDrine—EPINEPHrine



Medication Management

- ▶ Not dating vials (BUD)
- ▶ Expired meds
- ▶ Not labeling meds once drawn up
- ▶ IVs spiked at the start of the day rather than 1 hour
- ▶ No look-alike/sound-alike policy
- ▶ No process for recalls
- ▶ Controlled meds not properly signed in



National Patient Safety Goals

NPSG.01.01.01:

- ▶ Improve the accuracy of patient identification.
 - Use at least two patient identifiers when providing care, treatment, and services
 - Try date of birth and name
 - Do not use location (meds for "procedure room #1")



National Patient Safety Goals

NPSG.01.03.01:

- ▶ Make sure the correct patient gets the correct blood when transfused.



National Patient Safety Goals

NPSG.3.04.01:

- ▶ Improve the safety of using medications.
 - Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. (This includes syringes, med cups, and basins)



National Patient Safety Goals

INCLUDE THE FOLLOWING:

- ▶ Medication name
- ▶ Strength
- ▶ Quantity
- ▶ Diluent and volume
- ▶ *Exp. date if not used in 24 hours
- ▶ *Exp. time is less than 24 hours



****Date and time not necessary for short procedures per your policy.

National Patient Safety Goals

DO THE FOLLOWING:

- ▶ Verify both verbally and visually
- ▶ Label as soon as prepared, unless used immediately
- ▶ Discard anything found unlabeled
- ▶ Remove all at end of procedure
- ▶ Handoff review all labeled meds

National Patient Safety Goals

NPSG.3.05.01:



Take extra care with patients who take medicines to thin their blood.



National Patient Safety Goals

NPSG.03.06.01:

- ▶ Improve the safety of using medications.
 - Maintain and communicate accurate patient medication information.
 - Obtain/update current list
 - Include name, dose, route, frequency, and purpose
 - Discharge meds

****All you can do is your best!!

National Patient Safety Goals

NPSG.07.01.01:

- ▶ Reduce the risk of health care-associated infections.
 - Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.
 - Implement program
 - Set goals
 - Improve compliance



National Patient Safety Goals

NPSG.07.05.01:

- ▶ Implement evidence-based practices for preventing surgical site infections.
 - Education upon hire, annually, & prn
 - Educate patients
 - Implement policies
 - Perform risk assessments
 - Measure surgical site infections first 30 days post-op
 - Measure implant procedures for 90 days
 - Provide results to leadership
 - Consider antimicrobial agents for prophylaxis
 - Cautious use of hair removal

National Patient Safety Goals

Universal Protocol

UP.01.01.01

Conduct a preprocedure verification process.

- ▶ At the time of scheduling
- ▶ When any pre-testing done
- ▶ At the time of admission
- ▶ Once again in the pre-op area



National Patient Safety Goals

Universal Protocol

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

- ▶ Try to involve the patient
- ▶ Ideally done by the surgeon



National Patient Safety Goals

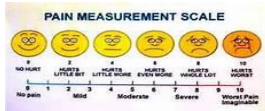
Universal Protocol UP.01.03.01

- ▶ Pause before surgery to make sure that a mistake is not being made
- ▶ A time-out is performed before EACH procedure



Provision of Care

- ▶ Assessing pain needs
- ▶ Planning care
- ▶ Providing care
- ▶ Coordinating care



Provision of Care

PATIENT ASSESSMENTS

- ▶ 30 day H&P – comprehensive
- ▶ Pre anesthesia assessment
- ▶ Post surgical anesthesia assessment
- ▶ Discharge assessment



Provision of Care

ASSESSMENTS INCLUDE:

- › Physical, psychological, and social
- › Nutrition & hydration
- › Pain
- › Victim of abuse or neglect?

Provision of Care

CARE INCLUDES:

- › Testing
- › Referrals
- › Verbal Orders
- › Blood Products
- › Nutrition
- › Education

Provision of Care

SEDATION & ANESTHESIA

- › Qualified, credentialed providers
- › Adequate staffing
- › Emergency equipment
- › Restraint policy
- › Responsible party for discharge
- › Transfer situations
- › Discharge plans

Transplant Safety

- ▶ Responsible party for overseeing acquisition
- ▶ Policies and procedures
- ▶ Maintains all records
- ▶ Documentation
- ▶ Vetting process for tissue supplier

Waived Testing

- ▶ Obtain CLIA Waiver/Certificate
- ▶ Tests support the needs of the patients
- ▶ Performance of tests, distribution of results, staff competency
- ▶ Test results reviewed by ordering physician
- ▶ Directed by Pathologist or other qualified physician



Waived Testing

- ▶ Storing and transporting specimens
- ▶ Description of test procedures
- ▶ Sufficient space, supplies, equipment
- ▶ Follow manufacturers' instructions

Waived Testing

Observe and evaluate your testing personnel to make certain the testing is accurate:

- ▶ Do they positively identify the patient and specimen?
- ▶ Do they collect a proper specimen?
- ▶ Do they know how the specimen should be preserved, if applicable?
- ▶ If the specimen needs to be transported, does your testing personnel understand and adhere to the transport requirements?

Waived Testing

POSSIBLE PROBLEMS TO LOOK FOR:

- ▶ Lack of manufacturers' instructions
- ▶ Not following manufactures' instructions
- ▶ Reporting incorrect results
- ▶ Expiration dates
- ▶ Calibration and function checks
- ▶ Lack of training
- ▶ Policies & Procedures

TJC Survey Solutions

Final thoughts... questions?



TJC Survey Solutions

Please email your questions and comments to:

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