

It's a Wonderful Day in The Neighborhood!

Nursing Care Centers Update



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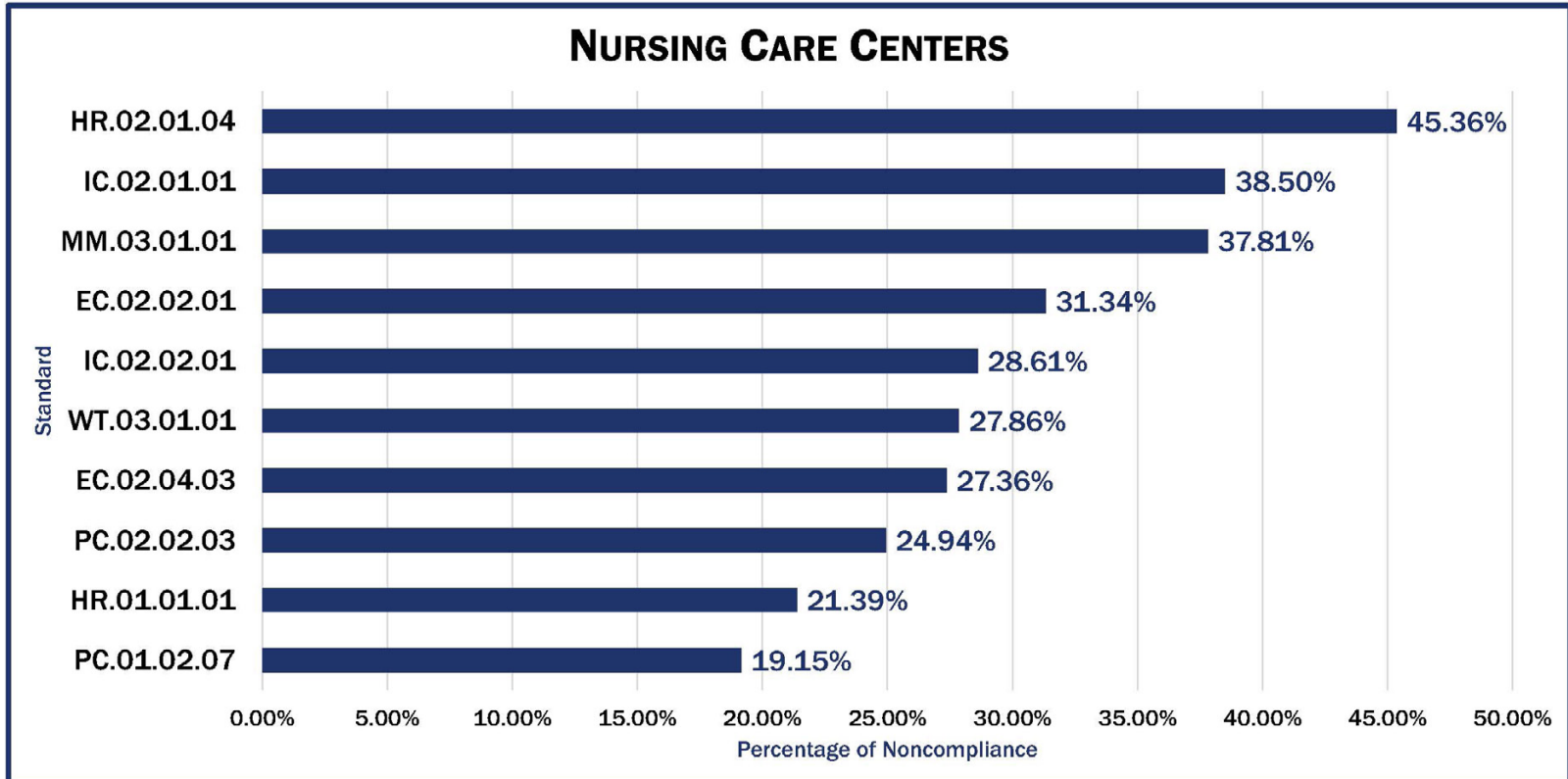
November 2019



- Recall the top cited standards in the Nursing Care Center program for 2018.
- Identify the problematic areas in the top cited standards in the Nursing Care Center program for 2018.
- Strategize to be compliant with the problematic areas in the top cited standards in the Nursing Care Center program for 2018.

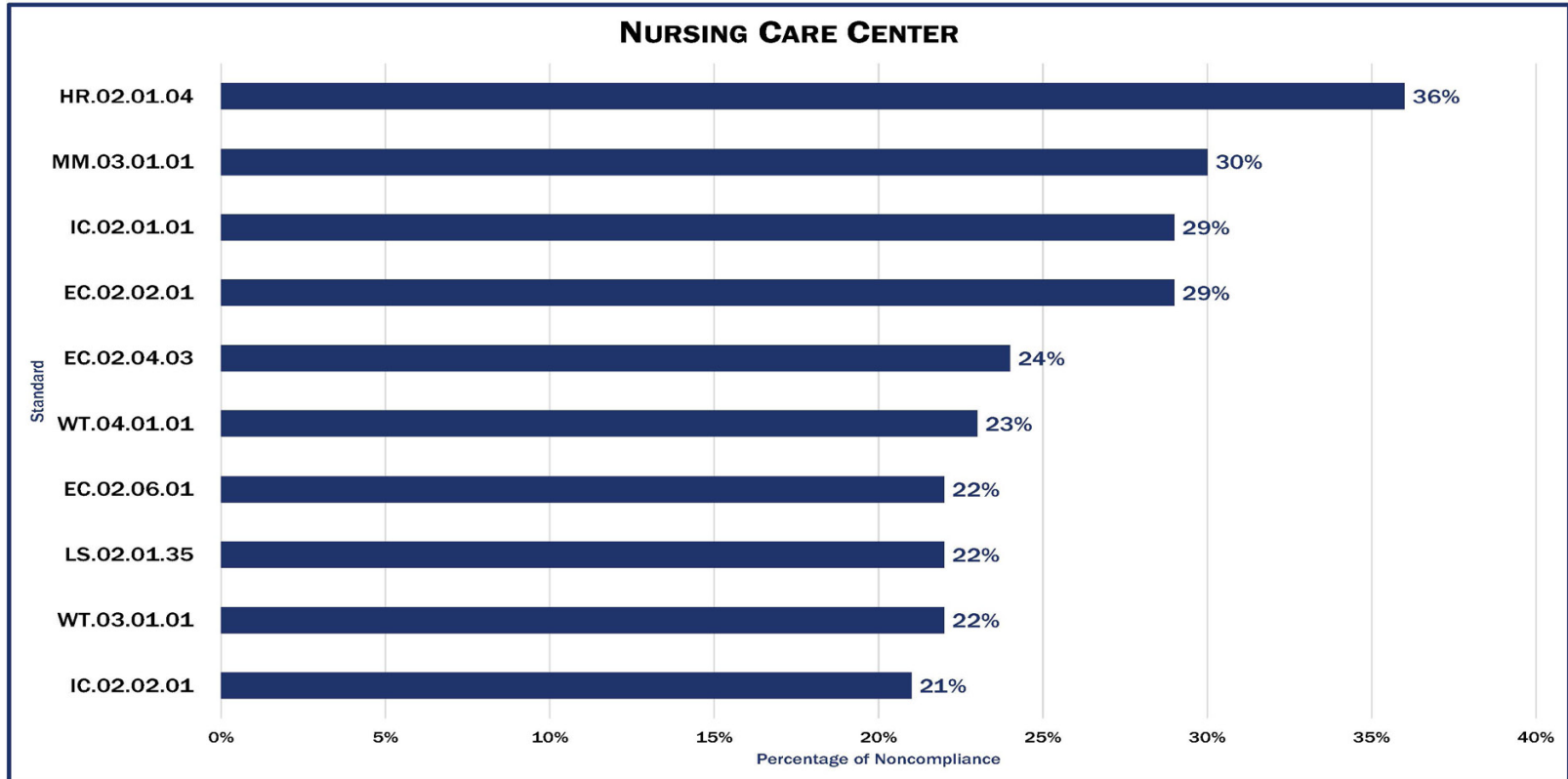


2018 Full Year Non-Compliance





2019 First Half Non-Compliance





The organization permits licensed independent practitioners to provide care, treatment and services.

What is primary source verification and who does it apply to?

Primary source applies to licensure/certification, or registration required to practice a profession. It is not required for organizational requirements like CPR, ACLS, PALS, PICC. Current licensure/certification or registration is verified prior to hire or renewal via a secure electronic communication or by telephone is acceptable, if verification is documented. The documentation must include the date the verification was conducted, who conducted the verification, what was specifically verified and the results of the verification. Primary source verification will be obtained from State licensing boards or a primary source of information to be verified may designate to an agency the role of communicating credentials information. The delegated agency then becomes acceptable to be used as a primary source.



The organization permits licensed independent practitioners to provide care, treatment and services.

Reappointment and Re privileging – Due Dates

Is the reappointment / re privileging date due on the same date or same month of the previous appointment /reappointment or privileging?

Reappointment/re privileging is due no later than the same date from the previous appointment or reappointment. For example if the accreditation manual requires reappointment every two years and the reappointment period is July 15, 2015 through July 14, 2017, the reappointment date would be July 15, 2017.



The hospital implements its infection prevention and control plan.

Linen Management - Developing Requirements for Covering, Storage and Transport

Does The Joint Commission have specific requirements that address linen?

No, requirements for managing linen are not defined within The Joint Commission standards. Organizations are expected to develop their linen cleaning, storage and management requirements in accordance with evidence-based sources (see IC.01.05.01 EP 1) such as the CDC, the National Association of Institutional Linen Management and/or the local or state authority having jurisdiction.



For example, the CDC's guidelines state, "Clean linen should be transported and stored by methods that will ensure its cleanliness." According to the NAILM, (National Association of Institutional Linen Management) the carts or hampers that deliver laundered linens must be cleaned prior to accepting processed linens. A clean liner within the cart is acceptable, and the linens should be covered.



The guidelines state: "Carts that are going to be used to store linens on patient-care areas (hallways) must have covers on them during transportation and storage time. The covers shall protect the linens at all time during storage. They cannot be removed or adjusted in a manner that will expose linens to common traffic. Open carts that are going to be used just to dispense linens on patient- care areas need not be covered for this purpose. They cannot be used to store linens on the floors."



If an organization is unsure whether their linen management processes are compliant with such guidelines, conducting a risk assessment is a helpful way of identifying risks associated with various options being considered by the organization. A proactive risk assessment examines a process in detail including sequencing of events, actual and potential risks, and failure or points of vulnerability and that prioritizes, through a logical process, areas for improvement based on the actual or potential impact (that is, criticality) of care, treatment, or services provided.



The introductory section of the Leadership (LD) chapter provides an example of a pro-active risk assessment model that an organization may use. However, this specific approach is not mandated as there are other risk assessment tools available that may better meet the needs of the organization. **management, such as covering, storage and transport?**



IC.02.01.01: The hospital implements its infection prevention and control plan.

Observation:

Linen was uncovered on stretchers and/or beds throughout the organization. There was no risk assessment completed by the organization.



| PERSPECTIVE ► | 1A CURRENT ISSUE/CONDITION | | | 1B ALTERNATIVE CONDITION/PROPOSED CHANGE | | |
|--|----------------------------|------|--|--|------|--------------------|
| | BENEFIT | RISK | RATIONALE/EXAMPLES | BENEFIT | RISK | RATIONALE/EXAMPLES |
| DISCUSSION TOPICS ▼ | | | | | | |
| Patient safety | 5 | | Linen management is in accordance with NAILM and CDC | | | |
| Patient satisfaction | 5 | | No complaints were reported on pre made beds being dirty/ dusty/ soiled | | | |
| Outcome (quality) of patient care | 5 | | Timely care | | | |
| Staff and volunteer safety | 5 | | Linen management is in accordance with NAILM and CDC | | | |
| Staff and volunteer satisfaction | 5 | | Pre made beds give staff and/ or volunteer enough time to properly prepare the bed for the next patient | | | |
| Visitor safety | N/A | | | | | |
| Visitor satisfaction | N/A | | | | | |
| Environment safety, including building and grounds | 5 | | Patients rooms are positive pressure, rooms are daily cleaned, patients rooms are low traffic area, in an instance where a patient is placed on precautions in a 2 bedded room, both beds are cycled cleaned once the infectious patient is taken off precautions or discharged. | | | |
| Financial operation, budget | N/A | | | | | |
| Work flow efficiency | 5 | | Fast bed turnover, better work flow, beds are ready to receive a patient once admitted or transferred from one unit to another. | | | |
| Compliance with regulatory requirements | 5 | | Compliant with NAILM | | | |



Medication Preparation - Spiking Intravenous (IV) Bags in Advance of Administration

Once an IV bag of fluid is spiked with the IV tubing, how soon must this infusion be initiated ?

The infusion must be started within 1 hour of spiking the bag unless the bag was spiked in an ISO 5 environment.

- When a bag is spiked and the infusion is immediately begun, the spiking of the bag is considered part of the administration process.
- If the bag is spiked and then stored for later use, it is considered to be a part of preparation.

If in an ISO 5 environment, then beyond use dating would be consistent with those listed in the USP 797 Chapter.



Organization policies, procedures, staff education/competencies, etc., should also take into account:

- Product and device manufacturer's instructions for use
- Evidence-based guidelines for safe administration practices
- Applicable law and regulation





The organization safely stores medication.



Unsecure Medications.



Crash Carts – In line of sight? If not, do you have a risk assessment completed?



Have you authorized unlicensed staff to have access to medications? Those items that staff that are not licensed include IV solutions, Chloraprep solution, Hibiclens solution, etc.



Minimal Risk Medications? Do they need to be secure according to your policy?



The organization manages risks related to hazardous materials and waste.

Hazardous Material - Waste Inventory Program

What is the requirement for having a hazardous material inventory?

A hazardous material inventory is required by all employers in order to provide information to their employees about hazardous materials to which they may be exposed to in their workplaces as stated in the OSHA Hazard Communication Standard, 29 CFR 1910.1200 (see 29 CFR 1910, Subpart Z, Toxic and Hazardous Substances). Any hazardous material or waste that is regulated by local, state, or federal law (including OSHA, EPA, DOT, etc) are required to be part of your organization's current inventory of hazardous materials and waste. This inventory may either be consolidated into one document or decentralized.



Consumer products (such as turpentine, gasoline or white out) that are used in a workplace in such a way that the duration and frequency of use are the same as that of a consumer, are not required to be included in the hazardous material and waste inventory. However, it is the responsibility of the employer to make the determination for their workplace by assessing the exposure potential of the consumer products that staff may encounter and ensuring that the frequency and duration of use are not greater than that of normal consumer use. A good rule-of-thumb would be, for a given product, review the Safety Data Sheet (prior MSDS) and determine if the organization's method of use could result in adverse exposure. If the SDS contains any storage or usage warnings, like special storage, special criteria for the use environment, critical emergency actions to take if exposed, etc. then those products should be included in the hazardous materials inventory. Hazardous wastes are typically tracked by manifest, and that acts as an inventory. [EC.02.02.01]



Eyewash Station



- Ask staff how many minutes they run the eyewash for during their check?
 - 2-3 minutes per ANSI standards (recommended in the past, no longer a requirement. What is your policy?)

- Are the eye pieces in place and good condition?

- Ask the staff to test the eyewash station. Is the pressure enough to push the eye pieces off?

Please email me for an electronic copy –
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Sample Eye Wash Inspection Record

Eye Wash Inspection Record

1. Eye washes must be tested and inspected weekly
2. Run the eye wash for 2-3 minutes
3. Ensure the water has sufficient water flow
4. Ensure that there is only cold water running through the eye wash
5. Note whether the hands-free mechanism is functioning
6. Outlet heads (lids covering where water flows from) should be kept closed when not in use. These lids should pop off upon activation of the water
7. Initial the appropriate box below to document a passing inspection
8. If inspection fails, notify all users and call Plant Operations immediately at _____.

Should an exposure occur, flush the affected eye(s) for 15 minutes.

To ensure adequate flushing, hold eyelid(s) open and roll the eyeball

| Month/Year | Week 1 | Week 2 | Week 3 | Week 4 |
|------------|--------|--------|--------|--------|
| | | | | |

Supervisor/Manager Monthly Review: _____

Note: Preventative Maintenance will occur annually to check for problems such as valve leakage, clogged openings and lines and adequacy of fluid volume (.4 gallons per minute for 15 consecutive minutes). These records will be kept within Plant Operations.



Manifests – Release of Hazardous Materials

DOT – Department of Transportation Training?





The organization reduces the risk of infections associated with medical equipment, devices and supplies.



Low Level Disinfection:

- Do you know the wet time for your product?
- What does the instructions for use (IFU) from the piece of equipment say on how to disinfect?



High Level Disinfection?

CIDEX OPA

- Is cidex OPA used in this area or any other area of the hospital (check respiratory, radiology, OB/GYN offices/clinics).
 - How long is the cidex good for? (14 days)
 - How long are the quality strips good for?
 - When a new bottle of strips is opened, what is the process?
-
- Check QC under the attached instructions for the strips. Normally, a negative and positive needs to be conducted when a new bottle of strips are opened and on a regular basis thereafter as outlined in policy.
 - A container of full-strength cidex and a container of half cidex and water needs to be prepared.
 - Dip three test strips into each solution. Hold for 1 second and read after 75-90 seconds (check strips). Document the positive and negative controls before using that bottle of test strips.



Sample Cidex OPA Daily Record

Cidex OPA Daily Record

(New record should be initiated with any change of solution, strip bottle or lot numbers)

Cidex OPA Solution: Lot #: _____ Date Opened: _____

Exp. Date of Solution: _____

Note: Unused Cidex OPA solution should be discarded 75 days after opening or by expiration date (whichever comes first).

Cidex OPA Test Strips: Lot #: _____ Date Opened: _____

Exp. Date of Strips: _____

Strip QC (Required when new bottle of test strips opened)

Positive Control (use with full strength solution - should pass): Pass Fail

Negative Control (use half strength solution – should fail): Pass Fail

Note: Refer to QC instructions on insert attached to each bottle of strips. Discard test strips 90 days after opening or by expiration date on bottle (whichever comes first) or if QC of new bottle fails.

Cidex OPA Solution must be tested prior to each use with single test strip in actual soak solution. Change soak solution every 14 days or when it fails test strip test (whichever comes first)**

| Date | Item | ** Solution Tested | | Time In/Initials | Time Out/Initials | Comments |
|------|------|--------------------|------|------------------|-------------------|----------|
| | | Pass | Fail | | | |
| | | | | | | |



Expiration Dates and Expired Supplies:

Where is the expiration date on the following?

- Medipore tape
- Crackers
- Coffee
- Half and Half
- Cookies





Staff and licensed independent practitioners performing waived tests are competent.

EP 5

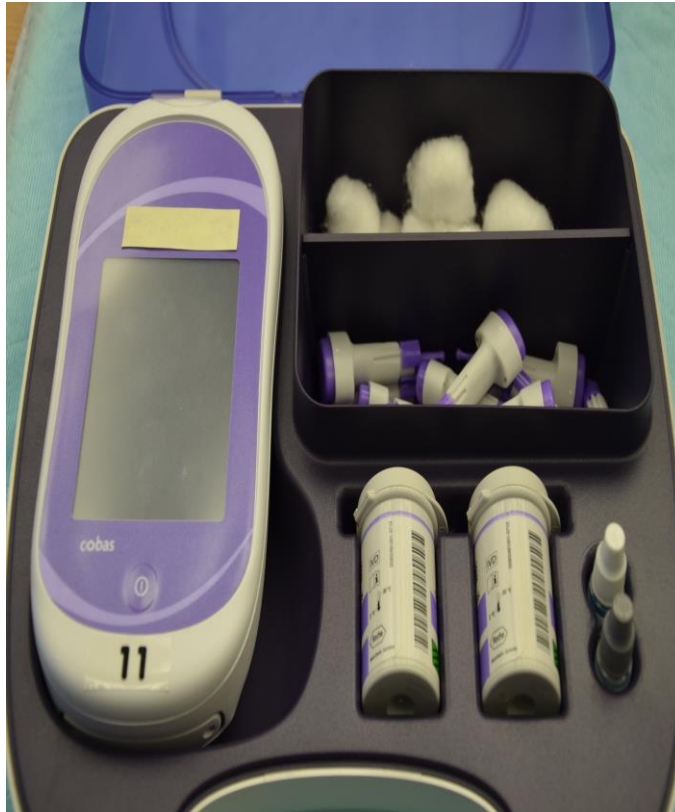
Competency for waived testing is assessed using at least two of the following methods per person per test:

- Performance of a test on a blind specimen**
- Periodic observation of routine work by the supervisor or qualified designee**
- Monitoring of each user's quality control performance**
- Use of a written test specific to the test assessed**

Licensed Independent Practitioners – Privileged or Competency?



Where are the
expiration
dates for the
lancets?



On The Box

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The organization inspects, tests and maintains medical equipment.

- ✓ Before initial use of medical equipment, the organization performs safety, operational, and functional checks.





The organization makes food and nutrition products available to its patients and residents.

- How do you monitor food products in the refrigerator? Do you monitor it daily and log those temperature? Weekends?
- Do you use a range thermometer? If so, check the due date for the preventative maintenance (PM). Usually every 2 years as outlined by the manufacturer.



The organization defines and verifies staff qualifications.

Let's look at what you require on the job description:

- High School Diploma – is there evidence of this by a transcript or diploma?
- Graduate of an Accredited Nursing School – is there evidence of this by a transcript or diploma? Is there evidence that the school is accredited?

You Require it, You Must Prove IT!



The organization assesses and manages the patient's or resident's pain and minimizes risks associated with treatment.

- Policy on assessing** and reassessing pain.
- Treats pain or refer.
- Pain management treatment plan involves resident and family.





Won't You be My Neighbor?





Questions

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