

# Continuous Service Readiness

*Be excellent at the basics*

## Joint Commission Survey Ready!

### Great News!

Stroke Program recertified with only one finding  
*Congratulations to all involved!*

### Coming surveys:

VHVI Certification for Ventricular Assist Device April 19th and 20th. Go VHVI!

The Joint Commission Triennial survey

### Focus Area: Care Planning

#### *Nursing Care Plan:*

Nurses articulate the patient’s Plan of Care, individualized through evidence-based orders, discipline-specific plans of care and resources, multidisciplinary team huddles, and Priority Problems.

#### *Our Plan of Care is:*

Interdisciplinary, and includes goal-directed, patient-specific Priority Problems with measurable outcomes. Nursing interventions are documented in HED and WIZ/HEO (restraints, pressure ulcers).

#### *Our guides for care are:*

Discussions with patients and family, short– and long-term goals, nursing standards (Mosby’s), unit standards, pathways (E-docs), and Wiz/HEO orders.

#### *Reminders:*

- Restraint safety is always documented as a Priority Problem.
- Priority Problems are relevant to the patient’s clinical assessments and primary diagnosis.
- Make timely entries in the medical record and include the date and time.
- Routinely document patient education and the patient’s responses.
  - Don’t record “Unable to assess” in the chart for immediate post-op patients. Instead, chart non-verbal behavior cues, or “patient is being treated for assumed pain.”
  - Address home health needs in discharge planning.
  - When charting with just your initials, be sure your full name is in the signature box.
  - [For more information and Quick Reference Guides, join us on Yammer!](#)



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## Certification for Ventricular Assist Device (VAD) as Destination Therapy: April 19-20

VADs may be used as a primary treatment for advanced heart failure patients not eligible for heart transplantation (“destination therapy”).

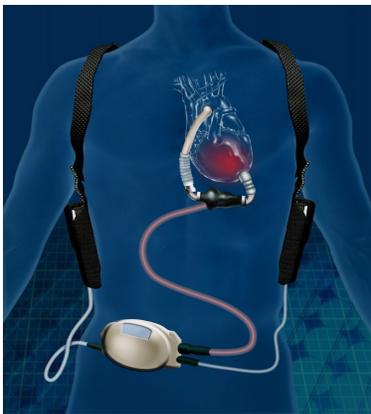
*A reviewer will trace a VAD patient from admission to discharge, including all disciplines involved in the case. **Heads Up!** ED, CVICU, Cardiac units, VHVI Clinics, Radiology, OR.*

*All staff caring for VAD patients should be familiar with:*

- Clinical Practice Guideline (CPGs) for VAD patients for destination therapy; see unit-based binders.
- 4 Performance Measures:
  1. Decrease length of stay;
  2. Reduce reoperation for post-op bleeding;
  3. Reduce right heart failure post-implant;
  4. Increase three-month survival rate.

Refer to unit based VAD Posters for more tips!

For more info, see the VAD Program homepage at <http://www.vanderbilthealth.com/heart/35643>.



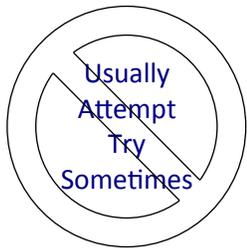
### Tips for Managers: Assign a Patient Safety Champion for daily Environment of Care rounding

- \* Hallway clutter: Time limit for wheeled items in corridor is **30 minutes**. (Exception: Crash carts/isolation carts.)
- \* Unsecured meds;
- \* HIPPA violations;
- \* No food and drink in work areas;
- \* Hand hygiene;
- \* Medical equipment inspection tags;
- \* Expired meds/supplies;
- \* Don't block fire equipment or electrical panels.

## TJC 2011 Most Frequent Findings

- Date and timing of all entries into the medical record, including scanned documents;
- Fire Safety;
- Authentication of verbal orders;
- Documentation of patient assessments and reassessments;
- Medical devices, equipment, and supplies are free of materials that can't be disinfected, like non-laminated paper instructions;
- Safe medication storage;
- Expired medications;

Words to avoid during an interview:



**Be excellent at the basics**

**Behind every Gold Seal of approval is an organization committed to quality TJC**



**Label blood specimens in the presence of the patient**

## Survey Interview Tips

Here at Vanderbilt we take great care of our patients and we excel at our work. Remember this when talking with a surveyor! Also keep in mind that it is the responsibility of leaders/escorts to provide documents to The Joint Commission when possible.

Points to remember:

- Keep up the diligent EOC rounding.
- Speak to your own expertise. For example, nurses don't speak for PT and vice versa. Refer the surveyor to the person best qualified to answer each question.

- Give brief answers. Don't elaborate, or give opinions. Just answer what is asked; your practice speaks for itself!
- All hands on deck! Don't disappear or go to the break room when the surveyor arrives on your unit. This is your chance to shine.
- When talking with surveyors, groups of two are better than one.
- Say, "I don't know" instead of guessing. Refer to resources such as policy manual, the escort, or a manager.
- It's okay to look at your badge for answers.
- If asked for a policy or document, refer to the escorts to assist you.

## VUMC Areas of Focus

- \* Take all medical equipment to Clinical Engineering for inspection.
- \* Cover Dirty OR equipment during transport.
- \* Lock emergency carts and keep them under supervision.
- \* Reduce restraint use. Make sure all restrained patients have an active order.
- \* Label medication syringes with the date and time.
- \* Make sure verbal orders are dated, timed, and authenticated.
- \* Report critical test results to the provider in a timely way.
- \* Wear hair nets during food prep and when transporting food.
- \* ID badges go above the waist.
- \* Attach the date and time on all scanned entries in the medical record.
- \* Perform hand hygiene when entering and exiting patient rooms and holding areas.



- \* Ensure that all relevant team members participate during the Time Out.
- \* Confirm the current preoperative H&P is in the chart prior to deep sedation.
- \* Assess, reassess, and document pain levels.
- \* Individualize the Plan of Care to the patient's needs, and update it.
- \* Label blood specimens in the presence of the patient.
- \* Be familiar with the National Patient Safety goals.
- \* Don't wear OR attire out of the OR.

### *A note about restraints:*

At VUMC all patients have the right to be free from restraints. If restraints become necessary to provide medical care, try some alternatives and use the least restrictive device possible. Discontinue restraints as soon as possible.

If restraints are applied when de-escalation and alternatives have failed to protect the patient, staff, or others from an outburst of severely aggressive or violent behavior, a provider performs a face-to-face evaluation within one hour and documented, even if the behavior is resolved. The face-to-face form is located in Star-Panel under Forms/Global/Restraint Seclusion Face-to-Face.

## VUMC staff are ready for tracers!

### Some focus questions to help you prepare:

#### *Patient Flow*

How are patients' rights and privacy maintained in overflow areas?

How do patients in overflow areas receive the same standard of care they'd be given in the unit they're waiting for?

#### *Suicide Precautions, ED/ICU*

How do you assess, monitor, and intervene for patients at risk for suicide?

Are staff trained and competent?

What is your ongoing continuing education for staff caring for suicidal patients?

#### *Medication Management*

What are high alert medications?

How do you ensure that you are administering the infusion at the correct rate to the correct patient?

How do you dispose of chemotherapy supplies?

Do you provide patient education?

How do you document it?

How do you know if you're competent to administer chemotherapy?

#### *Infection Control*

How do you monitor and address hand hygienic compliance for staff, visitors and patients?

How do you educate patients and families regarding hand hygiene and infection prevention and control principles?

How is this documented?

Do you intervene if you see an issue? How?

What are the requirements for personal protective equipment (PPE) for entering the rooms of patients on contact precautions or isolation?

*For the answers to these questions and others, join our [Yammer](#) group!*

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