TJC Post Survey
Educational Updates
LEAD APRONS

What is the TJC standard and what were the findings?
- The hospital must manage risks associated with hazardous materials and waste
- *Lead aprons were not being cleaned between patients

Why is this issue important?
- In the hospital there are many sources of hazardous materials that are needed for patient care. If not handled properly, employees and patients are at risk for exposure that can lead to serious illnesses

What must I know about this topic?
Lead aprons will be cleaned after each use using CaviWipes. The departments who use lead aprons have determined who is responsible in the department for cleaning the aprons
Chemotherapy

What is the TJC standard and what were the findings?
Chemotherapy waste in uncovered containers was found in soiled utility room

Why is this issue important?
In the hospital there are many sources of hazardous materials that are needed for patient care. If not handled properly, employees and patients are at risk for exposure that can lead to serious illnesses

What must I know about this topic?
• Here’s the update on transport, administration and disposal of chemotherapy: (Refer to P/P SAF-24 and PHA-32 for full details)
• Rigid black containers must be used when nurses transport chemotherapy (e.g. when going from NS 72 to another unit)
• Staff must always have a spill kit when transporting chemotherapy
• Rigid containers (both yellow and black) must be kept closed at all times even if they are only partially filled
Chemotherapy cont

- Upon completion of all contents of IV bag of chemotherapy, the IV bag/tubing/ and/or syringe must be placed in a yellow rigid waste container and closed.
- If only a partial amount of chemo was administered, the IV bag, tubing &/or syringe must be placed in a rigid black container and closed.
- Gowns, gloves, other PPE, and other non sharps supplies used in the administration of chemotherapy must be placed in a yellow chemotherapy bag.
- All containers and bags must be placed in soiled utility room.
- Environmental services supervisor must be called for container and bag removal.
- If chemotherapy not hung/administered for any reason, pharmacy must be called to arrange for return of chemotherapy.
- In the event of a cytotoxic drug spill, refer to P/P PHA-3 for detailed instructions.
What is the TJC standard and what were the findings?

• The hospital must reduce the risk of infections associated with medical equipment, devices and supplies.

• Many instances of expired/uncovered supplies were found in the hospital and supplies that were open to atmosphere.

Why is this issue important?

The risk of infection increases greatly if expired supplies are kept in active areas and inadvertently used. Uncapped and uncovered supplies pose the same danger to patients.

What must I know about this topic?

• Here are ways to ensure that no expired supplies/medications are in any patient care area.

• Maintain cleanliness and neatness of storage areas.

• When new supplies are put away, always check for and remove expired supplies.

Check for packaging integrity. Remove items that are expired, damp/wet, torn, punctured, damaged or open.
EXPIRED/ UNCOVERED SUPPLIES

- Put new supplies at the back so all supplies are arranged with the ones that expire first in the front.
- Check clinical and non-clinical spaces, especially the exam rooms, utility rooms, supply rooms, and all sites containing medical supplies at least once per week.
- Always inspect supplies and equipment before use.

If you find any expired supplies:
- Remove the item from the shelf or work area immediately and label it clearly: Expired– Do Not Use. Properly dispose of item.
- All expired medications should be returned to the Pharmacy.
- All hazmat material should be disposed of according to the MSDS instructions for that item.
- All sharps should be disposed of by following current sharps disposal procedures. This includes expired sutures.
- Review Infection Control Manual Policy No. EPI-3 Section 17A for full details.
C-DIFFICILE

What is the TJC standard and what were the findings?
• The hospital has p/p’s that guide care to reduce spread of infection
• A patient with C-diff in a step down unit was cohorted with 2 non C-diff pts

Why is this issue important?
• Clostridium difficile often called C. diff, is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon.
• Illness from C. difficile most commonly affects older adults in hospitals or in long-term care facilities and typically occurs after use of antibiotic medications. However, there are increasing rates of C. difficile infection among people traditionally not considered high risk, such as younger and healthy individuals without a history of antibiotic use or exposure to health care facilities.
• Each year, more than a half million people get sick from C. difficile, and in recent years, C. difficile infections have become more frequent, severe and difficult to treat
C-DIFFICILE

What must I know about this topic?

- Patients with diarrhea in whom C diff is suspected or confirmed must be cared for in a single room on contact isolation precautions.
- Patients in whom C diff is suspected or confirmed can be cohorted with another patient with C diff regardless of the strain.
- Contact precautions must be used at all times when entering the room of a C diff (or C-diff) suspected patient no matter what the reason is for entering the room.
- Patients in step down areas with or suspected C diff must be removed from the step down area and placed in a private room (or cohorted with another step down C diff patient).
  - On the 8th floor - this will be Room 807 or 811
  - On the 6th floor - this will be Room 637
  - For patients on 7th floor, nurse manager and/or WHEN supervisor must be consulted to determine correct placement.
Medical Record

What is the TJC standard and what were the findings?
• The hospital maintains security and accuracy of health information
• A restraint order sheet was found ripped in half in a chart and the top half with patient ID information was missing
• *A nursing note was not timed
• Many pages in the paper chart did not contain 2 patient identifiers in the patient label section and/or were blank

Why is this issue important?

Patients’ charts are legal medical records that contain information unique to the patient. If each page of the paper medical record does not have the patient’s label with two patient identifiers, the hospital’s role in maintaining the accuracy and security of health information can be breeched, resulting in less than optimal patient outcomes

What must I know about this topic?
• Make sure there is a correct and complete label on every side of every page of patients’ charts and documents
• Inspect chart each time you enter it to make sure no information from a different patient was mistakenly filed in your patient’s chart.
• Date and time every entry into the medical record
  Follow the correct procedure for handling torn pages
  - escalate missing dates & times to the attention of MD, RNs, NM
Medication Security

What is the TJC standard and what were the findings?
• The hospital must store medications safely
• *Meds were found in unlocked refrigerators and a WOW was found unlocked,
• *a Code cart that had been used was found unlocked

Why is this issue important?
Immediate access to medications is necessary to meet patient treatment needs. Accessibility must be balanced against potential access to unsecured medications. Patients are placed at risk when the meds needed for treatment/emergencies have been removed (by unauthorized persons) or are unusable because of tampering.

What must I know about this topic?
• Medication security: Medications are considered secure when medications are stored in locked containers, in a locked room, or under constant surveillance.
• Official/Authorized medication storage areas outside of the Pharmacy Department are the following:
  • Medication Rooms or other Medication Preparation Areas
  • Automated Dispensing Cabinets and Controlled Substance Cabinets
  • Cassette Exchange Carts and Medication Refrigerators
  • Crash Carts and Emergency and Disaster Carts
  • Transport /Emergency/Medication Boxes or Kits

Reference: Policy No. PHA-15 & No. NURSE-05
**BROSELOW TAPE**

What is the TJC standard and what were the findings?

- Medication orders are clear
- One area had an outdated Broselow tape, one area had difficulty showing the tape to the surveyor

Why is this issue important?

The Broselow Tape is a color-coded tape measure for pediatric emergencies. It relates a child’s height as measured by the tape to his/her weight to provide medication dosages, the size of equipment that should be used, and the level of shock voltage when using a defibrillator. Particular to children is the need to calculate all these therapies for each child individually. In an emergency the time required to do this detracts from valuable time needed to evaluate, initiate, and monitor patient treatment.

What must I know about this topic?

- The Broselow tape must be current (2011), to reflect change in medication concentration for change in weight or height of the child.
- Available with all pediatric crash carts, it must be easily accessible when necessary to use.
- It is positioned outside of the cart, with a hard protective plastic outer lining. If not it should be available inside of the cart.

Follow up with pharmacy for an updated Broselow tape for your cart.

Bayridge, ASC and UHB replaced all old tapes in 2/14 in all Pediatric areas.
PAIN MEDICATION ORDERS

What is the TJC standard and what were the findings?

• Medication orders are clear
• Patients who had orders for 2 or more types of pain meds did not have clear indications for which medication to give when

Why is this issue important?

• If medication orders are not clear and accurate, patient treatment and safety can be compromised

What must I know about this topic?

- PRN and multiple Pain orders must include pain level parameters included in the order to avoid therapeutic duplication
  • (mild pain 1-3, moderate pain 4-6, and severe pain 7-10)
- Pain orders are already reflected to include this change in Healthbridge.
- On time or stat orders do not need to include this parameter.
- All Active Anesthesia Orders for pain except PCA/ PCEA will be discontinued prior to patient being transferred to the floor or discharged home from PACU.
  - Communicate/ escalate all inappropriate and duplicative pain orders to MD.
NURSING CARE PLANS

What is the TJC standard and what were the findings?

• The hospital plans the patient’s care.
• *One care plan in the post procedure area did reflect post procedure care but the care plan of the unit the patient was transferred to didn’t reflect post procedure care,

• *2 care plans did not reflect admitting diagnosis

Why is this issue important?

• The nursing care plan helps to identify the unique role that nurses have in caring for the overall health and well-being of their patients and allows them to adequately address their patients’ needs without having to rely solely on a doctor’s orders or interventions.

• Another important function or purpose of nursing care plans is to provide consistency of care across time. If a nursing care plan is in place, nurses from different shifts or different floors can utilize this information to provide the same quality and type of interventions to care for patients, thus allowing patients to receive the most benefit from treatment.
NURSING CARE PLANS

What must I know about this topic?

• **What kind of care plans are used at UHB?** We use standardized care plans. Standardized care plans can be categorized according to specific conditions, problems or nursing diagnoses. Our care plan format includes problem, **short and long term goals**/expected outcomes, and nursing interventions. Because standardized care plans include the usual or predictable problems associated with the specific medical diagnoses, the **plans must be individualized for each patient**.

• **Who is responsible for formulating the nursing care plan?** The ANA, TJC, CMS and state nursing practice acts are specific that it is the role of the **registered nurse** to develop and keep current the nursing care plan.

• **When should the care plan be developed?** *Immediately after the admission assessment profile is completed.* Once the assessment is completed and the data base has been reviewed, the RN can begin to identify actual and potential problems (nursing diagnoses), and plan care accordingly. The initial nursing care plan will need to be revised and refined after further interactions with the patient. *It is essential that the nursing care plan be current.* Updating the plan frequently (indicating resolved problems and adding newly-identified nursing diagnoses) will help to ensure appropriate, individualized care for the patient. Care plans are also an important communication tool when patients are transferred from one unit to another. The nursing care plan provides the essential ingredients for continuity of care.

• See Nurse 017, **Guidelines for Use of the Interdisciplinary Plan of Care**
TJC POST SURVEY

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