June 29, 2018

Rick Combs
Director of the Legislative Counsel Bureau
401 S. Carson Street
Carson City, NV 897014-4747
director@lcb.state.nv.us

Re: Annual Patient Safety Report per NRS 439.877
Pershing General Hospital

Dear Director Combs:

Pursuant to NRS 439.877, Pershing General Hospital is required to annually submit to your office a summary of its Patient Safety Committee Activities including information relating to the development, revision and usage of patient safety checklists, patient safety policies and a summary of the annual review conducted for the prior 12 month period. The following information is being provided in conformity with this requirement.

Establishment of Patient Safety Checklists: Pursuant to the provisions of NRS 439.877, the Patient Safety Committee adopted Patient Safety Checklists. These checklists are reviewed and modified as necessary, based upon outcome and performance data, on a yearly basis. Currently, Pershing General Hospital utilizes and monitors compliance with checklists covering numerous patient areas. These include Hand Hygiene, Patient Identification, Code Blue Cart Inspection, Blood Gas Analyzer, (etc.) Checklists and others.

Adoption of Policies, Procedures and Protocols: In conjunction with the checklists, Pershing General Hospital has developed and implemented policies, procedures and protocols to ensure compliance with the letter and intent of the checklists. A list of the current policies covering the above referenced checklists include, but are not limited to the following:

Patient Safety
    Patient Safety Plan

Hand Hygiene and Infection Control
    Hand Washing

Patient Identification
    Patient Identification for Clinical Care and Treatment

Emergency Carts
    Crash Cart Check and Supply Procedure

Fall Prevention

Falls and Fall Prevention

Patient Discharge

Discharge a Patient form Hospital

Patient Safety Compliance: During the calendar year (2016/2017), the hospital Patient Safety Officer in conjunction with the hospital Risk/Quality Improvement Manager and Nursing leadership conducted reviews of staff and physician compliance with established patient safety checklists, including but not limited to the ones referenced above. These reviews included direct surveillance, clinical process reviews and root cause analysis for significant events.

Patient Safety Committee: During the calendar year (2016/2017), the Patient Safety Committee in conjunction with the hospital Risk/Quality Improvement Manager and Nursing leadership has increased awareness to the safety committee due to changes in committee members. The Patient Safety Plan is presented to the governing Board of Directors for approval annually.

If you have any questions regarding the hospital's patient safety checklists or its quality programs, please feel free to contact me at your earliest opportunity.

Sincerely,

KayDawn Hughes

Risk/Quality Improvement Manager

REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO NRS4393.977(4) (d) – SUBMITTED BY:

Pershing General Hospital
855 6th Street
Lovelock, NV 89419
KayDawn Hughes, Risk Manager
July 1, 2017 – June 30, 2018

Check List Developed Include:	Revisions	Usage	Review
Admission Acute, OBS, Swing	4/17/17	All Patients	
Discharge Acute, OBS, Swing	4/18/17	All Patients	
Transfusion Service Record	Electronic	All Patients	
EVC Cleaning: Patient Rooms and Treatment Areas	3/14/16	All Employees	X
Hand Hygiene Observation	6/28/17	All Employees	
Environmental Hazard Assessment	6/25/18	All Employees	
Blood Transfusion Flow Chart	3/9/2000	All Patients	X
IP/Swing Review	6/28/17	All Patients	
Patient Safety Policies	Revisions	Usage	Review
Patient Safety Committee	6/28/17	All Employees	X
Patient Safety Checklist	6/27/27	All Employees	X
Patient Identification of Clinical Care and Treatment	12/26/13	All Employees	
Hand Hygiene	2018	All Employees	

Revision: Checklist and Patient Safety Policies were reviewed for the stated time period. Need for revision is noted by the date the revision was made.

Usage: Outlines the units/departments the checklist are used in

Review: If there is an X the checklist or policies they were reviewed but no changes were required.

Reports are due on or before July 1 of each year, address report to:
Director LCB
Rick Combs (2016)
director@lcb.state.nv.us
Copy to: Megan.Comlossy@lcb.state.nv.us
Carson City, NV 89701
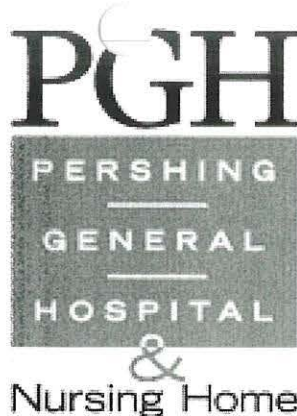
Admission Check List (Acute, Observation, Swing)

To be completed within 36 hours of admission

PGH — PERSHING GENERAL HOSPITAL & Nursing Home

Nurse's Initials	
	Home medication clearly documented on EMAR: Alert staff with pharmacy access (David or Melissa) to change if necessary
	Home medications documented on E-Form: Only keep meds we are using and add to count sheets all controlled substances (RX number on bottle will have a 'C' in front of it)
	Flu/Pneumonia vaccines: Phy Prob List →Immz →Add New
	Flow charts: Initial interview, nursing physical/daily assessment, fall and Braden assessment (and any other applicable flow charts)
	Physician problem list: Ensure completed by physician & relevant to admission diagnosis
	Patient education printed: Education →Patient Education Documents → Search by Patient's Phy Prob List
	Flow chart problem list: Add relevant problems and patient specific interventions with measurable goals (pain, fall risk, skin integrity etc.)
	Quality measures addressed with first entry in physical assessment flow chart: VTE/Comfort Measures/Stroke – Open entry box and save entry as N/A when not applicable
	Nutrition screening: Nursing to complete E-Form and fax to dietician
	Family history: Phy Prob List →Hist →New→ Family Health History (Select 'No Known Family History' and save if applicable)
	Smoking patients: Print education document called 'cigarette smoking and your health'
	Ensure business/admit packet is completed by ward clerk: Consents, PASRR, demographics, personal valuables form, advanced directive form, patient rights forms, insurance verification, HIPAA acknowledgment (additional swing consents as applicable)
	Dietary orders: Nursing staff to create electronic order
	Swing Patient* Notify appropriate staff for medication ordering: Kathrine, Melissa, or Christina for McKesson ordering. Call in orders to local pharmacy as needed and purchasing or admin will pick up. Aim to use only our medications as soon as possible.
	Swing Patient* Give PPD and fill out E-Form: Put notice of check due date in 'Staff Communication' box (bottom right of patient chart screen).
	Swing Patient* PT, OT, Speech orders sent
	Swing Patient* Notify activities with paper form
	Swing Patient* Each medication as a diagnosis: Alert staff with pharmacy access as needed if forgotten by physician
	Swing Patient* Consent completed for all psychoactive meds: Be sure care plan is in place and nonpharmacological interventions are documented.

Date	Nurse Signature

Patient Label

4/18/17

PGH
PERSHING
GENERAL
HOSPITAL
&
Nursing Home

DISCHARGE CHECK LIST (ACUTE, OBS, SWING)

	TRANSITION OF CARE COMPLETED
	CCD PRINTED FOR EACH TRANSISTION OF CARE
	CHF INSTRUCTIONS GIVEN-if dx
	Medications from home given to patient at discharge (E FORM complete)
	New medications explained and RX given or escribe by physician
	PNEUMONIA SHOT GIVEN
	FLU SHOT GIVEN
	PATIENT PORTAL GIVEN
	PROBLEM LIST-COMPLETE
	PATIENT EDUCATION-Problem list, Medication, or Lab
	PLAN OF CARE COMPLETE
	QUALITY (STROKE/VTE/COMFRONT MEASURES) COMPLETE
	Layperson Caregiver documented
	DISCHARGE INSTRUCTIONS GIVEN
	END SHIFT
	DISCHARGE TIME, CONDITION, DESTINATION COMPLETE
	RETURN PTS MEDICATIONS TO THE PHARMACY

D/C NURSE SIGNATURE_____**DATE**_____

PATIENT LABEL

6/18/17

EUS cleaning

DAILY ASSIGNMENT LOG
HOUSEKEEPING: ACUTE

☐ Clean emergency rooms {Daily}
  - o Wipe down all ledges and equipment
  - o Wipe down window sills
  - o Clean behind, under and around all equipment (move equipment to clean)

☐ Clean any discharged patient rooms {Daily}

☐ Vacuum front lobby {Every other day}
  - o Vacuum edges {1 x per week}
  - o Clean along baseboards {1 x per week}

☐ Straighten up waiting area {Daily}

☐ Dust Pictures and Chairs {1 x per week}

☐ Clean drinking fountain {Daily}

☐ Clean public restrooms {Daily}

☐ Clean lobby doors – window and frames {Daily}

☐ Clean ER doors – window and frames {Daily}

☐ Remove all trash and restock paper towels and toilet paper thru out {Daily}

☐ Clean all occupied patient rooms {Daily}

☐ Clean Dr. Lounge, rest room and Rm 104 {Change of Dr}

☐ Clean back entrance doors – window and frames {Daily}

☐ Clean Dining Room {Daily}

☐ Check empty rooms and clean as needed

☐ Clean utility room {Daily}

☐ Clean rest rooms {Daily}
  - o Remove scale and Rust Spots

☐ Clean CNO's office {1 x per wk}

☐ Clean Risk Management Director Office {1 x per wk}

☐ Clean Human Resources Office {1 x per wk}

☐ Clean Administrator and Assistant Offices {1 X per wk}
  - o Clean Restroom {Daily}

☐ Clean Admitting Office {1 x per wk}

☐ Mop hallway floors {Daily}

☐ Clean patient shower room { When used}

☐ Vacuum nurses area and hallways {2-3 x per wk}

☐ Clean Dietary Managers, Activities office and Social Services {When available}

☐ Clean Purchasing dept. office {When available}

☐ Clean Nurses break room and rest room {Daily}

☐ Clean Lab {Daily}

☐ Clean X-ray {Daily}

☐ Clean CT {Daily}

☐ Clean Acute / Rx {When available}

☐ AP/Payroll Office {1 x per wk}

☐ Clean Jim's Office {Daily}

☐ Clean Education Room {1 x per wk}

☐ **Men's restroom (back dock)** {Daily}

☐ Sweep Outer carpets {Daily}

☐ Clean and restock cart {Daily}

Thank you
Housekeeping Supervisor

Employee Signature: _____ Date: _____

Evs cleaning

DAILY ASSIGNMENT LOG
HOUSEKEEPING: LONG TERM CARE

☐ Empty all garbage {Daily}
☐ Stock all paper towels and toilet paper throughout LTC {Daily}
☐ Medication room {2 x per wk}
☐ Clean offices {2 x per wk}
☐ All patient rooms {Daily}
☐ Resident day room/ dining room {2 x per day}
    Cleaned after breakfast approximately 9:00am
    Cleaned after lunch approximately 1:00pm {must be finished cleaning by 1:30pm}
☐ Activity room {Daily}
☐ Clean staff restroom {Daily}
☐ Dirty utility room {Daily}
☐ Medical equipment/linen supply room {Daily}
☐ LTC supply room {1 x per wk}
☐ Resident's brief storage room {1 x per wk}
☐ Shower rooms {Daily}
☐ Beauty shop {When used}
☐ Hallways {Daily}
☐ Handrails {Daily}
☐ Terminal cleaning on beds: Room #'s_____
☐ Clean and stock housekeeping closet and cart {At the end of every shift}
☐ Drain cleaning {1 x per wk}

Ӂ Tiles in bathrooms {room #'s }
Ӂ Floor plates {room #'s}
Ӂ Baseboards {location}
Ӂ Edges along wall {location}

* Mineral build-up on faucets * Build up on base of sink and toilet

* List any sinks and or toilets that leak when used.

* List any doors, door frames or walls that need touch up painting. {Please report these to your supervisor daily}.

Employee Signature:_____ Date:_____

Housekeeping Supervisor:_____ Date:_____

| Revised 03/16/16 |

HAND HYGIENE OBSERVATION RECORD

Center_____
Date_____
Observer_____

Health Care Worker (HCW) Codes:

1 = Physician	3 = Technician	5 = Environmental Services Worker
2 = Nurse	4 = Aide or Orderly	6 = Other

HR = Handrubbing   **HW** = Handwashing

HCW Code	Hand Hygiene Before Patient Contact (Mark the appropriate column)			Gloves Worn if Required (Mark the appropriate column)			Hand Hygiene After Contact with Patient, Equipment, Environment or Removing Gloves (Mark the appropriate column)			Hand Hygiene Before and After	
See Key	HR	HW	No	Yes	No	N/A	HR	HW	No	Yes	No
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
Totals							**Totals**				
Percent Adherence*							**Percent Adherence***				

*   For glove use: Total number of "Yes" ÷ (Number of rows with data - Number of "N/A") x 100
For hand hygiene, Total number of "Yes" ÷ Number of rows with data x 100

For an example, please see the next page.

4/28/17

PERSHING GENERAL HOSPITAL
ENVIRONMENTAL HAZARD/PATIENT SAFETY ASSESSMENT - Manager Weekly Rounding

Date of Inspection: _____

Yes	Needs Attention		Description/Location of Needs Attention	Corrected During Inspection	Work Order	Help Desk Order	Materials Mgmt Order	Manager Notified
Environment of Care								
		On Duty Staff is aware of location of Emergency Operations Manual						
		Staff appropriately quiet and no personal discussions are heard						
		Staff encountered are professionally dressed						
		Emergency exit signs lit and operable						
		No equipment or supplies stored or near fire doors						
		Fire extinguishers secured, location identified, checked monthly						
		Alarm pull stations visible and accessible						
		Smoke Barrier doors self close						
		Nothing stored within 18" from bottom of sprinkler heads						
		No supplies stored directly on floor						
		No obvious penetrations in walls / ceiling						
		Appropriate wheeled equipment stored on one side of hallway only						
		Medical gas shut off valves with distribution labels						
		Oxygen cylinders in holders – no more than 12						
		Oxygen cylinders properly segregated between full/empty and off						
		Medical equipment with current PM						
		Equipment is clean and dust free						
		Chemicals appropriately stored, labeled and contained						
		Current SDS available for chemicals in work area						
		Security systems (if any) operational						
		Non-approved electrical equipment removed from area						
		Housekeeping carts have chemicals locked when unattended						
		No outdated supplies (blood tubes, dressing kits, tubing, etc)						
		Alarms on clinical equipment activated and audible to staff						
Patient Rooms								
		Bed in lowest position						
		Call bell within patient's reach and in working order						
		Clock in working order						
		Phone in working order and within reach of the patient						
		Privacy curtain intact and clean						
		Room clean and orderly						
		Bathroom clean and orderly						
		Call bell in bathroom in working order						
		Medical equipment plugged into electrical outlets						
		Patient clean with hygiene needs met (clean gown, linnens)						
		No tubes or drains touching the floor						
		IV's labeled with patient name, date hung, and solution						
		IV tubing labeled with date hung						
		Sharps container < 3/4 full. Secured in room						
		Waterless hand cleaning gel in room						
		No linen on floors						
		Linen in rooms covered						
		Trash bins not overflowing						
		Cords on floor						
Confidentiality of Information								
		Assignment boards (in public view) do not link name to diagnosis						
		No patient identifiable information in normal trash						
		Computers (public view) do not display patient identifiable info.						
		Audio / visual privacy provided in registration areas						
		Registration logs hidden from view or peel off label system utilized.						

Action Taken:

Yes	Needs Attention		Description/Location of Needs Attention	Corrected During Inspection	Work Order	Help Desk Order	Materials Mgmt Order	Manager Notified
		Charts not left in public view. Names hidden from view						
		Charting areas do not have patient identifiable information in public view						

Infection Control

Yes	Needs Attention		Description/Location of Needs Attention	Corrected During Inspection	Work Order	Help Desk Order	Materials Mgmt Order	Manager Notified
		On Duty Staff aware of location of the Infection Control Manual						
		Biohazard waste storage room locked and with a biohazardous label						
		Linen carts covered with solid bottom shelf						
		Supply carts covered with solid bottom shelf						
		No soiled linen bags or trash bags on floor						
		Soiled linen containers covered – not overflowing						
		Crib and new born beds covered and clean						
		Nothing stored under sinks						
		Hand washing promotional signage above sinks						
		Isolation carts fully stocked with appropriate supplies						
		Isolation signage posted in primary / secondary language						
		Clean and soiled storage areas maintained separately						
		Patient food refrigerators clean, temperature maintained, food labeled with date						
		Environment and equipment clean						
		No torn mattresses or gurney covers						

Medications - *To be Completed by Clinical Staff*

Yes	Needs Attention		Description/Location of Needs Attention	Corrected During Inspection	Work Order	Help Desk Order	Materials Mgmt Order	Manager Notified
		Medication room locked when unattended						
		Medication carts locked when unattended						
		No medications left on top of carts						
		All medications / syringes labeled						
		Carts are clean and kept in orderly condition						
		No outdated medications in carts, stock, or in refrigerator						
		IV admixture area (if any) identified and kept in clean condition						
		Open multi-dose vials clearly labeled with expiration date						
		Narcotics / Schedule II drugs with double-lock system in place						
		Narcotic log accurate, wastage countersigned						
		No concentrated electrolytes on unit						
		Medication refrigerator temp checked per policy and within limits						
		Meds requiring refrigeration stored in refrigerator						
		Internal / external medications stored separately						
		Medication syringes labeled with drug, dose, and date						
		Look alike / sound alike drugs stored separately from each other. Warning labels of other identification used						

Crash Carts/Emergency Drug Boxes - *To be Completed by Clinical Staff*

Yes	Needs Attention		Description/Location of Needs Attention	Corrected During Inspection	Work Order	Help Desk Order	Materials Mgmt Order	Manager Notified
		Cart clean and kept in orderly condition, top clean and dusted						
		Medication drawer (box) locked						
		Earliest expiration date of medications listed on cart (box)						
		Supply drawers locked						
		Defibrillator (including paddle wells) clean and in working order						
		Ambu Bag supplies (age appropriate) intact and ready to use						
		Oxygen canister secured – not empty.						
		Portable suction in working order with appropriate supplies						
		Respiratory supplies fully stocked						
		Checks performed per shift on Cart						
		EKG Machine Clean						

Other Issues Noted:

Yes	Needs Attention		Description/Location of Needs Attention	Corrected During Inspection	Work Order	Help Desk Order	Materials Mgmt Order	Manager Notified
		Employee Dining Room Clean and Orderly						
		NFPA Life Safety Code 18.7.8 - Means of Egress kept clear at exit locations (Exit Doors)						
		Checking Toilets for flushing						

☐ Hand Hygiene Inspection completed
☐ Staff Telemedicine Knowledge

_____
Signature of Inspector

_____
Date

PGH
Nursing Home

Pershing General Hospital
IP/Swing Review Worksheet

Dos:	Pt name:	Account #	Physician:

	YES	NO
ACTIVE CHARTS		
H and P	___	___
Admission assessment	___	___
Surgical records (consents, reports)	___	___
Discharge planning	___	___
Consent signed	___	___
Advance Directives	___	___
Pain Management	___	___
Physicians order	___	___
Physician signatures	___	___
CLOSED CHART		
H AND P		
Operative reports	___	___
Nursing forms	___	___
Clinical Documentation	___	___
Discharge Summary	___	___
Patient education on discharge	___	___
**Proper instructions concerning prescription medications	___	___
** Instructions concerning aftercare	___	___
**Any other instructions concerning care upon discharge	___	___

Date completed:_____

6-28-17
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PGH PERSHING GENERAL HOSPITAL & Nursing Home	Policy Name: Patient Safety Committee	
	Department(s) Affected **Facility Wide**	Policy #:
	Effective Date: 6/28/17	Revision #:
Approved by: CNO, CEO, Risk Manager		Date Approved:
This P&P complies with the following regulation(s): NRS 439.875		

POLICY:

To ensure and promote positive outcomes for all patients, staff and visitors.

PROCEDURE:

1. The committee must be composed of one of the following:
   a. Infection Control Officer
   b. Patient Safety Officer
   c. Medical Provider
   d. Nursing Staff
   e. Pharmacist
   f. Governing Body

2. The committee shall meet at least once each month.

3. The committee shall:
   a. Receive reports from the patient safety officer
   b. Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at Pershing General Hospital (PGH)
   c. Review and evaluate the quality of measures carried out by PGH to improve the safety of patients who receive treatment at PGH
   d. Review and evaluate the quality of measures carried out by PGH to prevent and control infections at PGH
   e. Make recommendations to the executive or governing body of PGH to reduce the number and severity of sentinel events and infection that occur at PGH
   f. At least once each calendar quarter, report to the executive or governing body of PGH regarding:
      1. Then number of sentinel events that occurred at PGH during the preceding calendar quarter
      2. The number and severity of infections that occurred at PGH during the preceding calendar quarter
      3. Any recommendations to reduce the number and severity of sentinel events and infections that occur at PGH
   g. Adopt patient safety checklists and patient safety policies as required by NRS 439.877, review the checklists and policies annually and revise the checklist and policies as the patient safety committee determines necessary.

PGH **PERSHING** **GENERAL** **HOSPITAL** & Nursing Home	Policy Name: **Patient Safety Check List**	
	Department(s) Affected **Facility Wide**	Policy #:
	Effective Date: June 27, 2017	Revision #:
Approved by: CEO, CNO, Risk Manager		Date Approved:
This P&P complies with the following regulation(s): NRS 439.877		

POLICY:

To ensure and promote positive outcomes of our patients by compliance with NRS 439.877 patient safety checklist.

PROCEDURE:

1. The patient safety checklists must follow protocols to improve the health outcomes of patients at Pershing General Hospital and must include, without limitation:
   a. Checklists related to specific types of treatment. Such checklists must include, without limitation, a requirement to document that the treatment provided was properly ordered by the provider of health care.
   b. Checklists for ensuring that employees of Pershing General Hospital and contractors who are not providers of health care follow protocols to ensure that the room and environment of the patients is sanitary.
   c. A checklist to be used when discharging a patient from Pershing General Hospital which includes, without limitation, verifying that the patient received:
      1. Proper instructions concerning prescription medication;
      2. Instructions concerning aftercare; and
      3. Any other instructions concerning his or her care upon discharge.
   d. Any other checklists which may be appropriate to ensure the safety of patients at Pershing General Hospital

2. Patient Safety Committee shall:
   a. Monitor and document the effectiveness of the patient identification policy.
   b. At least annually, review the patient safety checklists and patient safety policies.
   c. Revise a patient safety checklist and patient safety policy as necessary to ensure that the checklist or policy, as applicable, reflects the most current standards in patient safety protocols.

3. On or before July 1 of each year, Pershing General will submit a report to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care to director@lcb.state.nv.us. The report must include information regarding the development, revision and usage of the patient safety checklists and patient safety policy and a summary of the annual review conducted.

PGH **PERSHING** **GENERAL** **HOSPITAL** & Nursing Home	Policy Name: **Patient Identification of Clinical Care and Treatment**	
	Department(s) Affected **Nursing**	Policy #:
	Effective Date: 12/26/2013	Revision #:
Approved by: CNO, Risk Management, Medical Director, Business office, CEO		Date Approved:
This P&P complies with the following regulation(s):		

POLICY:

- Pershing General Hospital shall ensure that all patients are properly identified prior to any care, treatment or services provided.

  <u>Exception:</u>   Patients unable to provide identifying information, who experience conditions requiring emergency care, will receive treatment prior to identification if such care and treatment is necessary to stabilize the patient's condition (i.e., unidentified patient arriving comatose to the Emergency Department).

  These patients will be assigned a temporary name and medical record number for use in identifying the patient and matching against specimen labels, medications ordered for the patient, or blood product labels. In this process, formal identification of the patient shall occur as soon as possible and, once confirmed, the actual identifying information shall be used instead of the temporary identification.

PRINCIPLES OF IDENTIFICATION:

- A system for positive identification of all hospital patients fulfills four (4) basic functions:

  - Provides positive identification of patients from the time of admittance or acceptance for treatment.

    - This identification system shall apply to patients in all areas of the hospital.

  - Provides a positive method of linking patients to their medical records and treatment.

  - Minimizes the possibility that identifying data can be lost or transferred from one patient to another.

  - Improves the accuracy of patient identification.

PATIENT IDENTIFICATION POLICY:

- Hospital Wristband:

    - A tamperproof, nontransferable identification band shall be prepared and affixed to the patient by the admission clerk.

    - The identification band will include the patient's full name, hospital identification number, medical record number, date of birth, age, sex and attending physician.

        - The identification band will be prepared immediately upon patient entry to the Emergency Department treatment area.

        - If the Emergency Department patient is converted to inpatient status, the patient will have a hospital identification band applied upon admission to an inpatient care unit, with the Emergency Department identification band removed.

    - Before any procedure is carried out, the identification band shall be on the patient and will be checked by the responsible care provider for the following two (2) identifiers to ensure that the right patient is involved:

        - Patient name

        - Patient date of birth

        - Patient location will **NOT** be used for either identifier

    - The patient and family, as needed, shall be actively involved in the identification process.

    - Whenever possible, staff should also verbally assess the patient and/or family to assure proper identification, asking the patient's name and date of birth and matching the verbal confirmation to the written information on the identification band.

        - If the patient's date of birth is *not* available, the second identifier will become the patient's medical record number.

    - Patient identification must be confirmed using the two (2) identifier system prior to conducting any healthcare procedures. Procedures may include, but are not limited to:

        - Administration of medication

        - Transfusion of blood or blood components

        - Obtaining blood or other specimens from the patient:

- Specimen samples obtained from the patient will be labeled using the two (2) identifier system in the presence of the patient.

  - Patient location will **NOT** be used for either identifier.

- Performing a treatment

- Performing a diagnostic test (i.e., diagnostic radiographic study)

- Distributing a diet tray, snack

- Sending patients to another department:

  - No procedure shall be conducted when the patient's identity cannot be verified because the imprinted band is illegible or missing.

  - Defective or missing bands shall be replaced immediately with new bands.

- Each healthcare provider conducting assessments on the patient shall include a check of the patient's identification band to assure the band is present and legible, as a routine component of the patient assessment process.

- If a patient's wristband must be removed in an emergency, a new wristband must be affixed to the patient on an unaffected limb immediately.

- The daily nursing staff rounds shall include spot checking the patients to ensure that they are wearing identification bands and that the information is legible.

- The patient shall be wearing the band when he/she is discharged. In the event of death, the band shall remain on the patient's body.

PGH **PERSHING** **GENERAL** **HOSPITAL** & Nursing Home	Policy Name: **Hand Hygiene**
	Department(s) Affected: ALL

Approved by: Infection Control, CEO

This P & P complies with the following regulation(s): CDC

Purpose:

To provide guidelines for effective hand hygiene, in order to prevent the transmission of bacteria, germs and infections.

Definitions:

- Alcohol-Based Hand Rub: An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands.

- Antimicrobial Soap: Soap containing an antiseptic agent.

- Antiseptic Agent: Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, PCMX, quaternary ammonium compounds and triclosan.

- Plain Soap: Detergents that do not contain antimicrobial agents.

Policy:

- All staff will use the hand-hygiene techniques, as set forth in the following procedure. The CDC has recommended guidelines on when to use non-antimicrobial soap and water, an antimicrobial soap and water or an alcohol-based hand rub.
  (See MMWR 2002; 51 - NO. RR-16, http://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf)

- **Indications for Handwashing and Hand Antisepsis:**

  - When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.

- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.

- Decontaminate hands before having direct contact with patients.

- Decontaminate hands before donning sterile gloves when performing a procedure requiring surgical/sterile technique.

- Decontaminate hands before inserting peripheral vascular catheters or other invasive devices that do not require a surgical procedure.

- Decontaminate hands after contact with a patient's intact skin (i.e., when taking a pulse or blood pressure and lifting a patient).

- Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings if hands are not visibly soiled.

- Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.

- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

- Decontaminate hands after removing gloves. Gloves are to be worn when contact with blood, bodily fluids, mucous membranes, dressings, non-intact skin, etc., is anticipated.

- Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.

- Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to Bacillus anthracis is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors and other antiseptic agents have poor activity against spores.

- No recommendation can be made regarding the routine use of non-alcohol-based hand rubs for hand hygiene in healthcare settings. Unresolved issue.

- **Hand Hygiene Technique:**

  - When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations regarding the volume of product to use.

  - When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands,

and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

- Multiple-use cloth towels of the hanging or roll type are not recommended for use in healthcare settings.

- **Surgical Hand Antisepsis:**

  - Remove rings, watches and bracelets before beginning the surgical hand scrub.

  - Remove debris from underneath fingernails using a nail cleaner under running water.

  - Surgical hand antisepsis using either an antimicrobial soap or an alcohol-based hand rub with persistent activity is recommended before donning sterile gloves when performing surgical procedures.