Quality & Safety Standards

Fort Belvoir Community Hospital

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Quality of Care concerns

Fort Belvoir Community Hospital wants to know if you have a concern.

The Joint Commission encourages you to bring your concerns to the attention of your health care organization's leaders.

Staff members should use their chain of command or the Quality Management Department to express concerns about quality of care or patient safety. Submitting a Patient Safety Report is easy — just click the icon labeled PSR on any hospital computer desktop.

If this does not lead to a satisfactory resolution, you may take your concerns to The Joint Commission without fear of retribution.

The Joint Commission
Office of Quality Monitoring
Phone: 800.994.6610
Email: complaint@jointcommission.org

Who we are

Fort Belvoir Community Hospital

Mission

Committed to outstanding patient experience through safe, quality, compassionate care for all we serve.

Vision

The premier Community Health System, leading the nation in innovative healthcare and well-being.

Values

- Visionary Leadership
- Patient and Family Centered Excellence
- Organizational and Personal Learning
- Valuing Workforce Members and Partners
- Stewardship

Tenets

- People: Culture of Excellence
- Practice: Patient and Family Centered Care
- Place: Evidence-Based Design

Important telephone numbers

Fort Belvoir Community Hospital Police
Emergency..... 333 or 571.231.0333
Non-Emergency .....571.231.3000 / 3813

Hospital information desks
Oaks Pavilion..... 571.231.3066 / 3067 / 3068
Meadows / Sunrise Pavilion.....571.231.3064
River / Eagle Pavilion.....571.231.3062

Emergency Room ..... 571.231.3162 / 3161 / 3160

Ops & Emergency Mgmt......571.231.3585 / 3590

Safety..... 571.231.3592 / 3594 / 3597

Facilities work orders.....571.231.3581 / 3567

Fort Belvoir emergency services
911 or Fire 703.781.1800
Police 703.806.3104

Fort Belvoir Hotline 703.805.3030

Hospital codes

CODE RED	**R**escue those in danger; **A**ctivate alarm; **C**ontain the fire; **E**vacuate or extinguish fire (when applicable).
CODE BLUE Cardiac/Respiratory Arrest	Activate CODE BLUE Team by 333, Vocera, or Nurse Call System; Give location and whether Adult or Pediatric patient.
CODE PINK Infant/Child Missing or Abducted	Call FBCH Police @ 333; Give description and last known location; Report to assigned observation post.
CODE PURPLE Elopement/Lost Person > 16 years old	Call FBCH Police @ 333; Give description and last known location; Report to assigned observation post.
CODE GREEN Mass Casualty (MASCAL)	Report to triage or support area IAW Emergency Operations Plan (EOP).
CODE YELLOW Hospital Lockdown	Follow instructions from FBCH Police; Report to observation posts; Ensure no entry to or exit from hospital.
CODE GRAY Combative Person	Remain calm; Notify supervisor; Call FBCH Police @ 333; listen to person and do not escalate situation.
CODE WHITE Active Shooter or Hostage Situation	Get to safe area; Call FBCH Police @ 333; Give location of shooter, description and type of weapon (if known).
CODE BLACK Bomb Threat or Suspicious Package	Obtain as much information as possible; Call FBCH Police @ 333; DO NOT handle or touch a suspicious package. Be prepared to evacuate.
CODE ORANGE HAZMAT Spill	**R**escue those in danger; **A**lert by mass notification / FBCH Police @ 333; **C**ontain the spill; **E**vacuate the area.
ALL CLEAR No Color	Cancels emergency code and signals return to normal operations.

Violence in the workplace

Follow these guidelines to reduce the odds of becoming a victim of workplace violence:

- Learn how to recognize and avoid potentially violent situations.
- Alert supervisors to any concern about safety or security and report all incidents to the appropriate authority.

Indicators

Indicators of potential violence should never be something that is viewed lightly. By identifying a potential problem and dealing with it appropriately, you may just be able to prevent violence from occurring.

Report individuals observed doing the following:

- Expressing direct or veiled threats of harm
- Engaging in intimidating, belligerent, harassing, bullying or other aggressive behaviors
- Experiencing numerous conflicts with supervisors and other employees
- Bringing a weapon and/or brandishing a weapon in the workplace

Violence in the workplace (cont.)

What happens if a hostile act occurs?

In the event of a hostile act, time is of the essence. The hospital will go into lockdown, which will give personnel a much greater chance of avoiding contact with the shooter or otherwise hostile individual.

If you observe a hostile act in progress and are in a safe area, the following information should be provided to law enforcement immediately:

- Location of hostile act
- Number of persons involved
- Physical description of person involved
- Number and type of weapons involved (if any)
- Number of potential victims

Hide out or shelter in place

If evacuation is not possible or the order to shelter in place is given, find a place to hide where the hostile individual is less likely to find you. Go inside the nearest secure room. Close and lock all windows and doors of the room you are in.

Do not stand in front of any window or door, and turn off sources of noise. Wait for the all clear announcement.

Quality system

1. The FBCH Quality Management Program Instruction located on the FBCH Instruction Intranet page addresses the network-wide implementation of the Performance Improvement Plan.
    - Where we are going
    - Identification of Organizational Improvement Priorities
    - Manages the performance improvement of the FBCH governing activities, administrative activities and support activities.

2. The scope of the plan extends to each hospital element and to each individual employee.
    - How do we get there
    - Leadership oversight and control
    - Structured reporting channels; how information is communicated

3. The objectives are to design processes, monitor performance through data collection, analyze current performance, and to improve and sustain improved performance with the final goal being improved patient outcomes.

Code Blue vs. Rapid Response Team (RRT) vs. Medical Response

	Code Blue	RRT	MRTT
Criteria	Unresponsive, apneic and/or pulseless patient	Specific criteria **Adult:** HR <40 >130 RR <8 >28 POX <90% without O2 SBP <90 Acute mental status change RN/Patient/ Family concern over patient condition **Pediatric:** See diagram next page	Individual requiring medical response for illness/injury Must be awake, alert and responsive
Applicability	Inpatient, outpatient, anywhere	Inpatient only	Outpatient, visitors, staff
Activation	Dial 333 or 571.231.0333 *provide your name, Code Blue, adult or pediatric and your location	Activate via Vocera or if unavailable dial 333 or 571.231.0333	Call ED ask for ED Charge Nurse Call via Vocera or dial 571.231.3162

Pediatric RRT activation criteria

Age	Abnormal HR	Abnormal RR	Abnormal SBP
Neonate	<80 or >200	<20 or >75	<50
Infant (6 months)	<80 or >200	<20 or >75	<60
Toddler (2 years)	<65 or >180	<16 or >60	<65
Preschool (5 years)	<50 or >160	>50	<70
School Age (7 years)	<50 or >150	>45	<75
Adolescent	<40 or >140	>40	<85

Core ORYX measures

Venous Thromboembolism (Medical VTE)

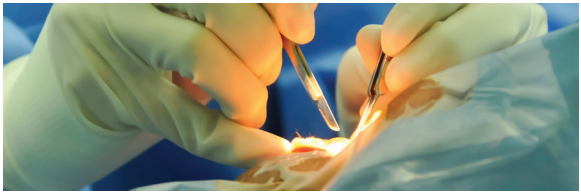
- VTE prophysaxis
- ICU VTE prophylasix
- VTE patients w / anticoagulant overlap Rx
- VTE patients receiving unfractionated Heparin w / dosages / platelet count monitoring by protocol
- VTE discharge instructions
- Incidence of potentially-preventable VTE

Pneumonia care

- Influenza vaccine
- Blood culture timing
- Antibiotic timing and selection

Surgical care

- Antibiotic timing and selection
- Control of post-op glucose
- Hair removal
- Beta-blocker therapy
- VTE prophylaxis
- Post-op urinary catheter removal



Core ORYX measures (cont.)

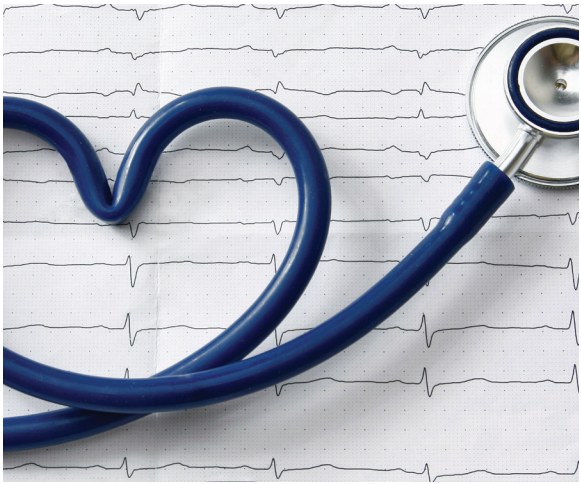
Perinatal care

- Elective delivery
- Antenatal steroids
- Exclusive breast milk feeding
- Cesarean section
- HAI in newborns

Core ORYX measures (cont.)

Heart attack care (AMI)

Aspirin at arrival
Aspirin at discharge
ACE Inhibitors or Angiotensin Receptor Blockers (ARB) at discharge
Smoking cessation advice
Beta-blockers at discharge
Fibrinolytic therapy within 30 minutes
Primary PCI balloon therapy within 90 minutes
Statin at discharge



Core ORYX measures (cont.)

Children's asthma care

- Use of relievers for inpatient asthma
- Use of Systemic Corticosteroids for inpatient asthma
- Home Management Plan of Care given to patient / caregiver

Heart failure

- Evaluation of Left Ventricular Systolic (LVS) function
- ACE Inhibitors or ARB for Left Ventricular Systolic dysfunction (LVSD)
- Adult smoking cessation advice / counseling

Hospital-based Inpatient Psychiatric Services

- Admission screening
- Discharged on multiple antipsychotic medications
- Justification of multiple antipsychotic medications on discharge
- Discharge continuing care plan creation and transmission
- Hours of restraint use
- Hours of seclusion use

HEDIS measures

- Asthma controller medications
- Colon cancer screening
- Screening and management of HgA1c and cholesterol
- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening
- Well baby visits
- Children with Pharyngitis
- Children with URI
- Lower back pain imaging
- Post-cardiovascular event cholesterol screening and management
- Antidepressant medication management
- Post-mental health admission follow-up

Partnership for Patients

- Falls
- Readmissions
- Obstetric outcomes

National Patient Safety Goals

Goal 1: Improve the accuracy of patient identification.

NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment or services

- Patient's **full name and date of birth** are Fort Belvoir Community Hospital's two identifiers

NPSG.01.03.01: Eliminate transfusion errors related to patient misidentification

- Match the blood or blood component to the order
- Match the patient to blood or blood component
- Use a two person verification process

Goal 2: Improve the effectiveness of communication among caregivers.

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

- Notify Licensed Independent Practitioner (LIP) in less than one hour
- Collect and assess compliance data
- Take action to improve response
    - Inpatient RNs use Essentris "Critical Results Note" to document the result and time.
    - Outpatient results go to an RN or, for Interventional Radiology and Respiratory Therapy, directly to the provider.

National Patient Safety Goals (cont.)

Goal 3: Improve the safety of using medications.

NPSG.03.04.01: Label all medications, med containers (syringes, med cups, basins, etc) or other solutions on and off the sterile field in all perioperative and other procedural settings.

- Drug name
- Strength
- Amount
- Diluents and volume
- Expiration date when not used within 24 hours
- Expiration time when expiration occurs in less than 24 hours

Note: Medication containers include syringes, medicine cups and basins.

Note: This expectation does apply even if only one medication and/or solution is being used.

All medications or solutions are verified by two qualified individuals both verbally and visually when the person preparing the medication or solution is not the person administering it.

National Patient Safety Goals (cont.)

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

- Use an approved protocol for anticoagulation therapy
- Use oral unit dose and pre-mix infusions.
- Monitor baseline and current INRs to adjust therapy
- Inform dietary services of patients on warfarin
- Use programmable infusion pumps for intravenous heparin
- Define baseline and ongoing lab tests required to monitor patients on heparin therapy and low molecular-weight heparin (LMWH)
- Evaluate anticoagulation safety practices

NPSG.03.06.01: Maintain and communicate accurate patient medication information

1. Obtain information on medications the patient is currently taking when admitted or seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications.
2. Define the types of medication information to be collected in non-24-hour settings and different patient populations.

National Patient Safety Goals (cont.)

3. Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies.
4. Provide the patient (or family as needed) with written information on medications the patient should be taking when discharged from the hospital at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose).
5. Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.

National Patient Safety Goals (cont.)

Goal 6: Use alarms safely

NPSG.06.01.01: 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. This is a multi-faceted problem. In some situations, individual alarm signals are difficult to detect. At the same time, many patient care areas have numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them.

Goal 7: Reduce the risk of health care associated infections.

NPSG.07.01.01: Comply with current CDC hand-hygiene guidelines. (See Page 19)

1. Implement a program which follows categories IA, IB and IC of the current CDC guidelines.
2. Set goals for improving compliance with hand hygiene guidelines.
3. Improve compliance with hand hygiene guidelines based on established goals.

National Patient Safety Goals (cont.)

NPSG.07.03.01: Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms (MDRO) in acute care hospitals. (*See Pages 27-29*)

1. Conduct periodic risk assessments for multidrug resistant organism acquisition and transmission.
2. Educate patients, family members and healthcare personnel.
3. Implement surveillance, measure and monitor multidrug resistant organism prevention processes and outcomes.
4. Implement policies and practices aimed at reducing the risk of transmitting multidrug resistant organisms.

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

Note: This requirement covers short-term and long-term venous catheters and peripherally inserted central catheter (PICC) lines.

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

National Patient Safety Goals (cont.)

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

Note: This requirement is not applicable to pediatric populations. Research resulting in evidence-based practices was conducted with adults, and there is not consensus that these practices apply to children.

National Patient Safety Goals (cont.)

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

NPSG.15.01.01: Identify patients at risk for suicide

- Risk assessment identifies specific factors may increase or decrease risk for suicide
- The patient's immediate safety needs and most appropriate setting for treatment are addressed
- The organization has crisis hotline information located on the intranet under clinician tools.

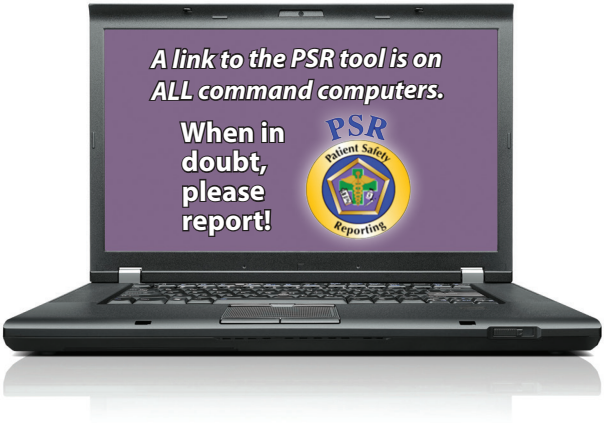
All patients presenting for primary care services will be screened, against approved criteria, for suicide risk. When indicated by the results of this screen, patients at risk will be referred to Behavioral Health for a complete suicide risk assessment and appropriate management, as indicated.

Patient Safety Reporting (PSR)

Fort Belvoir Community Hospital uses a system for blame-free internal reporting of system or process variances, adverse events, or near misses.

Reporting is done through a DoD electronic reporting tool which can be filled out anonymously. Each report is investigated by the Quality Management department to determine potential process changes to reduce patient risk and improve outcomes in the hospital.

Anyone can use the PSR system!



Hand hygiene

Clean hands in — clean hands out

No artificial nails in patient care areas. Keep nails trimmed to 1/4-inch length.

Alcohol-based hand rub

- Apply product to one palm.
- Spread thoroughly over both hands, including nails and under jewelry.
- Rub hands together vigorously.
- Continue rubbing until hands are dry.
- Store products away from heat or flame.

Handwashing with soap and warm water

- Required when hands are visibly soiled.
- Vigorously rub hands up to wrists for at least 15 seconds.
- Ensure you clean fingernails and between fingers

Practicing hand hygiene is your professional responsibility!


Hand hygiene pop quiz
My area's hand hygiene compliance rate is: _____%
My area's hand hygiene target rate is: _____%

Two patient identifiers for specimen labeling

Use at least two patient identifiers whenever administering medications or blood products, taking blood samples or other specimens for clinical testing, or when providing treatment or procedures.

The patient's full name and date of birth are Fort Belvoir Community Hospital's two identifiers.

Locator information (room number and bed number) are **never** to be used.

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

Multidrug Resistant Organisms (MDRO)

1. Hospital staff receives training annually during newcomers' orientation and e-learning programs, and as needed through in-service training and briefings.
2. Infection Prevention and Control training for visitors, patients and families will be completed by nursing and medical staff upon admission to the ward and as needed during the patient's hospital stay. The training will be documented in the Essentris Patient Teaching Note under the Infection Control section.
3. The hospital has an alert system in CHCS and Essentris for notifying clinical staff of the need to isolate patients with Multidrug Resistant Organisms. The MDRO, VRE, or MRSA flag is located in the free text H&P, the nursing hx and assessment, the nursing shift assessment and the patient admission data screen in Essentris. The MDRO flag in Essentris will be auto-populated from the CHCS system. Infection Prevention and Control staff (IPaC) staff will enter and remove all the multidrug resistant flags in CHCS.
4. Patients with an MRSA, VRE or MDRO flag will be immediately placed on Contact Precautions upon admission to the ward.

MDRO (cont.)

5. The physician will write an order for Contact Precautions.
6. IPaC staff will write an IC Consult Note in Essentris that is specific for each MDRO (see clearance protocol in the FBCH Infection Control Manual). The type of isolation precautions (Contact , Airborne or Droplet) will auto-populate from the IC Consult Note to the Nursing Status Board. MRSA colonization is identified by collecting MRSA PCR nares specimens from patients on admission. Patients with positive MRSA or MDRO cultures are placed on Contact Precautions.
7. All MedEvac patients admitted to the hospital will have war surveillance cultures done (i.e. bilateral groin culture and a MRSA PCR nares swab) and will be placed on Contact Precautions until war surveillance cultures are confirmed negative and IC clears patient from isolation precautions.
8. Patients admitted to the ICU, those coming from a long-term care facility, or patients recieved via medical evacuation from theater (except for psychiatric patients and infants born at the hospital) will have a MRSA PCR nares swab.

MDRO (cont.)

9. Infection Prevention and Control staff review the microbiology lab data and admission roster daily to identify MDRO or communicable diseases that require inpatients to be on isolation precautions (Contact, Airborne, or Droplet). The IPaC will immediately notify the ward staff of any patients who will need to be on isolation precautions.
10. The microbiology lab will notify the ward staff of any patients with positive multidrug resistant cultures. Staff may institute the appropriate isolation precautions per the IC Manual 2011 without a physician order. The physician should be notified to write the isolation precautions orders as soon as possible.
11. The hospital implements "bundles" to prevent device-associated infections (central line associated bloodstream infections (CLABSI), ventilator associated pneumonia (VAP) and catheter associated urinary tract infections (CAUTI) and other evidence-based guidelines to prevent surgical site infections and the transmission of multidrug resistant organisms.

Abuse or neglect

Staff will report ALL incidents of known or suspected child abuse or neglect within 24 hours to FAP and to civilian Child Protective Services and law enforcement in accordance with MEDDAC Regulation No. 608-18b.

If a forensic exam is indicated, the exam will be coordinated with the nearest civilian facility, currently Fairfax Inova Hospital — 703.776.4001 — or the Armed Forces Center for Child Protection at 301.295.2150.

Maltreatment includes physical, sexual or emotional abuse, as well as neglect of any form including lack of, or delay in appropriate medical care, lack of immunizations, proper nutrition, or poor hygiene, etc.

Cases of known or suspected spouse/intimate partner abuse should be discussed with FAP and guidance offered as to whether the patient wants a restricted or unrestricted report to FAP.

In case of child, spouse, family member or elder abuse, the victim's safety is the primary concern. Documentation is critical. Use the patient's own words if possible and do not interject personal opinions or judgments.

If you witness a violent or abusive act, notify FBCH Police immediately.

Pain reassessment

- Re-assessment is performed in the context of the treatment, target/threshold and includes overall symptom management (nausea, dyspnea, etc.).
- Pain re-assessment must be timely, usually within 20 minutes for fast-acting routes of administration (IV, IM) and within 60 minutes for slow-acting (PO).
- The re-assessment must also be documented.

Documentation is Required!

Continuity

- Pain needs are also assessed at time of discharge.
- Assessment includes overall symptom management (nausea, dyspnea, etc).
- Assure staff competence in pain assessment.
- When pain cannot be managed, patients are referred for appropriate treatment.

Code Cart checks

• Daily code cart checks must be conducted to ensure our best response to a Code Blue (cardiac/respiratory arrest).

• All patient care areas with 24-hour operations require code cart/defib check twice a day (usually done at every 12-hour change of shift). All other patient care areas require a code cart check once each duty day, to be completed in the morning. These checks must become part of daily routine and must be documented.

• Staff members must be in a constant state of preparedness to respond to a cardiac arrest or code blue drill. Daily checks are critical to maintaining readiness.

• Staff members responsible for checks must ensure they are done as required and appropriately documented. Personnel who work in an area with a code cart should know the cart location and contents, and should check periodically to ensure the cart is CLEAN and that daily checks are being performed. Personnel with shared carts should know their area of responsibility and the shared cart location.

- **Do your checks and document them**
- **Double check your teammates' work**
- **Know where the cart is located**
- **Know what is in the cart**

Multi-Dose Injectable Vials (MDV or MDIV)

Multi-dose injectable vials must be:

- Labeled with the expiration date (28 days from opening, or earlier depending upon manufacturer's instructions), and;
- Must be labeled with the expiration time, if it expires less than 24 hours from opening.

PRN Medication Orders

An **indication for use must be included** with each PRN Medication order.

When two meds are ordered for the same indication, **it should be clear which drug is to be administered first.**

If this is unclear, **the ordering provider must be contacted** for clarification of the order.

Inpatient Range Orders

Can include only one variable; either dose (2-6 mg) or frequency (every 1-2 hours). Must include a scale for dosing (i.e. give 2 mg for pain scale 1-4, give 4 mg for pain scale 5-7, give 6 mg for pain scale 8-10).

High Alert Medication (HAM) list

All High Alert Medications require 2-person verification AND documentation. Only licensed/credentialed staff can administer.

- Narcotic PCAs and Drips
- Anticoagulants/Thrombolytics (IV Drip and Bolus)
- Cardiac Medications (IV)
- Chemotherapy (IV and intrathecal)
- Epidural Infusions with Narcotic Component
- Insulin
- Sedative Drips
- Vasoactive Drips

Actions to be taken by LIP/RN and pharmacy staff outside procedural settings as applicable

2-person verification and documentation is required.

Provide proper medication teaching to patient/family.

PCAs and Drips

- Verify and document medication, concentration, dosage and rate when therapy is initiated, syringe/bag change, nursing change of shift

Anticoagulant/Thrombolytics

- Verify no contraindications
- Order heparin in "units" not "u"
- Order by metric weight, not volume or amp
- Include dose formula with calculated dose

HAM list (cont.)

Actions to be taken by LIP / RN and pharmacy staff outside procedural settings as applicable (cont.)

Insulin

- Order insulin in "units" not "u"
- Inform patient that you are administering insulin

Chemotherapy

- Follow local oncology clinic guidelines for administration

Sound Alike / Look Alike Drugs (SALAD)

General Risk Reduction Strategies/Actions

1. Use of TALLMAN / shortman spelling to identify Sound-Alike / Look-Alike Drugs
   - Pyxis / CHCS / Essentris formularies
   - Pharmacy medication storage shelves/bins
   - Pharmacy prepared unit-dose packages
2. Identification stickers to identify SALAD in Pharmacy storage shelves / bins and PYXIS machines
3. Sound-Alike / Look-Alike Drug identification and acknowledgement in PYXIS
4. Sound-Alike / Look-Alike Drug identification in CHCS
5. Monitor continuously for Sound-Alike/Look-Alike drug errors

Abelcet amphotericin B Ambisome	clo**NID**ine clonaze**PAM** Klono**PIN**
ALPRAZolam **LOR**azepam	Cele**BREX** Cele**XA** Cerebyx
bu**PRO**pion bus**PIR**one	**CIS**platin **CARBO**platin

SALAD (cont.)

DOBUTamine **DOP**amine	Lam**ISIL** La**MIC**tal
DOXOrubicin **HCL** **DOXO**rubicin **liposomal**	lami**VUD**ine lamo**TRI**gine
e**PHED**rine **EPINEPH**rine	leve**TIRACE**tam levo**FLOX**acin
Fiori**CET** Fiori**NAL**	met**FORMIN** metho**CARB**amol metro**NIDAZOLE**
glipi**ZIDE** gly**BURIDE** glim**EPIRIDE**	Morphine **IR** Morphine **SR**
he**PAR**in He**SPAN**	Novo**LOG** Novo**LIN**
hydr**ALAZINE** hydr**OXY**zine	oxy**CONTIN** **MS** Contin
HYDROmorphone Morphine	oxy**CONTIN** oxy**CODONE** **HYDRO**codone

SALAD (cont.)

penicillin penicill**AMINE**	tra**MAD**ol tra**ZOD**one to**RAD**ol
predniso**LONE** predni**SONE**	val**ACY**clovir val**GAN**ciclovir
ROPINIRole risperi**DONE**	vin**BLAS**tine vin**CRIS**tine
ser**TRA**line **SERO**quel	Wellbutrin **SR** Wellbutrin **XL** Wellbutrin **IR**
Solu-**CORTEF** Solu-**MEDROL** **Depo**-Medrol	Zy**PREXA** Zyr**TEC**
Top**AMAX** Toprol-**XL**	

Unauthorized abbreviations and acceptable alternatives

This applies to all orders and medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

Do not use	Potential problem	Use instead
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (international unit)	Mistaken for "IV" (intravenous) or the number "10" (ten)	Write "international unit"
Q.D.; QD; q.d.; qd (daily)	Mistaken for each other	Write "daily"
Q.O.D.; QOD; q.o.d.; qod (every other day)	Period after the "Q" mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (1.0 mg)*	Decimal point is missed	Write "1 mg"
Lack of leading zero (.1 mg)	Decimal point is missed	Write "0.1 mg"
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MSO_4 and $MgSO_4$	Confused for one another	Write "magnesium sulfate"

**EXCEPTION: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.*

Adverse Drug Reaction (ADR) vs. side effect

What is the difference between an Adverse Drug Reaction and a side effect?

Examples of possible ADRs:

1. Requires discontinuing the drug (therapeutic or diagnostic);
2. Requires changing the drug therapy including significant changes in dosing.
3. Prolongs stay in a health care facility;
4. Necessitates supportive treatment;
5. Significantly complicates diagnosis;
6. Negatively affects prognosis.

Side effect:

1. Expected, well-known reaction(s) resulting in little or no change in patient management
2. An effect with a predictable frequency and a dose dependent effect (frequency/intensity).
   Examples:
   - Drowsiness or dry mouth due to administration of certain antihistamines.
   - Nausea associated with the use of antineoplastics.

Report ADRs via the link on all command computer desktops. **When in doubt, please report!**

Provider Privilege binders

The registered nursing profession, as the primary advocate for the patient's safety, is expected to ensure that providers are working within the scope of their defined clinical privileges and under an active medical staff appointment.

During normal duty hours all questions regarding a provider's privileges should be referred directly to the Clinical Staff Services (Credentials) Office at 571.231.2928. They are located in Sunrise Pavilion, Floor 3, Room S3.218.

After duty hours the Provider Privilege binders are made available for review in two areas. The Master binders (containing all privileged providers) are located in the Emergency Department, Oaks Pavilion, Floor 1, Room O1.861. The second set of binders are located at the Surgery Department Front Desk, Oaks Pavilion, Floor 2, Room O2.409. This set of Provider Privilege Binders is condensed to only include providers with privileges to perform procedures in an operating room setting.

Storage under sinks and Safety Data Sheets (SDS)

Store only cleaning materials under sinks — no food, beverages, reagents, medications, etc.

In addition, no hazardous materials (chemicals) should be stored under sinks. Chemicals must be stored in the appropriate cabinet (flammables or corrosives). hazardous materials locker.

Safety Data Sheets

Staff should know both the location of Safety Data Sheets — in the Hazard Communications Program (HAZCOM) binder — and **how to use them**. Note: Housekeeping staff keep SDS in their storage closets and on their carts.

The SDS provides manufacturer's information, including the properties, how it reacts, what the hazards are, the effects of exposure, its toxicology and ecological effects, first aid, what to do if it spills, firefighting measures, how to handle and store it, how to dispose of it, and types of Personal Protective Equipment (PPE) required.

Know HOW to use your SDS before you really need to!

Equipment maintenance

It is your responsibility to ensure that any medical equipment you use is clean, and in proper working condition.

This is done by inspecting the equipment prior to use, to ensure it's in good working order and that its preventive maintenance (PM) status is current.

If the PM status is expired or unknown, the equipment shall be tagged out of service and Equipment Management notified.

Eye wash stations / emergency showers

Inspect and flush eye wash stations / emergency showers weekly, for three minutes, and annotate on recording device.

Ensure temperature of water is not too hot or too cold and water flow is adequate.

The eyes you save may be your own!

Equipment maintenance (cont.)

Is fire extinguisher monthly maintenance current on all extinguishers in your area?

Are all extinguishers appropriately mounted and accessible (not blocked)?

Have all staff received required training on the use of fire extinguishers?

- **P**ull pin
- **A**im nozzle
- **S**queeze
- **S**weep

Medical gases: Are staff knowledgeable on the procedures for securing (shutting off) medical gases in the event of a fire?

Patient evacuation: Are staff knowledgeable of their area fire evacuation plan? Do they defend in place or leave the building?

Can staff articulate evacuation procedures?

- **R**escue
- **A**larm
- **C**onfine
- **E**vacuate

Keeping passageways clear

Picture your exit passageway filled with smoke, while you are attempting to evacuate patients during a fire, or having to rapidly navigate that passageway with a crash cart during a code blue response, and you can appreciate the importance of maintaining an obstacle-free evacuation route.

While touring your space, ensure that egress (or exit) passageways are maintained clear to their constructed width.

These passageways are identified by the presence of one or more exit signs (which must be illuminated).

The only exceptions are wheeled crash carts, wheeled isolation carts, and wheeled carts in use.

"In use" is a cart that is accessed no less frequently than every 30 minutes.

Security and staff identification badges

Challenge visitors

Are all staff knowledgeable on the need and justification for challenging individuals to provide appropriate identification, when indicated?

Do staff challenge visitors appropriately and courteously?

Staff identification badges

All staff must wear an ID badge, and the badges must be visible.

Staff should challenge any individuals who appear out of place, and have patients or visitors identify themselves.

ID badges also meet patient rights expectations, and therefore shall be visible to a patient/visitor.

Nurse Call response

Ensure Nurse Call cords can be reached by a fallen patient, that the alarms work, and that staff can locate the key or other mechanism to open the door in a timely manner.

> *NOTE: The patient call bell cords in restrooms are sometimes wrapped around the handicap rail or knotted, and could prevent patients from reaching them. Ensure the cords can be reached and used by patients.*

Always respond to alarm activations and pay attention to lights mounted on the ceiling above the restroom doors.

Histories and physicals

Never more than 30 days prior to admission or procedure requiring anesthesia. No Exceptions!

The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after inpatient admission, but prior to surgery or a procedure requiring anesthesia services.

For a medical history and physical examination that was completed within 30 days prior to inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.

If no changes are identified, this must also be documented within 24 hours.

Operative reports

An operative report must be dictated within 24 hours of surgery completion. A progress note must immediately follow a procedure.

Why? The patient has just undergone a significant change, or challenge, to their physiology, and the patient's updated status must be made known to the receiving unit in order to ensure continuity of care.

An operative or procedure report will include:

- Physician name
- Assistant name(s)
- The procedure(s) performed
- A description of the procedure(s)
- Any clinical findings
- Estimated blood loss (EBL)
- Specimens removed
- Postoperative diagnosis
- Complications

Situation, Background, Assessment, Recommendation (SBAR)

Handoff communication should occur during shift change, lunch breaks and other transfers of care that may occur between health care providers.

A patient handoff must include an opportunity for questioning between the giver and receiver of patient information.

FBCH uses the Situation, Background, Assessment, Recommendation (SBAR) model for ensuring good communication during these handoffs.

Situation: What is the situation?
Dr. Smith, I have Eddie Thomas in Room 6.

Background: What is the clinical background?
Eddie Thomas is a 56-year old with congestive heart failure, multiple ED visits. He looks pale and diaphoretic. BP is 90/65 verified with manual cuff. Pulse 100. We've got him on O2.

Assessment: What is the problem?
I think he may be having an MI.

Recommendation: What do I recommend or request be done?
We need you to see him now.

Inpatient / APV medical records

All providers with inpatient and APV responsibilities must make regular visits — typically weekly — to the medical records room to ensure timely completion of medical records.

A clinic representative for the admitting service may establish and agreement with inpatient records to check out provider's charts on a weekly basis to fulfill this requirement.

Providers who deploy or are away on other temporary duty assignments will notify inpatient records and sign all incomplete records before departure.

Informed consent

Is informed consent properly documented and in the medical record prior to performing the procedure?

Are all signatures present?

- Provider
- Witness
- Patient / guardian / legal surrogate

Is the patient / guardian / legal surrogate signature dated and timed?

Ensure the consent form contains the patient's full name, date of birth, social security number, and that other relevant information is documented in layman's terms.

Make sure there is also a corresponding physician's progress or counseling note, which outlines the specific risks, benefits and alternatives (RBA) discussed with the patient and / or guardian / family.

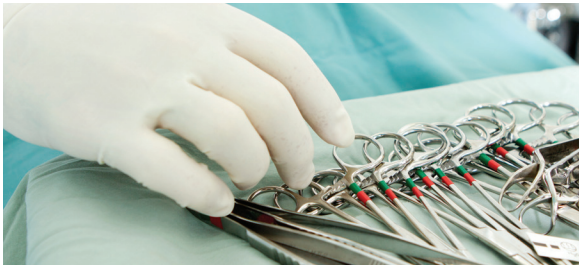
Universal Protocol for preventing wrong site, procedure or person surgery

1. Pre-operative verification process

- Verification of the correct person, procedure and site occur.
- A preoperative verification, possibly a checklist, that ensures the availability and review of relevant documents (H&P, consent), images (X-rays), and implants or special equipment prior to the scheduled procedure.

2. Mark the operative site

- Marked by the surgeon or provider performing the procedure in conjunction with the patient.
- The surgeon will use his/her initials to mark the operative site except where contraindicated.
- Mark all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine).

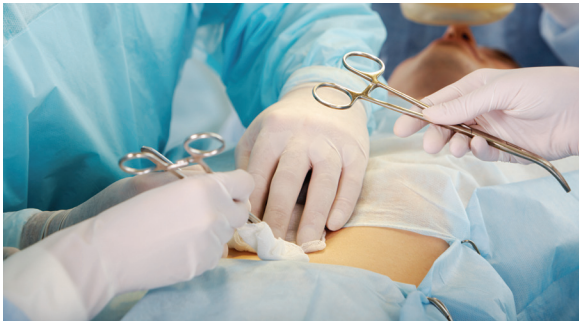


Universal Protocol (cont.)

3. **Conduct a *Time Out*.**
   - Must be done at location of procedure
   - Involve the entire surgical team
   - Correct patient
   - Correct procedure
   - Correct site and side
   - Correct position
   - Availability of implants

The ***Time Out*** must be performed in a consistent manner with team members taking an active role. In fact, all team members must agree on all pre-procedural elements reviewed, thereby incorporating the teamwork necessary to ensure patient safety.

The completion of the ***Time Out*** process must be documented in the medical record.



Interdisciplinary care planning

Are interdisciplinary team activities such as the plan of care and discharge planning being consistently documented?

Are you aware of which of your patients are under the care of an interdisciplinary team? Do you (and, as indicated, the patient and their family) have a full understanding of the interdisciplinary care plan for these patients? Is this plan reflected in the medical record?

Communication, collaboration and coordination are among the most important work habits that must be adopted so that care, treatment and services are provided at the highest level.

All staff involved in these activities should be aware of the requirement for interdisciplinary plan of care documentation.

Interdisciplinary care surveyor assessment

To patient / family: Who is your (doctor/nurse/ corpsman / medic) today? Have you seen and spoken with them today? What activities are you scheduled for today?

If being discharged: When would you contact the hospital with concerns after discharge? What side-effects should you look for with the medications you're receiving?

To nurse, corpsman or medic: What are the activity orders for this patient? What studies or treatments are scheduled?

- What are some of the treatment goals for this patient and how are they doing? What obstacles are they working through?
- What is the nutrition/dietary status for this patient?
- Can you show me where this information is located in the medical record?

Ethics consultation (biomedical)

The ethics consultation team provides guidance to patients, their families or surrogates and hospital staff on ethical issues of healthcare. Consultation includes, but is not limited to the following:

- **Informed Consent:** To ensure that patients are appropriately informed concerning their medical / dental care and legally sufficient consent is received prior to receiving care. Refusal of treatment against medical advice and / or withholding / withdrawing of life sustaining treatment; and to respect the autonomy of the patient in self-determination of healthcare treatment to include end of life and refusal of care issues.
- **Advance Directives:** To assist the patient and family in the establishment and execution of a medical advice directive.

The ethics consultation team is available at all times. The team roster is available on the hospital's intranet page and at the Oaks Pavilion information desk.

Interpretive services

During duty hours (7:30 a.m. to 4 p.m.), Monday-Friday: Call Patient Relations at 571.231.4141 or 571.231.0249.

After hours, weekends and holidays: Call the Administrative Officer of the Day at 571.231.3066.

Be prepared to supply: Language required, patient's name, age and sex; location of service, name of requestor and a call back number.

Face to face and sign language interpretation: Allow 24-48 hours prior to the patient's appointment (expedited for inpatients if needed). Complete the Language Interpretation/Translation Program Form and submit to the contacts shown above. The requester will be contacted upon receipt of the form, and upon approval of the request.

Interpretive services (cont.)

Document translation: To assist patients with medical documentation that needs translation, submit the Language Interpretation / Translation Program Form to the contacts shown on Page 56. Document translation is not intended to be a same-day service, but in extreme cases (life, limb, or loss of eye sight), every effort will be made to have document(s) translated as soon as possible. The requester will be contacted with an estimated time of completion.

Notes: The use of a family member is not acceptable when translating critical patient information / education due to the increased likelihood of bias in the translation. Bilingual proficiency in a staff member does not automatically qualify that member to serve as an interpreter.

Discharge planning and education

Do your patients (and as appropriate, their families) express a full understanding of education (meds, activity post-discharge, involvement in treatment plan, etc.)?

Are patients assessed for D/C planning needs upon admission? Are appropriate and timely referrals taking place?

Medical record labeling

All pages of a patient's medical record must contain the patient's identification information, to ensure that information is not lost or misfiled.

When medical record pages are either not labeled or labeled with the incorrect card, there could be potential errors in care which could result in harm.

Staff must label all pages of the medical record with the correct patient information.

Falls prevention

All staff should know the policies, procedures and strategies for preventing patient falls in their areas. Fort Belvoir Community Hospital Instruction 6055.06 includes falls prevention guidance for adult and pediatric inpatients, as well as guidance for preventing falls in the ambulatory setting. Goals for preventing falls include:

- Provide a safe environment that minimizes risk for falls
- Identify patients who are at risk for falls
- Implement strategies for the prevention and management of falls
- Document fall risk
- Educate patient and families about fall risk, management and prevention of falls
- Communicate fall risk and prevention strategies across the continuum of care

The Joint Commission Survey process

The Joint Commission Survey Team consists of five or six specially trained surveyors who will spend five days surveying how well Fort Belvoir Community Hospital performs against Joint Commission standards. We must validate compliance with performance measures set forth by The Joint Commission. We must also demonstrate the effectiveness of corrective actions and identify areas of excellence within our organization.

The survey team will interview administrators, staff members, patients, family and significant others to determine how well the standards have been met. While the new survey process has greatly reduced the amount of time spent reviewing documents, some policies and procedures will be assessed, particularly if there is a sense that processes suffer from unwarranted variation.

Sample surveyor questions

- What is the hospital's mission?
- How do you handle Advance Directives?
- How do you participate in PI activities?
- What date / time was this patient admitted?
- What is the plan of care for this patient?
- What is your role / responsibility?
- How do you ensure a safe environment for your patients?
- What are universal precautions?
- What National Patient Safety Goals are important to the care you provide?

Infection Prevention

- Are all food, nutrition, infant formulas, appropriately dated?
- Are all food, nutrition, infant formulas, appropriately within expiration date?
- All patient-specific food items are labeled with the patient's name?
- Are all food, nutrition, infant formulas, etc., stored appropriately (i.e., not co-mingled with culture media, reagents, cleaning solutions [Dispatch], etc.)? Not stored under sinks?
- Are all ice machines clean?
- Hand soap, lotion, alcohol-based hand cleansers are approved and available?

General instructions

- Understand the plans of care for your patients.
- Keep your spaces clean.
- Know your duties and responsibilities within the command and your area.
- Take pride in your appearance.
- Always wear your ID badge.
- Always be courteous and helpful to visitors, patients, and fellow health care providers / staff members.
- Always address patients and staff by formal titles.
- Treat patients with courtesy and respect.
- Are all medication rooms and medication carts clean, orderly and secured?
- Are all ceiling tiles in good repair (no water damage, etc.)?
- Are clean and dirty utility rooms appropriately separated?
- Is the Unit Infection Control Manual current and complete?

General instructions (cont.)

- Does an observation of clinical workspaces show no evidence of eating or drinking in these spaces — to include utility rooms?
- Are infectious and non-infectious patients and/or visitors appropriately managed / separated?
- Does staff know who is responsible for authorizing shut off of the medical gas lines (oxygen)?
- Does staff know where these valves are located?
- Are staff wearing appropriate Personal Protective Equipment (PPE) when indicated?

- Are supplies stored more than or at least 20 inches from ceilings?
- Are all floors clean (not sticky, etc.)?
- Is all trash emptied appropriately (not overflowing — no full trash bags stored on the floor)?
- Is there documented evidence that all staff have reviewed the Infection Control Manual?
- Is there a good cleaning policy for furniture and children's toys and are staff knowledgeable on the process?
- Are all ice machines clean and in good repair?

General instructions (cont.)

- Are all sharps containers less than 3/4 full?
- Are patient linen bags changed out when 3/4 full?
- Are medical and food supplies stored appropriately (i.e., separated — not in same refrigerator)?
- Are supplies not being stored directly on the floor (i.e., up on palettes or on appropriate shelving)?
- Do all O2 cylinders have appropriate FULL / IN USE / EMPTY tags?
- Are O2 tanks adequately secured?
- Are empty and full oxygen tanks segregated?
- Does staff know how to report accidents and unsafe / unhealthy working conditions?

Workspace orientation

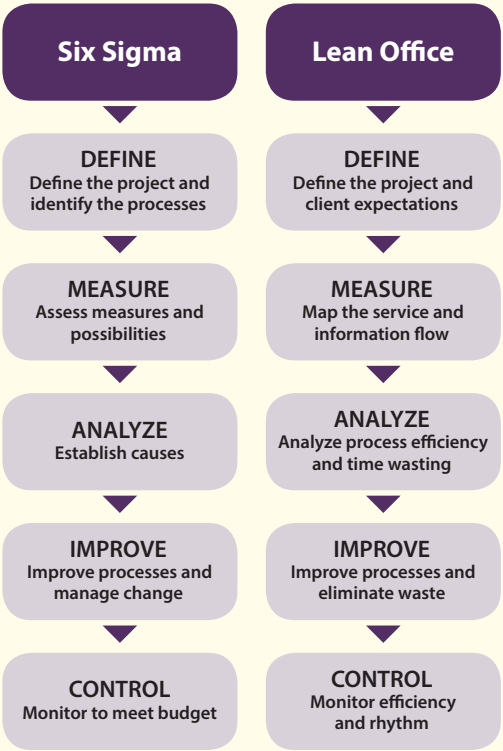
- Is there documented evidence in the Individual Training Record that each staff member has completed Command Orientation within three working shifts of reporting to the unit, or prior to working independently; whichever is sooner?
- Is this documented using the Workspace Orientation and Supervisor's Safety Training checklist available through hospital education?
- Is there documented evidence in the ITR that each staff member has completed the Workspace Orientation and Supervisor's Safety Training checklist prior to providing care, treatment or services independently?

Performance Improvement

Fort Belvoir Community Hospital uses a data-driven, customer-focused, structured problem-solving methodology for Performance Improvement initiatives. We currently use the Continuous Performance Improvement framework of Lean and Six Sigma, with Define, Measure, Analyze, Improve and Control — or DMAIC — as the preferred framework. We align all of our performance improvement projects to command and regional goals, which are to:

1. Reduce deferrals to the network.
2. Reduce private sector healthcare costs.
3. Establish a patient-driven culture of quality.

Performance Improvement (cont.)



Performance Improvement (cont.)

Code drills

Is performance data from code drill activities (Code Blue, Code Red and Code Pink) being analyzed to identify improvement opportunities?

Customer satisfaction data

Is customer service data available in your area? Is it being analyzed to identify improvement opportunities?

Core ORYX

Are any of the services your unit provides captured under our current Core ORYX initiatives? If so, is Core ORYX data being shared and analyzed to identify improvement opportunities? (Pages 10-11)

Performance Improvement planning

Do identified initiatives include measurable performance targets?

Are you knowledgeable on improvement initiatives in your unit?

Have measurable improvements been realized, and sustained, as a result of performance improvement activities?

Notes

Notes

Notes

Notes

One Team

O n stage – be present

N urture

E mbody excellence

T hank customers with courtesy

E mpower self and others

A mplify a positive attitude, communication, and appearance

M odel **One Team**

Fort Belvoir Community Hospital

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