



Steven Hirsch and Associates

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Steven Hirsch and Associates

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OUR MISSION

Our mission is to provide dynamic integrated expertise that supports health care organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

OUR VISION

To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the health care industry.

OUR VALUES

CREDIBLE • ETHICAL
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Standardized Procedures in California

Standardized procedures are the legal mechanisms for RN's to perform functions which would otherwise be considered the practice of medicine. The California Board of Registered Nursing and the Medical Board of California jointly put forth the guidelines for standardized procedures.

A description of the methods used by the organization in developing and approving standardized procedures needs to be completed. The standardized procedures are developed collaboratively between Nursing and the Medical Staff and are to be approved by the Interdisciplinary Practice Committee (IDPC). The IDPC is accountable to the Governing Board for establishing policies for interdisciplinary practice. IDPC membership consists of nurses, physicians (an equal number of RN's and physicians), the Administrator and Director of Nursing [Title 22 70706(a)(b)]. Once the IDPC approves the standardized procedure, a signed and dated approval sheet is to be completed.

But before we get to approval, let us review the steps that need to be taken to formulate a standardized procedure per the Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474, and Medical Board of California, Title 16, CCR Section 1379.

The following is a brief review of requirements that are to be addressed when an organization is developing standardized procedures.

- Each standardized procedure is to be in writing and signed by the personnel authorized to perform them in the organization.
- The standardized procedures are to be kept in a manual in the Chief Nursing Officer's office that includes the signed and dated approval.
- The standardized procedures are to be reviewed at least every three years AND as practice changes occur. If changes occur, the standardized procedure is to be approved by the IDPC and must be accompanied by a dated and signed approval sheet.
- The standardized procedure needs to state what functions the RN may perform and under what circumstances.
- The experience, training, and education of the RN are to be included as

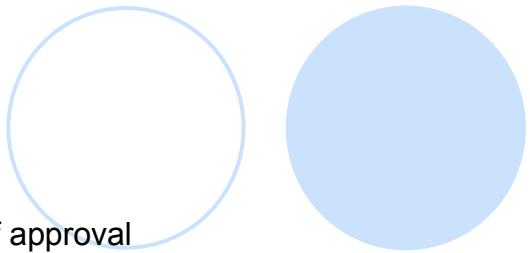
Standardized Procedures in California Continued...

well as any specific requirements for the procedure. It goes without saying that each nurse performing the standardized procedure must have a current California nursing license.

- The organization needs to evaluate the nurse's initial competency and then a continuing evaluation of the nurses authorized to perform the standardized procedure needs to be documented.
- Be sure to maintain a list of nurses authorized to perform each standardized procedure.
- Be sure to address: if immediate supervision of a physician is required, circumstances under which immediate communication to the physician is required, and any limitations to performance of the standardized procedure.
- Also be sure to specify documentation requirements for the standardized procedure.

A suggested format for standardized procedures:

1. Policy
2. Protocol
3. Requirements for the Registered Nurse
4. Development and Approval
5. List of Registered Nurses authorized to perform and dates of approval



Organizations most frequently have standardized procedures for OB medical screening evaluation and for Discharge from outpatient surgery. It is recommended that organizations review their current standardized procedures to ensure that all required components are addressed and also that the standardized procedures in use are still necessary.

Written by Linda Paternie, RN, BS, MHA of Associates

It Happens

As much as we would like to see them gone, surgical fires continue to occur. According to the AORN Fire Safety Took Kit 2015, it is estimated that there are 200-240 surgical fires per year in the United States. Of these fires, 20-30 are serious and result in disfiguring or disabling injuries to the patient. Our Steven Hirsch and Associates team has been in hospitals that have experienced recent surgical fires. It is a scenario that no one wants to ever have to be involved in, assess and evaluate, and report, not only to the regulatory bodies, but also to the patient involved, and their families and loved ones. Because of these recent and rather first hand experiences, I thought a little review of surgical fire awareness would be timely.

Conditions that may place a patient at risk for surgical fires include procedures involving the head, neck and upper chest; the use of electrosurgical or electrocautery devices or the use of lasers in proximity to oxygen or nitrous oxide; and the use of fiber-optic cables, drills, saws, burrs, coagulators or defibrillators.

In many cases the use of oxygen via mask or cannula is present.

The "Fire Triangle" or "Fire Triad" is mentioned in much of the literature. The components of the triangle are: Ignition source, Oxidizer, and Fuel. It is prudent for all persons to be aware of these components. Education and training are essential.

Awareness is crucial....Prevention is the key!

A fire risk assessment tool has been published by AORN. It is as follows:

Continued on the Next Page...

It Happens Continued...

1. Is an alcohol-based skin preparation agent or other volatile chemical being used pre-operatively?
2. Is the surgical procedure being performed above the xiphoid process?
3. Is open oxygen or nitrous oxide being administered?
4. Is an electrosurgical unit, laser, or fiber-optic light cord being used?
5. Are there other possible contributors?

Many organizations incorporate the use of the fire risk assessment tool into their “time-out” process and document such in the patient’s record. Communication is key to success, including surgeon and anesthesiologist communication and especially when any of the elements of the fire risk assessment are present.

It is the responsibility of the surgical team ...and of everyone...to prevent a surgical fire. Techniques to prevent surgical fires include:

- Avoid pooling of liquids such as alcohol-based skin preparations.
- Allow adequate drying time after skin preparation.
- Communication between surgeon and anesthesiologist prior to the use of electrocautery.
- Safe use of supplemental oxygen. Consider stopping supplemental oxygen use on head, neck, and upper chest surgery patients one minute before using an ignition source if the patient can tolerate.
- Use the minimum concentration of oxygen necessary. Use a closed delivery system such as an endotracheal tube or laryngeal mask when possible.
- If an oxygen delivery system is used, drape the patient in a manner to help prevent accumulation of oxygen in the surgical field; consider the use of fenestrated drapes; blow air to rid the area of excess oxygen.
- Keep in mind that it takes several minutes to reduce oxygen concentration in an area even after stopping the oxygen or lowering the concentration of oxygen.
- Do not place electrosurgery or electrocautery devices on the patient/drapes.
- Constant communication among all members of the surgical team is essential.

For more information on the AORN Fire Safety Tool Kit 2015, you may use the following website address: <http://www.aorn.org/toolkits/firesafety>

Written by Linda Paternie, RN, BS, MHA of Associates

About Steven Hirsch & Associates

Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987. Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, medical staff services (including credentialing and independent peer review), clinical lab management and compliance with HIPAA. For more information on how Steven Hirsch & Associates can assist you with accreditation and licensure preparedness, Medicare certification and other management challenges, please contact us at (800) 624-3750 or visit www.shassociates.com.

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OUR SERVICES

- Pre-accreditation, Medicare certification, and Licensing surveys
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- Medical staff support services (including professional credentialing services and independent peer review)
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- Performance improvement (CQI) and Patient Safety consultation
- Management of the Environment of Care (including Life Safety Assessment)
- Joint Commission Survey Interview Training
- PPR Preparation

Compliance with the NPSG.07.01.01 (Hand Hygiene)

Compliance with the NPSG.07.01.01

The Joint Commission survey process is always a stressful time for all in the healthcare profession. No matter how much one prepares, it is always a nerve racking experience. Below are some tips for compliance with the NPSG.07.01.01 that I hope will assist the Infection Preventionist in preparing for a survey.

Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

What do your hand hygiene audits say about your facility?

During a Joint Commission or any regulatory survey, it is difficult to determine the focus of an individual surveyor as he/she brings with them different backgrounds. The Infection Preventionist must be able to articulate the results of their hand hygiene audit. Otherwise, this opens the door for a possible finding of Insufficient Compliance with this National Patient Safety Goal.

In addition, one should customize monitoring of hand hygiene compliance specifically to your facility (i.e. acute care versus behavioral health). Some examples for indications for hand hygiene are:

- Before patient contact;
- Before starting an invasive procedure;
- After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, and wound dressings;
- After removing gloves;
- When moving from a contaminated patient body site to a clean site during care;
- After contact with inanimate objects or medical equipment close to the patient; and
- After patient contact.

It's important to demonstrate the following:

- Overall hand hygiene compliance rate over time;
- Compliance rate stratified by patient care units;
- Compliance rate stratified by health care worker category; and
- Compliance rate stratified by shifts.

Our goal is to increase awareness among our staff of the importance of performing hand hygiene in keeping patients safe and free from healthcare associated infections (HAIs).

Written by: Virginia "Ginny" Ginunas, MT, CIC of Associates