

# Preparing for The Joint Commission (TJC)

**A Pocket Guide to Survey  
Readiness**



## **Harbor-UCLA Medical Center**

Mission: To provide equitable and exceptional care with respect and compassion

**Table of Contents:**

[Introduction](#)..... 4

[What is TJC?](#) ..... 4

[What happens during the TJC Survey?](#)..... 4

[What is the Tracer Methodology?](#)..... 5

[How will the surveyor conduct tracers?](#)..... 5

[What happens when surveyors visit your Department?](#)..... 6

[What will the surveyors look for when they tour the units?](#)..... 6

[Surveyors will be listening! What will they be listening to?](#)..... 7

[Surveyors may interview staff! What can they ask?](#) ..... 7

[What are the most common TJC Citations?](#)..... 8

[What should you know about communicating with patients?](#) ..... 8

[What resources are available to facilitate the patient’s right to receive information in PREFERRED LANGUAGE?](#) ..... 9

[How can you identify patients correctly?](#) ..... 9

[What do you do when you receive a critical result?](#)..... 10

[How can you use medications safely?](#)..... 10

[How should alarms be used safely?](#)..... 12

[What are the Infection Prevention and Control guidelines you must adhere to?](#)..... 12

[How do you identify patient safety risks?](#)..... 17

[What do you do if a patient screens positive for suicide risk?](#)..... 18

[How can providers prepare for the TJC survey?](#) 18

[What is HUMC’s philosophy when it comes to pain assessment and management?](#)..... 21

[What are restraints?](#)..... 24

[How can you ensure a clean and safe environment of care?](#)..... 25

[What should you be documenting?](#) ..... 26

[How can you adhere to Public Health Information guidelines?](#)..... 28

[Can you have food and beverages during patient care?](#)..... 28

[What do you do if EQUIPMENT FAILS?](#) ..... 28

[Do you know where your eyewash stations are?](#) 28

[What are your procedures in the case of a FIRE?](#) 29

[What are the criteria to call an RRT?](#)..... 29

[What do you do if there is CODE PINK?](#)..... 29

[What are some tips for you to decrease your radiation exposure?](#)..... 30

**Introduction:**

This pocket guide is designed to help you prepare for our upcoming The Joint Commission (TJC) survey. Please take a moment to review its contents and reflect on your role in supporting quality care and patient safety. During Mock Tracers, many of the auditors’ questions can be answered using the information provided in this guide.

**What is TJC?**

TJC is an independent, non-profit organization that accredits and certifies healthcare organizations across the United States. Accreditation by TJC is a symbol of quality that reflects an organization's commitment to meeting rigorous performance standards in patient care, safety, and continuous improvement. HUMC is visited by TJC every three (3) years to ensure that we meet these standards and consistently deliver exemplary, safe care to our patients.

TJC is one of four agencies authorized by the Centers for Medicare & Medicaid Services (CMS) to accredit hospitals for federal “deemed” status. Hospitals that earn this status are recognized as meeting CMS requirements and are therefore eligible to participate in and receive reimbursement from Medicare and Medicaid federal programs.

**What happens during the TJC survey?**

During the survey, a team of TJC surveyors visits our facility unannounced. They review policies, observe patient care, interview staff, and follow patient “tracers” to assess how well we meet safety and quality standards. The survey usually lasts a few days and ends with a meeting to share the findings.

### **What is the TJC Tracer Methodology?**

Surveyors will select patients and use their medical records as roadmaps to move through the organization and follow the experience of the patient through the entire health care process.

While TJC can select **any patient** for review, they typically “trace the care” of individuals who have received multiple complex services and are nearing discharge. Examples include patients who have undergone procedures such as surgery, dialysis, or cardiac catheterization; those who have transferred across multiple departments (e.g., Mental Health Clinic → ER → OR → ICU → Med/Surg); individuals placed on isolation precautions or requiring extensive medication management; and ER or clinic patients prescribed antibiotics or scheduled for diagnostic imaging exams.

### **How will the surveyor conduct tracers?**

- Review patients’ medical records with staff (admission, assessment/screening, order and treatment, interdepartmental communication, patient education, safety, documentation, and transition of care)
- Observe direct patient care
- Observe the medication process
- Observe equipment use
- Interview with patients/family
- Discuss the plan of care
- Observe Infection Prevention & Control processes
- Observe the environment of care and safety
- Review competencies, evaluations, and Continuing Education (CEs)

- Closed records review of patients for restraints
- Discuss Process Improvement projects

**What happens when surveyors visit your department?**

Upon the surveyor's arrival, expect them to:

- Tour the unit
- Observe care & listen for alarms
- Review a patient record with caregivers
- Interview caregivers
- Interview patients

**What will the surveyors look for when they tour the units?**

- Identification badges are worn above the waist and are visible
- Use of 2 patient identifiers when providing care
- Hand hygiene should be performed before entering and after exiting the patient room or patient contact, contact with the patient's environment, or donning and doffing personal protective equipment (PPE)
- Medication storage and security
- Cleanliness and safety of the environment
- Clear corridors
- Place stretchers and equipment on only one side if they are in use. Items in corridors left for > 30 minutes are considered "storage" rather than "in use" and therefore are considered clutter
- Clear access to fire extinguishers and pull stations, medical gas shut-off valves, electrical panels, and exits
- Security of HIPAA-protected information
- Compliance with the Universal Protocol

- Adherence to infection prevention standards, including correctly donning and doffing PPE
- Labeling specimens in the presence of the patient

**Surveyors will be listening! What will they be listening to?**

- Alarm audibility and response to alarms and call lights
- Documentation of read-back and confirmation of correct information for any verbal/ telephone orders/critical results
- Effective hand-off communication techniques
- Respectful treatment of patients and their families
- Compliance with privacy and confidentiality rules

**Surveyors may interview staff. What can they ask?**

- Unit and hospital quality initiatives
- Ensuring safety for your patients
- You're training and competence
- How you assess and treat pain
- Patient and family education
- Advance Directives
- Pain management
- Continuity of care
- Understanding of medications
- Preparation for discharge
- Environment of care (cleanliness)

When they ask you questions:

- **Stay calm**, they want you to be well
- Answer **ONLY** the question that you are asked
- Be honest
- If you don't know, tell them where /how you would find the information

**Remember, for quick reference, visit the Harbor-UCLA Medical Center (HUMC) Intranet, where you can find:**

- [Harbor True North Metrics](#)
- [TJC Readiness Resources](#)
- [ORCHID Wiki](#)
- [Policies, Procedures, Protocols, Guidelines](#)

Also, look at the emergency numbers on the back of your ID badge!

### **What are the most common TJC Citations?**

- Failure to document accurately/timely
- Timely reassessments, interventions, & medications
- Hand hygiene
- Isolation Precautions
- Medication Storage and Security
- Point-of-Care Testing

### **What should you know about communicating with patients?**

#### **Ensure Patients Know Your Name!**

- Introduce yourself by telling them your name. Ensure your ID badge is visible to the patient.
- Clearly say your role, such as “I am one of the doctors taking care of you,” or “I am a nurse on your team,” or “I am an occupational therapist.”

Communicate in a way that meets the patient’s needs:

- Have patients use their glasses or hearing aids, language interpreters, communication boards, and translated or plain language materials as appropriate

- Identify the patient’s oral and written communication needs, including the patient’s preferred language for discussing healthcare
- Note that the preferred and primary language may be different. Document them in the medical record

**Remember:**

Qualified interpreters are available 24/7. Know how to access a qualified interpreter: 424-306-8400

**What resources are available to facilitate the patient’s right to receive information in their PREFERRED LANGUAGE?**

- In-person interpreter x68440
- Health Care Interpreter Network
- Phone interpreter x66000
- Language Line InSight (Interpreter) App

**Refer to DHS Policies (in Navex):**

#2869: [Interpretation Services](#)

#3349: [Translation of Written Materials](#)

#3351: [Effective Communication for People with Disabilities](#)

**How can you identify patients correctly?**

Use at least two patient identifiers when administering medications, blood or blood components, or contrast media, and when collecting specimens or providing treatment or service.

HUCLA Identifiers:

- **Inpatient: Name & MRN**
- **Outpatient: Name & Date of Birth**
- Always use active identification
- Say “Please tell me your name and date of birth” instead of “Are you, Mr. Jones?”

- Compare and verify patient identifying information with any registration materials, requisitions, or orders
- Label all specimens in the presence of the patient
- ID patient for transfusions at the patient's bedside
- Barcode scan to match patient and product

**What do you do when you receive a critical result?**

- Read back test results and report to the provider immediately
- If no response is received within 15 minutes, you must escalate to the chain of command
- Document the recipient's name, time notified, and critical result reported in the EHR
- Review of Harbor policy: [Notification of Critical Diagnostic Results](#)

**How can you use medications safely?**

**Preparing medications for a procedure:**

Label all medications and solution containers (e.g., medicine cups, basins, syringes) that are not immediately used in the medication preparation area.

**Label MUST include all of the following elements:**

- Medication name
- Medication strength
- Quantity
- Diluent and volume
- Expiration date and time when not used within 24 hours

**Ensuring an accurate patient medication list:**

Review home medications with the patient. Compare home medications with new orders. Give the patient written information about the medicine.

**Knowing what PINNCHED (high alert medications) stands for.**

- Pressors (dopamine, dobutamine, epinephrine, phenylephrine)
- Insulin (intravenous)
- Narcotics (continuous infusion & PCA pump, methadone, and transdermal Fentanyl patch)
- Neuromuscular blockers are administered via intermittent and continuous infusion
- Chemotherapy
- Heparin (anticoagulants/thrombolytics)
- Electrolytes (potassium, sodium 3% and greater, & magnesium sulfate- Obstetric areas only)
- Dilators (nitroprusside and nitroglycerin continuous infusions)

**Titration Medication:**

- Titratable medications can be adjusted based on the parameters specified within the medication order
- Documentation shows the reason for titration, the dose adjustment, and the patient's response
- Dose adjustments should be within the parameters (range, frequency) specified in the medication order

**The eight (8) RIGHTS of Medication Administration:**

- |   |                             |
|---|-----------------------------|
| (1) Right patient (use 2 Patient Identifiers) | (5) Right indication/reason |
| (2) Right medication                          | (6) Right time              |
| (3) Right dose                                | (7) Right response          |
| (4) Right route                               | (8) Right documentation     |

**Other Medication Safety Practices:**

- **DO** label, secure, and store all medications safely (sterile field, medication carts, rooms, areas locked)
- **DO** date glucometer control solutions with an open date and an expiration date (3 months)
- **DO** ensure all pill crushers are cleaned
- **DON'T** place/carry medications in pockets, including normal saline flushes

**How should alarms be used safely?**

- Be aware of your unit's default alarm settings
- Customize alarms to maximize your ability to respond to changes in your patient's status
- Promptly respond to any clinical alarms, including telemetry alarms, IV pumps, and bed alarms
- Discuss decisions around discontinuation of monitoring during multidisciplinary rounds

**What are the Infection Prevention and Control guidelines you must adhere to?**

**Hand Hygiene (HH)**

- HH is required before and after every contact with A patient; A patient's environment; Any lines or equipment connected to a patient; Any equipment/ supplies that will be used in patient care
- Use alcohol hand sanitizer until it dries, or soap & water for at least 15 seconds
- Do HH before and after using gloves
- Use one-hand gloved technique -when transporting the specimen to the lab

### Isolation Precautions

- Upon identification of needed isolation precautions, nursing staff post isolation signs by the patient's room door and at the head of the bed
- Isolation signs must remain in place to alert Environmental Services (EVS) and all staff of required precautions
- **DON'T** remove the isolation signage until the room has been terminally cleaned.
- EVS or Nursing staff will remove the signage after terminal cleaning is completed.
- Signage lists the minimum required PPE
- Patient isolation status must be communicated during change of shift reports, huddles/handoff communications
- Check:
  - The banner bar in the patient's medical record
  - Condition on the problem list
  - Orders for precautions
  - Microbiology results for **susceptibility testing** indicate the presence of MDROs or other reportable diseases
  - MDRO alert pop-up
  - Care plan – update to reflect precautions status

### Personal Protective Equipment (PPE)

- Gloves, gown, mask/respirator, face shield/goggles
- Don required PPE prior to providing patient care
- Remove after patient contact and dispose of at the point of care
- Do not "travel" with your PPE in the hallway, nursing desk, or any public areas like the cafeteria, etc.

- Do not touch clean equipment with contaminated PPE (including computers and phones)
- For patients on Airborne Precautions, the N95 respirator is worn prior to entering the patient's room and removed outside the room

### **Cleaning and Disinfection**

- Clean/disinfect all equipment between each patient use
- Use disinfectants according to the manufacturer's recommendations (check expiration dates)
- Dwell time for disinfectant wipes (**look at the container if you cannot remember**):
  - Purple top (alcohol based) = 2 minutes
  - Orange top (bleach) = 4 minutes
- Dwell time = Time surface remains wet with the disinfectant. If the area dries before the required time, the surface must be wiped again
- Only store dirty equipment in the designated dirty utility room. Equipment may be identified with a "DIRTY" tag, or staff should follow the established workflow to properly identify and separate dirty equipment
- Staff must be able to distinguish clean from dirty equipment (e.g., tags/covers/workflow)
- Ensure required documentation of tracking logs, e.g., temperature and/or humidity, precleaning/High Level Disinfection, is up to date
- Reusable instruments or equipment must be pre-cleaned immediately at the point of care, following the manufacturer's written IFUs, and be transported to CSP as soon as possible

- Reusable equipment that goes through High-Level Disinfection has a shelf life of 14 days
- Reprocessing is required if the equipment is not used within this 14-day period

### **Patient Education**

- Document in ORCHID all education given related to infection control, e.g., hand hygiene, MDROs, isolation precautions, and any Hospital-Acquired Infections-related preventive strategies

### **HAI-CLABSI Prevention Strategies**

- Perform hand hygiene before and after insertion, and any contact with the line and tubing
- Insertion Phase: Maximal-barrier Precautions (cap, mask, sterile gown, gloves and drape) is required during insertion of a Central line (Stop procedure if noncompliance is observed), clean and prep the insertion site area; avoid placement on femoral sites if possible
- Remove/Replace lines placed emergently without maximal-barrier precautions, ideally within 24 hours
- Maintenance Phase:
  - Perform daily CHG baths
  - Keep the number of accesses to a minimum
  - Use of alcohol impregnated CUROS caps – all lines, all ports, all the time
  - Scrub- the-hub for at least 5 seconds when accessing all lines, all ports, all the time
  - Change dressings as per policy (every 7 days and as needed for soiling)
  - Assess the line site and necessity DAILY
  - Document care and education provided

**HAI-CAUTI Prevention Strategies:**

- Perform hand hygiene before and after insertion, and any contact with tubing or the drainage bag
- Use of aseptic technique in inserting a urinary catheter
- Perform proper peri-care and catheter care, every shift and as needed
- Use a Pure Wick external catheter, condom, or intermittent catheter if possible
- Ensure proper catheter position and unobstructed flow
- Daily assessment of urinary catheter necessity using Nurse Driven Protocol for removal and documentation of appropriate indication for urinary catheter, care, and education provided to patient/family

**HAI-VAP Prevention Strategies:**

- Perform hand hygiene before and after any contact with tubing or ventilator equipment
- Daily assessment of the necessity of mechanical ventilation
- Elevate HOB to 30° - 45°, unless contraindicated
- Oral care every 4 hours and Oral CHG twice a day
- Suction only as ordered or when indicated, and before ETT care
- Maintain ventilator circuits (i.e., condensate)
- Provide early exercise and mobilization
- Document care and education provided to the patient/family

**HAI-SSI Prevention Strategies:**

- Perform hand hygiene before and after any contact with the patient

- PreOp CHG body bath and/or wipes and nasal decolonization. If it was not done preoperatively, then a CHG bath and nasal decolonization must be given postoperatively as soon as possible
- Appropriate hair removal with clippers (not shaved)
- Surgical site skin preparation
- Appropriate administration of antibiotics
- Perioperative normothermia
- Blood glucose control
- Incision site assessments
- Dressing changes and wound care as ordered
- Document pre- and post-operation education provided to the patient/family

**Additional Staff Tips:**

- Check the Expected Practices related to COVID-19 in SharePoint
- Recommend that the staff receive the COVID and influenza vaccination, and that staff use a mask if vaccination is declined
- OSHA Requirement: No staff eating/drinking in patient care areas
- Safe injection practices must always be followed

**How do you identify patient safety risks?**

- Identify and screen high-risk patient populations on admission, such as:
  - Patients with Limited English Proficiency (LEP)
  - Interview about language proficiency and preference
  - Patients with Substance Use Disorder (SUD)
  - Patient at risk for falls
  - Patients at risk for suicide. Screen for suicide risk using the Columbia Suicide Assessment Scale

**What do you do if a patient screens positive for suicide risk?**

- Ensure the patient always remains in view of the staff or observer
- Ensure the environment is cleared of items that the patient may use for self-harm
- Engage the patient in the plan of care

**How can providers prepare for the TJC survey?**

**Ensure Timely Completion of [Admission H&Ps](#)**

- Admission H&Ps must be completed and signed by a licensed provider within 24 hours after admission
- The Attending Physician must sign or co-sign all H&Ps
- If the H&P was completed ahead of time in the clinic, it must be less than 30 days old, and you must review and update it within 24 hours after admission
- Suppose a patient is having surgery within the first 24 hours after admission. In that case, the Admission H&P or update must be performed prior to surgery or a procedure requiring anesthesia (except in an emergency)

**Know the “Mandatory Discuss with Attending” for Your Service**

- Check the Harbor homepage for your service’s list of items requiring [mandatory discussion with the Attending, and review the list](#)

**Provider Responsibilities for [Critical Diagnostic](#) (Lab, Radiology, EKG) Results**

- You have 15 minutes to call back and acknowledge a page about critical diagnostic test results
- Read back the result with two patient identifiers

**Ensure Timely Medication Reconciliation**

- Complete documented medication reconciliation upon patient's admission, change in level of care, transfer, and discharge

**Report Adverse Events and Close Calls in the Safety Intelligence (SI) System**

- This is a great way to support making Harbor a safer place for our patients
- You can also report inappropriate or intimidating behavior using this system

**Appropriate Use of [Verbal Orders](#)**

- Use verbal orders only during extreme emergencies or during sterile procedures. The person receiving the order will repeat the order back and then enter the order in ORCHID
- You must countersign the order within 48 hours

**Provider Responsibility for Cleaning Provider-operated Ultrasounds and Dopplers**

- Always clean the equipment before and after use. Clean using Purple-top wipes. Surface must remain wet with cleaning solution for 2 minutes

**Always use at least 2 patient Identifiers to verify the patient's identity**

- Name and Birthdate (Outpatient)
- Name and MRN (Inpatient, ED, Pharmacy)

**Conduct a pre-procedure verification process**

- Address missing information or discrepancies before starting the procedure
- Verify the correct procedure, for the correct patient, at the correct site
- When possible, involve the patient in the verification process
- Identify the items that must be available for the procedure

**Mark the procedure site**

- At a minimum, mark the site when there is more than one possible location for the procedure, and when performing the procedure in a different location, it could harm the patient

**Perform a time-out**

- Conduct a time-out immediately before starting the invasive procedure or making the incision
- The time-out involves the immediate members of the procedure team
- All relevant members of the procedure team actively communicate
- During the time-out, the team members agree, at a minimum, on the following:
  - correct patient identity
  - correct site
  - procedure to be done

- Utilize the “Time-Out” flowsheet in Cerner/ORCHID for:
  - Bedside procedures
  - Procedural areas
  - Procedures in the OR

**What is HUMC’s philosophy when it comes to pain assessment and management?**

HUMC supports every patient's right to have their pain assessed and treated promptly and effectively if pain persists.

- Patients receiving care at HUMC will be screened for pain upon initial admission/visit
- Patients indicating pain upon screening shall be assessed further for pain
- Patients shall be treated for pain and other related symptoms if they report pain interfering with function anytime during their hospital stay/visit
- Patients' responses to pain intervention shall be evaluated and documented in a timely manner

**Pain Screening Tools/Scales**

**Face, Legs, Activity, Cry, and Consolability (FLACC Scale):** A behavioral scale used to quantify pain by using five categories: Face, Legs, Activity, Cry, and Consolability. Each category is scored on a 0-2 scale, which results in a total score of 0-10, with zero (0) being no pain and ten (10) being the worst possible pain.

The tool is used for scoring pain in:

- Children up to 5 years of age
- Patients who are developmentally delayed

- Patients who have difficulty understanding a Numerical Rating Scale (NRS), who are older than 5 years of age
- Patients who may not be able to verbalize the presence/severity of pain, and/or are non-communicative patients

**N-PASS (Neonatal Pain Agitation and Sedation Scale):**

Used to evaluate the presence of pain in newborns to 100-day-old infants. Pain should be presumed in neonates/infants in all situations that are usually painful for adults and children, and treatment should be used if there is any possibility of pain.

This pain scale is documented as 0 to 10 or 11. If the patient is greater than or equal to 30 weeks of gestation, pain intensity is rated on a scale of 0-10, with zero (0) being no pain and ten (10) being the worst possible pain. If the patient is less than 30 weeks of gestation/corrected age, pain intensity is rated on a scale of 0-11, with zero (0) being no pain and eleven (11) being the worst possible pain.

**Numerical Rating Scale (NRS):** A numeric pain assessment tool in which patients are asked to verbally rate their current pain intensity on a scale of 0 to 10, with zero (0) being in no pain, Mild pain (1-3); Moderate pain (4- 6); Severe Pain (7-10), and ten (10) being the worst possible pain. The NRS is used for patients greater than 5 years of age.

**Critical-Care Pain Observation Tool (CPOT):** A behavioral scale used to quantify pain by using four categories: facial expression, body movements, muscle

tension, and compliance with the ventilator or vocalization of the extubated patient. Each behavior is rated from 0 to 2, which results in a total score of 0 to 8. Presence of pain is suspected when the CPOT score is greater than 2 or when the CPOT score increases by 2 or more. It is used for adult patients who are unable to communicate verbally secondary to mechanical ventilation, sedation, and changes in level of consciousness.

**Assumed Pain Present (APP):** APP is the culmination of a pain assessment of a nonverbal patient, "usually when there is no appropriate behavioral assessment instrument to quantify behaviors systematically." This includes patients who are unresponsive due to traumatic brain injury, pharmacologically induced coma, or neuromuscular blockage. Pain is assumed to be present in these patients. Analgesics will be administered when clinically indicated.

**Assessment shall be performed as follows:**

**Initial-** As part of vital sign measurement, on admission/transfer and/or at the start of each shift.

**Ongoing-** As part of vital sign measurement, at intervals depending on the unit's routine assessment schedule, per patient's request, and/or as necessary.

**Reassessment-** As indicated by the persistence of pain, initiation of potentially painful procedures, changes in medical status, and/or after any pharmacological/non-pharmacological interventions provided for pain management.

- The following will be reported immediately to the Provider:
  - Uncontrolled pain

- Pain intervention that does not achieve the patient's pain goal in a timeframe appropriate to the intervention
- New or worsening pain
- Adverse effects of pain medication

**What are restraints?**

- A restraint is any method (chemical or physical) of restricting the freedom of movement of an individual to manage their behavior
- This includes any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual to move their arms, legs, body, or head freely
- Restraints shall be implemented in the least restrictive manner possible, in accordance with safe and appropriate restraining techniques, and used only when less restrictive measures have been found to be ineffective to protect the patient and others from harm
- All patients have the right to be free from physical or mental abuse and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff

**Ordering Restraint/Seclusion**

- A documented face-to-face assessment of the patient's clinical condition: (a) Within 1 hour for Restraints/Seclusion - Violent order set (b) Within 24 hours for Restraints - Non-Violent order set, to include the following:
  - An evaluation of the patient's need for restraints

- The patient's reaction to the intervention
- The patient's medical and behavioral condition
- The need to initiate, continue, or terminate the restraint or seclusion
- Alternative intervention methods attempted or considered before restraints/seclusion
- Indications, justifications for restraints/seclusion
- Type of restraint and duration

### **Restraint documentation**

- Must be timely, accurate, and complete
- Order must match the restraint type in use
- Each restraint episode must have an active order
- When the patient no longer requires restraint, ensure that:
  - Order is discontinued
  - The restraint type is documented as “discontinued” on the “Restraint Flowsheet”

### **How can you ensure a clean and safe environment of care?**

- **DO** maintain clutter-free corridors with items (WOWs, PPE carts, Crash Cart) on one side of the corridor
- **DO** remove excessive and damaged tape from walls, supply carts, cabinets, & fixtures
- **DO** maintain 18 inches or more of open space below the sprinkler deflector
- **DO** inspect and remove all expired supplies (ancillary supply carts)
- **DO** replace Sharp’s containers when the fill line is reached
- **DO** report any stained ceiling tiles to Facilities Management so they can be replaced

## PREPARING FOR THE JOINT COMMISSION

- **DO** be fit tested for an N95 respirator if required
- **DO** know how to distinguish between clean and dirty equipment in your area. Cover clean equipment.
- **DO** check all call buttons to be sure they are in working order and accessible to the patient
- **DO** monitor refrigerator temperatures
- **DON'T** store empty and full oxygen tanks together, Oxygen tanks must be stored upright in designated spaces
- **DON'T** store personal belongings in non-designated areas
  
- **DON'T** prop open doors (including fire & smoke doors, storage room doors, linen closets, and any other doors)
- **DON'T** block fire exits, fire extinguishers, fire alarm pull stations, and electrical panels
- **DON'T** store clean and dirty equipment together
- **DON'T** store patient items in the soiled utility area

### **What should you be documenting?**

#### **Documentation should always “Tell the Story”**

- What happened?
- What did you do?
- How did the patient respond?

**Be prepared to review a patient record with a surveyor** Ensure you are familiar with accessing these essential items in the patient record:

### **Patient Information**

- Preferred language & Need for Interpreter Services/Translations
- Allergies
- Precaution Status
- Code Status
- Advance Directives
- Medication List
- Immunizations

### **Treatment Information**

- Nursing Plan of Care
  - ✓ Make sure it has measurable goals and timeframes!
  - ✓ Updated every shift.
  - ✓ "Resolve" problems that are no longer active.
- Patient Education
- Time-Outs (Universal Protocol)

### **Assessments**

- Is the required documentation complete?
- Restraint flowsheets:
  - ✓ Does the restraint order align with the information documented on the flowsheet?
  - ✓ Were the restraints appropriately documented as "discontinued?"
- Pain assessments:
  - ✓ Are pain scores documented before and after treatment?
  - ✓ Is the pain scale used appropriate for my patient?

**How can you adhere to the guidelines for Public Health Information (PHI)?**

- **DON'T** discuss patient information in public settings
- **DON'T** display patient lists and nursing handoff notes in public settings (elevators, cafeteria, main corridors)
- **DON'T** leave the 3C's (Charts, Computers, Clipboards) open and unattended with PHI on display

**Can you have food and beverages during patient care?**

OSHA prohibits the consumption of food or drink in areas where work involves exposure or potential exposure to blood or other potentially infectious or toxic materials or where contamination can occur.

- Food is allowed in staff lounges, the cafeteria, and any location in a department that is designated as a non-patient care area

**What do you do if EQUIPMENT FAILS?**

- Stop using it
- Sequester it
- Notify supervisor
- Notify Facilities Management/BioMed
- Place an "Out of Service" repair tag (orange)

**Do you know where your eyewash stations are?**

- Know where the eyewash stations are for your area.
- Know who is responsible for keeping them clean and accessible

**What are your procedures in the case of a FIRE?**

- R.A.C.E (**Rescue-Alarm-Contain-Extinguish**) for fire!
- P.A.S.S. (**Pull-Aim-Squeeze-Sweep**) to use a fire extinguisher
- Call x113
- Evacuate (**horizontal then vertical**) (closest patient in danger first, then ambulatory, non-ambulatory/ wheelchair, then bed-bound patients)
- Hallway clear, close doors, barrier doors, create a safe, smoke-free area
- Where is the closest pull station? Extinguisher?

**What are the criteria to call an [RRT](#)?**

Any of the following:

- Acute change in Heart Rate
- Acute change in Systolic Blood Pressure
- Acute change in Respiratory Rate or effort
- Acute change in Oxygen Saturation
- Acute change in Mental status
- Severe, uncontrolled bleeding
- Narcan administration
- Concern about rapidly changing early warning score (such as NEWS)
- New or worsening neurological deficits
- Any staff member is worried that the patient is deteriorating even in the absence of any of the above criteria. (\*It's an individual decision and cannot be overturned by another person or discipline)

**What do you do if there is [CODE PINK](#)?**

Harbor Policy Infant-Child Abduction

Call x111 and x64450. Provide the location, age of the patient, and a description. Count all babies and secure the unit

**What are some tips for you to decrease your radiation exposure?**

Radiation safety protects patients, staff, and visitors from unnecessary exposure. ALWAYS:

- Wear lead aprons and protective gear as appropriate
- Use shielding devices and report any damaged protective equipment
- Limit exposure time during procedures and maintain safe distances whenever possible
- Follow all radiation safety protocols
- Remember, ALARA — keep radiation “As Low As Reasonably Achievable

**Use your dosimeter**

- Place your dosimeter on the outside of your lead apron, usually at collar level
- Always wear your dosimeter when working in areas with radiation exposure (e.g., fluoroscopy, CT, Nuclear Med)
- Don't share your badge or use someone else's
- Avoid exposing it to heat, direct sunlight, or X-rays when you're not wearing it
- Exchange dosimeters monthly to ensure accurate tracking
- Review your radiation exposure reports regularly with your supervisor or the Radiation Safety Officer (RSO). If your dose is unusually high, your supervisor will follow up
- Report lost/missing dosimeter. Immediately notify your supervisor and request a replacement

**Let us always be ready!  
Keep HUMC a safe environment for all!**

For any questions about Regulatory requirements, contact:

**Accreditation and Regulatory  
Compliance Team  
Contact Number: 424-306-6385**



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