JCAHO Continuous Readiness

Top 10 Questions Every Staff Member Should Know

- Q What changes have been made to improve patient safety in your organization?
- A Examples: New beds with alarms; tall-man lettering for sound-alike, look-alike drugs; unapproved abbreviations printed on bottom of progress note sheets; medication reconciliation process
- Q How do you verify the identification of patients before medication administration, collecting blood or other specimens, administering blood or blood products, or performing other procedures or treatments?
- A Medications: Match patient's name and unit number on ID band with name and unit number on medication record
 - Blood specimens: Match name and unit number on ID band with name and unit number on requisition and on the label on the specimen container
- Q When is hand hygiene done?
- A Before and after every patient contact with the patient's immediate environment-even when gloves are worn
- Q When do you wash your hands with soap and water?
- A When hands are visibly soiled, after using the toilet and before eating. Hands must also be washed with soap and water after caring for a patient on precautions for C. diff
- Q What is your role in a disaster that results in an influx of patients to your organization?
- A Follow the directions of my nurse manager, charge nurse, or supervisor
- Q What is the procedure for reporting a safety problem?
- A Write an incident report. Also, depending on the severity of the event, contact the Nurse Manager, supervisor, Office of Quality and Safety
- Q Describe the steps you should take if you discover a fire?
- A Implement the hospital's fire plan which, is R.A.C.E.,by "R"escuing the patient, sounding the "A"larm, "C"ontaining the fire by closing the door to the room after the patient has been evacuated, and, finally, if it is safe to do so, "E"xtinguish the fire
- Q How were you trained in infection control, fire safety, emergency management, and other core competencies?
- A During orientation and through annual required training
- Q How is the patient specific information protected in your organization?
- A Examples: Employees only access "need to know" information; verify an employees identity e.g. ID badge before giving information. Patient information is not left in public areas. Before patient information is faxed, the person faxing double-checks the fax number. Patient information discussed in a private area
- Q What specific steps do you take in your organization to improve communication of
- A information from site to site, provider to provider, or unit to unit?

Examples: Person handing off is always available for questions. Standardized handoff format has been implemented: SEAM: **S**ummary, **E**very **A**ctive problem, **M**anagement. Nurses write a progress note before transferring patient off the unit e.g. x-ray

- Q How is the patient's right to personal privacy ensured?
- A Closing room doors, or drawing curtains, particularly when talking with patients. Knocking or announcing ones self before entering