



Naval Hospital Jacksonville
Staff Handbook

**The Joint
Commission**

2013-2014

To aid in a culture of continuous readiness

Acknowledgments

Thank you to all Naval Hospital Jacksonville (NHJAX) staff -- you do a great job everyday! We appreciate you.

HOW TO USE THIS HANDBOOK

You may carry this with you during the survey!

This handbook was created for NHJAX staff to assist you in achieving continuous compliance with all The Joint Commission (TJC) standards, in preparation for the 2014 unannounced triennial survey and for ongoing education. For more information regarding policies, procedures, or standards, please discuss these with your supervisor or review original documents available from your area or on the hospital intranet.

All Staff: Please review pages 3-42. Make sure you are comfortable with the questions that apply to your position as well as all general knowledge.

Patient Care Providers (including Nursing, Medical Staff, Respiratory, Dietary, Physical Therapy, Pharmacy, Radiology, Chaplains, Admitting and others): Please review the entire handbook, including the inpatient tracer. Make sure you are comfortable with the questions that apply to your position as well as all general topics.

Supervisors: Please review the entire handbook. Make sure you understand the general information along with the questions & answers. Review unit / department specific information with staff at staff meetings and frequently reinforce the environment of care information.

HOW TO PARTICIPATE IN TJC SURVEY

- During the survey, patient tracers will be conducted. Surveyors will observe and speak with staff in ALL patient care areas.
- Be respectful, courteous, and enthusiastic about how good we are!
- Be able to describe several improvements in patient care that resulted from departmental projects, quality improvement teams, Healthcare Failure Mode and Effects Analyses (HFMEAs) and Root Cause Analyses (RCAs). Have **current** Continuous Process Improvement (CPI) projects posted that summarize current activities.
- One of the surveyors' goals is to educate us about alternate or better ways of doing things. Take advantage of these suggestions if they can benefit us.
- Answer the question that you are asked. Do **not** volunteer unrelated information.
- **Never** become defensive or angry with the surveyor.
- If you don't know the answer to a question, describe how you would go about finding the information. This may include a policy manual, supervisor, another department **or looking in this book.**
- For process improvement, emphasize that we are always looking for ways to improve existing programs.
- Know where all the required manuals are in your department/unit. This includes:
 - Policy and Procedures Manual
 - Safety and Emergency Manual
 - Infection Prevention & Control Manual

- On-line Policies/Instructions
 - Department/clinic specific SOP
- Know The Joint Commission (TJC) standards that pertain to you and be able to use the terminology from the standard. If the surveyor finds a problem you don't agree with, politely assert your position. Use the approach, "I don't remember a standard requiring that. Would you please review it with me?"

WHAT IS THE JOINT COMMISSION (TJC) AND WHY ARE THEY COMING TO NHJAX?

What is TJC?

The Joint Commission is an independent, not-for-profit organization; The Joint Commission accredits and certifies more than 19,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. NHJAX substantially complies with TJC standards and continuously makes efforts to improve the care and services we provide.

Why is accreditation important?

- Enhances community confidence
- Provides a report card for the public
- Offers an objective evaluation of the organization's performance
- Stimulates the organization's quality improvement efforts
- Provides a staff education tool
- May be used to meet certain Medicare certification requirements
- Expedites third-party payment
- Often fulfills state licensure requirements
- May favorably influence liability insurance premiums

- Favorably influences managed care contract decisions

Who are the surveyors?

The survey team consists of specially trained physicians, nurses, administrators and facilities experts.

What do the surveyors do?

Surveyors evaluate each health care organization's compliance with TJC standards and identify the organization's strengths and weaknesses. The surveyors' goal is not merely to find problems, but also to provide education and consultation so health care organizations can improve.

What does a surveyor do during an individual tracer?

During an individual tracer activity, the surveyor(s) will:

- Follow the course of a patient's care, treatment, and service throughout the hospital
- Assess the relationships among disciplines and departments and important functions in the care, treatment, and services provided
- Evaluate the performance of processes relevant to the care, treatment, and coordination of distinct but related processes
- Identify vulnerabilities in care processes

What is an individual-based system tracer activity?

Individual-based system tracers explore one specific system or process **across** the organization, focusing on the experiences of specific patients or activities relevant to specific topics such as medication management; procurement, use, storage, and waste. **Coordination and communication among disciplines and departments will be evaluated.**

WHERE TO FIND INFORMATION IN THIS HANDBOOK

GENERAL INFORMATION.. ERROR! BOOKMARK NOT DEFINED.

RISK & PATIENT SAFETY INFORMATION.. ERROR! BOOKMARK NOT DEFINED.

PERFORMANCE IMPROVEMENTERROR! BOOKMARK NOT DEFINED.

INFORMATION MANAGEMENTERROR! BOOKMARK NOT DEFINED.

STAFF EDUCATION / COMPETENCE..ERROR! BOOKMARK NOT DEFINED.

INFECTION PREVENTION & CONTROL..... ERROR! BOOKMARK NOT DEFINED.

SAFETY / SECURITY..... ERROR! BOOKMARK NOT DEFINED.

EMERGENCY MANAGEMENTERROR! BOOKMARK NOT DEFINED.

PATIENT RIGHTS AND ORGANIZATION ETHICS.....ERROR! BOOKMARK NOT DEFINED.

ASSESSMENT OF PATIENTSERROR! BOOKMARK NOT DEFINED.

CARE OF PATIENTS..... ERROR! BOOKMARK NOT DEFINED.

MEDICATION MANAGEMENTERROR! BOOKMARK NOT DEFINED.

NUTRITION CARE ERROR! BOOKMARK NOT DEFINED.

PATIENT / FAMILY EDUCATION.....ERROR! BOOKMARK NOT DEFINED.

CONTINUUM OF CARE41

GENERAL INFORMATION

Naval Hospital Jacksonville Emergency Dial: 904-542-7878	
NBHCs Dial: 911	
Red	Fire
Pink	Infant/Child Abduction
Blue	Cardiac Arrest
Purple	Obstetric Emergency
Silver	Lost Adult
Black	Bomb Threat
Orange	Haz Mat Release/Lockdown
Green	Combative Person
White	Armed Intruder
Gray	Disaster
Yellow	Utility Failure
Brown	Severe Weather

Do you know the mission of NHJAX?

MISSION STATEMENT: We provide force health protection through readiness, operational support, health

promotion and quality family-centered care to all those entrusted to us.

What is the vision of NHJAX? (Command Philosophy)

We will lead innovation in military health care while ensuring outstanding warrior and family readiness.

What are our strategic goals? (Command intent)

- **Readiness**; man, train & equip to meet patient and operational needs
- **Value**; provide exceptional patient-centered care
- **Jointness**; collaborate on shared visions for health care and interoperability

What are the command's "cultural pillars"?

- Respect
- Effective communication
- Lead by example
- Humor

Who governs NHJAX?

The Commanding Officer and the Executive Steering Committee (ESC).

Who are the hospital's core leaders and ESC members?

- CAPT Gayle Shaffer, Commanding Officer (CO)
- CAPT Christine Sears, Executive Officer (XO)
- CMDCM Bennora Simmons, Command Master Chief (CMC)
- CAPT Michelle McKenzie, Director, Nursing Services (DNS)
- CDR Troy Borema, Director, Medical Services (DMS)
- CAPT William Todd, Director, Surgical Services (DSS)
- CAPT Lynn Beach, Director, Clinical Support Services (DCSS)
- CAPT Douglas Trenor, Director, Dental Services (DDS)

- CDR Darryl Green, Director for Administration (DFA)
- CAPT Brenda Baker, Director for Healthcare Business (DHCB)
- CDR Daniel Ackerson, Director, Branch Health Clinics (DBHC)
- CAPT Joseph McQuade, Director, Public Health (DPH)
- CAPT Larry Garsha, Director, Mental Health (DMH)
- LCDR Peter Grant, Director, Resource Management (DRM)
- CDR Kenneth Terhaar, Chair, Executive Committee of the Medical Staff (ECOMS)
- Ms. Kathleen Davitt, Civilian Representative

RISK & PATIENT SAFETY

Who is the Command Risk Manager?

Mr. Robert Meyer, phone # 904-542-7423

How do I report an error or medical event?

An error needs to be reported electronically via the Patient Safety Reporting System (PSR). The icon is located on your computer desktop.

What things should be reported?

Errors - an unintended act, either by omission or commission, or an act that does not achieve its intended outcome

Near Miss - a process variation that did not reach the patient but for which a recurrence carries a significant chance of a serious adverse outcome

Hazard Conditions - any set of circumstances (unrelated to the patient's condition) which significantly increases the likelihood of a serious adverse outcome

Sentinel Events - an unexpected occurrence that results in death or serious injury or outcome unrelated to the patient's course of illness

Are there any rules for reporting an error?

- Anyone can report a patient safety concern
- Reports can be anonymous
- Stick to the facts and do not give your opinion about who was at fault
- Do not document in the medical record that a Patient Safety Report (PSR) was submitted
- Do not print out or make copies of the report

What is a Near Miss?

A "Near Miss" or a "Good Catch" is an opportunity for us to **catch** a potentially **dangerous** event before it occurs and before it reaches the patient. A near miss needs to be reported in the Patient Safety Reporting System (PSR).

What is a sentinel event?

"An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. 'Or risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. These events are called 'sentinel' because they signal the need for immediate investigation and response."

What is a sentinel event alert?

TJC publishes "Sentinel Event Alert," which focuses on **patient safety and quality of care issues** for health care professionals. The list of "alerts" is located on TJC's website www.JOINTCOMMISSION.org. Surveyors will assess your knowledge of recommendations made in these alerts and how NHJAX has implemented risk reduction strategies to prevent similar events from happening here.

What is the process at NHJAX to address "Sentinel Event Alerts"?

Our Hospital's Risk Manager sends out information on Sentinel Event Alerts to individual directorate/departments as it applies to the nature or subject/topic of the alert. This information, including directorate/departmental feedback, is discussed at the Quality Improvement Sub Committee (QISC) of the Executive Committee of The Medical Staff (ECOMS), which is responsible to ensure all TJC recommendations are addressed and actions are documented.

What is the purpose of a Root Cause Analysis (RCA)?

The purpose of a RCA is to identify system issues that contributed to a serious event (after it occurred) and take action on those issues to prevent a recurrence. The analysis focuses on systems and processes, not individual performance. RCAs are conducted by a team of staff members selected by the Commanding Officer.

What is a Healthcare Failure Mode Effects and Criticality Analysis (HFMEA) and how is it different from a Root Cause Analysis (RCA)?

HFMEA is a prospective review of a high risk, high volume process before an event occurs (prospective) – and takes action to prevent an event.

Recently, NH Jax conducted these HFMEAs:

- Medication Reconciliation (2013)
- Hospital Readmissions – Project RED (2012)
- Workplace Violence (2011)
- Medication Management - Dispensing (2010)

What are the 2014 National Patient Safety Goals (NPSG)?

*Note: You might notice that some goals and requirements appear to be missing from numerical sequence. This is not an error. Some goals do not apply to hospitals or have been “retired” or integrated into the standards; therefore they have not been included.

NPSG #1**Improve the accuracy of patient identification**

NPSG.01.01.01 Use at least two patient identifiers when providing care, treatment or services. (Use patient’s **full name** and **date of birth**).

NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification.

NPSG # 2

Improve the effectiveness of communication among caregivers

NPSG.02.03.01 Report critical results of tests and diagnostic procedures on a timely basis.

NPSG # 3

Improve the safety of using medications

NPSG.03.04.01 Label all medications, medication containers, (e.g., syringes, medical cups, basins) and other solutions on and off the sterile field in perioperative and other procedural settings. *Note: Medication containers include syringes, medicine cups, and basins.

NPSG.03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

NPSG.03.06.01 Maintain and communicate accurate patient medication information.

NPSG # 7

Reduce the risk of health care-acquired infections

NPSG.07.01.01 Comply with current Center for Disease Control (**CDC**) or World Health Organization (**WHO**) Guidelines.

NPSG.07.03.01 Implement evidence-based practices to prevent health care-associated infections due to multiple drug resistant organisms (**MDRO**).

NPSG.07.04.01 Implement evidence-based guidelines to prevent central line-associated bloodstream infections (**CLABSI**).

NPSG.07.05.01 Implement evidence-best practices for preventing surgical site infections (**SSI**).

NPSG.07.06.01 Implement evidence-based practices for preventing indwelling catheter-associated urinary tract infections (**CAUTI**).

NPSG #15**The organization identifies safety risks inherent in its patient population**

NPSG.15.01.01 The organization identifies patients at risk for suicide. *Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

NPSG #6 (NEW for 2014)**Improve the safety of clinical alarm systems**

Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety.

NPSG.06.01.01

1. As of **July 1, 2014**, leaders establish alarm system safety as a [critical access] hospital priority.

2. During 2014, identify the most important alarm signals to manage based on the following:

- Input from the medical staff and clinical departments
- Risks to the patients if the alarm signal is not attended to or if it malfunctions
- Whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue
- Potential for patient harm based on internal incident history
- Published best practices and guidelines

Universal Protocol**Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery**

Wrong site surgery should **never** happen! Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient,

procedure and site, using active (not passive) communication techniques.

UP.01.01.01 Conduct a preprocedure **verification** process

UP.01.02.01 Mark the procedure site

UP.01.03.01 Conduct a **"time-out"** prior to the procedure

Performance Improvement (PI)

What is Continuous Process Improvement (CPI)?

CPI is a systems approach for analyzing and improving work flow in our organization. See **NAVHOSPJAXINST 6010.24**.

What types of methods or tools do you use for CPI activities?

The methodology most frequently used is Plan-Do-Check-Act (PDCA):

P – Plan the Process Improvement

D – Do the Improvement, Data Collection, Analysis

C– Check the Results & Lessons Learned

A – Act by adopting, adjusting, or abandoning the change

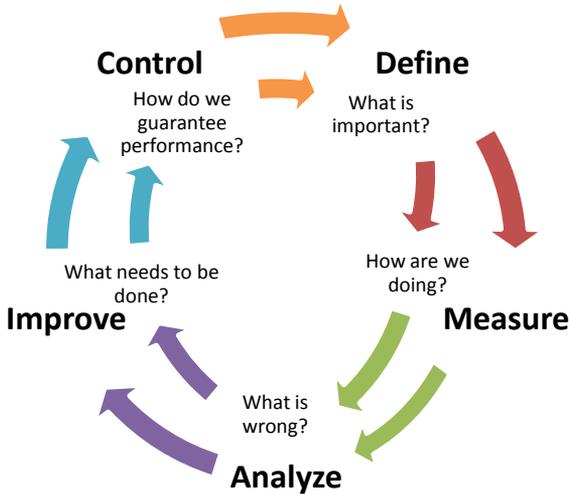
A continuous cycle:



We do routine monitoring and evaluation of key work processes.

Another CPI method used at NHJAX is DMAIC:

- D – Define the issue
- M – Measure the process
- A – Analyze the data
- I – Improve the process
- C– Control the process



DMAIC Methodology is best used when making major changes to existing processes

What is the structure that supports your CPI program?

The Quality Council is tasked to evaluate the suitability and effectiveness of department CPI initiatives, provide guidance and training for the CPI representatives, when needed, and assist in alignment of common issues among the departments.

What are the CPI priorities at NHJAX?

Serving our patients, supporting our staff, developing tomorrow's healthcare professionals, patient safety, hand hygiene, Partnership for Patients (PfP) initiatives; patient falls, adverse drug events, surgical site infections, readmissions,

HEDIS, ORYX/Core Measures, pain management, medication use, patient and staff satisfaction, pharmacy wait time, business measures; access to care and developing high quality, efficient and effective healthcare services.

How do you have input into CPI projects in your area?

Staff meetings, submitting ideas to my manager, serving as a team member on CPI and Lean Six Sigma projects, and/or response to Patient Safety Reports (PSRs).

What are the goals of Lean and Six Sigma?

Lean management focuses on continuously enhancing value and eliminating waste from the processes involved in producing products or services for customers. Six Sigma focuses on reducing variation (such as defects or errors) in design, products, processes, and services.

What are the seven general types of waste Lean Sigma tries to reduce or eliminate?

- Transportation
- Excess Inventory
- Motion
- Waiting
- Over-processing
- Over-production
- Defects

What are some of the important performance measures in my department?

Examples:

- Critical results (turn-around-times)
- Pain management
- Blood administration
- Patient assessment and reassessment
- Falls
- Medication errors

- Use of restraints
- Code drills
- Medical Home Port
 - Acute access
 - EST Access
 - ED Utilization
 - Relay Health enrollee registration

How do you assess improvements made?

If you put a new process (or process revision) into place, how can you tell its working? Establishing a performance measure (metric) to monitor progress is important in determining whether a particular CPI initiative is beneficial. Before you begin collecting data on the new improvement made, be sure that baseline (pre-improvement) data is captured, and develop a goal. Periodically assess how the new improvement strategy is doing, i.e. collect data at 30, 60, 90, and 120 day increments. Is there sustained improvement noted? Remember that data is evidence that the CPI initiative is working.

What improvements have been implemented in your area in the past 12 months? Was the improvement maintained?

Show your CPI projects. Answer specifically for your unit / department. You may refer to success with ORYX or HEDIS measures.

How does your improvement performance relate to the organization's mission?

Examples may be monitoring a patient care issue regarding pain management with medical staff, providing special staff education demonstrating hand hygiene, educating patients on fall precautions or, improving patient satisfaction, etc.

Where can you find departmental CPI information?

Each department has a display board containing at least one project/process that the department worked to improve. As a staff member, you should be able to effectively locate and

Speak to it. **Staff should be very familiar with this!!!**

What are TJC ORYX/Core Measure initiatives and how are they used in survey activities? What are the ORYX/Core Measures for NHJAX?

Hospitals and TJC use ORYX data to continuously assess key performance areas. ORYX data are applied in the accreditation process.

The ORYX Core Measure sets are used to measure and improve patient outcomes. The core measure sets for NH JAX are:

- 1) Heart Failure (HF)
- 2) Pneumonia (PN)
- 3) Surgical Care Improvement Project (SCIP)

Additional measure sets that we monitor are:

- 1) Children's Asthma Care (CAC)
- 2) Perinatal Care (PC)
- 3) Venous Thromboembolism (VTE)

**For each measure, there are three or more indicators for evaluation.

Do employees have the right to contact The Joint Commission?

Any employee who feels they have unresolved issues about the safety or quality of care provided at NHJAX has the right to contact the Joint Commission (TJC) at (800) 994-6610 and can do so without concern for retribution. For further information or questions please contact Quality Management at (904) 542-7637. **Staff should be very familiar with this!!!**

Information Management (IM)

Who is the Command HIPAA Privacy Officer?

Ms. Shatterria Moxley, phone # 904-542-7584

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act. Under this federal law, patients' protected health information (PHI) must be contained through certain **privacy** and **security** measures. Maintaining PHI effectively in your workplace might be as simple as keeping medical records closed, turned over, away from of countertops, using shredders and recycle bins instead of disposing PHI in regular waste receptacles, or by arranging computer screens so that patient information cannot be seen by casual bystanders. **Remember, maintaining privacy of PHI is everyone's responsibility!**

What is information management?

Information management involves communication of accurate patient and business information between individuals in a timely and effective manner, while maintaining confidentiality and protection of the data.

What type of training/education have you received on management of information in your area?

NHJAX provides training in information management practices beginning with our command orientation, followed by department orientation and continuously through annual update training and various mandatory and elective courses.

What type of information or data do you collect as part of your job?

Be able to describe data related to your job. For example, quality control checks, patient vital statistics, accuracy of documentation, number of treatments / procedures performed, and number of meals prepared / delivered, etc.

Is the information you require for patient care provided in an accurate and timely manner?

Yes, for example, census reports, lab and radiology results and admission data.

How do you ensure that data is accurate?

Everyone is accountable for information being accurate. Each employee is responsible for getting erroneous data corrected.

How do you protect information and data on the computer system?

Everyone has access assigned that is specific to his or her job requirements. We do not share CAC cards, login passwords or confidential information.

How do you ensure privacy of patient information?

Medical information privacy is protected through policy and procedures, computer access and integrity controls, paper-record access controls, and controlled access to sensitive areas. Patient medical information will only be used to the extent necessary to diagnose and treat the patient, for operating the hospital, and for securing payment for services provided. Only authorized individuals are permitted access to written or electronic medical records. Discussions about patients occur on an as-needed basis, and are conducted in private if possible. Patient medical information will only be disclosed per the patient's authorization, or as required or permitted by law.

What is the procedure for taking verbal (telephone) orders?

Verbal and telephone orders are to be written exactly as stated by the physician. The order is then read back to the physician for clarification. Staff must be able to verbalize this process.

Has NHJAX addressed dangerous abbreviations used in patient records?

Yes, we have a policy on the use of dangerous abbreviations,

acronyms and symbols. This has been posted in prominent patient care areas and the list is available on the Pharmacy webpage.

R_X**IMPORTANT NOTICE!****READ THIS BEFORE YOU MAKE YOUR NEXT RECORD ENTRY!****R_X**

Effective immediately the following abbreviations are not to be used within Naval Hospital Jacksonville. No order using these annotations will be taken off and the prescribing provider will be required to re-write any such order. This initiative is only part of a larger one to improve communications between the medical staff in a united effort to practice the safest and highest quality medical care.

Unauthorized Medical Record Abbreviations			
Item	Abbreviation	Potential Problem	Preferred Term
1.	U or u (unit)	Mistaken as zero, four, or cc	Write "unit"
2.	IU or I.U. (international unit)	Mistaken as IV (intravenous) or 10 (ten)	Write "international unit"
3. 4.	Q.D. or Q/D or qd Q.O.D. (Latin abbreviation for once daily and every other day)	Mistaken for each other or QID (4 times daily). The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "I"	Write "daily" and "every other day"
5. 6.	"Trailing zero" (X.0 mg) Lack of leading zero (X mg) ("Naked Decimals")	Decimal point is missed or misinterpreted	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
7. 8. 9.	MS MS04 MgSO4	Confused for one another. Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" or "magnesium sulfate"
10.	µg (microgram)	Mistaken for mg (milligrams) resulting in one thousand fold dosing overdose	Write "mcg"
11.	T.I.W. (three times a week)	Mistaken for "three times a day" or "twice weekly" resulting in an overdose	Write "3 times weekly" or "three times weekly"
12.	c.c. (for cubic centimeter)	Mistaken for "U" (units) when poorly written.	Write "ml" for milliliters
13.	SS (Sliding Scale or ½ <apothecary>)	Misinterpreted as "55"	Write out "sliding scale" Use "one-half" or 1/2

Staff Education & Competence

Do you have a copy of, or have you seen, your position description?

A combined position description/performance evaluation is reviewed with each new employee (active duty/civilian) at the time of hire and placed in the training record. Position descriptions are required to be reviewed or updated annually.

What do you do if you need to use a piece of equipment that is unfamiliar to you?

DO NOT USE EQUIPMENT WITH WHICH YOU ARE UNFAMILAR!!

Seek assistance from the following sources: instructions attached to equipment, policy and procedure manuals, directors, supervisors or Biomedical Engineering.

How were you trained on medical equipment used on your unit?

Staff are trained and/or evaluated on proper equipment use, during their initial orientation and each time a new piece of equipment is introduced. Documentation is kept in the individual training record.

What mandatory education training / orientation is required?

All employees must complete Safety Management, Hazardous Waste, Blood Borne Pathogens, Emergency Management/Disaster Preparedness, Life Safety, Electrical Safety, Infection Control, Risk Management, Management of Information (as required by job), CPR (patient care staff and providers), Patient Safety and Reduction of Medical Errors, Patient Falls, Use of Medical Equipment (by job), Patient and Family Centered Care/Customer Service, Legal and Medical Ethics.

How were you oriented, educated and/or trained for your job?

Attended command orientation within 30 days of hire along with participating in department specific orientation, continuing education programs/in-services and quarterly stand-downs. All employees receive annual update training. I attend job-required trainings such as BLS, ACLS, PALS & NRP classes.

How do you know you are competent to perform your duties?

Licensing where required, certification, confirmation of educational preparation, competency assessments are conducted every three years (or more frequently if required) and documentation of competencies is available in training records.

How is your performance evaluated?

Performance is continuously evaluated while doing my job and there is an annual formal written performance evaluation. Check with your supervisor.

What access do you have to educational materials related to your job / profession?

There are links to educational resources on the command intranet, i.e. Command Training Portal, and in the Medical Library (example: Mosby's).

What would you do if you did not want to participate (for cultural, religious or ethical beliefs) in a particular procedure or type of patient care?

NAVHOSPJAXNST 6320.12: Withdrawal From Participation in Patient Care

Staff member will immediately notify Supervisor or Department of their concerns and request to be excused in those aspects or treatment or care of the patient.

Staff members may not refuse to participate in the care or treatment of a patient based solely on the patient's diagnosis.

How do you find out about classes or educational opportunities at NHJAX?

Monthly education calendars, Plan of the Week, Command Training Portal, and through team members in your department.

How does your unit identify in-service needs?

New technology, equipment, safety devices or procedures, data from PSRs, competency assessments, informal and formal needs assessments, performance improvement monitors, and giving written or oral feedback when evaluating programs attended.

Infection Prevention & Control

Who is the Command Infection Preventionist?

Ms. Cheryl McDonald, phone #904-542-7537

What is your single most important activity to promote patient safety and reduce the spread of infections in the hospital/ ambulatory setting?

Hand hygiene, which includes the use of hand sanitizers and good hand washing. Hand washing with soap and water is required whenever hands are visibly soiled or when managing Multi-Drug Resistant Organisms (MDRO), i.e. Clostridium Difficile (C-diff) patients.

When should you perform hand hygiene?

Before and after all patient care, after contact with blood or other body fluids, after removing gloves, after contact with contaminated equipment, after coming out of an isolation room, before performing procedures, before eating and after using bathroom facilities.

What is the method of infection control practiced at NHJAX?

The two tiered precautions include:

- 1) Standard precautions: Every patient has the potential of being infectious.
- 2) Transmission precautions:
 - ❖ Airborne
 - ❖ Droplet
 - ❖ Contact

What are the initial steps for treatment and reporting of a needle stick injury or mucosal exposure?

- 1) Immediately wash area with soap and water; for eye splash, copious irrigation.
- 2) Report all sharps injuries (and other exposures) immediately to your supervisor.
 - * Supervisor to initiate required forms to Safety (Incident/Mishap form as well as a CA-1 if civilian staff.)
 - * Supervisor also notifies physician and obtains order for labs (from source patient).
 - * Supervisor sends e-mail message to JAX Infection Control Exposure mail group.
- 3) Seek medical attention immediately (treatment should occur within one to two hours).

Where can you find infection prevention & control information?

- 1) The most up-to-date version of the Infection Control & Prevention Manual located on the Infection Control SharePoint site (under frequently used links).
- 2) Ask your Supervisor.
- 3) Call Infection Prevention & Control at 904-542-7537.

Safety & Security

Who is the Command Safety Manager?

Mr. Don Draper, phone #904-542-7448

Explain how you would respond to an injured person who needs medical care.

I would assist an ambulatory person to the ED. If an emergency, I would dial **904-542-7878**, say "**Code Blue**" and give location. All clinics and buildings located outside of the main hospital will dial 911, **and** 904-542-7878.

Explain what has been done in the department or area to eliminate or control safety hazards.

Twice a year, the safety team goes through the department and cites any deficiencies. Administration spaces are inspected annually. "Spot checks" are done routinely by department Safety reps. The Safety Manager is Don Draper, 904-542-7448, and Environment of Care Committee meetings are held monthly.

Explain the fire plan for the hospital. (Explain each letter of "RACE"). NAVHOSPJAXINST 3440.1: Emergency Preparedness Plan, Annex D.

- Rescue, endangered patient and/or personnel from the immediate area
- Alarm, pull the fire alarm and dial 542-7878 and give exact location: floor, room number, type of fire.
- Contain, "Seal off" the room by closing the doors to prevent spread of combustion by-products, if time permits.
- Extinguish, you may attempt to extinguish the fire by using a proper fire extinguisher, provided you do not endanger yourself or others.

You should prepare to evacuate if so directed by fire department personnel or senior military on the scene.

Be prepared to activate the pull box as well as identify the closest fire extinguisher.

- Closed doors contain smoke and allow time for fire department to arrive and take charge.
- Fight the fire with extinguisher only if it is safe for you to do so.
- To use an extinguisher safely, use **PASS**:
- **P**ull the pin,
- **A**im at the base of the fire,
- **S**queeze the handle, and
- **S**weep in a Side-to-Side motion.

How often are fire drills conducted in your area?

At the main hospital, fire drills are conducted once per quarter, per shift. At branch health clinics and other outlying buildings, fire drills are conducted quarterly.

What is done if an infant is abducted?

NAVHOSPJAXINST 5530.1: Security Procedures for Naval Hospital Jacksonville

- Notify the Quarterdeck at 904-542-7878 to page "**Code Pink**" (Infant Abduction).
- Notify director.
- Carry out posted orders.
- Secure all exits and make sure no one is allowed in or out of the building.

Discuss what is done to deal with combative or aggressive behavior.

NAVHOSPJAXINST 5530.1; Security Procedures for Naval Hospital Jacksonville

Dial the Quarterdeck at 904-542-7878 ASAP; state “Code Green” and location. Clear immediate area. A security response team will arrive to deal with the behavior.

If you suspect domestic violence or abuse, what do you do?

NAVHOSPJAXINST 6320.6: Family Advocacy Program

For cases of suspected abuse of a family member (child or spouse), report to the patient’s Primary Care Manager (PCM). After hours, report to the Family Advocacy Program (FAP) social worker. For cases involving active duty members, report to the Duty Family Advocacy Representative (DFAR) at 318-1079.

What is a hazardous substance (HS) spill or discharge into the environment?

Hazardous Material (HM) or Hazardous Waste (HW) is that which, if spilled or discharged, presents a threat to human health or the environment.

What do you do if there is a small hazardous substance spill in your department?

Staff is trained to respond to small HM spills within their departments. For emergencies or help with large or dangerous spills, notify the Quarterdeck at 904-542-7878. The NHJAX Oil and Hazardous Substances Emergency Response Action Plan will be initiated.

Discuss the health hazards of the chemicals you use regularly. Explain where to obtain information about the health hazards.

Information on chemicals used in your area is located in each department. They are known as MSDS's or Material Safety Data Sheets. Know where they are kept in your department. In addition to listing the health hazards, the MSDS's have information on treatment if someone is exposed to the chemical.

Explain how to respond if a critical piece of medical equipment fails or malfunctions. What if someone is harmed by medical equipment or supplies? CALL BIOMEDICAL ENGINEERING AT 904-542-7451, OR AFTER-HOURS CALL PAGER 855-6093

Take item out of service immediately and call Biomedical Engineering (Biomedical Repair). They will give instructions, discuss urgency, and assign a work order. If someone has been harmed by the equipment, report this to your supervisor immediately, document event on a PSR and notify Risk Management. The event will be reviewed and may trigger a special report made to the FDA on safe medical devices. An investigation will occur and a report may be filed.

Explain or demonstrate how you know a piece of medical equipment has been tested and is ready to use.

Sticker affixed to equipment will give month and year of last service and due date for next service. If the date is expired, then the clinical equipment needs to be serviced. Please remove equipment from service and call Biomedical Engineering at 904-542-7451.

If the power in the hospital fails, explain how to locate outlets powered by the emergency generator and where to obtain extension cords of necessary. Discuss any limitations on using emergency power outlets.

Red colored outlets indicate emergency power. Critical equipment should be plugged into them.

Discuss procedures to be implemented if a utility system fails. Systems include electricity, water, medical gasses, elevators, heat, air conditioning, steam, and sewer.

Contact Facilities Management at 542-7593.

Explain or demonstrate where the oxygen shut off valves for the area are located. Discuss who is responsible for shutting off the oxygen. Discuss what is done to protect patients if the oxygen is shut off.

Location of shutoff valves and responsibilities for shutting them off in an emergency is identified on each department Supplementary Fire Bill and by standardized procedures posted on the walls adjacent to each accessible shutoff valve. Medical gas other than oxygen is immediately secured in an actual emergency; staff members shall shut off medical gas valves only at the specific direction of "competent authority," defined as the senior person present (i.e. charge nurse, senior medical officer, department head, etc.) to ensure patient safety is not endangered by premature shut-off. Oxygen may also be shut off at the direction of the Fire Captain only after adequate substitute means of delivery are in place for patients in need of oxygen.

Emergency Management

What happens if there is a mass casualty disaster?

NAVHOSPJAXINST 3440.1; Emergency Management Program

In case of a mass casualty, when directed by the Commanding Officer, an announcement thru the PA system will be made. All Hands will report to their stations in accordance with the Emergency Preparedness Plan.

Explain the back-up to the normal communication systems you might use during a disaster. (Phone, paging, & computer). Discuss what you would do if any or all of the systems fail or are disrupted.

The Emergency Management & Security Departments use ELMR radios for internal communication. Additional radios are pre-assigned to key personnel and are located on the watch floor. Messengers will also be standing by (as part of the Manpower Pool) to relay written messages in person, if and when all systems fail.

Patient Rights and Organization Ethics

How do you provide for your patient's physical and visual privacy?

Physical and visual privacy is provided during assessment, procedures, and basic care. Always pull curtains shut or close doors. Do not make the patient wait for excessive periods when unclothed or otherwise exposed.

How do you obtain informed consent?

The physician is responsible for providing information to the patient about any procedure/surgery and documenting this in the chart. Nurses may obtain the patient's signature on the surgical consent form after the above discussion.

How do you ensure that your patients and their families participate in care decisions?

During the initial assessment, patients are encouraged to identify and/or asked to identify their needs and wishes.

What do you do if you identify an ethical issue in patient care?

NAVHOSPJAXINST 6010.30; Healthcare Ethics Committee

Staff is encouraged to identify, discuss and question issues which bring about ethical dilemmas. These issues are referred to and addressed by the Healthcare Ethics Committee.

How do you facilitate conflict resolution regarding decisions to forgo and / or withdraw life-sustaining treatment?

NAVHOSPJAXINST 6320.37; Advance Directives; Withholding and Withdrawing of Life-Sustaining Treatment/DO NOT RESUSCITATE

NHJAX has a policy for withholding or withdrawing life sustaining treatment. The Healthcare Ethics Committee can also be consulted to facilitate a resolution.

Where would you find evidence that the patient had made decisions about end-of-life issues?

The patient's chart contains a copy of the Advance Directive (Living Will or Designation of a Healthcare Surrogate form), if the patient has one. Compliance with the patient's wishes is documented in the Do Not Resuscitate progress note in the medical record.

How do you inform your patients of their rights?

Patients are given a copy of the Patient's Bill of Rights upon admission. The Patient's Bill of Rights is also posted throughout the hospital and at branch health clinics.

How do you resolve patient complaints?

All staff and management are expected to respond to patient complaints or grievances, and attempt to resolve issues at the lowest possible level in a timely manner. There are Patient Relations Representatives in all departments. The Command Patient Relations Officer (and Patient Relations Office) is specifically designated to manage grievances and complaints and consult with staff and physicians about identified problems.

Who is the Customer Relations Officer at NHJAX?

Ms. Diane Troyano at 904-542-9457

How do you involve pastoral care staff in patient care?

Pastoral Care is available 24 hours a day, seven days a week for patient and family support by contacting the quarterdeck at 904-542-7300. The chaplains visit patients and their families, providing spiritual and emotional care regardless of religious preference. They also provide emotional and spiritual support to staff.

How do you provide for the communication needs of your patients?

Staff is instructed to contact the Quarterdeck at 904-542-7300. The Quarterdeck has access to the Language Line at 1-877-245-0386 (client ID # 503570).

What is the policy/procedure regarding the use of restraints?**NAVHOSPJAXINST 6520.2; Restraint of Patients**

The use of mechanical restraints at NHJAX is primarily for medical/surgical reasons to support and promote medical healing. Staff will employ the least restrictive means of managing and safeguarding patients while protecting their rights, dignity and wellbeing. (Please review the hospital instruction for specific requirements, observation and documentation. Be prepared to discuss with surveyor.)

Can you have a PRN order for restraints?

No! Never, Never, Never!

Assessment of Patients

What are the five age-related groups that have unique physical and psychosocial needs?

Neonates, pediatrics, adolescents, adults and geriatrics.

How do you identify a victim of abuse?

NAVHOSPJAXIST 6320.6; Family Advocacy Program

By using the process developed in our policies on domestic violence, child abuse and adult abuse.

- We ask a screening question during the initial assessment: "Does anyone hurt you, threaten you or make you feel afraid?"
- We assess for signs and symptoms of abuse such as:
 - Injuries that don't match the story
 - Multiple injuries of varying age
 - Cuts, burns, skin problems that seem suspicious
 - Behavior that suggests fear, depression, or an excessive effort to please another

How do you screen patients for risk of suicide and/or depression?

NAVHOSPJAXINST 6320.50; Suicidal Ideation/Depression Screening of Patients

Primary Care Clinics, Emergency Department, and inpatient units are required to assess patients for risk of suicide and depression using the PHQ-2 screening questions with rating scale:

- "Over the past two weeks how often have you been bothered by any of the following problems":
 - Little interest or pleasure in doing things
 - Feeling depressed or hopeless

A PHQ-2 rating of 3 or higher represents a positive screen requiring additional action or intervention. See instruction for

more information.

For each discipline (nursing, respiratory, social work, dietary, PT/OT, etc.), what is the time frame for assessing the patient?

Each discipline should be prepared to define the initial assessment time period acceptable at NHJAX.

How often is the patient reassessed in your unit?

Give specific time frames based on unit standards, i.e. once per shift.

Who troubleshoots ventilator problems?

Respiratory Therapy maintains all ventilator equipment.

Care of Patients

How does your planning process ensure that the care and treatment is appropriate to the patient's specific needs?

We assess the patient's individual needs at the time of admission and develop an individualized plan of care.

What factors do you consider when making patient care assignments?

Patient acuity, staff licensure / certification, staff competence, and continuity of care for the patient are some examples.

How are code (emergency / crash) carts secured? How often are they checked?

Code carts are secured with a plastic locking device. Each day of operation, staff verifies that the cart is locked, test the defibrillator, and sign the monitoring sheet. The carts are inventoried weekly by departments. Expiration dates on drugs are checked monthly by Pharmacy. After a code, medications are resupplied by Pharmacy. All other items are resupplied by clinic staff.

Where is the emergency equipment located on this unit?

Be prepared to demonstrate location of code cart or portable defibrillator, portable oxygen and other unit-specific emergency equipment.

When would you activate the Rapid Response Team (RRT)
NAVHOSPJAXINST 6320.49; Rapid Response Team

Rapid Response Team (RRT) is specific to inpatient areas ONLY! RRT should be activated when a patient's condition deteriorates, but is not yet life threatening. RRT can be activated by staff or concerned family members. *Review policy and procedures with your team.*

Who prepares the patient for surgery?

The physician informs the patient about the procedure and orders the required tests. The nurse sending the patient to surgery is responsible for completing the activities and documentation on the pre-operative checklist. The staff in the pre-operative holding area is responsible for verifying the pre-operative checklist and completing any outstanding patient care activities. Pre-operative teaching may be done in the APU or on the inpatient nursing unit.

Explain the process for conducting a "Time Out" prior to any invasive or other procedure.***NAVHOSPJAXINST 6320.43:******Protocol for Correct Surgery/Invasive Procedures***

Prior to the start of any surgical or invasive procedure, conduct a final verification ("time out") to confirm the correct patient, procedure and site, using active (not passive) communication techniques.

Do you discuss with patients the care they will receive?
Describe how this is done in your area.

Yes. Each patient is assessed on admission to determine needs for care, medications, education and discharge. The patient and family are included in ongoing care planning.

What is the turnaround time you experience for lab results that are routine? Lab work that is STAT?

Routine tests vary. STAT test turnaround time is one hour.

Medication Management

Where is drug formulary information located?

Drug formulary information is available on the Pharmacy SharePoint site on the command intranet.

How do you obtain needed medications when the Pharmacy is closed or otherwise not available?

The Pharmacy provides 24-hour service.

How are emergency medications made available, controlled and kept secure?

Emergency medications are kept in the locked code cart, anesthesia cart, or in locked kits or boxes. *Find out what your area has and where these medications are kept!*

How do you handle medication errors?

The physician is notified and an online PSR is completed and submitted to Risk Management. The medication given, patient's response and treatment are then documented in the medical record. The PSR is reviewed and action steps are identified.

How do you report a suspected Adverse Drug Reaction (ADR)? Who can report a suspected ADR?

NAVHOSJAXINST 6710.3: Adverse Medication Outcome Reporting

Any ADR or suspected ADR must be reported as soon as possible to Pharmacy. Any member of the medical, nursing or pharmacy staff can report ADR's. Reporting ADR's may be done by completing an Adverse Drug Reaction Reporting Form

(located on Pharmacy SharePoint site). Staff may also submit via the PSR.

How do medications get into the hospital formulary?

The Pharmacy and Therapeutics Committee selects them.

How are medications stored on your unit?

Medications are stored in a Pyxis unit in a locked medication room and/or a locked cabinet. *Find out how medications are stored in your unit.*

Who checks your clinical refrigerator temperatures and what is done if they are not cold enough?

A designated staff member is assigned to conduct refrigerator checks on floors. A daily log is kept on each. REES refrigerator/freezers have an electronic tracking system which is centrally monitored and alarms if temperatures are not maintained. For all instances where temperatures are out of appropriate ranges, follow policy and immediately notify your supervisor. *Know what system(s) are in use in your department. Be able to retrieve a report for all REES units.*

Nutrition Care

How do you monitor the patient's response to nutrition care?

We observe the patient's response, recording intake and output and any abnormal response, as appropriate.

Does the nutrition care service meet the patient's needs for special diets and accommodation of altered diet schedules?

Yes. Dietary policies include special diet needs whether medical, religious, or cultural.

How do you handle food that is brought in by the patient's family?

Label with patient's name and room number and date food so freshness can be determined.

Patient & Family Education

The goal of "Patient and Family Education" is to improve patient health outcomes by promoting healthy behavior and involving the patient in their care and care decisions.

The following processes are evaluated:

- Assessing organization wide patient and family education activities.
- Allocating resources for patient and family education.
- Assessing and prioritizing specific patient education needs.
- Providing education to meet identified needs.

How does patient and family education occur on your unit?

The Registered Nurse (RN), in collaboration with the other members of the health care team, assesses the patient / family needs, abilities, and readiness for education. Unit specific teaching materials and 1:1 instruction is an example of how education occurs. Education is **individualized** to meet patient/family needs, abilities and is appropriate to the care and treatment provided by the hospital.

How are patients taught about pain management as part of their treatment plan?***NAVHOSPJAXINST 6320.47; Pain Assessment and Management***

During admission and/or during the orientation or initial assessment, patients receive pain management information. Staff and patients discuss the risk of pain, understanding pain, pain assessment tools such as the *Wong-Baker* (faces) scale, the patient's right to pain management and its importance, responsibility of the patient to report pain to the best of their

ability, responsibility of the health care team (such as assessing, treating and reassessing pain). All of this creates a partnership for effective pain management.

Who counsels the patient on food / drug interactions?

This is an interdepartmental responsibility shared by nursing, dietary and pharmacy. Written teaching sheets are also included with each medication.

How do you assess your inpatients' educational needs?

At admission, an assessment interview is conducted by nursing and is documented in the patient's medical record within 24 hours.

How do you know a patient can read?

A simple method would be to hand the person some written material upside down and see if they turn the paper around. Verify their understanding of educational materials provided by asking questions related to the content.

How do you make sure the patient / family understands what is being taught?

Patient / family verbalizes understanding and/or demonstrates activities on self while still in the hospital, i.e. insulin injections, blood sugar checks, etc.

Who is involved in patient / family education?

All licensed health care providers that are involved with the patient/family provide education. Information discussed and provided is documented in the patient's medical record.

How do we inform patients of our tissue/organ donation program?

NAVHOSPJAXINST 6300.1; Tissue Management Services Program

The staff can ask a patient if they are a donor, however all donor

counseling is performed by the tissue or organ recovery service. NHJAX uses Life Quest as the Organ Procurement Coordinator. Please review NHJAX procedures with your supervisor or director.

Continuum of Care

Over time, patients may receive a range of care in multiple settings from multiple providers. For this reason it is important for a hospital to view the patient care it provides as part of an integrated system of settings, services, health care practitioners and care levels that make up a continuum of care. The goal of continuity of care is to define, shape and sequence the following processes and activities to maximize coordination of care within this continuum:

- Before admission
- During admission
- In the hospital
- Before discharge
- At discharge

What is the standardized method or process for hand-off communication among staff or teams when patients are transferred from one area to another?

S-B-A-R:

Situation, Background, Assessment, Results/Recommendations.

Describe the process of transferring a patient to a different unit.

The patient's need for a different level of care is discussed, an order is written, report is called to the receiving nurse (using SBAR process), and the patient and their belongings are transferred.

How do your processes provide continuity over time among the assessment and diagnosis, planning and treatment phases of the patient's services?

Interdisciplinary communication between team members and the ongoing reassessment process.

How do you provide for coordination among the health care professional(s) and setting(s) in which the patient receives care or services?

Unit/Department - specific. TeamSTEPS®; huddles, multidisciplinary care planning rounds, patient care conferences, etc.

Describe the role of staff for this patient care setting in the discharge planning process.

Nursing staff makes ongoing needs and capabilities assessments. Patients who require a new level or type of care or other community services at discharge are referred to the social worker or case manager. They will assess the patient and develop a discharge plan, making necessary arrangements.

What kind of information is provided to the patient regarding available resources at time of discharge?

Social workers / case managers, nurses, physicians and other clinical staff provide information regarding a current list of medications, diet, activity, follow-up appointments and community social and health care services available.

