

*2008 edition*

# Handbook for Continual Survey Readiness



**Children's**  
Hospital & Regional Medical Center

4800 Sand Point Way N.E.  
Seattle, WA 98105-0371

(206) 987-2000 (Voice) (206) 987-2280 (TTY)

[www.seattlechildrens.org](http://www.seattlechildrens.org)

Revised 8/07  
Published 2/02

**Children's**  
Hospital & Regional Medical Center

# Table of Contents

<b>Introduction .....</b>	<b>2</b>
<b>SHINE Alert.....</b>	<b>3</b>
<b>Essential Information for All Staff .....</b>	<b>5</b>
Children’s Mission, Vision and Goals .....	5
ART: Children’s Standards of Behavior .....	6
Children’s Service Standards .....	7
Children’s Commitment to Diversity.....	9
Children’s Commitment to Family-Centered Care .....	10
Competency .....	11
Continuous Performance Improvement .....	13
Emergency Preparedness.....	15
Environment of Care .....	20
Ethics, Rights and Responsibilities .....	23
Information Management and Patient Privacy .....	25
<b>Essential Information for Direct Patient Care Staff .....</b>	<b>27</b>
Dangerous Abbreviations .....	27
Family Violence Intervention.....	28
Infection Control.....	30
Medical Staff/Allied Health Professional Privileges.....	32
Medical Equipment .....	32
Medication Safety .....	34
Pain Management .....	37
Patient Assessment, Care, Treatment and Services .....	39
Patient and Family Education.....	40
Patient Safety.....	42
Restraint or Seclusion .....	44
Sedation for Procedures.....	45
Sentinel Events.....	46
<b>Staff Right to Contact Joint Commission .....</b>	<b>47</b>
<b>Other Resources for Survey Readiness.....</b>	<b>47</b>

## Introduction

As you know, our mission at Children's Hospital and Regional Medical Center is focused on preventing, treating and eliminating pediatric disease in a family-centered environment. As a staff member here, you play an essential role in achieving this mission.

Our Continuous Performance Improvement (CPI) philosophy supports ongoing measurement, monitoring and improvement in the quality, cost, delivery and safety of the care we provide. Our care is also evaluated on a regular basis by external regulatory agencies, such as the Washington State Department of Health and the Joint Commission. These on-site evaluations are conducted by a team of facility and clinical surveyors, and include direct observation of care processes, review of documentation, and testing of our processes, systems and facilities. We believe that we should always be ready to demonstrate our excellence to external agencies, and therefore need to be ready for a survey at any time. After all, *every* patient deserves the safest, best-quality care every day.

This handbook has been written to provide easy-to-use reference information, and to help you feel better prepared when surveyors do arrive at Children's. You will find additional resources on CHILD and through your supervisor.

Continuous survey readiness and initiatives such as Nursing Magnet and the Institute for Healthcare Improvement's 5 Million Lives campaign are all part of the same focus: providing the very best care and service to our patients and their families. Thank you for the active role you play in making this happen.



Pat Hagan

Chief Operating Officer



## SHINE Alert

**SHINE Alert** (Surveyors Here, Inspecting Now, Everywhere) is our signal that a survey has begun. When you hear "SHINE Alert," be prepared to do a sweep of your area and assist with completion of your unit/department checklists.

The following is a summary of policies and procedures that you, as a Children's employee, should always follow. Please be sure to:

- **Wear your ID badge at all times.**
- **Give all patients/families information on patient rights and responsibilities.**
- **Protect patient confidentiality.**
  - Make sure that patient information cannot be viewed by other patients or visitors.
  - Log off your computer when you are away from your desk.
  - Do not discuss patients in open areas or in front of other Children's employees who may not need to know the information being discussed.
- **Complete patient records and documentation.**
  - Admission assessments, including for pain
  - Consents
  - Plan of care/ambulatory summary sheet
  - Education/teaching
  - Discharge plan

## • **Maintain infection control practices.**

- Clean your hands/use hand gel between patients.
- Do not come to work sick.
- Observe isolation protocols/room signage.
- Do not overfill linen bins and sharps containers.
- Secure biohazard container lids.
- Do not eat or drink in patient care areas.
- Observe safe food-handling practices.
- Do not store any patient care items under a sink or on the floor.
- Report any missing, stained or damaged tiles to Building & Engineering (B&E), ext. 7-HELP or 7-4357.

## • **Secure drugs.**

- Label (drug name/concentration) and date all filled syringes that will not be used immediately. Include expiration date if appropriate.
- Do not leave drugs, syringes or sharps unattended. Store in secured area.

## • **Complete emergency equipment and code cart checklists.**

## • **Keep facility ready for fire response.**

- Do not block exits, fire extinguishers or utility/gas panels.
- Do not prop doors open.
- Do not store items less than 18 inches from the ceiling.

## • **Know how to locate and operate medical gas emergency shutoff valves.**

# Essential Information for All Staff

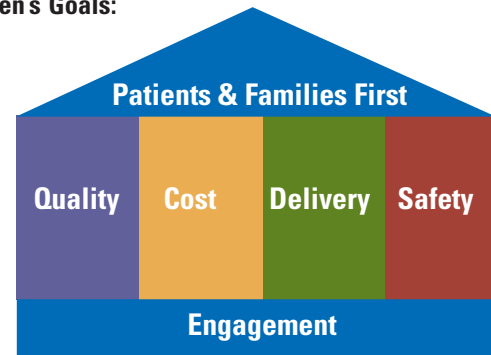
## Children's Mission, Vision and Goals

We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.

Our vision is to be the best children's hospital.

- We will provide patients and their families excellent care with compassion and respect.
- We will provide superior, accessible, cost-effective service.
- We will attract and retain the best talent at all levels of the organization.
- We will be one of the top five pediatric research institutions.
- We will be the nation's premier pediatric educators.
- We will achieve worldwide prominence by integrating patient care, research, education and advocacy.

## Children's Goals:



Children's develops annual goals to focus our efforts to improve our performance in the key areas of quality, cost, delivery, safety and engagement. Our goals are aimed at putting patients and families first, and staff and faculty engagement is the foundation of these efforts. Information about our goals is available on CHILD, on the About Children's tab.

## **ART: Children's Standards of Behavior**

ART is an acronym we use at Children's that stands for Accountability, Respect and Teamwork. As members of the Children's community, we believe that each of us is integral to the fulfillment of our mission. We are committed to an environment that fosters communication and partnerships among patients, families and staff. We strive for excellence in family-centered care, cultural competency and workplace satisfaction.

Creating an environment that supports excellence requires that we commit to treating each other well. With that in mind, we agree to the following community standards:

### **Accountability**

- Anticipate needs and assume responsibility for follow-through.
- Know, utilize and provide available resources.
- Take pride in your environment; keep it clean and safe.
- Recognize problems and take initiative to resolve them.
- Exceed expectations; delight a family or team member.

### **Respect**

- Respect others; show people they matter to you.

- Value differences; make room for other points of view.
- Assess your impact on others; be inclusive and accepting.
- Maintain confidentiality and privacy; watch what you say and where you say it; knock before you enter.

### **Teamwork**

- Rely on the strengths of your team members; ask for their assistance and recognize their contributions.
- Speak well of each other, patients and families.
- Assist, teach and support where there is a need.
- Pitch in.

## **Children's Service Standards**

act from the

**HEART**



Service quality is an integral part of providing good patient care. We commit to the following standards in our interactions with patients and families:

### **Accountability**

As a member of the Children's community, I deliver exceptional family-centered care, maintain a positive attitude, respond in a timely way to needs, address concerns and ensure patient safety.

- I recognize my job is vital to the mission of Children's Hospital.
- I provide excellent care and superior service by being responsive to your needs.

- I address your concerns as soon as I become aware of them.
- Your child's safety is my utmost priority.

## **Respect**

I respect that your family's experience is unique — each time you come to Children's. You can expect courtesy, care choices, respect for diversity, and to serve an essential role in your child's care.

- I interact with you graciously in person or on the phone.
- I ensure that you understand your rights and responsibilities.
- I respect your expertise.
- I listen to your perspective and honor your culture.
- I protect your privacy, confidentiality and space.

## **Teamwork**

Delivering excellent care requires highly effective teamwork with patients, families and staff. I take seriously my role to ensure well-coordinated care by collaborating with you, keeping you informed, and coordinating with other members of the team.

- I value you as an essential member of the health-care team.
- I keep you well informed.
- I work together with the team to achieve the best possible outcome.

## **Children's Commitment to Diversity**

Diversity is a core value at Children's, and culturally competent care is essential to quality care and patient safety. Children's has five major goals for diversity:

1. A diverse workforce that reflects the communities we serve
2. An environment that reflects our values of inclusion
3. Effective and respectful care compatible with the health beliefs, practices and preferred languages of patients
4. Connections with our community through outreach, community services and employee volunteerism
5. Work/life balance

Providing culturally competent care is fundamental to our commitment to family-centered care. Providing culturally competent care means we provide care that is respectful of each family's unique beliefs and needs.

Our commitment to diversity and culturally competent care means we:

- Accurately collect and document patients' race and ethnicity according to the federal Office of Management and Budget standards
- Consistently assess and document families' language needs
- Utilize race, ethnicity and language data to inform and improve quality
- Integrate cultural competency into quality and safety initiatives

- Listen with care and seek to understand the perspectives and needs of families
- Provide care to families in the appropriate language, using only qualified medical interpretation for families with Limited English Proficiency
- Make timely, quality language services readily available to families and staff, via telephonic and in-person interpretation
- Reflect most frequently used languages in patient education materials and hospital signage
- Intentionally recruit, train and promote for a more diverse workforce
- Seek to understand community needs and use community feedback to improve our services
- Provide community health and advocacy programs tailored to the needs of diverse communities

## **Children’s Commitment to Family-Centered Care**

At Children’s, we strive to provide expert family-centered health care in an environment that promotes healing, ensures dignity and instills trust. We honor the central role of families in the lives of children and recognize that this role is intensified when interacting with a health-care system.

Our commitment to family-centered care means we:

- Partner with patients and their families as essential members of the health-care team.
- Build partnerships based on mutual respect and open communication.
- Respect each family’s uniqueness.
- Listen with care and seek to understand the perspectives and needs of families.

- Share information clearly, completely and consistently.
- Ensure privacy and confidentiality.
- Respond flexibly to family needs and negotiate differences of opinion in a timely and respectful manner.
- Promote and value the competency and expertise that everyone brings to the health-care team.
- Collaborate with families in the development and evaluation of new and existing programs, policies and facilities.
- Work together with providers and services in the family’s home community.

## **Competency**

To ensure patients are cared for by competent staff, surveyors may ask staff how they know they are able to perform their jobs well. This isn’t a question most of us think about, since we assume we’re competent. So the question can be tough to answer on the spot unless you’re ready for it.

Competence can be demonstrated by:

- Having the educational background, degree or licensure/certification or registration necessary for your position
- Receiving orientation and training to Children’s and to your job
- Being supervised and mentored by identified staff
- Completing a self evaluation and having your competency evaluated annually
- Attending continuing education classes, online programs, seminars, Grand Rounds, etc.

- Completing environment of care and other required annual training courses on CHEX or in the classroom
- Attending in-services on new equipment
- Knowing how to access policies and procedures

### How is competence assessed at Children’s?

Children’s has work content descriptions for every job. These descriptions list the qualifications required for each job and the skills necessary to perform it well. At 90 days post-hire and annually thereafter, employees are evaluated to make sure they are performing at the appropriate level. This evaluation can be validated by:

- Continuing education
- Written tests such as Web-based modules (CHEX program)
- Direct observation
- Demonstration of skills (skills labs)
- Assessment of employee’s ability to verbalize steps in a process or procedure
- Evaluation of employee’s written work
- Peer evaluation

### What is population-specific competence?

Population-specific competence refers to an employee’s ability to care for specific patient populations. Employees who deliver direct care to or come in regular contact with patients must, on an annual basis, have their competence assessed. This assessment includes showing the ability to work with specific age groups such as infants, toddlers or adolescents and with the population of patients most frequently encountered in the employee’s specific area of practice.

## Continuous Performance Improvement (CPI)

### What is continuous performance improvement?

CPI reflects our commitment to continuously improve the quality of our patient care and service, and to continuously improve the support our people receive to do their best each day. It includes improvements in quality of clinical care and in other processes or services throughout the organization. Children’s CPI philosophy embraces and values the involvement of people (staff, physicians, families) as the foundation of our improvement strategy.

### How does Children’s identify performance improvement priorities?

A number of factors are used to determine performance improvement priorities, including patient safety issues, feedback from families, input from staff and physicians, and information from other organizations about risks in health care. We use value stream mapping as a critical tool to assist us as we define our opportunities for improvement. Our performance improvement initiatives are identified across categories, defined below:

**Quality:** the quality of our services, in both clinical and nonclinical areas of service

**Cost:** the cost-effectiveness of our business practices and clinical services

**Delivery:** the delivery and availability of services to our patients, families, community partners and staff

**Safety:** the safety of our environment and processes, from both the patient/family and staff perspectives

**Engagement:** the active involvement of our staff and physicians in the ongoing improvement of organizational effectiveness

## How are you involved in the performance improvement process?

You may be involved in one or more of the following ways:

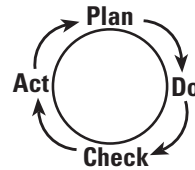
- Providing input for improvement, suggesting ideas for change or identifying problems and sharing those items with your manager or director, or communicating them through staff meetings, hospital forums, etc.
- Participating in value stream initiatives including 5S or Rapid Process Improvement (RPI) workshops, or being involved in other types of improvement events
- Collecting data to monitor or identify improvement opportunities
- Assisting with implementation of process changes, evaluation of process data and continuous adherence to the Plan-Do-Check-Act cycle

## What kind of education or training have you received on performance improvement?

The development of skills or knowledge that improves patient care or any of our services is considered performance improvement training. Examples include:

- Clinical skills workshops and clinical in-services
- Training on the use of Continuous Performance Improvement (CPI) and 5S principles and their application
- Brown-bag lunches, in-services, patient safety forums, and other events in which quality of care and service are presented.

## What type of process (methodology) does Children's use in performance improvement?



We use a Plan-Do-Check-Act cycle.

First, we **PLAN** by analyzing a situation to identify needed improvements.

Then, we **DO** by implementing the improvements.

Next, we **CHECK** to make sure the improvements work and meet our goals.

Finally, if anything needs changing to better meet those goals, we **ACT** to make the changes.

## Emergency Preparedness

Know what Children's disaster and emergency codes mean and what to do. Call ext. 7-6188 to activate these codes:

SAFETY CODES	
<b>YELLOW</b>	Disaster
<b>BLUE</b>	Medical Emergency
<b>PURPLE</b>	Combative Person
<b>RED</b>	Fire
<b>SILVER</b>	Weapons Threat
<b>PINK</b>	Infant Abduction
<b>GRAY</b>	Bomb
<b>ORANGE</b>	Hazardous Spill

## **Code YELLOW: Internal or external disaster**

Examples are incidents involving mass injuries or deaths, an earthquake or a major service interruption such as the loss of medical gas. Code YELLOW is announced via overhead pager or runners. During Code YELLOW the emergency response plan is activated, which means:

1. If you are already at work, report to your work area and follow department Emergency Response plans.
2. Call the Emergency Operations Center (EOC) at ext. 7-2780 to give injury and damage status reports and to request resources/aid.
3. If the phones are not working, departments should send an e-mail to [eoc@seattlechildrens.org](mailto:eoc@seattlechildrens.org) or send runners to the EOC in room W3745.
4. Check your e-mail for Code YELLOW updates.
5. If you are at home during a disaster such as an earthquake, call the Emergency Information Hotline at (206) 987-2484. In the event of a major disaster, report to work immediately, if possible.

### DURING EARTHQUAKE

- Drop, cover and hold. Take shelter under desk, table or bench and hold on.
- Remain under sheltered area until it's over. Watch for falling items, wires and broken glass.
- Do not evacuate unless the administrator-on-call or designee directs.

### AFTER EARTHQUAKE

- Use extreme caution when moving; look overhead.
- Watch for falling debris, fires, and loose electrical wires.
- Check patients and staff for injuries.

- Proceed with Code YELLOW response.

## **Code BLUE: Medical emergency**

1. Patients at the hospital: call ext. 7-6188.  
Adults: First call 9-911 and give information, THEN call ext. 7-6188 if at hospital.  
Satellites use 9-911 for patients and adults.
2. Initiate first aid procedures.
3. Don't move victims; keep them warm.

## **Code PURPLE: Behavioral crisis involving patients, families, visitors or staff**

Call ext. 7-6188 to summon a crisis team of trained staff for help. Activate Code PURPLE for emergent threats of harm or violence, suicide or homicide, active disruption of the environment of care (including destruction of property), or any attempted acts of assault at the workplace.

## **Code RED: Fire**

Know the **RACE** fire rules:

- R**emove patients in immediate danger.
- A**ctivate the alarm system, and call 7-6188.
- C**onfine the fire by shutting doors and windows.
- E**xtinguish small fires, relocate two zones away, or evacuate to safe area, if directed by the administrator on call (AOC).

To extinguish a fire, remember **PASS**:

- P**ull the pin (twist plastic).
- A**im at the base of the fire.
- S**queeze the handle.
- S**weep at base of fire.

Know the locations of your fire extinguisher, department evacuation plan, alarm pull station, medical gas shutoff valve and the meaning of overhead alarm tones.

Listen to chime code to locate fire. The first two digits of your room number are the fire chimes for your area. For example, if you're in room 6845, chime sequence is 6, then 8.

Exceptions to this are:

1. Room numbers with a "0" as the first or second digit: zero is signaled with 10 chimes.
2. Airplane zone: always 9 chimes
3. Whale parking garage: 11 chimes

Section (2nd set of chimes):

Train: 1 & 2

Rocket: 4

Balloon: 5

Whale: 6, 7, 8

Airplane: 9

Giraffe: 10

Chime sequence for my area is: \_\_\_\_\_

### **Code SILVER: Weapons threat**

If confronted by a person with a weapon, try to use evasion/evacuation strategies.

1. Leave area if safe egress is possible.
2. Do what perpetrator asks.
3. Dial ext. 7-6188 to activate Code Silver.
4. Redirect staff/foot traffic away from area.
5. If there is an overhead announcement, avoid identified area.

6. If possible, lock office door, turn off lights, and position self under desk or other furniture.

### **Code PINK: Infant or child abduction, or runaway child**

If a patient has been abducted or eloped:

1. Dial ext. 7-6188 and call Code Pink immediately (do not waste time searching first).
2. Provide Security with information on patient, suspect and time/site last seen.
3. Secure exits and document all unknown visitors.

### **Code GRAY: Bomb**

1. If called, signal someone to call ext. 7-6188 on another line and report a bomb threat.
2. Write down as much information as you can about the bomb and caller, i.e., location, when it will go off, type of bomb, name of caller, background noise, age, sex, etc.
3. If you find a suspicious package, do NOT touch it, call ext. 7-6188 to report, and keep people out of the area.

### **Code ORANGE: Hazardous spill**

1. If spill or fume is hazardous, too big, or dangerous to handle, call ext. 7-6188 for spill response. Restrict access to area.  
LABS: may also call 1-800-FE-SPILL if needed.
2. If minor spill, control access to area and use Material Safety Data Sheets (MSDS). Proceed with department cleanup procedures, using personal protective equipment (PPE).

## What do you do if the weather is extreme and you need help getting to work or getting home, or a patient or family is stranded?

- Call the Weather Center at ext. 7-4148 for housing, meal or ride vouchers.
- Call the Emergency Information Hotline at (206) 987-2484 for taped updates on clinic closures, resources and emergency information.

## Environment of Care

### Safety

#### How do you report unsafe physical conditions on campus or outside on the grounds?

- First, call Security at ext. 7-2030.
- Call ext. 7-6188 to report major spills and hazardous chemicals.
- Call Environmental Services at ext. 7-2151 for minor cleanup.
- For fire protection, building repairs and indoor air quality concerns, call B&E at ext. 7-4357.
- Document hazards on the *Safety Incident Report* form (available on the Safety and Disaster Response site on CHILD) and submit to Safety Office, M3-1 or on eFeedbackNOW.

#### Other safety numbers:

Blood Exposure	7-2633
On-the-Job Injury/Illness	7-2555 and report to OHS
Central Service	7-2036
Environmental Services	7-2151
HazMat Officer	7-1335

MSDS 24-hr FAX	(800) 451-8346
Poison Control	(800) 222-1222
Radiation Safety Officer	7-1002
Safety Officer	7-3272
Security Officer	7-2030
Spill Response	7-6188
TTY Switchboard	7-2280
Utility Failure	7-4357

#### How do you report unsafe work practices?

Contact Safety Officer Jeff Lim (by e-mail or phone, ext. 7-3272) or complete a *Safety Incident Report* form. You should also inform your supervisor.

### Occupational Health Services

#### Where do you find current information regarding services, vaccination/immunity requirements and TB screening requirements?

On CHILD. From the home page:

1. Select Departments tab at top.
2. Select O.
3. Select Occupational Health Services.
4. Select from Topics listed on left side.

#### How do you report an on-the-job injury or illness?

If you are injured on the job, you must:

- Notify your supervisor.
- Complete an Injury/Illness Report form.
- Visit Occupational Health Services (OHS).
- If you are unable to go to OHS, call ext. 7-2555 to report your injury/illness.

After hours, if urgent care is needed, go to the Emergency Department.

For more information, see the OHS Web site on CHILD.

### **What procedure do you follow for bloodborne pathogen exposures (sharps, needle stick, or splash)?**

Wash the wound or exposed area with soap and water. Flush splashes to nose, mouth or skin with water. Irrigate eyes with water, saline or sterile irrigants for 15 minutes. Report incident immediately to the OHS Exposure Hotline at ext. 7-2633. Notify your supervisor and report to OHS at ext. 7-2555 (or, after hours, go to the Emergency Department) for postexposure evaluation and treatment. Complete the *Employee Blood Exposure Report* form.

## **Hazardous Materials**

### **Do you know what and where the Material Safety Data Sheets (MSDS) are?**

The MSDS provide written information on hazardous chemicals. Topics include protective equipment, health hazards, emergency first aid and spill cleanup. MSDS are kept on file in your work area for each chemical and are available by fax 24 hours a day by calling (800) 451-8346.

### **What do you do if you have a hazardous chemical or biological material concern?**

Know the MSDS response protocol for chemicals you work with or how to access the information. Call the hazardous materials safety manager, ext. 7-1335, with general questions. Call ext. 7-6188 for spill team assistance. Look at your *Emergency Procedures Rainbow* flip chart for emergency response.

## **Utilities**

### **Whom do you call if you lose power, water, heat, medical gas, etc.?**

- For emergencies, such as a major water leak, call ext. 7-6188.
- For urgent needs, call Plant Operations Engineering Help Desk, ext. 7-4357 (7-HELP).

### **Do you know what the red power outlets are for?**

During a non-total electrical failure, these outlets will provide power from emergency generators to maintain essential life support equipment. If emergency power does not start up in acute patient care areas within one minute, call ext. 7-6188.

## **Ethics, Rights and Responsibilities**

### **How do you support patients and families in exercising their rights and responsibilities?**

On admission, ensure that each family has been given the brochure *Rights and Responsibilities*, and also have it available in clinic areas. In the ambulatory setting, this document is given to families at the time of clinic registration. Be familiar with these rights. Offer to discuss topics in the brochure during care. Encourage families to call listed telephone numbers if they have questions about specific rights. Encourage families to fulfill their responsibilities, which include a role in patient safety.

### **What if a patient cannot speak or read English?**

Staff can call Interpreter Services at ext. 7-5010 or access an interpreter by calling (888) 295-4363. Written materials may be available in the most frequently requested languages (Spanish, Vietnamese and Russian). See the Translated Materials page on CHILD under the Clinical Resources

tab. Families can access an interpreter to assist calling the hospital or clinic by dialing (866) 583-1527.

### **How do you direct patients and families to the Ethics Committee?**

Try to resolve care conflicts within the health-care team. If a resolution is not agreed upon, the patient, family or staff may request an ethics consultation by calling the hospital operator and asking to have the on-call ethics consultant paged.

### **How do you take care of a patient/family complaint or grievance?**

First, listen, so that the patient or parent feels heard. Second, correct the situation, if you are able. Third, if the issue is not resolved or the patient/family feels unsatisfied, report the complaint to your manager. Input the complaint into eFeedbackNOW so that Children's can track feedback.

### **What is the procedure for advance directives?**

Admitting staff, nurses and physicians must offer advance directive information to patients 18 years or older at admission. Directives include the Health Care Power of Attorney, the Living Will, and Anatomical Gifts. Document this information and put a copy of any advance directive in the medical record. Consider the advance directive in the patient's plan of care.

### **What are you required to do for organ and tissue donation?**

The physician or nurse must call the Organ Procurement Organization (OPO) at (877) 275-5269 on 100% of all deaths, including when a patient approaches "brain death." Complete the *Donor Inquiry/Funeral Home* form. Staff should not approach the family for donation. If OPO determines medical eligibility, then trained requestors will approach the family and obtain consent.

### **How does Children's uphold the highest organizational ethics?**

- Children's has policies that address conflicts of interest.
- We also have policies addressing ethical behavior in marketing, billing, admission and discharge.
- The *Compliance Code of Conduct Handbook* is given to all new employees and is also available on the Compliance Department page on CHILD. All staff are required to review and sign an agreement to adhere to the Compliance Code of Conduct.

We take seriously our ethical responsibility to the patients and community we serve. Compliance questions/concerns may be directed to the compliance officer at ext. 7-5220 or may be reported anonymously via the Compliance Helpline, (877) 483-3049.

### **Information Management and Patient Privacy**

At Children's we are *all* responsible for managing information so that patient privacy is protected. Here are ways you can protect patient privacy:

#### **DO**

- Conduct conversations with or about patients as privately as possible. Avoid hallway, elevator and cafeteria conversations.
- Keep patient lists and medical records in a secure location. If a patient or appointment list, medical record or chart is on a desk, make sure it is out of the view of others (under a cover sheet, in a notebook, etc.).
- Provide information on a need-to-know basis *only*.
- Use the appropriate recycling container to discard protected health information (PHI) — the recycling (blue) containers in private areas, and Shred-it bins

in public areas. Turn in all nonpaper materials to Environment Services or Security.

- Report privacy concerns by talking to your supervisor.
- For privacy-related questions, e-mail [privacy.questions@seattlechildrens.org](mailto:privacy.questions@seattlechildrens.org) or call the Privacy Help Line at ext. 7-1200.
- Seek out only the information you need to know to do your job.
- Know how to help patients and families with their privacy rights.
- Lock or log off a workstation each time you leave it.

### **DO NOT**

- Share your password or use anyone else's.
- Leave protected health information (PHI) in public areas. Take particular care when leaving a conference room to make sure you do not leave PHI behind.
- Discard PHI in the garbage.
- Surf computer systems or scan paper records for information you don't need to know.
- Answer questions or talk about a patient without consent from the patient/family.
- Access our own child's health information, or anyone's PHI, that is not required to perform your job.

## Essential Information for Direct Patient Care Staff

### Dangerous Abbreviations

Dangerous Abbreviation	Accepted Method of Ordering	Rationale
µg	Spell out micrograms, or use mcg.	Can look like milligrams
MS, MSO <sub>4</sub> MgSO <sub>4</sub>	Spell out morphine or magnesium sulfate.	Morphine sulfate can be mistaken for magnesium sulfate or magnesium sulfate can be mistaken for morphine sulfate.
QD or QOD	Spell out once daily or every other day.	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "I".
"u" for units "IU" for International Units	Write out the word "units" or "international units."	The handwritten U or u looks like a zero or a six, leading to an overdose error.
"Naked" decimals	Add zero before leading decimals (e.g., 0.2).	"Naked" decimals can be misread as whole numbers.
Trailing zeros	Leave out zeros after decimals when writing whole numbers (e.g., 2 units vs 2.0 units).	Trailing zeros can be misread as a tenfold increase (e.g., 20 vs 2.0).

## Family Violence Intervention

The obligation to protect children extends to every Children's employee. This means that each of us must act if we observe physical or verbal abuse or neglect, or are told something by a child or an adult that makes us concerned for the safety and well-being of a child.

The Children's Protection Program (CPP) coordinates the hospital's services when concerns arise about child abuse, neglect or domestic violence. Domestic violence includes physical, sexual and psychological attacks as well as economic coercion that adults or adolescents use against their intimate partners.

Key services of the CPP include:

- Multidisciplinary Children's Protection Team (CPT), which provides guidance on case planning. This may include coordination with Child Protective Services and law enforcement. CPT can be reached by calling ext. 7-2194.
- Suspected Child Abuse or Neglect (SCAN) physician consultants; available 24/7. For SCAN consults, call ext. 7-2194 during the weekdays and the hospital operator after hours and on weekends.

### What do you do if you suspect child abuse, neglect or domestic violence?

- If there is immediate danger of harm to a child or parent, call ext. 7-6188 to reach Security.
- Notify your supervisor.
- Notify the patient's care management team, if known.
- If there is no social worker on the patient's care management team, contact the Psychosocial Intake line (ext. 7-2760) or the hospital operator to request

a social worker. Social workers are available 24/7 for consultation.

- Health-care providers have a legal obligation to report suspected abuse or neglect to state Child Protective Services (CPS). This may take the form of ensuring that another clinician, such as a social worker, files the report.
- If you are unsure about what to do, call the CPP at ext. 7-2194; after hours and on weekends, request a SCAN physician by calling the hospital operator.

### What is a CASPER and how do you initiate one?

CASPER stands for Clinical Action Safety Plan Evaluating Risk. Call the hospital operator to have a trained crisis team consult on safety precautions for a patient. The CASPER team will evaluate clinical safety and security risks involving a patient, a patient's family or visitors.

### Where can you find other resources?

- The CHEX training module on abuse and neglect, which is required for all clinical staff.
- For domestic violence training, go to the CPP Share-Point site: <http://sps.hospital.childrens.sea.kids/sites/ChildrensProtectionProgram/default.aspx>. Open "Training for Residents" document library; then open "DV Screening FINAL" PowerPoint.
- Children's policies and procedures on CHILd list criteria to identify victims of abuse, neglect or domestic violence. These protocols describe staff roles and responsibilities and the "how to's" for managing these cases. They also provide resources to assist employees and families when these concerns exist.
- A brochure titled *Protecting Patients' and Families' Safety & Well-Being: How to Access Services* is available through the Family Resource Center and the

Children's Protection Program. This brochure lists private and public community agencies that provide advocacy for victims and their families.

## **Infection Control**

### **What are the most common infectious diseases you see in your area?**

This will vary for each area. Be able to name them. The most common infections on the Medical Unit are usually the viral respiratory diseases like RSV (respiratory syncytial virus). Rotavirus is also common during the late winter. Other units also see these infections, but might also see a certain amount of *Clostridium difficile* colitis. Resistant organism infections and colonization are becoming more common throughout hospitals. The most common of these is methicillin-resistant *Staphylococcus aureus* (MRSA). Patients with infection or colonization with a resistant organism require contact isolation.

### **What is the most important factor in controlling the spread of infections?**

Hand hygiene — either hand washing or using a gel-based alcohol hand rub. Hand hygiene is critical — surveyors and families will be watching carefully for compliance!

- Perform hand hygiene before and after all contact with patients or patients' immediate environment.
- When washing, scrub for at least 10 seconds, and then turn off the water using a clean paper towel.
- When using hand-cleansing gel, apply a dime-sized amount and rub until dry.

### **What kind of illness or condition would keep you from being able to come to work?**

Acute gastroenteritis (stomach flu), upper respiratory

infection with uncontrollable secretions, conjunctivitis (pink eye), etc.

### **What kind of isolation does Children's use?**

Children's uses standard precautions on all patients, and transmission-based precautions like contact, droplet and viral respiratory precautions when appropriate. See "Isolation Precautions" under Infection Control Policies and Procedures on CHILD for specific precautions for particular diseases. You can also call the Infection Control Department at ext. 7-5193 and speak to one of the infection control practitioners. Practitioners are also available by pager through the hospital operator after hours and on weekends and holidays.

### **What type of protective equipment would you wear when entering the room of a patient in viral respiratory precautions isolation?**

Gloves are always required. You should also wear a gown, mask and eye protection if you are going to be working closely with the patient (within three feet). On the SCCA unit, gown, gloves, mask and eye protection are worn each time you enter the room of a patient on viral respiratory precautions.

### **What type of isolation would you use for a patient with suspected tuberculosis? Are there any special procedures or protocols used with these patients?**

We place the patient in special airborne precautions isolation in a negative airflow room. PAPRs are used for respiratory protection. As far as special procedures and protocols, all clinical staff should be familiar with the TB Exposure Control Plan online.

### **How do you dispose of infectious waste?**

Needles, syringes and other sharps are placed into sharps containers at point of use. Environmental Services staff or

clinical support technicians change the containers daily and when they are two-thirds full.

Blood and other potentially infectious materials (like CSF, pleural fluid, any body fluid contaminated with blood) are disposed of in Steritub containers at point of use. If patient care items such as drapes, sponges and dressings are saturated with such material to the extent that it could drip, pour, flake off or be squeezed out, they should also be placed in Steritub containers.

### What is Children's toy-cleaning policy?

Toys are cleaned weekly and when visibly soiled or mouthed.

### Have you received infection control training?

Patient care staff receive infection control training at orientation, on an annual basis (CHEX) and as needed, usually at staff meetings or via e-mail and flyers/posters.

## Medical Staff/Allied Health Professional Privileges

### How do you know if a physician, dentist, psychologist, physician assistant or ARNP has been credentialed and privileged to provide care or perform a specific procedure?

On CHILD, click on "Look up Medical Staff Privileges" on the menu along the left side of the home page. You can search either by individual practitioner or by procedure (e.g., sedation).

## Medical Equipment

### What do you do if medical equipment malfunctions?

- For routine repairs, remove and tag defective equipment with a work order request and deliver to

Clinical Engineering (B-3525). Replace equipment as quickly as possible.

- If the problem is *urgent*, call Clinical Engineering at ext. 7-2277.
- For *emergencies* and after hours, on weekends and holidays, page the "Clinical Engineering standby" through the hospital operator.
- If the equipment was involved in a patient event, it must be kept intact, removed and impounded for evaluation by Clinical Engineering.

### How do you know if it is OK to use a piece of medical equipment?

Equipment must be tested for performance and safety prior to its initial use and annually thereafter. Do not use homemade devices or "sample" equipment that has not been evaluated by Clinical Engineering. Clinical Engineering must also approve all new medical equipment and items leased or borrowed from other medical facilities or private companies, including research equipment used on patients.

All medical equipment should be marked with **one** of two types of stickers:

- An electrical safety service sticker (green or orange):
  - Green sticker equipment may be used in direct patient vicinity.
  - Orange sticker equipment is NOT allowed in patient care areas, but is OK in utility or nourishment rooms.
- Clinical Engineering preventive maintenance sticker:
  - Color of sticker (red, blue, etc.) and number

indicate the month of the next preventive maintenance.

- The dates shown on the sticker indicate when the device was inspected and when it is due for its next inspection.

If you find any out-of-date stickers, notify Clinical Engineering at ext. 7-2277, or take the equipment to Clinical Engineering (B-3525).

### **What do you do with expired equipment or supplies?**

Discard or remove from use any patient care supplies before their manufacturer's expiration dates. Using expired items places patients at risk of harm related to potentially ineffective supplies. Examples of items that must be discarded include urinalysis test strips, blood collection tubes, intravenous tubings, single-use prep pads and medications.

## **Medication Safety**

### **What are the six processes involved in medication management?**

1. Selection and procurement
2. Storage
3. Ordering and transcribing
4. Preparing and dispensing
5. Administration
6. Monitoring

### **What are some medication safety practices that you should follow?**

#### **Orders**

Limit the use of verbal/telephone orders. Verbal orders should be used in emergent situations only. Telephone orders

can be used when care needs to be expedited and the care provider is not able to access the CIS. You must:

1. Write down the verbal or telephone order.
2. Read it back by repeating the drug name, spelling it and pronouncing the dose in single digits (e.g., "five-zero-zero" for 500), and
3. Confirm that what you wrote and read back is correct.

### **Do the Write Thing**

- Do not use dangerous abbreviations in medical records documentation. (See table on page 27.)
- Use decimals correctly. Always use a leading zero before a decimal (use "0.5", not ".5") and avoid trailing zeros after a decimal (use "23", not "23.0").
- Use at least two patient identifiers (patient's name and date of birth or medical record number) when administering medications.

### **Medication Labeling**

Label all medications and solutions in syringes and containers if the medication is not administered immediately. The label should include:

1. Date
2. Name of medication or solution
3. Strength and/or concentration
4. Amount (if not apparent from container)
5. Expiration date when not used within 24 hours
6. Expiration time when expiration occurs in less than 24 hours

- Label syringes and containers before removing from original packaging. Keep original packaging available for verification.
- Label no more than one medication or solution at one time.
- Make sure all labels are verbally and visually verified by two clinical team members.
- Verbally identify any medication or solution whenever handing it to another caregiver.

## Medication Security

- Discard any unused medications or solutions at the end of the procedure and after 24 hours.
- Immediately discard any medication or solution found unlabeled.
- Know the high-alert medications and follow their specific safety processes to reduce risk.
- Document all controlled drug use and wastage on the MAR/Controlled Drug Record. (See “Controlled Drugs and Omnicell Pharmacy System” in the Clinical Policies and Procedures on CHILD.)
- Administer only one dose of a drug from a container (vial, ampule, syringe) except under special circumstances. (See “Omnicell Pharmacy System” in the Clinical Policies and Procedures on CHILD.)

## What medication orders must be reviewed by a pharmacist prior to administration?

Pharmacists are required to review *all* medication orders and prescriptions for appropriateness before administration, except 1) when the prescriber controls the preparation and administration of the drug, or 2) in urgent situations when delay in review would result in harm to the patient. The Omnicell Interface to the pharmacy computer system

allows this check to occur. Overriding the pharmacy review is allowed only in an emergent situation. The emergent situation is defined by the patient’s condition, not by the medication.

## How do you report an adverse drug reaction (ADR)?

Complete an eFeedbackNOW report and indicate in the narrative that the incident is an ADR. Describe the medication and event in detail. You may also submit the information via the ADR hotline at ext. 7-5070.

## Pain Management

### When do you screen for patient pain?

Screen every patient for pain, regardless of whether that child is being admitted as an inpatient, visiting a clinic or diagnostic service or having ambulatory surgery. Children’s has created two exceptions to this standard: We do not screen children being seen in the Speech and Genetics clinics because pain is not a prominent part of their clinical picture.

### How do you complete the assessment of patient pain?

If screening indicates the presence of pain, a more comprehensive assessment is necessary. It should include pain intensity, location, duration, frequency, quality, impact on quality of life and activities of daily living, and treatments used.

Use age-appropriate pain-intensity tools consistently. When pain is present, treatment (pharmacologic and non-pharmacologic) or referral should occur as appropriate. Evaluate the effectiveness of every step taken to manage a patient’s pain. If one approach is not effective, try another.

Document your evaluation, management activity and effectiveness of treatment in the medical record.

Assess patients for pain on an ongoing basis, at least every four hours for inpatients (while awake) and before and after interventions used to relieve pain.

### **How do you involve patients and families with pain management?**

Involve the family in the patient's plan of care for pain. Educate patients and families about pain, pain management, their roles in managing pain and the importance of effective pain management in patient care.

To help teach families, use the *Helping Children with Pain* brochure, or show children ages 5 and up the video *The Case of Pain* on Children's Broadcast Network (closed-circuit TV). If discharge planning identifies pain management as a continuing need, provide instructions and/or a referral for services to address these needs.

### **How will surveyors assess our compliance with pain management standards?**

Surveyors want to see how well you assess, manage and document pain. To do that, they may review the chart of one of your patients and ask family members how well they feel their child's pain is being managed. They may also ask family members what they were told about pain and how involved they were in the plan of care for pain.

Surveyors may then question you about the patient's pain:

- How did you educate this child and family about pain?
- How did you know this child was hurting?
- What did you do for the pain, including medicines and other strategies?
- How do you know that what you did was effective?

- If it was ineffective, what did you do? Can you show me your documentation?

## **Patient Assessment, Care, Treatment and Services**

### **Do all patients need to be assessed for physical, psychosocial and physiological status?**

Yes. As part of the initial assessment that occurs at each patient visit and on admission, staff assess all of these areas to determine patient care needs and the plan of care. Nutritional needs, functional needs (includes risk for fall), pain and comfort needs, cultural and spiritual needs, child abuse or neglect, discharge planning, and learning needs are also included in this initial assessment.

Upon admission to Home Care, assessment will be based on patient care needs and services to be provided.

### **How is the patient plan of care developed?**

The admission, clinic, or home care needs assessment initiates the plan of care through identification of patient goals, problems and family concerns. The plan of care is individualized and appropriate to the patient's needs, strengths, limitations and goals. Updates to the plan are based on reassessments and patient responses. Care, treatment and services are provided in an interdisciplinary, collaborative manner. Evaluation of the plan is based on patient care goals.

### **How do we assess immunization status?**

We assess immunization status for all hospitalized patients and select clinic patients. We ask the family for a current written immunization record; if it is not available, we obtain a reliable oral report and document it in the patient's record.

## Patient and Family Education

### Who is responsible for patient and family education?

All members of the health-care team, as well as patients and families, are responsible. The health-care team evaluates learning needs during the initial assessment that occurs at each patient visit and on admission. Using input from these assessments, an education plan is developed. The plan may be revised as subsequent assessments are made.

Patients and families are responsible for following care instructions, asking questions about instructions they don't understand, and expressing any concerns about their ability to follow the plan of care.

### How are needs and barriers (social, cultural, cognitive, physical, financial, developmental, etc.) identified and addressed?

Each patient's learning needs assessment identifies preferences, strengths, learning styles and any barriers to learning such as language, physical or developmental capabilities.

If a barrier to learning is identified, the education plan should take this into account. Tailor teaching times and methods to match the patient and family's strengths, learning preferences and styles.

### How do you document patient and family education?

It is essential to document your assessment, interventions and the outcomes of education. This promotes clear communication, coordination of care and successful transition to the home and community. Documentation includes not only the assessment and interventions but also the family's level of understanding and ongoing learning needs.

Documentation varies, depending on the area in which you work. Examples of different types of documentation include the diagnosis or area-specific teaching checklists,

nursing flowsheets, narrative summaries in inpatient progress notes, and *Clinic Visit Summary Notes* in the outpatient units. Be sure you can describe the type your area uses.

### How do you share ongoing education needs with community providers?

Patients receive a written summary of ongoing needs and instructions at discharge from the inpatient units, and from the Surgery Center. This summary is included in the *Continuing Care Instructions/Discharge Summary Form* that is faxed to community providers. Clinic patients receive written instructions in the *Clinic Visit Summary Notes*, which they can share with community providers such as school nurses, public health nurses and primary care providers.

### What are some patient and family education resources?

- Children's Health and Patient Education Materials site on CHILD
- Children's-based and community classes
- Family Resource Center materials collection
- Unit-based education and resource rooms
- Children's Broadcast Network (channels 17 - 24)
- Patient and Family Education Steering Committee
- Patient Education liaisons dedicated to specific units and clinics
- Health Education Program (health educators assist with classes, materials development, etc.)
- Hospital Library
- Educational programs and resources on the Center for Children with Special Needs Web site (CSHCN.org).

## Patient Safety

Patient safety is the foundation of high-quality patient care. Our patient safety program includes all hospital and medical staff, patients and their families. The scope of the program ranges from preventing medical errors to evaluating and learning from serious patient incidents. A safe patient care environment requires:

- Open, non-judgmental communication between caregivers
- Involvement of patients and families
- Support for staff and families when incidents occur (Call Critical Incident Stress Management services at ext. 7-2760 or page Social Work administrator on call)
- Staff training and education

Patient safety requires compliance with National Patient Safety Goals, as developed by the Joint Commission. These goals are revised annually; see the Patient Safety site on CHILd for updates.

### Improve accuracy of patient identification.

- Use at least two identifiers (patient name, medical record number, and/or birth date) whenever taking blood samples or other specimens for testing, giving medications or blood products, or providing any other treatments or procedures.

### Improve effectiveness of staff communication.

- Write down, then “read back” your writing of verbal orders to verify with the person giving the order. Read back telephone reporting of critical test results as well.
- Report critical test results immediately to appropriate caregiver.

- Do not use dangerous abbreviations, acronyms and symbols in any part of the medical record (see table on page 27).
- Use standardized approaches to “hand off” communications, including an opportunity to ask and respond to questions.

### Use medications safely.

- Children’s has standardized and limited the number of available drug concentrations.
- Know look-alike and sound-alike drugs, and take action to prevent errors.
- Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.

### Reduce risk of health-care–associated infections.

- Comply with current Centers for Disease Control hand hygiene guidelines.

### Accurately and completely reconcile medications across the continuum of care.

- Obtain and document a complete list of the patient’s current medications upon entry into Children’s system (e.g., inpatient, ED, ambulatory, Home Care, etc.) with the involvement of the patient/family. Compare the medications Children’s provides to those on the list.
- Provide a complete list of the patient’s medications to the next provider of service when a patient is referred or transferred to another setting, service, practitioner, or level of care within or outside the Children’s system.

### **Reduce risk of patient harm from falls.**

- Follow Children’s Prevention of Patient Falls Guideline of Care (under Policies and Procedures on CHILDD) for patients at risk for fall.

### **Encourage families’ active involvement as a patient safety strategy.**

- Encourage patients and their families to report concerns related to care, treatment, services and patient safety issues.

### **Reduce risk of patient harm from suicide.**

- Use assessments to identify patients at risk for suicide.
- Address the patient’s immediate safety needs, and choose the most appropriate setting for treatments.
- Provide information such as a crisis hotline to patients and families for crisis situations.

### **Practice Universal Protocol to prevent wrong-site, wrong-patient, wrong-procedure surgery.**

- Conduct preprocedure verification process per Universal Protocol.
- Mark the procedure site per Universal Protocol.
- Conduct a “time-out” immediately before starting the procedure, as described in the Universal Protocol.

### **Restraint or Seclusion**

Restraint or seclusion is used only after considering the least restrictive method. Both require documented justification and a time-limited order (no PRN orders allowed).

- Use in behavioral emergencies only if there is the risk of imminent harm to self/others.

- Use in medical or surgical cases only if there is medical necessity to support medical/surgical healing and improve the patient’s well-being.

Documentation:

- For behavioral restraint, use the *Restraint and Seclusion Flowsheet* to document assessment, continual monitoring and re-evaluation.
- For medical or surgical restraint, use the unit-specific nursing flowsheet.

Exceptions to the policy are IV arm boards, unrestrained hand mitts, crib bubble tops/side rails for general patient safety, adaptive support devices to achieve proper body position, devices used during procedures or transport, and juvenile detention devices for security purposes.

NOTE: Enclosure beds are considered a form of restraint for medical purposes.

### **Sedation for Procedures**

Children’s policy describes the safe use of sedation with or without analgesia. This policy applies to all areas providing sedation for procedures.

A documented pre-sedation evaluation is required and includes:

- History of prior sedation or anesthesia use
- Physical exam with evaluation of airway
- Assessment that the patient is suitable for the planned sedation
- Informed consent

Before the start of a procedure, a patient safety check (patient/site/procedure) and time-out (per policy) are required.

Monitoring during sedation requires:

- Continuous pulse oximetry with alarms set and audible
- Documentation of oxygen saturation, vital signs, mental status, color, respiration and pain assessment on the *Sedation for Procedures Flowsheet* or, if performed by an anesthesiologist, on the *Anesthesia Flowsheet*
- Recovery criteria must be met, and all patients and families are given the *Sedation Discharge Instructions* sheet.

## Sentinel Events

Sentinel events include:

- Unanticipated death or major, permanent loss of function not related to the underlying disease (e.g., nosocomial infection)
- Neonatal bilirubin more than 30 milligrams/deciliter
- Patient abduction or discharge to the wrong family
- Hemolytic transfusion reaction
- Surgery on wrong patient or wrong body part
- Unintended retention of a foreign object after surgical site is closed
- Radiation overdose involving prolonged fluoroscopy with cumulative dose more than 1500 rads to a single field
- Facility system malfunction or fire affecting any patient
- Allegation of sexual assault of patient during hospitalization

Children's employees are required to report sentinel events.

If you are unsure about an event, report it.

In response to a sentinel event, a special team will conduct root cause analysis and create a process improvement action plan to reduce the likelihood of recurrence of a similar event in the future. The primary focus is on systems and processes, not on individuals.

## Staff Right to Contact Joint Commission

Employees have the right to report to the Joint Commission concerns about the safety or quality of care provided at Children's.

Concerns may be reported to the Joint Commission by any of the following methods:

- Telephone: (800) 994-6610
- Fax: (630) 792-5636
- E-mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)
- Mail: One Renaissance Boulevard, Oak Terrace, IL 60181

Children's will take no disciplinary action against the person for reporting.

## Other Resources for Survey Readiness

On CHILD: from the main page, choose the Staff Resources tab, then select Survey Readiness (JCAHO) from the list at the left.

If you have any questions about the information in this booklet, please talk to your supervisor or call a member of the Joint Commission Oversight Committee, listed on the Survey Readiness (JCAHO) Web site on CHILD.

