

Survey

READINESS

TALKING WITH SURVEYORS

If you are selected to speak with a surveyor the following points will help you respond appropriately.

DO'S	DON'TS
<ul style="list-style-type: none">• Stay calm — take deep breaths. Be proud of the great work you do every day!• Welcome the surveyor(s) to your area.• Be courteous and respectful.• Keep your communication concise and positive. Answer questions truthfully in clear, simple terms based on your everyday practice.• Ask for clarification if you don't understand what the surveyor is asking.• It's ok if you don't know the answer to a question. Don't guess. Simply say, "I don't know but this is how I would find the answer." It's important to know your resources (e.g., manager, supervisor, clinical manuals, etc.).• Allow others to participate in the conversation. You collaborate with others in your work. If appropriate, include others to effectively answer the question being asked.• Be a good listener and thank the surveyor(s) for their time.	<ul style="list-style-type: none">• Don't panic.• Do not volunteer extra information (answer only the question that is being asked — no more, no less).• Do not guess if you don't know the answer.• Don't perform a running negative monologue while searching for documentation (i.e., "I don't think it's here, I don't think s/he documented that, we don't document that all the time...").• Do not say "What I am supposed to do is ..." — this indicates that you do not follow the policy.• Do not give answers you know are incorrect under any circumstances.• Don't use the words "always" or "never" in the answers to questions. Instead, talk about Children's standard practices or the fact that what you do is based on Children's policies and procedures.• Do not argue with a surveyor. If an issue arises, ask the Children's representative who is with the surveyor or your supervisor for assistance.

REMEMBER:

First and foremost, you are an advocate for your patient. If your patient needs care or treatment while you are being interviewed, it is okay to tell the surveyor, politely excuse yourself, and return later. Patient care always comes first!

GENERAL QUESTIONS

QUESTION	ANSWER
1. What is the acronym for The Joint Commission?	TJC: for The Joint Commission. TJC changed its name from Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 2007. Please <u>do not</u> refer to The Joint Commission as JCAHO — it leaves the impression we are behind the times.
2. What is Children’s mission?	We champion the health needs of children and families. We are committed to improving children’s health by providing the highest-quality, family-centered care, advanced through research and education.
3. What is Children’s vision?	To be every family’s essential partner in raising healthier children.
4. Where can you find Children’s policies?	Children’s policies can be found online. Go to Children’s intranet site (Star Net). Under “References” on the left hand column, click on “Hospital Policies” or “Ambulatory Policies”.
5. If a surveyor arrives in your department what do you do?	Follow the Do’s and Don’ts. Be proud of the great work you do every day!
6. What is Children’s policy on photography?	Taking pictures of patients for personal use is strictly prohibited. Taking pictures for valid Children’s purposes requires the written consent of the patient/legal guardian. Policy #927.09 and #1101.0.
7. What is Children’s policy on use of cell phones?	Cell phone use must not compromise the privacy of patient information. Personal use of cell phones for any function may only take place during breaks and must not take place in patient care areas or other work areas where such use would interfere with or distract from work responsibilities or patient care. Policy #927.09 and #1101.0.

RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUAL Page 1 of 2

QUESTION	ANSWER
<p>1. How are patients and families informed of their rights and responsibilities?</p>	<p>Inpatients receive this information in the Welcome Booklet on admission. Posters are also mounted in elevator lobbies, Welcome Desks and outpatient areas. This information is also available through the Family Resource Center, Social Work and the Compliance department.</p>
<p>2. How do patients know their health care providers' names?</p>	<p>There is a white board in each patient room. Nurses and patient care supervisors write the providers' names on the board at change of shift and upon admission. Physicians may also write their names on the boards, give patients their business cards or otherwise introduce themselves.</p> <p>Parents/legal guardians can also have access to MyChildren's, a resource offered by Children's that gives secure access to parts of the patient's medical record on their computer or phone.</p>
<p>3. Who is available to assist in resolving conflicts or dilemmas about a patient's care?</p>	<p>The Ethics Committee is available by pager (person on-call is listed in Amion which will include their pager number) or call the main number at 612-813-6159 (5-6159) to assist the team and families in resolving conflicts and dilemmas about care.</p>
<p>4. Who can request an ethics consult?</p>	<p>Patients, family members, or any caregiver involved in the case. Ethics consults can be requested by calling 612-813-6159 (5-6159)</p>
<p>5. At what age should all patients be asked if they have an advance directive?</p>	<p>At 18 years of age. Emancipated minors should also be asked.</p>
<p>6. Do we offer services for writing an advance directive?</p>	<p>Yes, they can be made available to any patient over 18 years of age requesting services.</p>
<p>7. Do you know where the nearest Patient Bill of Rights is posted? How about brochures on the Patient Bill of Rights?</p>	<p>Be sure you can locate the nearest Patient's Bill of Rights poster. These are usually in elevator lobbies, Welcome Desks or patient waiting areas. This information is also in the inpatient Welcome Booklet, as well as brochures in outpatient waiting areas.</p>
<p>8. How do you obtain interpreter services?</p>	<p>Call telephonic interpreting at 612-813-7600 (5-7600) and provide the following information:</p> <ul style="list-style-type: none"> • Language needed • Department • MRN or patient's name • Name • Campus name

RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUAL Page 2 of 2

QUESTION	ANSWER
<p>9. Where can you find documentation that an interpreter was used?</p>	<p>The use of an interpreter should be documented in your nursing narrative, education records, and clinical notes.</p>
<p>10. Can a family member or friend be used to interpret for a patient or legal guardian?</p>	<p>NO. Using children, family or friends as a substitute for trained interpreters is not permitted. Children’s prohibits the use of other employees, who have not had interpreter training, as interpreters.</p>
<p>11. What does it mean to ask a patient/family what their preferred language is?</p>	<p>The preferred language is the language that the patient/family wants to receive their medical information. Policy #110.00.</p>
<p>12. Can a minor parent consent for their child?</p>	<p>Yes.</p>
<p>13. If a family has a complaint, what do you do?</p>	<p>All Children’s staff are expected and empowered to seek prompt resolution of patient issues and complaints/grievances expressed by a patient or a family.</p> <p>Supervisors and managers or administrative representatives are contacted, as needed, to assist with immediate response. Policy #109.00.</p> <p>It may also be necessary to seek additional resources to solve the concern:</p> <ul style="list-style-type: none"> • Family Liaison • Risk Management
<p>14. If there is a medical accident or patient safety event, what should you do?</p>	<ul style="list-style-type: none"> • Take immediate action to ensure the safety of the patient, staff and others in the environment. • All equipment and supplies need to be retained after a medical accident. • Medical device malfunctions are red tagged and all related products are preserved — call biomed to have equipment quarantined. DO NOT alter or make adjustments to the equipment. Policy #703.00 and #900.00. • Contact Risk Management. • File a Safety Learning Report (SLR).

INFORMATION MANAGEMENT AND RECORD OF CARE Page 1 of 2

QUESTION	ANSWER
<p>1. How do you protect the confidentiality of protected health information (PHI)?</p>	<ul style="list-style-type: none"> • Log off computer terminals when not in use and at the end of shift. • Do not discuss patients in public areas. • Provide visual and auditory privacy when speaking with patients and families. • Follow the policy #1700.00 and #1704 regarding use and disclosure of information. • Use and safeguard individual sign-on codes for computer terminals. • Store written patient information in a way that prevents viewing by the public. • Dispose of confidential paper documents in appropriate bins.
<p>2. Who is Children’s privacy officer?</p>	<p>Cory Fitzpatrick</p>
<p>3. Where do you find the Notice of Privacy Practices at Children’s?</p>	<ul style="list-style-type: none"> • Posted in Children’s physical locations. • Paper copies are available upon request on the Children’s website.
<p>4. Does Children’s have a standardized list of prohibited abbreviations?</p>	<p>Yes. Prohibited abbreviations and acceptable alternatives may be found in Medical Records Documentation policy #1103.00. Below is a list of do not use abbreviations.</p> <ul style="list-style-type: none"> • U (unit) • IU (international unit) • Q.D., QD, q.d., qd • Q.O.D., QOD, q.o.d., qod • Trailing zero (e.g., Ativan X.0mg) • Lack of leading zero (i.e., Digoxin .125mg) • MS • MSO4 and MgSO4 • Mg • Abbreviations for chemotherapy drugs

INFORMATION MANAGEMENT AND RECORD OF CARE Page 2 of 2

QUESTION	ANSWER
<p>5. What is staff expected to do if d/c or another unauthorized abbreviation is used in a medical record?</p>	<ul style="list-style-type: none">• If you find an abbreviation in the medical record by another member of the patient care team and you do not know what it is, STOP and do not GUESS.• Get clarification by calling the individual who wrote the note or order.• Enter a note in the medical record with the correct information before patient care proceeds. Abbreviations can lead to patient safety issues.
<p>6. All verbal orders must be signed within what time frame?</p>	<p>Verbal orders must be signed within 30 days following the date of discharge/ service, consistent with requirements for completion of the medical record.</p>
<p>7. What would you do if the EMR went down?</p>	<p>Downtime forms are available online. Each unit has a Downtime Toolkit specifying the steps to take. Scheduled downtime is announced in advance to avoid disruption to care processes.</p>
<p>8. Can physicians or hospital personnel share sign-on IDs?</p>	<p>Absolutely not! Information entered by an individual with his/her sign-on ID is the responsibility of that individual. Allowing others to use your sign-on ID falsifies the record and compromises patient privacy.</p>

PROVISION OF CARE, TREATMENT AND SERVICES Page 1 of 3

QUESTION	ANSWER
<p>1. What is the plan of care for your patient?</p>	<p>Know your patient. Describe history, goals and discharge plans, and interventions and progress to date. Use the medical record to show documentation to support the described plan of care. The documented plan of care should reflect the current status of the patient, including any changes in patient condition.</p>
<p>2. How are patients and their family involved in care decisions?</p>	<p>Patients and their families are involved through the entire admission, stay and discharge. This is done via daily rounding, multidisciplinary rounds, care conferences and day-to-day discussions with their care providers.</p>
<p>3. When is the assessment of patient’s functional status completed? Where is it documented?</p>	<p>Within 24 hours of admission. It is documented on the Admission History as part of nurse’s initial admissions assessment.</p>
<p>4. When are patients re-assessed?</p>	<p>Each shift, at minimum, and when needed. Frequency of assessment depends on patient status.</p>
<p>5. When does discharge planning begin?</p>	<p>Goals for discharge should be set by the care team as early as possible after admission.</p>
<p>6. How does Children’s staff identify patients with pain during the initial assessment?</p>	<p>By asking the patient/family or observing signs of pain. Any self-reports or observations of pain should be scored with the appropriate pain tool and documented.</p>
<p>7. Where would you document a pain re-assessment?</p>	<p><i>Always</i> document pain assessments in I-View.</p>
<p>8. How often should pain reassessments occur?</p>	<p>Pain is assessed on admission and at each patient encounter in clinic, rehab, and home care. Patients with pain identified on initial assessment will have a pain assessment done using a developmentally appropriate pain intensity tool. Inpatients will be re-assessed at least every shift and whenever there is a verbal report of pain from the patient or parent, with a change in vital signs or behavior suggestive of pain, and during and after painful procedures. Pain intensity will be reassessed as appropriate following a pharmacologic or non-pharmacologic intervention.</p>

PROVISION OF CARE, TREATMENT AND SERVICES Page 2 of 3

QUESTION	ANSWER
<p>9. What is waived/point of care testing? Show me the policies for waived testing.</p>	<ul style="list-style-type: none"> • Waived/point of care testing are tests performed on the unit that requires a specimen from the patient. • Only certain areas are approved for waived testing. The procedure is in the Clinical Standards notebook or in the green waived testing notebook on the unit.
<p>10. How are patients assessed for fall risk?</p>	<p>Upon admission, patients are assessed by admitting registered nurse (RN). The admitting RN uses the Falls Risk Assessment Tool to determine if the patient is at risk of falls risk.</p>
<p>11. How frequently would you reassess for fall risk?</p>	<p>On admission, and every day at 1800.</p>
<p>12. What interventions are used to reduce a patient's risk for falls?</p>	<p>Increased vigilance and use of the falls plan of care to share interventions. Examples include:</p> <ul style="list-style-type: none"> • Side rails • Non-skid slippers • Orienting patient to nurse call button • Family education if the child is on opioids, etc.
<p>13. How are staff educated and assessed for competence in the use of restraints?</p>	<p>Education occurs in orientation as appropriate to the employee's role and the patient population they are working with. Competence is measured annually with review of the policy, types of restraints, and hands-on demonstration of restraint use.</p>
<p>14. What is the difference between medically necessary and behavioral restraints?</p>	<ul style="list-style-type: none"> • Medically necessary restraints are used for patients who are at risk for self-disruption of critical medical devices/treatments and/or for whom disruption of these devices would be life threatening (e.g., fresh tracheotomies, central lines, endotracheal tubes, fresh surgical sites, etc.) or other devices not adequately protected with medical immobilization. • Behavioral restraints are used during episodes of behavior where the patient is at risk of harming themselves or others. • A physician's order is required for either type of restraint. PRN orders are strictly prohibited. • Restraint orders must be consistent with policies and procedures and patient need. • They must be time-limited.

PROVISION OF CARE, TREATMENT AND SERVICES Page 3 of 3

QUESTION	ANSWER
<p>15. How soon does an H&P exam need to be performed on a new admission?</p>	<p>Every patient must have an H&P performed and documented within 24 hours of admission or prior to a surgical procedure or use of sedation.</p>
<p>16. How are barriers to learning (i.e., social, cultural, cognitive, physical, financial, etc.) identified?</p>	<ul style="list-style-type: none"> • Patients and families are screened for education needs and barriers during the initial assessment, and throughout the patient’s care. • This is documented in the Education PowerForm.
<p>17. If a barrier to learning is identified, what would you do?</p>	<ul style="list-style-type: none"> • Alternate teaching methods and interventions would be used. <ul style="list-style-type: none"> - Example: If family’s stress inhibits learning or compliance, a referral is made to social work. • If primary caregivers cannot read English, but can read their primary language, we provide written translations if available, or the interpreter sight translates the material. • We also use bilingual discharge instruction sheets if a family does not read English.
<p>18. If there are school-aged patients who need to be hospitalized for long periods of time, does the hospital provide access to school according to laws of the state?</p>	<p>Yes. This is arranged through social work. See policy #502.00, School and Tutorial Services.</p>
<p>19. Who is responsible for patient and family education?</p>	<p>All members of the health care team are responsible. Educating patients and families is a multidisciplinary responsibility.</p>
<p>20. How do you make sure the patient and family understood what you taught them?</p>	<p>Through teach-back: The patient/family demonstrates required skills and is able to explain in their own words the concepts or information taught. The expected outcomes are that the patient/family can verbalize comprehensively, demonstrate independently, problem-solve and know where to go for resources or additional help and support. This education is documented in the Education PowerForm.</p>

NATIONAL PATIENT SAFETY GOALS Page 1 of 2

QUESTION	ANSWER
<p>1. How do you properly identify a patient before administering medications, treatment or blood products?</p>	<p>Always use two patient identifiers:</p> <ol style="list-style-type: none"> 1. Name, and 2. One of date of birth or medical record number
<p>2. Is it okay to tape a child's name band onto the bed or crib if the child does not want to wear it?</p>	<p>NO. The identification band is an essential element to providing safe care for the patient. The ID band is used to assure the right child is receiving the correct medication or undergoing the correct procedure.</p> <p>NICU staff: See policy #376 for exception for NICU patients.</p>
<p>3. How are patient test results communicated? What do you do with a critical test result call? How are they managed and documented?</p>	<p>Critical lab results are called to the floor. If a nurse receives the result, s/he must communicate it to the practitioner for action. Time from lab result to provider must be less than 60 minutes. Communication is documented in the comments on the critical result.</p>
<p>4. When do you label medications?</p>	<ul style="list-style-type: none"> • Label a medication whenever you are not going to immediately administer the dose to the patient. Immediate administration means preparing the medication and taking it directly to the patient with no break in the process. This should occur even if only one medication is being used. • Medication containers and other solutions should also be labeled (medication containers include syringes, medicine cups and basins).
<p>5. What do we do to take extra care with patients who take medication to thin their blood?</p>	<p>Physicians partner with pharmacists to review and monitor anticoagulation therapy orders.</p>
<p>6. What is the purpose of medication reconciliation?</p>	<p>This process is intended to reduce the risk of an adverse drug event resulting from interaction of drug prescribed in Children's and a drug the patient was already taking.</p>
<p>7. How are families educated about potential drug/food interactions?</p>	<p>Inpatients: Pharmacy screens patients for potential food/drug interactions on the MAR. The nurse then instructs the family. A referral may be made to pharmacy or nutrition services for more extensive teaching.</p> <p>Outpatients: Education is provided by the physician or nurse, and reinforced when the medication is picked up at the pharmacy.</p> <ul style="list-style-type: none"> • Patient/family education materials are available for reinforcement. See policy #310.00, Drug/Food Interaction Education.

NATIONAL PATIENT SAFETY GOALS Page 2 of 2

QUESTION	ANSWER
<p>8. What is Children’s doing to ensure safety in regards to medical equipment alarms?</p>	<p>An evaluation team has been established and has reviewed data about the types of alarms common to each medical area, also estimating the frequency with which each alarm is activated. This information separates which alarms are necessary from those that contribute to alarm noise/fatigue.</p>
<p>9. How do you help prevent Central-Line Associated Bloodstream Infections?</p>	<ul style="list-style-type: none"> • Use of the Insertion Bundle: Hand hygiene, maximal sterile barriers (gown, gloves, mask, cap), chlorhexidine skin prep, sterile dressing. • Use of the central line dressing change bundle: Hand hygiene, sterile gloves, chlorhexidine for skin prep, mask, sterile dressing, change q 7 days and as needed.
<p>10. How do you help prevent Surgical Site Infections?</p>	<p>Administer and discontinue prophylactic antibiotics as ordered. Use proper skin prep at the surgical site. Perform meticulous hand hygiene. Teach the patient/family on surgical site care.</p>
<p>11. How do you screen patients for risk of suicide?</p>	<p>On admission, patients are screened for risk by the nurse. If identified as “at risk,” a referral is made to social work, who would conduct an in-depth assessment.</p>
<p>12. What would you do if your patient was showing signs of suicide risk?</p>	<p>Suicide/safety precautions should be initiated immediately by social work or nursing for any patient at risk for suicide. Interventions may include 1:1 observation and placement in a SAFE room.</p>
<p>13. Why do we have to perform pre-procedure verification before invasive procedures?</p>	<p>This process is another way to check that the correct patient is getting the correct procedure at the correct place on the patient’s body. Staff should verify they have the correct procedure and site for the patient when the patient is scheduled, assessed, or admitted for a procedure.</p> <p>Examples of things to check include:</p> <ul style="list-style-type: none"> • Do we have the right documents? (e.g., signed consent form, H&P, premedation or preanesthesia assessment). • Are test results available and labeled correctly? (e.g., X-rays or biopsies)
<p>14. What four elements must be included in any time-out before an invasive procedure?</p>	<p>Everyone involved in the procedure STOPS what they are doing to verify and agree on:</p> <ol style="list-style-type: none"> 1. Patient name and DOB or MRN 2. Procedure 3. Side and site 4. Fire risk assessment score

MEDICATION MANAGEMENT Page 1 of 2

QUESTION	ANSWER
<p>1. What are the six rights for medication safety?</p>	<ol style="list-style-type: none"> 1. Right Medication 2. Right Dose 3. Right Time 4. Right Route 5. Right Patient 6. Right Documentation
<p>2. What is the process for administering medications requiring an independent double check?</p>	<p>An independent double-check should be conducted by two RNs for the administration of the drug, dose, line reconciliation and infusion pump settings. Some medications (subQ insulin pump, heparin infusions, etc.) require independent double-checks when there is a rate change.</p> <p>The medication should be administered by one of the two people who completed the independent double check.</p>
<p>3. What do you do when an actual or potential adverse event or medication error occurs?</p>	<ol style="list-style-type: none"> 1. Notify members of the team caring for the patient and the patient's attending physician. 2. MD will evaluate and respond to the incident. 3. MD will document facts of the event in the progress notes. <p>Remember, always enter an SLR describing the event!</p>
<p>4. Are patients allowed to self-administer medications?</p>	<p>Medications administered by the parents or self administered by the patient must be under the direct observation by a licensed staff member. The licensed staff member is responsible for the dose checking, verification and safe administration of the medication. Medication may not be left at the bedside. There must be an order by physician for self-administration.</p>
<p>5. What is the process for patients using their own medications from home?</p>	<p>The patient's own medications may not be used unless the hospital's exception criteria are met. If the medication does not meet the hospital's exception criteria, medication will be given to the family to be returned home. If the medication does meet the hospital's exception criteria, the MD will state in the medication order that the patient can use their own medication. RN will forward patient's own medication to pharmacy. Pharmacist will verify drug for identification and label medication as part of the verification process.</p>

MEDICATION MANAGEMENT Page 2 of 2

QUESTION	ANSWER
<p>6. What is a high alert or high risk medication and how can it be identified?</p>	<p>A high alert medication is a medication that has more devastating consequences to patient when used in error. Mistakes may or may not be more common with these medications but consequences of errors are more harmful to patients. Our system uses swiss cheese to identify high alert medications. A list of the medications considered high alert at Children’s is available under Clinical References on Star Net.</p>
<p>7. What is a look alike/sound alike (LASA) medication?</p>	<p>A medication that has a similar looking or sounding name or appearance. This may include the brand or generic names of the medication as well as the appearance of the medication in its original container. Children’s uses tall man lettering to help distinguish the differences between the similar medication names.</p>

INFECTION CONTROL Page 1 of 3

QUESTION	ANSWER
<p>1. What is the single most important thing you can do to prevent spreading infection?</p>	<p>Hand hygiene, every time you enter a patient room and every time you exit the room.</p>
<p>2. When should you perform hand hygiene?</p>	<p>Use soap and water: when hands are visibly soiled, before eating, after using rest room, and when leaving an enteric precautions room. Policy #1231.00 Enteric (Transmission-Based) Precautions.</p> <p>Use alcohol-based hand rub OR soap and water: before direct contact with patients, before donning sterile gloves, before inserting an invasive device such as urinary catheter or IV, after contact with patient's intact skin, after contact with body fluids, mucus membranes, non-intact skin, or soiled wound dressing, when moving from contaminated body site to clean body site, after contact with inanimate objects in the patient environment, after removing gloves.</p>
<p>3. What is the correct hand washing procedure?</p>	<p>When washing hands with an alcohol-based hand rub:</p> <ul style="list-style-type: none"> • Apply product to palm of one hand (an adequate amount is a walnut or golf ball sized portion depending on hand size) • Rub hands together, covering all skin surfaces of hands, fingers, and around nails, rub until product dries; an appropriate amount will dry in 10-15 seconds. <p>When washing hands with soap and water:</p> <ul style="list-style-type: none"> • Wet hands first with water • Apply an adequate amount of soap • Rub hands together vigorously for at least 20 seconds, covering all surfaces between fingers and around nails • Rinse hands with water and dry thoroughly with a disposable towel (patting, not rubbing with towel will reduce abrasion) • Use towel to turn off faucet • Avoid using hot water, because repeated exposure may increase the risk of dermatitis
<p>4. When should you change gloves? Why?</p>	<p>Gloves are changed when moving from dirty to clean on the same patient or in the same patient environment to prevent organisms found in the dirty area from spreading to clean area.</p>

INFECTION CONTROL Page 2 of 3

QUESTION	ANSWER
<p>5. Why do you need to wash hands before donning and after taking off gloves?</p>	<p>Gloves may have tiny holes through which infectious agents could enter and contaminate skin. It is also possible to contaminate your gloves with your hands when donning gloves, and it is possible to contaminate your hands with your dirty gloves when taking them off.</p>
<p>6. How long should your nails be?</p>	<p>Nails are to be kept short (cannot extend past the tip of the finger) and clean to prevent tearing of gloves and to decrease the potential spread of pathogens to patients.</p> <p>Clear or colored nail polish, that can be removed within 5 minutes with acetone and a cotton ball, may be worn if well manicured; chipped polish must be removed.</p>
<p>7. Are fake nails allowed?</p>	<ul style="list-style-type: none"> • Artificial nails, artificial nail products, or any nail enhancement that cannot be removed in less than 5 minutes with acetone and a cotton ball may not be worn. This includes, but is not limited to, gels, acrylics, overlays, extenders, tips or silk wraps, shellac (gel and nail polish hybrids) and bonding material. • Rings should not be worn by scrubbed personnel performing operative procedures. In other areas, the wearing of rings or other below the elbow jewelry while providing patient care is strongly discouraged. Individual units may choose to implement and enforce more strict guidelines (for example, NICU).
<p>8. What does MDRO mean?</p>	<p>Multiple drug resistant organisms.</p>
<p>9. What should you do if your patient has an MDRO?</p>	<p>Patients with an MDRO should be in a private room in contact precautions. Gown and gloves should be donned on room entry, regardless of reason or length or time you will be in the room. As much as possible, equipment is dedicated, and remains in the patient room until discharge.</p>
<p>10. How would you know if a patient had an MDRO?</p>	<p>MDROs are listed on the banner bar in the patient’s medical record.</p>
<p>11. Where can you locate the precautions the patient is in?</p>	<ul style="list-style-type: none"> • In the banner bar of the patient medical record • Visible as you enter a patient room

INFECTION CONTROL Page 3 of 3

QUESTION	ANSWER
12. When a patient is placed in precautions what should you do?	<ul style="list-style-type: none">• Follow the indicated precautions• Education to the patient and family on what the assigned precautions are (document)
13. How should patient food be handled?	<ul style="list-style-type: none">• Cover food from the cafeteria on the way to the floor.• Store food in a separate refrigerator from medications.• Label food with a date and the patient's name (do not include MRN or any other PHI).
14. What items may be stored in patient food, medication and laboratory refrigerator/freezers?	<ol style="list-style-type: none">1. Patient food refrigerator/freezers: Only patient food2. Breast milk refrigerator/freezer: Only breast milk3. Medication refrigerator/freezers: Only medications and laboratory media4. Laboratory refrigerator/freezers: Only laboratory media and lab specimens <p>Note: Do NOT mix items between dedicated fridges/freezers!</p>

PERFORMANCE IMPROVEMENT

QUESTION	ANSWER
<p>1. What are you doing on your unit to improve performance and clinical outcomes?</p>	<p>Know what your area is working on! Know generally how you're doing in each area your department is working on. If you don't know of any, ask your manager or supervisor. Note: This applies to all units/departments, not just nursing.</p> <p>Examples could include:</p> <ul style="list-style-type: none"> • "Our unit council recently reviewed our incidence of pressure ulcers. We're implementing unit education on the best practice use of Z-flow to reduce our rate of pressure ulcers." • "We hold huddles at start of shift to review our patients, acuity and discuss any patient safety issues." • "Let me show you our Daily Engagement System board measures ..." <p><i>Surveyor synonyms: PI, QI, Improved Patient Care, Clinical Outcomes, Quality, Continuous Improvement, Process Improvement</i></p>
<p>2. What are Children's quality improvement goals?</p>	<ul style="list-style-type: none"> • Improve hand hygiene rate • Reduce medication errors • Reduce/eliminate safety events with harm
<p>3. What is a sentinel event?</p>	<p>A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury.</p>

MEDICAL STAFF

QUESTION	ANSWER
<p>1. When must an informed consent be obtained?</p>	<p>An informed consent must be obtained before any operative or invasive procedure, and non-invasive procedures that place the patient at risk (e.g., sedation or anesthesia).</p>
<p>2. Who must obtain informed consent for a procedure?</p>	<p>The professional staff member performing the procedure, before the procedure or treatment begins.</p>
<p>3. A professional staff member approaches you for assistance with a procedure. What do you do if you do not know if he/she has privileges for this procedure?</p>	<p>You can find this online! Go to Star Net, then click the "Learning & Education" tab. Scroll down and click on "Authorized Providers" to search for privileges for a Professional Staff Member.</p> <p>If you encounter difficulty, contact your unit manager or director, the professional staff credentials office, or the nursing supervisor on duty.</p>
<p>4. A Children's inpatient is sent to United or Abbott for a procedure. Does the physician at United or Abbott need to have privileges at Children's to perform the procedure?</p>	<p>YES. If you're not sure if a physician is privileged, you can find this online! Go to Star Net, then click the "Learning & Education" tab. Scroll down and click on "Authorized Providers" to search for privileges for a Professional Staff Member.</p> <p>If you encounter difficulty, contact your unit manager or director, the professional staff credentials office, or the nursing supervisor on duty.</p>
<p>5. How do you access the organizational chart(s)?</p>	<p>Open StarNet (intranet). On the left-hand side under "References" click on "Administrative." Then, under "Manuals" click "Policy & Procedure" and then "Leadership (800-899)" and reference Policy #812.00, Provision of Patient Care Services.</p>
<p>6. Who is the Chief Medical Officer?</p>	<p>Emily Chapman, MD</p>
<p>7. Who is the Chief of Staff?</p>	<p>Stephen Nelson, MD</p>

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QUESTION	ANSWER
1. Who is the safety officer?	Jim Leste
2. Where on Star Net can you reference Children's emergency, safety and security information?	The "Emergency & Safety" tab on the home page.
3. How do you maintain safe access within the corridors?	<ul style="list-style-type: none"> • Exit corridors and emergency exit routes must be kept clear. At least 8' of clearance must be maintained. • Storage of items that impede corridors, emergency exit routes and exit enclosures is not allowed. • Temporary storage is allowed if the item is in use (used at least 1 time every 30 minutes) and: <ul style="list-style-type: none"> - Is on wheels - Stored to one side of the hall - Not plugged-in • Isolation carts can be in the corridor as long as they are outside an occupied patient room, but must be moved during a fire alarm if they do not allow 8' of corridor access. • Crash carts may be in the corridor, but must be moved during a fire alarm if they do not allow 8' of corridor access. • In use items cannot be placed in front of exit doors, fire doors, fire extinguishers, fire pull stations, oxygen gas zone valves, or any other fire protection device.
4. How frequently do you have fire drills?	At a minimum, Children's holds quarterly fire drills. We do them on all shifts and all departments are required to participate.
5. In case of a fire, what would you do?	<p><u>RACE</u></p> <p><u>R</u>escue: Move anyone in immediate danger to a safe area.</p> <p><u>A</u>lert: Call out "Code Red!" to other employees, pull the fire alarm pull station, call security/emergency number.</p> <p><u>C</u>onfine: Close all doors after checking rooms.</p> <p><u>E</u>xtinguish: Fight fire if it is safe to do so, <u>or</u></p> <p><u>E</u>vacuate: Evacuate all occupants to the adjacent smoke compartment (non-evacuation locations) or outside (evacuation locations). Do not use elevators!</p>

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QUESTION	ANSWER
<p>6. Explain how you would use the fire extinguisher.</p>	<p>PASS</p> <p><u>P</u>ull extinguisher pin</p> <p><u>A</u>im at base of fire</p> <p><u>S</u>queeze extinguisher handles</p> <p><u>S</u>weep side to side from front of fire toward back of fire</p>
<p>7. What would you do if you learned of a fire in another part of the building?</p>	<p>For non-evacuation buildings:</p> <p>If the alarms sounds in your area, but you are not threatened by smoke or fire:</p> <ul style="list-style-type: none"> • Alert others in your area; account for all patients, visitors and staff • Close doors and windows • Clear equipment from corridors, exit pathways and stairways • Prepare to evacuate and/or receive patients and visitors from adjacent smoke compartments • Stand by and await further instruction <p>For evacuation buildings: Alert others and evacuate the building</p>
<p>8. Do you know how to evacuate your unit or department?</p> <p>Where is your evacuation plan located?</p>	<p>Non-evacuation buildings: Occupants in non-evacuation buildings should relocate to the adjacent (horizontal) smoke compartment first, and use vertical evacuation as a last resort.</p> <p>Evacuation buildings: Occupants in evacuation buildings must leave the building. Reference your department specific evacuation plan (posted on Star Net's Emergency/Safety page > Code Red).</p>
<p>9. How far away from sprinklers must items be stored?</p>	<p>There must be at least an 18" clearance below the sprinkler head. Shelving and the storage can extend up to the ceiling as long as an 18" perimeter is maintained around the sprinkler head.</p>
<p>10. How do you shut off the oxygen on your unit in case of a fire or emergency?</p>	<p>Oxygen shut-off valves are on each patient care unit that has oxygen. The only people with authority to shut off the oxygen zone valves are facilities, respiratory care, the charge nurse, or the fire department.</p>
<p>11. How do you know that the medical equipment you are using is safe to use?</p>	<p>Biomedical Engineering inspects medical equipment prior to being put into service. The equipment is then put into a preventive maintenance schedule.</p>

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QUESTION	ANSWER
<p>12. How do you report a malfunctioning piece of medical equipment that has resulted in patient or staff injury?</p>	<ul style="list-style-type: none"> • Malfunctioning equipment that has resulted in patient injury or compromise should be left unaltered, red tagged and quarantined. • Notify biomed and risk management immediately. • Complete a safety learning report (SLR).
<p>13. What is HICS? Why is this important?</p>	<p>HICS stands for Hospital Incident Command System.</p> <p>The Code Orange (Disaster) policy (#948.01) outlines how Children’s will respond.</p>
<p>14. What are the emergency phone numbers for Minneapolis, St. Paul, and other Children’s sites?</p>	<p>Emergency phone numbers:</p> <ul style="list-style-type: none"> • Minneapolis.....5-7777 • St. Paul.....1-8899 • All other sites.....9-911 <p>Reference Emergency Response Flip Chart. Also located on your ID badge.</p>
<p>15. What are Children’s Emergency Codes?</p>	<p>Code Red: Fire</p> <p>Dr. Blue: Cardiac/Respiratory Arrest</p> <p>Code Orange: Disaster</p> <p>Code Yellow: Security Emergency</p> <p>Code Green: Emergency Assistance (restraint)</p> <p>Code Pink: Missing, eloped or abducted patient or person</p> <p>Code 99: (United St. Paul): Adult Cardiac/Respiratory Arrest</p> <p>Reference Emergency Response Flip Chart. Also located on your ID badge.</p>
<p>16. What is a material safety data sheet (MSDS)? Where are they located?</p>	<p>Material Safety Data Sheets are provided by the manufacturer of a product. They include important information for each chemical such as: chemical identity, characteristics, health hazards, first aid/emergency measures and procedures for clean-up and safe handling.</p> <p>MSDS for each chemical used at Children’s is found on Star Net (go to Emergency & Safety tab > Emergency and Safety References > MSDS Online). Be prepared to provide the name of the chemical and/or the manufacturer.</p>

SAFETY AND SECURITY

QUESTION	ANSWER
1. What is the visitor code?	All parents/legal guardians will be asked to create a visitor code for their child/patient. The parents/legal guardians have control over who they give the code to; only visitors who know the code will be given an ID badge and allowed to proceed to the unit. Please see Policy #616.00 for more specific information.
2. Who determines who can visit a patient?	The legal guardian(s) of the patient has the right to determine who can have the visitor code.
3. What is Children's policy for visitors who do not have a badge?	No Badge, No Access.
4. Where do visitors get a badge?	Visitors can get a badge at any of the Welcome Desks.
5. How often do parents and visitors need a new badge?	Every day – both parents/legal guardians and visitors need to get a new badge. This also allows the Welcome Desk to complete a daily wellness screening.
6. What if the visitor code needs to change?	The legal guardian(s) may change the code once during the inpatient stay by visiting Patient Registration. If the legal guardian(s) need to change the code again, the patient's nurse should contact the social work department.