



**BROWARD**  
**HEALTH**<sup>®</sup>

# **Guide to Quality Patient Care**

*Quality, Safety and Performance Improvement*

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## **Introduction**

This booklet has been prepared to assist in responding to the types of questions that may be asked by surveyors from The Joint Commission or an internal compliance team. It is organized according to the major functions and corresponding standards identified by The Joint Commission. You may not find the answers to everything that pertains to your work setting. If you have questions, ask your manager or call your regional Quality Management department.



## **JOINT COMMISSION SURVEY OVERVIEW**



- The Joint Commission conducts accreditation surveys via unannounced visits that can occur anytime between 18 months and 36 months since the facility's previous survey.
- The survey team consists of a nurse, who will be the team leader, a physician, a life safety specialist, and an administrator and additional specialists for ambulatory and hospice sites.

**Q. *Does this mean they will be here over the weekend?***

**A.** They have that option. If they find an issue that they feel needs to be looked at further, or want to ensure that we provide consistent services seven days a week or even during the evening or night hours, they have the option to visit us at those times.

All members of the survey team will survey the performance of patient-focused and organizational functions across the organization. The team leader coordinates on-site survey activities and acts as a team spokesperson.

The surveyors may arrive as early as 7:30 am. They will first meet with Administration and plan their survey. They will get an overview of the hospital and review documents they requested. These documents may include policies and procedures, meeting minutes, performance improvement reports, safety management plans, etc. Throughout their visit, the surveyors will be focused on validating our compliance with the National Patient Safety Goals and with our own policies and procedures.

➤ **Department Visits and Building Tours**

Surveyors will tour the building and may ask any staff member basic questions about policies, procedures, and standards of care. They will observe procedures and compliance with policies to see how care is actually delivered. Infection Control and safety practices will also be major focuses of the observations.

Do you cover trash carts when transporting them?

Do you wear your I.D. badge in a prominently displayed area?

Do you know the recommendations for compliance with the National Patient Safety Goals?

What makes you qualified or competent to do your job?

Visits to patient care units are scheduled for 90 minutes. When surveyors visit with patients, they may ask what information they received about discharge planning and who provided that information. They may ask the nurse what information the patient received. During the visits, the surveyors will conduct a “tracer” in which they select a patient and utilize the patient care team to review the patient’s care history. This process may involve following a patient’s care from the Emergency Department to a nursing floor; assessing any procedures or tests performed on the patient, or observing an actual procedure taking place. At the same time, the surveyors will tour the department and speak with patients and staff.

➤ **Fire Drill**

Sometime during the Life Safety inspection, a fire drill will most likely take place. Please be sure to follow the R.A.C.E. plan, and participate appropriately. Know where your emergency exits are located for safe evacuation. Do not use elevators. Activate the pull station, close doors, remove all equipment from corridors, and secure all records if you are in the area of the fire/smoke incident. Do not prop open any smoke or fire doors and do not block any fire extinguishers. Provide assistance to physicians on the correct procedures for a Code Red.

## **Survey Tips**

- Relax!
- Think before you answer questions. If you do not understand the question, tell the surveyor and ask for clarification.
- If you do not know the answer, do not guess. Tell the surveyor where you would go to find the information.
- Provide honest and truthful answers at all times.
- Give examples of performance improvement projects that were successful in your department.
- Do not point out problems or blame coworkers during your conversation.
- Understand your department’s policies and procedures.
- Practice explaining what you do and what training you receive to prepare you for your work.

- Perform your job every day following proper policies and procedures as if you were participating in a survey.



### **What are The Joint Commission National Patient Safety Goals?**

The Joint Commission established the National Patient Safety Goals (NPSGs) to help accredited organizations address specific areas of concern in regards to patient safety.

Annually The Joint Commission announces the NPSGs for the year. Recent goals have included:

#### **Goal 1. Improve the accuracy of patient identification.**

**NPSG.01.01.01.** Use at least two patient identifiers when providing care, treatment, and services. Our primary forms of I.D. are the patient name and medical record number. When this is not available, we use financial number. Date of birth is used instead of medical record number in Community Health Services.

Label all containers used for blood and other specimens in the presence of the patient.

**NPSG.01.03.01.** Eliminate transfusion errors related to patient misidentification.

Use PPID, two identifiers and specimen scanning to reduce risk.

#### **Goal 2. Improve the effectiveness of communication among caregivers.**

**NPSG.02.03.01.** Report critical results of tests and diagnostic procedures on time.

#### **Goal 3. Improve the safety of using medications.**

**NPSG.03.04.01.** Label all medications, medication containers (for example; syringes, medicine cups, basins) or other solutions on and off the sterile field in perioperative and other procedural settings.

**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.

#### **Goal 6. Reduce harm associated with clinical alarms**

**NPSG. 06.01.01** Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

#### **Goal 7. Reduce the risk of health care associated infections.**

**NPSG.07.01.01.** 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.

**NPSG.07.03.01.** Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms in acute care hospitals.

**NPSG.07.04.01.** Implement evidence-based practices to prevent central line-associated bloodstream infections.

**NPSG.07.05.01.** Implement evidence-based practices for preventing surgical site infections.

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

**Goal 15. The organization identifies safety risks inherent in its patient population.**

**NPSG.15.01.01.** The organization identifies patients at risk for suicide.

**What is the Universal Protocol?**

The Joint Commission developed the Universal Protocol to help prevent the wrong site, wrong procedure, or wrong person during surgical procedures. Hospitals are required to comply with the following Universal Protocol expectations:

**UP.01.01.01.** Conduct a pre-procedure verification process.

**UP.01.02.01.** Mark the correct procedure site on the patient's body where the surgery is to be done.

**UP.01.03.01.** Perform a time-out immediately prior to starting procedures.

**Who is the Patient Safety Officer at your facility?**

BHMC: Beatrix Thom: (954) 355-5818

BHCS: Maribeth Schmidt: (954) 344-7475

BHIP: Barry Gallison: (954) 776-8582

BHN: Denise Mansfield: (954) 786-6856

Broward Health Weston: Christian Rodrigue: 954-217-3512

Community Health Services: Georgianna Barley: (954) 355-5997



**What is the Mission of the Broward Health?**

To provide quality health care to the people we serve and support the needs of all physicians and staff.

**How does the job you perform support our mission?**

By focusing on the needs of our patients and customers, every employee plays a critical role in fulfilling our mission. If you are not sure of how you contribute to our mission, then ask your supervisor.

**What is the Vision of Broward Health?**

To provide world class health care to all we serve.

**What are the Core Values (Five Star Values) of Broward Health?**

1. Exceptional service to our community
2. Collaborative organizational team
3. Fostering an innovative environment
4. Accountability for positive outcomes
5. Valuing our employee family

**What are the strategic goals of the Broward Health?**

- **Quality:** To be the health care system of choice for the community
- **Physicians:** To be the health care system of choice for physicians
- **Workforce:** To create an environment that maintains and attracts a quality and diverse workforce
- **Diversity:** To meet the needs of our culturally diverse workforce and community
- **Finance:** To improve profitability

**Disruptive Behavior:**

In order to assure quality and promote a culture of safety, healthcare organizations must address the problems of behaviors that threaten the performance of the healthcare team. Disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and preventable adverse outcomes, increase the cost of care, and may cause qualified healthcare professionals to seek new positions in more professional environments.

If you are involved in or witness disruptive behavior that is displayed by any member of the healthcare team or organization, notify your immediate manager or supervisor and document the facts, including names and titles, and forward your documentation to your manager or supervisor.

The manager or supervisor will clarify the facts and validate the incident. The incident will be forwarded to the appropriate department; Quality Management, Nursing Administration, Medical Staff Administration, Human Resources, etc for the appropriate actions and follow-up.

Intimidating and disruptive behaviors are not tolerated within Broward Health and such behavior will lead to disciplinary action.

**What is Performance Improvement (PI)?**

It is a framework for organization-wide and collaborative efforts to fulfill our mission and vision. It involves a step-wise approach to improve quality of patient outcomes, to improve services provided, or to reduce costs without compromising quality of service.

**Whose has responsibility for Performance Improvement?**

Performance Improvement is everyone's responsibility. Anyone can suggest and participate in improvement opportunities for change.

**Does the hospital have a planned, systematic, hospital-wide approach to performance improvement?**

Yes. Broward Health utilizes two different methodologies for performance improvement which provides guidance for solving system or process problems.

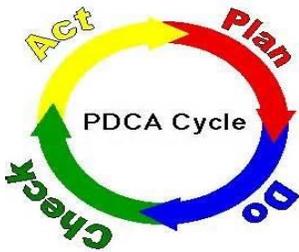
Below are the methodologies:

A.



- **Define** the problem and what the customers require
- **Measure** the defects and process operation
- **Analyze** the data and discover the causes of the problem
- **Improve** the process to remove the causes of the defects
- **Control** the process to make sure that defects do not occur

B.



- **Plan** – Identify and analyze the problem
- **Do** – Develop and test a potential solution
- **Check** – Measure how effective the solution was and analyze if it could be improved in any way
- **Improve** – implement the solution fully

**How are PI measures used?**

- To improve patient care processes and outcomes
- To improve services
- To identify staff educational needs
- To provide objective data for annual evaluation/credentialing processes
- To reduce cost

**Can you list your regional Performance Improvement priorities this year?**

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**Can you describe your involvement in Performance Improvement?**

Staff members are introduced to PI during orientation and re-educated on a regular basis and encouraged to identify areas needing improvement and to discuss issues at monthly departmental staff meetings.

Examples include:

- Team member at department or organizational level
- Participate in satisfaction survey, focus group, town meetings, etc.
- Collect data for performance measures
- Assist in implementing change

**Can you give some examples of data collection in which you participate?**

Examples may include data collected on:

- Quality controls for refrigerator temperatures or glucose testing equipment
- Customer satisfaction
- Incident or occurrence/variance reports

- Code Blue and Code Pink evaluations
- Restraint use
- Medication variances
- High-risk, problem-prone, high-cost issues

**What Performance Improvement projects have you or your department been involved with?**

List them here and be prepared to explain the data displayed in your department:

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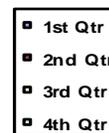
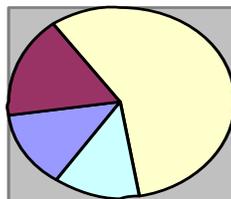
**What statistical tools are used throughout the PI process to transform data into information and analyze data?**

Examples include:

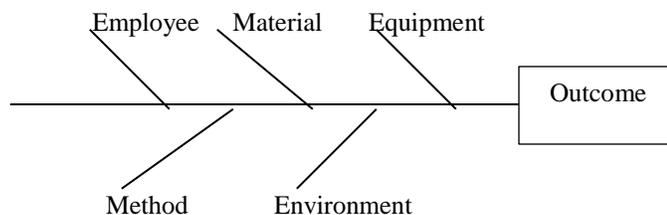
- Brainstorming – group gives ideas on problems/solutions
- Check Sheet – a recording form to identify how many times something has happened; used to gather facts

Errors	Dec	Jan	Feb	Mar	Total
Type 1	333	33	33	333	10
Type 2	33	33333	33	33	11
Type 3	3	333	3333	33	11
Total	6	11	9	7	33

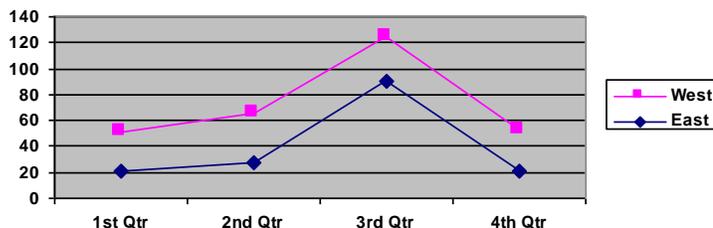
- Flow Chart – a graphic representation of the sequence of steps performed in a specific work process; used to understand the process.
- Pie Chart – a circular graph used to compare items by slices of the pie.



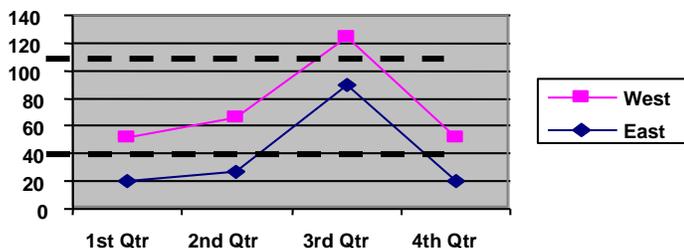
Fishbone/Cause and Effect Diagram – a diagram showing a large number of possible causes of a problem; used to get the big picture of a problem; starting point for determining focus for improvement.



- **Pareto Chart** – a way of organizing data with bars arranged in descending order from the left; separates the vital few from the trivial many (problems/causes).
- **Run Chart** – a display of data points plotted on a line graph in the order in which they occur over time; used to identify trends, other patterns and variation over time.



- **Control Chart** – a line graph or run chart, which also indicates upper and lower limits of acceptability; used to identify special causes of variation to monitor a process for maintenance and to determine if process changes have had the desired effect.



**What is a PMR?**

A PMR or **P**erformance **M**easurement **R**eport is a tool or template for standardized reporting of data collected over time throughout the organization. Graphs, control charts, and action plans supplement the data.

**Is a PMR different than a Dashboard Report?**

A dashboard is a type of PMR that it is linked with Broward Health’s strategic goals. It displays the key measures of organizational performance, like the gauges on the dashboard of your car. The data are coded in colors of green, yellow, and red signifying the distance from the identified target.

**What are Core Measures?**

Core Measures are evidence based practices that are reported to both CMS and The Joint Commission’s “ORYX” initiative that requires hospitals to collect, benchmark and report clinical performance data on selected indicators of best practice. We analyze data by reviewing relevant charts. We then take action to improve our performance in these areas.

**Selected measurement sets include:**

Acute Myocardial Infarction (AMI), Surgical Care Improvement Project (SCIP), Venous Thromboembolism (VTE), Stroke, Influenza Immunization (IMM), Tobacco Treatment (TOB), ED Throughput, Hospital Based Inpatient Psychiatric Measures (HBIPS), Perinatal Measures and Hospital Outpatient Quality Data Reporting Program (HOPQDRP).

- Do you know how your region is doing in these areas and what is being done to improve?
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**What is an FMEA?**

Failure Mode and Effects Analysis (FMEA) is a proactive risk assessment project that is done on any new and high-risk process. It is a technique that promotes systematic thinking about the safety of a patient care process in terms of:

What could go wrong?

How badly might it go wrong?

What needs to be done to prevent failures **before** one occurs?

- Identify a process for which an FMEA has been completed at your facility:
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**What is the responsibility of employees in reporting unusual events such as occurrence/variances, sentinel events or Code 15's?**

Your responsibility is to report unusual events to Risk Management and to report significant events promptly 24 hours a day, 7 days a week. Florida law requires all employees to report an adverse incident to the risk manager within 72 hours.

**What is a Code 15?**

Florida laws require reporting of certain adverse events that were in the control of the health care provider and resulted in death or injury of a patient to the State within 15 days (as in Code 15). These adverse or untoward events include:

- The death of a patient
- Brain or spinal damage to a patient
- Performance of a surgical procedure on the wrong patient
- The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to diagnosis or medical condition
- Surgical repair of injuries or damage from a planned procedure where the damage was not a recognized specific risk as disclosed to patient and documented through the Informed Consent process
- Wrong site or wrong surgical procedure
- Surgery to remove foreign objects remaining from surgery

**What is a Sentinel Event?**

The Joint Commission defines a sentinel event as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

**What types of Sentinel Events are subject to review by The Joint Commission?**

1. An unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition
2. Suicide of any patient receiving care, treatment and services in a staffed around-the-clock care setting or within 72 hours of discharge
3. Unanticipated death of a full-term infant
4. Abduction of any patient receiving care, treatment, and services
5. Discharge of any patient to the wrong family
6. Rape
7. Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
8. Surgery and nonsurgical invasive procedures on the wrong patient, wrong site, or wrong body part
9. Unintended retention of a foreign object in a patient after surgery or other procedure
10. Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
11. Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose

**How does the hospital respond to a sentinel event?**

After an initial investigation by the Risk Manager, a panel of those knowledgeable about the processes involved in the event is quickly convened to conduct a root cause analysis of the situation. Actions are then taken to implement and monitor the recommendations of the sentinel event team.

Recommendations are shared with relevant facilities within Broward Health to prevent similar events.

**What is a root cause analysis?**

It is a process for identifying the basic or causal factors that result in variation in performance, including the occurrence of an adverse sentinel event.

An acceptable root cause analysis is one that has the following characteristics:

- The analysis focuses on systems and processes, not individual performance
- The analysis progresses from special causes in clinical processes to common causes in organizational processes
- The analysis repeatedly digs deeper by asking “Why?” then, when answered, “Why” again and so on (at least 5 times)
- The analysis identifies changes, which could be made in systems and processes that would reduce the risk of such events occurring in the future and
- The analysis is thorough and credible.



## ***RIGHTS AND RESPONSIBILITY OF THE INDIVIDUAL***

### **What processes support a patient's rights?**

All inpatients receive a written copy of the Patient's Bill of Rights and Responsibilities in the Patient Handbook on admission. This also contains helpful information on Advanced Directives and community resources. A printed copy of the Patient's Bill of Rights and Responsibilities is provided to patients in Community Health Services during registration. All inpatient and outpatient areas have the Patient's Bill of Rights and Responsibilities posted in public view.

### **Do both inpatients and outpatients have to be provided with notice of their rights and what state agency to contact to file a grievance?**

Yes, this is required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation.

### **How do you ensure a patient's right to confidentiality?**

Any patient-identifiable and clinical information is considered confidential. This includes information such as patient name, address, phone number, and diagnosis. Information related to a patient's care is only discussed with those participating in the care of that patient.

Examples include:

- A patient's personal health information is not discussed in public areas such as elevators, hallways or the cafeteria
- Written information is kept in an area not directly accessed by others
- Computer screens are positioned to prevent views by anyone who does not have a "need to know"
- Signs can be placed at reception and discharge counters stating that if a patient is concerned about confidentiality, they should inform staff to provide other means for this conversation to take place, e.g. *"A private consultation area is available upon request to discuss issues of a confidential nature. Please notify a staff member."*

### **How do you protect a patient's privacy?**

We knock before entering a patient's room or exam room. Drapes are pulled during treatments and while giving care. Staff members speak calmly and quietly in a private location when relaying patient care information.

### **How do you ensure that a patient's family/significant other participates in care decisions when appropriate?**

Patient's family/significant others (with permission from the patient) are included in the gathering of information, planning and evaluation of care, as well as the processes of education and informed consent.

### **Are patients informed about outcomes of care including unanticipated outcomes?**

Yes, the physician or his/her designee clearly explains the outcome of any treatment or procedures to the patient and, when appropriate, the family whenever those outcomes differ significantly from the anticipated. The Risk Manager serves as a resource to physicians and staff.

**Does Broward Health have an Ethics Committee?**

BHMC and BHN each have a Bioethics Committee that meets monthly. BHIP and BHCS participate as members of the BHMC Bioethics Committee.

**How do you access the Bioethics Committee?**

An ethical issue should first be addressed at the unit or department level, including the patient, family, physician(s), nurses, case management and the department manager. If the situation is unresolved, then the Bioethics Committee should be consulted. Committee members will be contacted through Medical Staff Administration at the appropriate medical center.

**What is an Advanced Directive?**

An Advanced Directive is a written or verbal statement made by an individual indicating his/her wishes concerning any aspect of his/her health care. Advance directives may include designation of a Health Care Surrogate, a Living Will, and/or a Durable Power of Attorney.

**How do we determine if a patient has an Advance Directive?**

During the admission process all inpatients 18 years or older are asked if they have a living will, a health care surrogate, or a durable power of attorney. If one already exists, they may ask a friend or relative to bring it in within 24 hours, inform the nurse of their wishes, who will be documented in the medical record or create a new advance directive. They can also contact a social worker or case manager to assist in writing a new advance directive. In Florida, all Advance Directive documents are valid, regardless of where they were executed.

**Do we honor the patient's wishes when they come to our facilities for outpatient procedures?**

We encourage patients to discuss their wishes with physicians and nurses. We also notify outpatients who tell us they have an Advance Directive that it will not be honored during outpatient procedures.

**Where can a patient get a form for an Advanced Directive or Health Care Surrogate form?**

The process is initiated by the admitting nurse and followed through by case managers and social workers in inpatient care areas. All patients, whether admitted as an inpatient or an outpatient, will have access to written information on Advance Directives in the form of a handout or the Patient Handbook.

**What is a Health Care Surrogate?**

An individual designated by the patient to make health care decisions on the patient's behalf in the event that the patient's condition prevents him/her from doing so himself/herself.

**Is a Living Will the same as a Will and Testament?**

No. A Living Will speaks to how a patient would have care provided for him/her when he/she can no longer speak for himself/herself. This document becomes effective when a patient is deemed to be terminally ill.

**What resources are available to assist patients who are not able to speak and/or write in English?**

- Broward Health subscribes to a telephone translation service which can be accessed by calling either the routine or emergency Language Line phone number and entering the client ID for each location.
- Certified clinical staff (preferably physicians or nurses) fluent in various languages may assist in translating medical information in their own area of clinical specialty.
- Friends, relatives, or staff may translate non-clinical information at the request of a patient.
- Visitors for other patients should not be asked to translate patient information since this may result in a breach of patient confidentiality.

**What communication resources are available to meet the needs of our patients with disabilities?**

- Broward Health provides structural accommodations in accordance with ADA regulations.
- Wheelchair accessible public phones are available in various locations.
- Telephone amplifiers are available through the operators for patients with hearing impairments.
- For those individuals who are deaf, Broward Health also has TDD machines available through the hospital operator or the nursing supervisors and, when needed, Deaf Services will be called to send someone fluent in sign language.

**What processes do we have to address concerns about business ethics?**

The Code of Conduct provides guidance in many areas of our business.

- Anonymous calls can be made to the Broward Health Compliance Hotline, 24 hours a day at 888-511-1370
- Examples: stealing, suspected abuse of patients, staff or physicians convicted of felonies or working without a license, billing for services not provided

**Who is the Chief Compliance Officer?**

Donna Lewis: (954) 847-4550

**What education do employees receive related to compliance?**

Employees receive education regarding corporate compliance in general orientation, annually and as needed. All employees have received a copy of the Code of Conduct, which is also available on the intranet.

**Who is responsible for obtaining an informed consent for procedures?**

Informed consent is a process that takes place between the patient and the physician.

- **Only the physician is empowered by law to obtain the patient's consent by outlining the rationale, risks, potential complications, and alternatives related to any recommended treatment or intervention; including possible results of not having the procedure, potential problems related to recuperation, and the likelihood of achieving goals**, so that the patient may make an informed decision about their care and choices. Most often the process of obtaining an informed consent from the patient occurs in the physician's office and may even be reinforced during telephone conversations.
- **After** the doctor speaks to the patient, staff may have the patient sign a form developed by the health care organization which documents the consent process took place.

- The physician is required to document that he/she discussed the risks, benefits and alternatives of the particular procedure with the patient in the medical record prior to the procedure.

**If a patient speaks a foreign language and needs an informed consent, do you need to document this and if so where?**

Yes. You need to document this, and on the informed consent you should write, “Translated by (insert the name of the approved medical translator).”

**What mechanism do we have to ensure that patients interested in participating in an investigational study or clinical trial is supplied with information in accordance with informed consent?**

We utilize the services of our IRB (Institutional Review Board) who must approve all proposed studies to ensure that patients’ rights are not violated and that we adhere to ethical guidelines. Patients are given information regarding the expected benefits, potential discomforts, risks, and alternative services that might also be advantageous to them. Patients are provided with full explanations of the procedures they must follow and are assured of their rights to refuse to participate in studies. A copy of the signed consent is placed in the patient’s medical record.

**How would you accommodate a patient request for a visit from a member of the clergy?**

The nursing units and Nursing Administration have a list of individuals to contact if a patient or patient’s family requests a visit from a specific denominational clergy.

**Patient Visitation Rights - how do you communicate this to the patient?**

Each patient (or his/her Support Person) will be informed in writing of their visitation rights including: (i) patient’s right to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend; (ii) patient’s right to withdraw or deny such consent at any time; (iii) Justified Clinical Restrictions which may be imposed on a patient’s visitation rights; (iv) all visitors designated by the patient (or support person when appropriate) shall enjoy full and equal visitation privileges consistent with patient preferences. Broward Health does not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origins, religion, sex, gender identity, sexual orientation or disability.

Justified Clinical Restrictions - means any clinically necessary or reasonable restriction or limitation imposed by the hospital on a patient’s visitation rights which restriction or limitation is necessary to provide safe care to patients. A Justified Clinical Restriction may include, but need not be limited to one or more of the following: (i) a court order limiting or restraining contact; (ii) behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment; (iii) behavior disruptive to the functioning of the patient care unit; (iv) reasonable limitations on the number of visitors at any one time; (v) patient’s risk of infection by the visitor; (vi) visitor’s risk of infection by the patient; (vii) extraordinary protections because of a pandemic or infectious disease outbreak; (viii) substance abuse treatment protocols requiring restricted visitation; (ix) patient’s need for privacy or rest; (x) need for privacy or rest by another individual in the patient’s shared room; or (xi) when patient is undergoing a clinical intervention or procedure and the treating health care professional believes it is in the patient’s best interest to limit visitation during the clinical intervention or procedure.



## **ASSESSMENT OF PATIENTS**



### **When are patients assessed?**

Patients are assessed on admission and reassessed at regular intervals dictated by their condition. Your department may have specific standards for assessing patients. The Admission Profile must be completed within 24 hours. Interdisciplinary team members discuss and document patients' needs and plan of care. In the ambulatory setting, patients are assessed on initial visit and at each subsequent visit.

### **What is the policy for reporting abuse or neglect?**

All Broward Health personnel engaged in the admission, examination, care, or treatment of persons should be able to identify the signs of abuse and are required to report all suspected cases of abuse and/or neglect of those individuals ages 0-17, 60 and over, and those who are incapacitated due to mental or physical disability.

### **What is the number to report cases of abuse?**

Staff members should call the Abuse Registry Hotline directly at 1-800-96-ABUSE.

### **How do you report domestic violence?**

The police must be called if a gun has been used or the patient has a life-threatening injury that would indicate an act of violence. Social workers and case managers are available for guidance. If a child is a witness, then a report should be made to the Child Abuse Hotline (1-800-4-A-CHILD).

### **How do you assess patient satisfaction?**

Whenever possible, patient satisfaction is monitored while they are with us, so problems can be addressed in a timely manner. Data is collected through department-based surveys and HCAHPS scores to guide our improvement efforts.

### **How can you obtain medical information for a patient that has been seen in a Broward Health physician practice or outpatient area if they arrive in the emergency department during non-business hours?**

Contact the nursing supervisor who can contact the manager of the site indicated to obtain the record.

### **When does the physician history and physical examination need to be completed?**

In order to be considered complete, a history and physical must meet **all** of the following criteria:

1. It must be completed with 30 days before or 24 hours after admission **and** updated if done more than 7 days before admission.
2. It must be on the chart, or available in PowerChart, within 24 hours after admission **and** prior to relevant procedures.
3. It must be completed by a physician on staff or signed by a physician on staff.
4. It must include assessment information related to the reason for admission, procedure, or care.



**What supplemental medication should be ordered or requested along with an opioid class of medications such as morphine?**

Laxatives

**Patients who come to a physician office practice or other ambulatory setting often complain of pain relating to a chronic condition. What action is expected in this situation?**

A referral to a pain management specialist or clinic for assessment would be appropriate.

**How do you plan the care, treatment, and rehabilitation that will meet the individualized needs of patients?**

Information revealed during the assessment process is used to individualize existing standards of care to develop an initial plan of care. All disciplines involved in the care of the patient contribute to the Interdisciplinary Plan of Care (IPOC). In many areas an interdisciplinary team that includes the patient meets regularly to identify continuing care and discharge needs, assess progress and educate the patient and family.

**Does Broward Health's Food and Nutritional Services meet the patient's needs for special diets and accommodate altered diet schedule?**

Yes, special diets are provided based on assessed patient's needs (i.e. therapeutic needs, cultural and religious needs, age, and individual preferences).

**What is an adverse drug reaction (ADR)?**

An ADR is any response to a drug that is unexpected, unintended, undesired, or excessive and occurs at doses used in humans for prophylaxis, diagnosis, therapy, or modification of psychological function.

**How are Adverse Drug reactions reported?**

The physician, nurse, pharmacist, or other health care provider at each hospital and ambulatory site shall report the ADR on-line using the Healthcare Advisor Series (HAS) system or call the regional pharmacy. Pharmacy staff will address any needed follow-up and report to the regional Pharmacy and Therapeutics Committee.

**How do you ensure that medications, including syringes and needles are secured?**

Medications and syringes are kept under constant surveillance by licensed health care professionals or stored in locked areas restricted to authorized personnel.

**Are patients allowed to self-administer medications?**

The Joint Commission standards do allow patients to self-administer medications. Two of our four hospitals have a policy in place that allows this practice, BHMC and BHN. For these facilities patients are allowed to administer their own medications only after they are deemed competent to do so.

**What is the hospital formulary?**

- The hospital formulary is a list of medications that have been approved for use at Broward Health facilities by the medical staff and the Pharmacy and Therapeutics Committee.
- A copy of the hospital formulary can be found on all patient care units, at each Pyxis medication station, and on the Broward Health intranet (under the “General” tab).

**The standards require pharmacists to review all prescriptions or orders prior to administration. In what circumstances can you take medications from the Pyxis prior to a review by a pharmacist?**

- When medications are obtained prior to a pharmacist review in routine situations, the standard is not met.
- Exceptions include situations in which the physician controls the ordering, dispensing and administration of the drug, such as in the operating room, endoscopy suite, and emergency room.
- The second situation is in emergencies when STAT orders, or those doses where the clinical status of the patient would be significantly compromised by the delay. Not all first doses meet these criteria.

**What is the Broward Health policy on expiration of multiple dose vials and containers?**

Multiple dose containers may be used up until 28 days post-opening, or until the manufacturer’s beyond use date, whichever is sooner.

- Upon use, sterile injectable multiple dose products shall be labeled with the date and time they expire

**What is the Broward Health policy on drug samples?**

Samples are permitted in limited settings approved by the regional pharmacy services. Samples must be logged to facilitate tracking in the event of a product recall. Only physicians may dispense sample drugs with appropriate labeling information.

**How do you ensure that emergency medications and equipment are consistently available, controlled, and secure?**

- Crash carts and other emergency equipment boxes are checked and sealed with numbered locks obtained from the pharmacy.
- The lock number and the earliest expiration date of the contents are noted on the top of the cart or box. Emergency carts/boxes are checked daily when the department is open to be sure the lock is intact and expiration dates have not been exceeded.
- This procedure is documented on a log kept for each piece of emergency equipment.

**Is there a requirement for follow-up phone calls to patients following hospital-based ambulatory surgery procedures and or procedures where moderate sedation or anesthesia was used?**

Yes. According to The Joint Commission, there must be a mechanism to assess a patient's response to care.

**What is our policy on use of restraints?**

Broward Health is dedicated to following patients' rights regarding restraints and seclusion. We continually strive to avoid restraint use whenever possible and follow the regulations of The Joint Commission and the Center for Medicare and Medicaid Services.

- All restraint use must be clinically justified and have a specific order from the physician or Licensed Independent Practitioner (LIP). **Restraint PRN orders are not acceptable.**
- An RN may initiate a restraint and immediately call the physician/LIP when a patient's change in behavior requires such an emergent measure.
- A Non-Violent Restraint Order may be obtained either *to prevent the patient from accidental injury from movement* or if *the patient is actively interfering with critical treatment and is not responding to direction/redirection*. These events are considered non-violent/non-self destructive by CMS. A Non-Violent Restraint Order must be renewed no less than once each calendar day and is based on the physician/LIP examination of the patient. (Order and patient evaluation is completed on the 'Initial/Renewal Acute Non-Violent Restraint Order Form'.)
- A Violent Restraint Order may be obtained in the event a patient has an *unanticipated outburst of aggressive behavior*. These events are considered violent/self-destructive by CMS. A physician/LIP is required to complete an initial face to face evaluation of the patient within one hour. Order renewal and face-to-face re-evaluation frequency is based upon patient age as follows: Order renewal is required every 4 hours for patients age 18 and older; every 2 hours for patients ages 9 through 17; and every hour for patients under age 0 to 8.
- A face-to-face evaluation is required every 8 hours thereafter for patients age 18 and older; and every four hours for patients under the age of 18. When the physician/LIP is not available for the initial face-to-face assessment or reassessment, Broward Health makes every effort to meet these requirements through the use of Residents/ARNPs at Broward Health Medical Center and through the use of Emergency Room physicians at Broward Health Coral Springs, Broward Health Imperial Point, and Broward Health North. (Order and Patient evaluation is completed on the 'Restraint/Seclusion Order and Physician Face to Face Evaluation Form'.)
- Restraint/Seclusion use is discontinued as soon as possible when the patient's condition no longer requires such intervention. Post seclusion/restraint debriefing must be completed when a Violent Restraint is discontinued.

  
***PATIENT AND FAMILY EDUCATION***  
**Does Broward Health use an interactive approach to patient education?**

Yes, this is documented on the Interdisciplinary Patient Education Record (IPER). Specific forms are also provided for patients seen in ambulatory settings.

**How do you assess the learning needs of patients and families?**

Learning needs are assessed upon a patient's admission and throughout the hospital stay. In ambulatory sites, these needs are assessed on initial contact and at least annually. Factors considered include:

- a. Patient's diagnosis
  - b. Length of stay
  - c. Patient/family beliefs and values
  - d. Educational level
  - e. Language
  - f. Emotional barriers
  - g. Cultural and religious beliefs
  - h. Physical limitations
  - i. Cognitive limitations
  - j. Financial status
  - k. Desire and motivation to learn
  - l. Resources available in the community
- These factors are considered to determine the patient's and family's readiness to learn, abilities, and preferences, but also to facilitate continuity of learning and care post discharge.

**Are patients educated on standards for personal hygiene and grooming, including bathing, brushing teeth, care for hair and nails, and using the toilet?**

Self care needs or activities of daily living are a major component of the admission assessment. Any problem or need identified is to be documented on the patient's plan of care and requires intervention including patient education.

**Does the hospital plan, support and coordinate activities and resources for patient and family education?**

The interdisciplinary Patient Education Committee at each region fulfills the goal of providing quality patient/family education. The committee's processes include assessing needs in the implementation of patient/family education, designing and developing educational materials for the population we serve, and facilitating and providing access to resources needed.

**Who reviews educational resources for content and appropriateness?**

Members of the Patient Education Committee coordinate the review of educational materials on a regular basis. The review is conducted by committee members with input from medical staff with expertise in the content area.

**Do patients or their families receive written discharge instructions?**

Yes, in all settings. Discharge instructions may include diet, medication, activity, reportable signs and symptoms of complications, referrals to outside agencies, and follow-up appointments. Instructions should be provided in a manner and at a level that the patient and/or caregiver understand.

**Where can you go to obtain educational information for patient care?**

There are several region-specific options including the internet, on-site library, inter-library loans requested through the medical library and Lexicomp.



## ***CONTINUUM OF CARE***



### **What is the meaning of “Continuum of Care”?**

The continuum of care begins with the patient’s first contact within the health care organization, across multiple settings, prior to admission, through hospitalization, discharge, follow-up, or placement. The organization provides continuity over time among the care and services provided to a patient.

### **Can anyone be refused care because of inability to pay?**

No. It is the part of the mission of Broward Health to provide health care to anyone regardless of the ability to pay.

### **What processes are in place at Broward Health that promote continuity of care?**

There are many including; use of an interdisciplinary plan of care (IPOC), daily medical rounds, interdisciplinary discharge planning conferences, daily interdisciplinary communication, medical record documentation, consultations, and shift reports. Case managers are often assigned to address patient needs in outpatient or ambulatory care settings.

### **Does Broward Health have processes in place to ensure patients receive care in the appropriate setting?**

Departments or services define their scope of care as well as admission and discharge criteria. Admission criteria include clinical parameters that can be obtained upon patient assessment.

### **When a patient is referred, transferred or discharged to another provider, how is the continuum of care preserved?**

Necessary patient information is made available to all patient care providers within Broward Health. Nursing supervisors and site managers are available to obtain this information after business hours. When patients are transferred to other facilities, information is transferred to the receiving provider (e.g. transfer summary or oral report and other pertinent reports, laboratory and radiological data).

### **Is the discharge of a hospitalized patient driven by managed care organizations?**

No, only the attending physician can discharge the patient from the hospital.



## ***INFECTION PREVENTION AND CONTROL***



### **What is Infection Control?**

Infection Control is a team effort to prevent the spread of organisms that can cause infections from person to person. The goal is to provide healthier and safer environment for our patients, visitors, and employees.

**What are Standard Precautions?**

- Infection control principles in which we consider all people to be potentially infectious
- It includes sharp safety, blood spill clean up, disinfection of reusable patient care equipment, use of red bags for bio hazardous waste, transportation of specimens and cough etiquette
- Never give unprotected mouth to mouth resuscitation
- Barriers (personal protective equipment) are required between you and another person's blood, body fluids, or moist body substances when there is potential for exposure
- Requires compliance with CDC hand washing guidelines

**What is Personnel Protective Equipment (PPE)?**

Examples include gowns, gloves, goggles, face shields, and masks

- Surveyors will expect to see use of PPE's such as goggles or face shields during procedures such as surgery, cardiac catheterization, and interventional radiology.
- Gloves should be removed and hands washed before leaving a patient room.
- N-95 respirator masks are used when caring for patients with tuberculosis (TB) and measles. If you do not have immunity to Chicken Pox, you should wear an N-95 respirator before coming in contact with patients who have chicken pox or shingles. Fit testing is mandatory before wearing any respirator mask.

**What is a Healthcare Acquired Infection (HAI)?**

Formerly called a nosocomial infection, an HAI is an infection acquired within the healthcare setting.

**What processes are in place to prevent HAI infections?**

1. Work Practice/Administrative Control:
  - Hand hygiene – the most effective method in preventing HAI infections
  - Annual in-service and training on principles and practices of Infection Control
  - Isolation and treatment of patients as indicated
  - Proper administration of and compliance with antibiotic orders (antibiotic stewardship)
2. Engineering Control:
  - Negative air flow in airborne isolation rooms and doors are to be kept closed; a log of pressure checks is documented daily when the room is in use
  - Positive air flow in surgical suites and isolation rooms of severely immunocompromised patients, if available
  - Proper disposal of medically regulated waste (supplies saturated with free flowing blood must be disposed in a red bagged container)
  - Use of puncture resistant containers for sharps
  - Sharps safety devices (syringes, IV catheters, lancets, etc.)
3. Occupational (Employee Health) Health Strategies:
  - Pre-employment and periodic screening for tuberculosis
  - Immunizations: Hepatitis A, Hepatitis B, Measles, Mumps, Rubella, Chicken pox, Influenza

**What is your responsibility if you are personally exposed to blood and body fluids or any communicable diseases (e.g. chicken pox, TB)?**

Report the exposure to your supervisor and see the Employee Health Nurse for proper exposure protocol follow-up. Fill out an Employee Injury Report form as indicated.

**How full can sharp containers get before a new one is needed?**

Sharps containers should not exceed a designated fill line or  $\frac{3}{4}$  full. (Areas authorized to use floor model sharps containers must have them secured on approved stands.)

**Can I store gloves and trash can liners in the dirty/soiled utility room?**

No! These are considered clean items until used. Clean and dirty items cannot be stored in the same room.

**What is the #1 preventative measure for transmission of disease?**

Hand washing.

**How do the CDC hand hygiene guidelines affect employees?**

- Health care workers should wash hands with soap and water when hands are visibly dirty, contaminated, or soiled. Hand washing is especially important when caring for a patient with *Clostridium difficile* (C. diff). Visitors should be encouraged to thoroughly wash their hands before entering and upon leaving the room of a patient with a C. diff infection.
- Use an alcohol-based hand rub when hands are not visibly soiled to reduce bacterial counts. Following application of alcohol-based hand rubs, hands should be rubbed together until all the alcohol has evaporated. In other words, "Let It Dry."
- Natural nail tips should be kept to  $\frac{1}{4}$  inch in length.
- Artificial nails are not permitted by any staff member having direct patient contact.

**Who is the Epidemiologist (Infection Control Practitioner) for your region?**

BHMC: Inge Frank (954) 355-5751

BHCS: Nicole Fitzpatrick, (954) 344-3194

BHIP: Ruthie Moncilovich, 954-776-8740

BHN: Phyllis Fusco, (954) 786- 6603

Broward Health Weston: Nicole Fitzpatrick, (954) 344-3194

  
***HUMAN RESOURCES***  
**What are the qualifications to do your current job?**

When asked, state your credentials (e.g. degree or educational preparation); any specific training and/or orientation to the service for which you are working; and any additional job-specific requirements or certifications, such as BCLS, ACLS, Basic Arrhythmia, customer service training, etc.

**How is orientation provided for new employees?**

All employees receive a general orientation and department/role-specific orientation. Department-specific orientation includes competency-based orientation. A coach/preceptor is assigned to the new hire to facilitate the employee's orientation. The length of orientation varies with each role and with each new employee's needs. A specific Nursing Orientation is provided to licensed clinical nursing staff. Management Orientation is provided to newly hired and newly promoted managers.

**What type of orientation is provided for forensic staff accompanying a patient?**

Police officers and/or other forensic staff guarding a patient are required to complete the Non-Employee Orientation available via our intranet and internet. The Protective Services Department is notified when any forensic staff accompanies a patient within a Broward Health facility. Protective Services follows-up with individual forensic staff and maintains the necessary documentation.

**How is your initial competency addressed?**

Prior to hire, Human Resources validates educational and license credentials for each new employee. Competency is assessed during the initial orientation period utilizing the job-specific competency assessment tool. The new hire is assessed by the manager or designee (coach or preceptor) as he or she is oriented to the new job role and responsibilities. The initial evaluation conducted during the first ninety days summarizes the new hire's ability to perform the elements of the job.

**What mechanisms are in place at Broward Health to ensure maintenance and improvement of staff competency?**

Several methods are used to assess competency. These include, but are not limited to, annual performance appraisal, direct observation of demonstrated competency, participation in training, in-services, and continuing education programs, as well as annual refreshers for all regulatory education. In the event that new equipment or procedures are introduced, staff is in-serviced and new competencies may be developed.

**What mechanisms are in place to address your learning needs?**

Broward Health utilizes various methods to assess learning needs, such as; education program evaluations, training needs assessments and requests from staff and managers. Other mechanisms involve input from quality councils and other committee findings. Individual staff learning needs may also be reviewed at the time of annual evaluation. A listing of traditional educational and training opportunities is available via the Department of Learning and posted on the Broward Health intranet. Non-traditional and E-learning courses are also available to the staff via the web-based learning system located on the intranet. These offerings enable staff to maintain knowledge, skills, and credentials, and to develop new skills for performance improvement.

**What does the Staff Rights Policy address?**

- The Staff Rights Policy addresses requests by staff not to participate in an aspect of care in situations where there is a conflict with the employee's cultural, ethical or religious values.
- Employees are informed of the Staff Rights Policy during General Orientation.
- Forms are provided to make this request and document the perceived conflict.
- The Human Resources Department will work with the employee and the immediate supervisor to grant the request based upon the impact on patient care and staffing requirements of the area.

**How do we ensure that "float" staff are competent?**

Employees that float to another department are oriented to those specific duties before assigned to function independently.

**How do we evaluate staffing effectiveness?**

- We recognize the need to staff our facilities with the right number of competent staff in the right skill mix to provide safe, quality patient care.
- Each medical center has identified clinical indicators in combination with human resource indicators to assess staffing effectiveness.
- Data has been collected and analyzed to identify triggers for further analysis.

**How are Information needs for Broward Health determined?**

Information needs are determined on an ongoing basis by a variety of methods including surveys, committees, open forums, and suggestions obtained from staff, physicians, management, vendors, and the community.

**Why is handwriting such a big issue?**

Legible handwriting is not only a medical records and patient safety issue, but it is also a requirement of The Joint Commission. Illegible handwriting has been shown to be one cause for serious medical errors. If another member of the health care team cannot determine if an order for a medication was for 50 mg, or 5.0 mg, then there is a potential for serious errors or delay in care while the writer is contacted to interpret the writing.

- Personnel are instructed not to carry out confusing or illegible order until clarified by the physician who wrote it.
- Those with known poor penmanship should print the information to be communicated, verbally review the information with appropriate staff, dictate notes for transcription, type notes electronically or investigate automated alternatives.

**Who can accept verbal orders?**

Only those individuals identified in the medical staff rules and regulations and the Broward Health policy on verbal orders, may accept verbal or telephone orders following the procedure outlined. Individuals must remember to date, time and read back all verbal orders, verbatim as written, to the prescriber for verification.

**What is the time frame required for signing verbal orders?**

Verbal orders must be authenticated with a signature, date and time within 30 days of discharge.

**What is the time frame required for documentation of a physician note following surgery or other procedures?**

To ensure continuity of care and communication of events and interventions, the physician is required to document a post procedure note before the patient is transferred to the next level of care. A complete operative note must also be dictated immediately after the procedure (within a few hours).

**What types of information does Broward Health standardize for use?**

We use standardized unapproved abbreviation lists within each region. Coding and billing systems are standardized through use of ICD-9-CM and CPT codes.

**How can the confidentiality of medical information be ensured?**

The following policies are observed:

- Only authorized hospital personnel shall have access to medical records.
- No medical information shall be released without the appropriate written authorization of the patient except as required by law or regulation.
- All requests for medical information from the patient's record shall be referred to the Health Information Management Department.
- All employees are required to comply with the confidentiality statement upon employment, as discussed in the Employee Handbook.

**How can you ensure confidentiality of HIV-related information?**

We do not release HIV test results to any individual other than the patient unless the patient has signed a release specific for this information. In conducting patient care activities, we maintain confidentiality by: limiting access to the record to those who "need to know," and discussing patient information only in designated areas and only with concerned health care workers.

**Why must patient care be well-documented?**

A well-documented medical record provides vital information that will affect a patient's management/treatment and evaluation. It promotes continuity of care, collaboration among disciplines, and is the most effective legal defense against claims of inadequate care and supports coding, compliance and reimbursement.

**How can the security of computer data and information be ensured?**

Examples include:

- Granting each user's computer access based upon "minimum necessary" standards and assigning an I.D. and password. The password is kept confidential and changed at regular intervals. Unauthorized use is subject to disciplinary action.
- Using computer time-outs
- Utilizing computer screen savers
- Adhering to correct log out procedure
- Having staff members sign confidentiality and data security agreements
- Changing management processes and disaster recovery plans through Information Systems

**What is HIPAA?**

It is the federal Health Insurance Portability and Accountability Act. These regulations protect privacy of information. In health care it imposes restrictions on the access and release of protected health information.

**What type of information is considered protected health information (PHI)?**

PHI includes any patient identifiable and clinical information such as the patient's name, address, phone number, and diagnosis.

**Do we need to make a notation on the HIPAA disclosure log when medical records are reviewed by surveyors during our accreditation survey?**

No. The accreditation process is considered a quality assessment and improvement activity which does not require disclosure.

### What training have you received related to information management?

- Through general orientation and annual updates, employees are informed about security, confidentiality, release of information, and HIPAA compliance
- Department-specific training related to confidentiality, data collection, data entry, use of checklists, validity, and reliability of information
- Authorized users receive training on specific systems such as Cerner and Lawson



## *ENVIRONMENT OF CARE*

### How can Broward Health be sure that personnel can demonstrate knowledge and skills necessary to perform their responsibilities regarding management of the Environment of Care?

Upon employment, personnel receive an orientation to the Broward Health safety program. Annual review and safety tests are mandatory for all personnel to update and reinforce procedures for implementation of safety programs.

### Who is your Safety Officer?

Broward Health System: Garnett Coke: (954) 831-2782

BHMC: Shirley Ochipa: (954) 355-4517

BHCS: Howard Allen: (954) 344-3305

BHIP: Peter Coughlin: (954) 776-8690

BHN: Elijah Ervin: (954) 786-6774

Broward Health Weston: Garnett Coke: (954) 831-2782

Community Health Services: Garnett Coke: (954) 831-2782

Broward Health Physician Group: Garnett Coke, (954) 831-2782

### What are the Environment of Care functions for which we have special plans?

The seven plans are:

1. Safety management
2. Security management
3. Emergency management
4. Fire and Life Safety Plan
5. Hazardous materials and waste management
6. Medical equipment management
7. Utility systems management

## SAFETY and EMERGENCY CODES

**Tip: Be able to identify your personal responsibility in the event an emergency code is announced in your work environment. Use the EOC “Quick Reference Guide” in your department.**

- CODE RED – FIRE** – If the fire is in your area, stay calm – do not shout "fire"; follow the **R.A.C.E.** procedure. All fire alarms are to be treated as the real thing. Follow the proper procedures for your area.

**RESCUE–ALERT–CONFINE–EXTINGUISH**

If the fire is not in your area, keep all fire doors closed, do not use elevators and be attentive to any announcements in case further alerts are given. Upon an ‘All Clear’ announcement, return to normal duties.

- CODE BLUE – CARDIAC or RESPIRATORY ARREST** – Only those personnel assigned to respond to a Code Blue should respond to that area. All other personnel should stay clear of that area.

- CODE PINK – PEDIATRIC CARDIAC or RESPIRATORY ARREST** – Only those personnel assigned to respond to a Code Pink should respond to that area. All other personnel should stay clear of that area.

- CODE GREEN – MASS CASUALTY** – Any patient-generating incident that overloads existing personnel, supplies and equipment. Code Green implementation results with the Administrative Staff in conjunction with the Emergency Department Medical Director or Senior E.R. Physician on Duty.

- CODE STRONG – IMMEDIATE THREAT** – Alerts employees of a potentially dangerous situation. Code Strong is called when it is suspected that a person(s) is armed and is posing an immediate threat to patients, visitors, staff, or property.

- CODE BLACK – BOMB THREAT – DON'T PANIC.** Do not leave your area unless instructed to do so. If you receive a bomb threat, call PBX immediately (dial “22”). If instructed, search your area for suspicious objects. Do not touch the object if found.

- CODE STORK – INFANT ABDUCTION** – This applies to an actual or attempted infant/child abduction. If assigned to an entrance/exit to the facility, make sure persons leaving the facility are not carrying a child or package/bag that might conceal an infant. If in doubt, contact the hospital operator and have them send Security. Stay away from the unit involved unless you are performing hospital duties.

- CODE ASSIST – COMBATIVE PERSON** – Physically or verbally acting out persons, emotionally disturbed, or mentally impaired persons are all considered combative persons. All personnel trained in non-violent crisis intervention should respond. All other personnel should stay clear of that area.

- CODE SPILL – CHEMICAL** – If you spill a chemical or come upon a spill, follow the acronym E.A.R.

<b>CODE RED</b>	Fire
<b>CODE BLUE</b>	Cardiac Arrest
<b>CODE PINK*</b>	Pediatric Cardiac Arrest
<b>CODE GREEN</b>	Mass Casualty
<b>CODE STRONG</b>	Imminent Threat
<b>CODE BLACK</b>	Bomb Threat
<b>CODE STORK*</b>	Infant Abduction
<b>CODE ASSIST</b>	Combative Person
<b>CODE SPILL</b>	Chemical Spill

\* These codes are not used in all medical centers.

- E EVACUATE** Evacuate and secure the area.
- A ALERT** Alert P.B.X. by dialing “22” and give them the extension number of your location.
- R REMAIN** Remain at that location until contacted by the spill response coordinator.

10. **CODE ELOPEMENT-** If a patient is discovered missing from the room and is suspected of having left the floor , alert PBX by dialing “22” and give a description of the patient, what he/she may have been wearing and last known direction or location the patient was seen. All Units and Departments will initiate a search of their areas and all exits to the building will be monitored and closed until the all-clear is announced.
11. **CODE ACTIVE SHOOTER-** In the event a person enters the facility and displays a firearm or discharges one, a CODE ACTIVE SHOOTER will be called. First seek safety for yourself; if possible call PBX (“22”) or dial “911” directly to report the presence of a shooter- give detail, if safe to do so, like where the shooter is, how many, and the type of firearm( pistol, rifle, semi-automatic , etc.). Barricade yourself inside a room using available furniture in the room to support the door against entry. Remain silent and wait until the police arrive or the “all clear” is announced.

**REFER TO BROWARD HEALTH ENVIRONMENT OF CARE MANUAL FOR ADDITIONAL INFORMATION**

**FIRE PLAN ACTIONS**

**BEFORE A FIRE - Be prepared, look around your work area and write down:**

- The location of 2 fire extinguishers \_\_\_\_\_
- The location of fire pull stations \_\_\_\_\_
- The nearest 2 emergency exits \_\_\_\_\_

**WHEN THE ALARM SOUNDS:**

- Remain calm!
- Close all doors
- Do not use elevators
- Follow departmental fire procedures
- Do not call the operator for information
- Wait for the "All Clear" before resuming normal duties

**WHEN YOU DISCOVER A FIRE:**

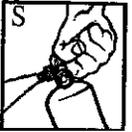
- R** Rescue anyone in danger
- A** Alert by activating the fire alarm. Dial “22” as a back-up notification. (Ambulatory sites dial “911”)
- C** Confine the fire by closing doors and clearing corridors
- E** Extinguish the fire, if it is small and if you are trained to do so

**WHEN YOU EXTINGUISH A FIRE:****PULL**

the safety pin on the extinguisher

**AIM**

the nozzle at the base of the fire

**SQUEEZE**

the handle to discharge agent

**SWEEP**

The nozzle from side to side

**What telephone number do you dial for emergencies?**

- #22 for all hospital emergencies
- #911 for ambulatory site/off site emergencies

**If I choose to smoke, how can I protect my right to smoke?**

Smoking is not a right. *Smoking is not permitted on any Broward Health Campus*

- Broward Health complies with the Florida Clean Indoor Air Act. This act discourages the designation of any area in these buildings as smoking areas.
- The Joint Commission standard states: “A nonsmoking policy is communicated and ***enforced*** throughout all buildings.” The intent clearly states visitors, staff and ambulatory care patients may not smoke within the building.
- The standards are intended to restrict smoking and
  - a. reduce risks to patients who smoke
  - b. reduce risks of passive smoking to others
  - c. reduce the risk of fire.

**What do you say to someone who lights a cigarette within a Broward Health building?**

Courteously inform the individual that this is a “No Smoking” facility. Ask them to extinguish the cigarette immediately as no smoking is permitted on Broward Health property.

**Are door wedges acceptable within Broward Health facilities for propping open a door?**

No. Use of door wedges damages the integrity of the door and limits its ability to function as a barrier in the event of a fire. Doors may not be propped open by any object for any reason.

**How would you evacuate patients in the event of a fire?**

Patients and visitors would be evacuated either horizontally (across the building) or vertically (floors up or down) to another smoke compartment but only under the direction of the Supervisor or Fire Department.

**What is the purpose of the corridor doors that close when the fire alarm sounds?**

To slow down the spread of smoke and/or fire. You can recognize the compartments by fire doors that swing together from opposite directions and latch tightly.

**What is a SDS and why is it important?**

SDS means "Safety Data Sheet" (formerly the MSDS). Manufacturers are required to provide this form under the "Right to Know Law." It describes the health effects, flammability, reactivity, etc., of the product, safety precautions, and procedures in the event of an emergency. An inventory of chemicals found in an employee's department is maintained and updated annually. SDS's are accessible for each chemical in the inventory.

**How do you obtain a Safety Data Sheet (SDS)?**

- SDS's are available from the product manufacturer or the 3E Company at-1-800-451-8346.
- SDS's can be accessed under the General Tab on the intranet.
- In the event of a hazardous material emergency and a SDS is not available at the site where the hazardous materials are used, call 1-800-451-8346. This number is for the 3E Company; they will immediately fax the SDS information you request.
- SDS Stickers are placed on key telephones in your department.
- List 4 common chemicals in your work area and locate the SDS
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

**How can you tell if a piece of medical equipment has been inspected?**

- All medical equipment on the Biomedical preventive maintenance program have a sticker affixed to the right side with the date of the last inspection, the technician's initials, and the month and year of the next inspection.
- Employees who use the equipment are responsible for verifying current inspection prior to use.

**When must refrigerator temperatures be monitored and documented?**

- **Patient** food, medication and specimens are kept in separate refrigerators labeled for the specific use.
- No food or beverage is to be stored in the medication or specimen refrigerators.
- A thermometer must be inside both the refrigerator and freezer sections.
- The temperature is documented every day the department is open, and action is taken if the temperature falls outside the acceptable range. Some of our facilities monitor and record this temperature centrally through the facilities management department.
- Refrigerators for staff use must be clean and the contents must be in a state that can be consumed.

**What systems in your area are supplied by emergency back-up generators?**

All outlets with red covers are connected to emergency generators in hospitals. Some ambulatory facilities including Broward Health Weston, 7<sup>th</sup> Avenue Family Health Center, Children's Diagnostic and Treatment Center, and the ISC building have emergency generators.

**If you receive a telephone call that there is a bomb in the hospital, ambulatory site, or office, what are some key questions you should ask the caller?**

- Where is the bomb?
- What time is it set to go off?
- Why was the device placed?
- How can the device be deactivated?
- Keep the caller on the line. Ask many questions and take notes. Listen for background noises.
- Dial "22" to inform the switchboard operator, who will call a "Code Black" immediately. Ambulatory sites dial "911" and notify the regional protective services command center.

**What action should you take if you hear a Code Black announced?**

- Search area for suspicious packages, objects.
- Do not touch a strange or suspicious object.
- Listen for suspicious noises.
- If anything suspicious is found, then secure the area and dial "22" to report to Security. Close the door(s) after the search.
- Shut off beepers, walkie-talkies, and cellular phones.

**Are grab bars and emergency call cords located within reach of patients in toilet and bathing areas?**

Yes, and staff should be informing patients how to use them. Call cords must reach down approximately 2 inches above the floor and should not be tied on grab bars. All staff should be aware of how to access locked patient bathroom doors.

**What action should you take if you spot someone in the corridor without a badge?**

Ask if you can help them and escort them to the security checkpoint to obtain a visitor badge. Notify security about any concern or suspicious observation.

**What has been done at Broward Health to prepare for emergencies involving Weapons of Mass Destruction (WMD)?**

Note: All employees are required to have taken the NIMS training and are trained to respond to disasters in an ALL HAZARDS approach. Staff is trained to receive their instruction during an event from the Incident Command that will run the response to the disaster using HICS (Hospital Incident Command Structure).

- An Emergency Management Operations Plan has been developed to describe how Broward Health will respond and manage an incident involving a disaster or mass casualties.
- A Code Green protocol has been instituted to mobilize appropriate responses for the impending disaster.
- An incident command structure has been implemented.
- Training relevant to various levels of employees has been provided to explain the emergency plan.
- Broward Health has participates with Broward County community agencies in county-wide drills.

  
***QUESTIONS***  


If you have any questions or concerns regarding The Joint Commission standards, then you should contact your region's Quality Manager.

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