



# The Joint Commission is coming soon!

## JOINT COMMISSION NEWSLETTER

June 2018

### ARE YOU READY?

#### IN THIS ISSUE

### Joint Commission Standards

Joint commission is coming. Are you ready? As part of our continuous readiness program this newsletter will provide you with information that you need to know as employees of MHHC. These are the things you need to know.

#### KEY Things You Should Know

##### Environment of Care

For fires remember **RACE** and **PASS**

**R** - Rescue

**A** - Alarm

**C** - Contain

**E** - Extinguish or Evacuate

**P** - Pull Pin

**A** - Aim Hose

**S** - Squeeze Trigger

**S** - Sweep Fire

- No storing items under the sink
- Locate your closest eye wash stations and ensure it's not expired
- Temperature logs should be completed and staff must be familiar on what to do when the temperature goes out of range (Hint: it's indicated on the log).
- Food or beverages are NOT

**Remember: In the event that you are not sure of the answer to a surveyor's question(s), contact your Practice Manager/Supervisor for assistance.**

permitted in patient care areas.

- Remember to keep clean and dirty utility rooms separate.

and remove expired items as necessary. Replace with new items.

##### Emergency Preparedness

Code Red – Fire Emergency

Code Blue – Medical Emergency

Code Amber – Missing Infant/Child

Code Gray – Security Emergency

Code Silver – Active Shooter

##### Human Resources

- Annual Evaluations – speak with your supervisor regarding your annual evaluation
- Make sure annual evaluation, physical and online mandatory training has been completed

##### Infection Control

- Know where the PPE box for your unit is kept and be familiar on how to use the contents in the box. Please check to ensure all contents in the box is in compliance and not expired, (according to the checklist provided inside) Check monthly

**Joint Commission Standards**

KEY things you should know that will help ensure you are survey ready.

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**Hand Hygiene**

The Five Moments of Hand Hygiene.

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**Command Center**

**718-716-4400 x 2524/2763**

The surveyors can come through all clinical and laboratory sites to interview ANY staff member and patient.

Please do not leave your assigned work area without notifying your supervisor or the designate lead.

Practice Managers and Supervisors should conduct walkthroughs using the mock tracer tools as guidance to check and review all areas.

- Know the protocol for isolating contagious patients
- Know the procedure for handling sterilized equipment and be prepared to show spore testing log
- Storage: use of wooden and plastic pallets to store items. No boxes can be left on the floor in clinic areas. Declutter the space.

**Information Technology**

- Be able to locate policies and procedures using the M.H.H.C. intranet

- Protect patient information: place charts in a way that the patient name is hidden, minimize screens, no print outs of sensitive patient information laying around, don't

**WHY IS JOINT COMMISSION ACCREDITATION IMPORTANT?**

Accreditation is important because it helps determine if an institution meets or exceeds minimum standards of quality.

Joint Commission standards are the basis of an objective evaluation process that can help health care organizations measure, assess and improve performance. The standards focus on important patient, individual, and organizational functions that are essential to providing safe, high quality care.

share passwords, don't ask for confidential information loudly or in public access areas, keep exam room doors closed while patient is waiting or getting assessed.

- Whenever user leaves workstation and at the end of his or her tour duty, user is to close all applications and log off network.
- Users are prohibited from sharing patient information with other patients, friends and relatives.

**Life Safety**

- Know how to handle biomedical hazard waste and full sharps containers. Call facilities for removal.
- Keep waste receptacles covered or closed. Schedule pickups when containers are full by calling facilities.
- Keep all hallways clear. Promptly remove equipment and boxes from the floor. Do not store anything 18 inches from the ceiling
- Smoke and fire doors should not be blocked or propped open
- Speak to the protocol for needle stick injuries (signs posted in exam rooms).
- Ensure all waiting areas have the "Cover Your Cough" signs in English/Spanish versions. Please

have available tissues and alcohol gels in designated areas. Check to make sure refill receptacles are not empty.



**Performance Improvement**

- Staff must be able to identify one performance improvement project in their area. Projects are posted on the Intranet, on screensavers and in the units

**Record of Care**

- Documentation of patient care is important and must be completed timely
- Patient demographics and general consents must be accurate
- Referrals and Labs must be addressed
- All record entries must be signed, dated and timed

**Rights and Responsibilities**

- Be familiar with the following:
  1. The Patient Bill of Rights
  2. Advanced Directives
  3. Compliant Process
- HIPAA, HIPAA, **HIPPA!** Make sure to protect patient information located. Keep boxes locked when not in use.
- Prevent confusion with look-alike sound-alike drugs: T-dap and D-Tap. Be sure to store in separate labelled bins on separate shelves in the vaccine refrigerators.

**National Patient Safety Goals (NPSGs)**

- Always use two patient identifiers for any patient encounter (registration, labs, special procedures and clinic areas): **NAME and Date of Birth**. Be sure to cross reference this information against what is in their medical record.
- Follow the hand hygiene signs in the exam rooms to wash hands for 20 seconds and/or alcohol gel and/or wear gloves before patient contact.
- Be able to discuss time out protocol (refer to National Patient Safety Goals poster in units and staff lounges) to prevent wrong patient signing wrong procedure events.

**Waived Testing**

- Maintain logs for all point of care testing, including control checks.
- Staff annual competency evaluation must be completed and a competency log must be filed with HR, the supervisor, and/or lab department.

**Medication Management**

- Check for all expired medications, expired solutions, and expired supplies in your units and emergency boxes. Discard according to protocol.

- Label all multi-use liquids, gels, and ointments with expiration date and open/end date. \*\*28 days from date opened.
- Do not accept any medications. If any samples are found please discard immediately and appropriately.
- Be ready to discuss medication reconciliation procedures.
- Cabinets containing ALL medications, needles, syringes, or medical fluids must be kept locked.
- Ensure you have complete monthly inventory checks and update emergency boxes/ bags. Remove expired items and replace. Place the emergency box/bag where it can be easily

**Provision of Care**

- MHC will render medical services to any patient presenting for care without regard to age, race, color, sexual orientation, marital status, religion, sex, national origin or sponsor.
- Be familiar with ways we coordinate a patient’s care with other providers (Internal. External referrals), ER transfers, etc.)

**Rights and Responsibilities of the Individual**

- If the patient needs to communicate in a language other than English, use the language line.
- If patients have concerns about their care or their safety, we have posted signs in the waiting areas and notice on the website to notify them about the Patient Relations department. They may request to speak with Patient Relations, after speaking to the medical provider or practice manager if they feel their needs were not met.
- Patient Special Needs signs must be readily available to use as a communication tool at the front desk. It helps the patient to communicate when there are challenges with hearing, vision, and/or speech.

**HAND HYGIENE**

<b>1</b>	<b>BEFORE PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>EXAMPLES:</b> shaking hands, helping a patient to move around, clinical examination
<b>2</b>	<b>BEFORE AN ASEPTIC TASK</b>	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>EXAMPLES:</b> oral/dental care, secretion aspiration, wound dressing, catheter insertion, preparation of food, medications
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>EXAMPLES:</b> oral/dental care, secretion aspiration, drawing and manipulating blood, clearing up urine, faeces, handling waste
<b>4</b>	<b>AFTER PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient’s side <b>EXAMPLES:</b> shaking hands, helping a patient to move around,

### **Five Moments**

Practicing Hand Hygiene is a key part of keeping our patient's safe and free from infection. There are some situations where hand sanitizers are ineffective. They should not be used when the hands are visibly dirty or soiled.

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***THANK YOU FOR YOUR COOPERATION ON  
MAKING THIS A SUCCESSFUL SURVEY!!!***

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