

UC Davis Center for Nursing Education

What's New in 2009

What's new in 2009 highlights new information as well as changes that have occurred over the past year and are important for everyone to know and understand. This document is not intended to replace the UC Davis Health System Mandatory Annual Training (MAT) text. A complete copy of the 2009 MAT text is available at:
<http://www.ucdmc.ucdavis.edu/cne/download/MAT2009.pdf>

Commitment to Quality and Safety

UC Davis Health System is accredited by The Joint Commission, a not-for-profit organization dedicated to raising the level of safety and quality of care in all health care settings. Its accreditation is recognized within the health care industry as a symbol of quality. UC Davis Health System demonstrates an extraordinary commitment to provide safe, high-quality care and a willingness to be measured against the highest standards of performance. If patients have any concerns about their care or safety at UC Davis Health System that have not been addressed to their satisfaction, they are encouraged to contact management through the Patient Relations department. Likewise, physicians and staff have various ways to bring forward quality of care and patient safety concerns - through your unit performance improvement (PI) process, reporting to your supervisor/manager, reporting concerns using the Incident Report System, use the Compliance Hotline, or contact The Joint Commission. The Health System does not take disciplinary action or retaliate against an employee for bringing forward quality of care and patient safety concerns.

New California Privacy Laws

EFFECTIVE JANUARY 1, 2009

Whatever you do in 2009, DO NOT access, use or disclose patients' medical information unless you have a specific job-related reason to do so. Two new bills effective January 1, 2009 will subject UC Davis employees, the UC Davis Medical Center and other individuals to significant administrative fines and penalties for the unauthorized viewing, access and/or disclosures of patients' medical information. SB 541 requires licensed health facilities (clinic, hospital, home health agency or hospice) to report any unlawful or unauthorized access, use or disclosure of a patient's medical information to the California Department of Public Health (CDPH) no later than five days from the detection of the unlawful or unauthorized access, use or disclosure. CDPH may assess an administrative penalty against a licensed health facility up to \$25,000 per patient whose medical information was unlawfully or without authorization accessed, used or disclosed. In addition, it may impose up to \$17,500 per subsequent occurrence of unlawful or unauthorized access, use or disclosure up to a maximum of \$250,000 per violation. Further, CDPH may assess a \$100 per day fine for failure to timely report the incident(s) within the five

day reporting requirement. The CDPH may also refer the incident(s) to the Office of Information Integrity (OHII) in accordance to AB 211.

Assembly Bill 211 requires providers of health care to implement appropriate administrative, technical, and physical safeguards to protect the privacy of patients' medical information. It creates the Office of Health Information Integrity (OHII) within the California Health and Human Services Agency. OHII is authorized to assess fines against individuals for unauthorized access, use or disclosure of patients' medical information. The penalties that may be assessed against individuals begin at \$2,500 for negligent disclosure, increase to \$25,000 for knowing and willful disclosure, and may be up to \$250,000 if the information is used for financial gain. The OHII may also refer the incident(s) to an individual's licensing board (i.e., Medical Board, Nursing Board, etc.) for discipline.

Key Points:

- These laws affect you as individuals, as well as the UC Davis Medical Center, as the state may now impose substantial fines against individuals and facilities for inappropriate viewing of, use of, or disclosure of a patient's medical information.
- Individuals who improperly access, use or disclose patient medical information are subject to discipline, up to and including dismissal.
- UCDHS has a comprehensive privacy and security surveillance program designed to detect unauthorized access, use or disclosure of a patient's medical information.
- Any actual or suspected incident of unauthorized or unintended access, use or disclosure of a patient's medical information must be immediately reported to the UCDHS Compliance Department. Please call 734-8808 to report any violations.

Please help us respect and maintain the privacy of our patients. If you have any questions about accessing patient information, please contact us at 734-8808.

2009 National Patient Safety Goals

The Joint Commission first introduced the patient safety goal program in 2004. The primary purpose was to reinforce the need for organizations to promote specific improvement in patient safety planning. The emphasis is on assessing, managing, monitoring, improving and reporting patient safety related information and data.

UC Davis Health System has a strong, fundamental commitment to providing the highest level of safe, quality patient care. Why patient safety? It's important, it's our business and it's because we care.

[Note: Joint Commission has established the numbering system. Some goals and/or requirements have been retired, converted to standards, or are not applicable to the hospital setting. Changes to the goals are noted in **bold**]

The goals are:

Goal #1: Improve the Accuracy of Patient Identification

1A. Two Patient Identifiers: Use at least two patient identifiers when providing care, treatment, and services (neither to be the patient's room number or physical location).
([UCDHS P & P 2702 – Patient Identification for the Hospitalized Patient](#))

1B. Eliminate transfusion errors related to misidentification.

([Patient Care Standards XIII-12 – Administration of Blood and Blood Components](#))

Goal #2: Improve Effectiveness of Communication Among Caregivers

2A. Read Back: For verbal, telephone orders, or telephone reporting of critical test results, the individual giving the order/test result verifies the information by having it "READ-BACK" by the receiver.
([UCDHS P & P 2390 – Verbal Orders](#))

2B. "Do not use" Banned Abbreviations: Standardize a list of abbreviations, acronyms, and symbols that are not to be used throughout the organization.

([UCDHS P & P 2305 – Approved Abbreviations](#))

2C. Critical Results Reporting: Measure, assess and, if needed, take action to improve the timeliness of reporting, and the timeliness of receipt of critical tests results/values by the responsible licensed caregiver.

([UCDHS P & P 2720 – Communicating Critical Lab Values](#); [Radiology P & P 410 – Radiologist's Interpretation and Reporting of STAT Studies](#))

2D. Hand-Off Communications: Implement a standardized approach to Hand-Off communications, including an opportunity to ask and respond to questions about the patient.

([UCDHS P & P 2707 – Patient Hand-Offs](#))

Goal #3: Improve the Safety of Using Medications

3A. Look-Alike/Sound-Alike Drugs: Identify and annually review a list of look-alike/sound-alike medications used in the Medical Center. Take action to prevent errors involving the interchange of the medications.

[\(UCDHS P & P 1325 – High Alert Medication\)](#)

3B. Medication Labeling: Label all medications, medication containers (i.e., syringes, medicine cups, basins, etc.).

[\(UCDHS P & P 3091 – Labeling of Medications in Perioperative & Procedural Areas\)](#)

3C. Anticoagulation Therapy: Reduce the likelihood of patient harm with the use of anticoagulation therapy.

[\(UCDHS P & P 2715 – Anticoagulation Administration\)](#)

Goal #7: Reduce the Risk of Health Care-Associated Infections

7A. Hand Hygiene Guidelines: Comply with current [World Health Organization \(WHO\)](#) or [Centers for Disease Control and Prevention \(CDC\) hand hygiene guidelines](#).

[\(PCS XI 23 – Handwashing\)](#)

7B. Report Health Care Associated Infections: Manage as sentinel events all identified cases of unanticipated death or major, permanent loss of function related to a health care associated infection.

[\(UCDHS P & P 1440 – Sentinel Events\)](#)

7C. Prevent Health Care Associated Infections Due to Multiple Drug-Resistant Organisms: Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.

[\(UCDHS P & P 2000 – Process for Infection Prevention and Control\)](#)

7D. Prevent Central Line-Associated Bloodstream Infections: Implement best practices or evidence-based guidelines to prevent central line associated bloodstream infections.

[\(PCS XIII-01 – Venous Access Catheter Master Policy with Links to Procedures\)](#)

7E. Prevent Surgical Site Infections: Implement best practices for preventing surgical site infections.

[\(PCS I-20 – Standards for Creating a Sterile Field\)](#)

Goal #8: Patient Medication Reconciliation

8A. Medication Reconciliation: Process for comparing the patient's current medications with those ordered for the patient while under the care of the Medical Center.

[\(UCDHS P & P 2711 – Medication Reconciliation\)](#)

8B. Medication Communications – Provider of Service: A complete and reconciled list of medications is communicated to the next provider of service and the communication is documented.

[\(UCDHS P & P 2711 – Medication Reconciliation\)](#) [\(PCS IV 80 – Prescription Medications Following Discharge\)](#) [\(PCS IV 85 – Management of Patient's Own Medications\)](#)

8C. Medication Communication – Patient: When a patient leaves the Medical Center's care, a complete and reconciled list of the patient's medications is provided directly to the patient and the patient's family as needed. The list must be explained to the patient and/or family.

[\(UCDHS P & P 2711 – Medication Reconciliation\)](#) [\(PCS IV 80 – Prescription Medications Following Discharge\)](#) [\(PCS IV 85 – Management of Patient's Own Medications\)](#)

Goal #9: Patient Falls

9A. Patient Falls: Implement a Falls Reduction Program.

[\(PCS IV-05 – Adult Patient at Risk for Falling\)](#)

Goal #13: Speak-Up Program

13A. Patient Speak-Up Program: Encourage patient's active involvement in their own care as a patient safety strategy.

[\(UCDHS P & P 1402 – Patient Rights & Responsibilities\)](#)

(The [UCDMC "Speak Up" Program](#))

Goal #15: Patient Safety Risk

15A. Suicide Risk Assessment: Risk assessment is conducted on patients to determine if they are at risk for suicide. Community resources and a crisis hotline should be provided to the patient and their family members.

[\(PCS IV-72 – Care of the Suicidal Hospitalized Patient\)](#)

[\(UCDHS P & P 1617 – Management of the Environment of Care\)](#)

Goal #16: Improve Recognition and Response to Changes in a Patient's Condition

16A. **Rapid Response Team Program**: Define and implement a program that enables health care staff members to directly request additional assistance

from specially trained individuals when the patient's condition appears to be worsening.

[\(PCS XVIII-33 – Action Nurse/Rapid Response Team\)](#)

UNIVERSAL PROTOCOL

Comply With the Universal Protocol: Pre-Procedure Verification Process is to be conducted. Verify correct patient, correct site, and correct procedure.

[\(PCS IV-19 – Surgical Procedure/Site Verification\)](#)

Mark the Procedure Site: The procedure site is to be marked with as much involvement by an awake/aware patient as possible.

[\(PCS IV-19 – Surgical Procedure/Site Verification\)](#)

Time-Out (Surgical Pause): Immediately PRIOR to skin incision, the entire team will actively participate in a time-out during which key information regarding the surgery/procedure and patient will be verified.

[\(PCS IV-19 – Surgical Procedure/Site Verification\)](#)

For more detailed information regarding the National Patient Goals contact:

CQI/Patient Safety 916-734-8186 or Clinical Affairs 916-734-1166

A hardcopy version of the [National Patient Safety Goals for 2009](#) is available [here](#). A [poster](#) of the National Patient Safety Goals is located [here](#).

Infection Control

To Glove or Not to Glove?

An article in the American Journal of Infection Control (Kaczmark R.G., Moore R. M., "Glove use by healthcare workers: results of a tri-state investigation", 19:228-232, 1991) states glove use increases when there is an increased fear from staff about occupational transmission of pathogens. Appropriate use of gloves does not include fear. Glove use is evidence-based applying scientific principles.

It is appropriate to wear gloves to transport from ER to OR a trauma patient who is bleeding or while using an ambu bag on a patient during transport. It is appropriate to wear gloves during transport of a patient with burns (do not touch the burn unless sterile gloves are available to wear). Gloves are worn when staff (MD, RN, Transporter) anticipate contact with body fluids or open wounds.

Gloves are not worn for a routine discharge while pushing a wheelchair to the lobby. Gloves are not worn for transporting patients to radiology. Gloves are not worn while transporting a surgical patient from the OR to a patient unit.

We need to protect our visitors as well as the patients and ourselves. Protecting visitors means protecting the environment. Visitors touch buttons on elevators, doors and door handles. It is inappropriate for staff (MDs, RNs, transporters) to wear gloves while touching these items. Over-utilization of gloves results in moisture build up on the hands which increases the probability of yeast infections under your nail beds. Please protect your nail beds by **wearing gloves appropriately**.

Smoking

The UC Davis Health System's Sacramento campus became a completely smoke-free environment on July 1, 2008. The decision to eliminate all smoking from the 143-acre Stockton Boulevard campus was based on a recommendation from the health system's safety committee, which noted that all tobacco smoke, including second-hand smoke, is a serious health hazard for which there is no risk-free level of exposure. On July 1, 2009 all outlying buildings and clinics will become smoke free as well. [UC Davis Health System P&P 1628](#) provides details of the no-smoking policy.