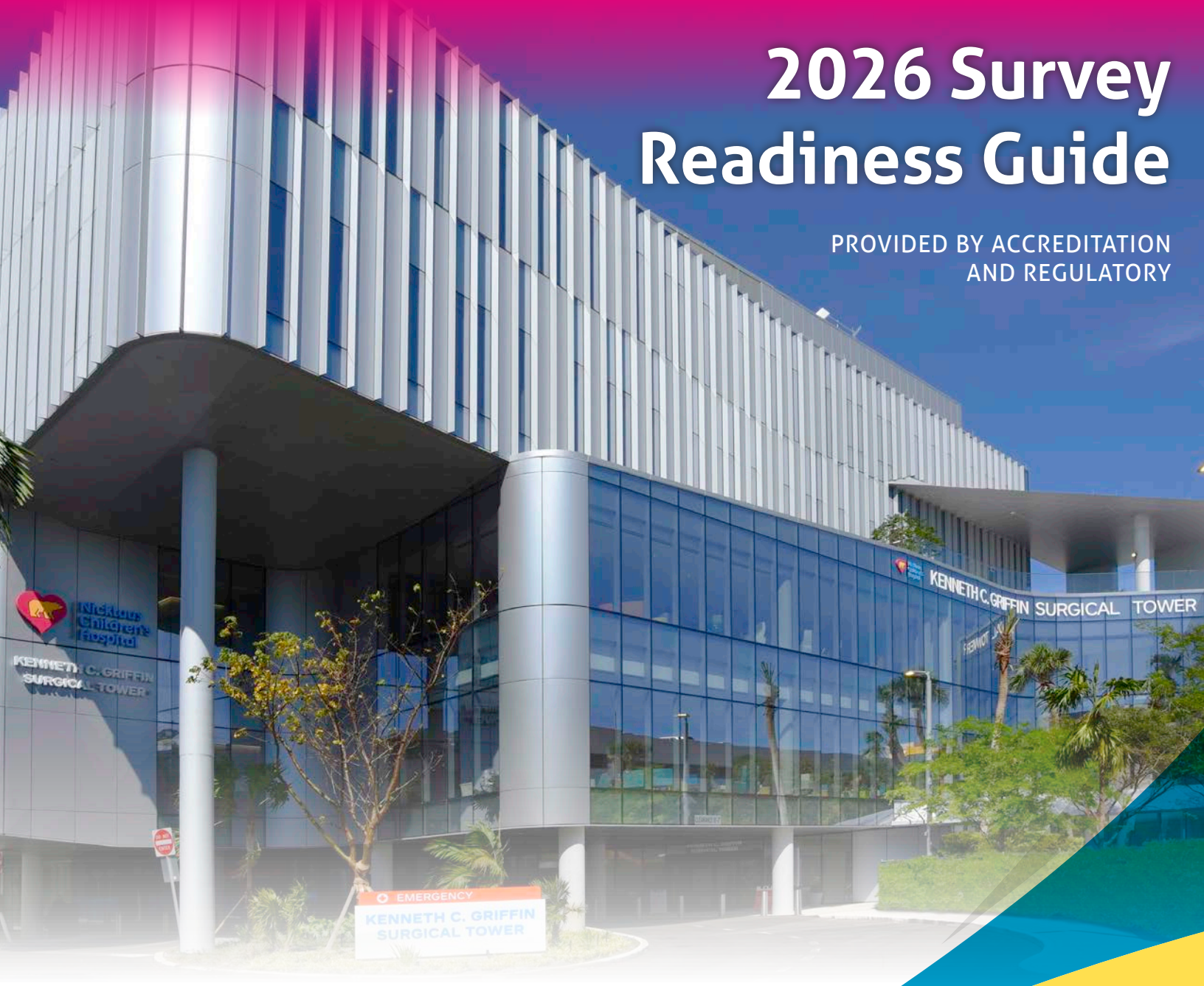
2026 Survey Readiness Guide

PROVIDED BY ACCREDITATION AND REGULATORY



Nicklaus Children's Hospital

Where Your Child Matters Most™

Nicklaus Children's Health System | Vol. 1

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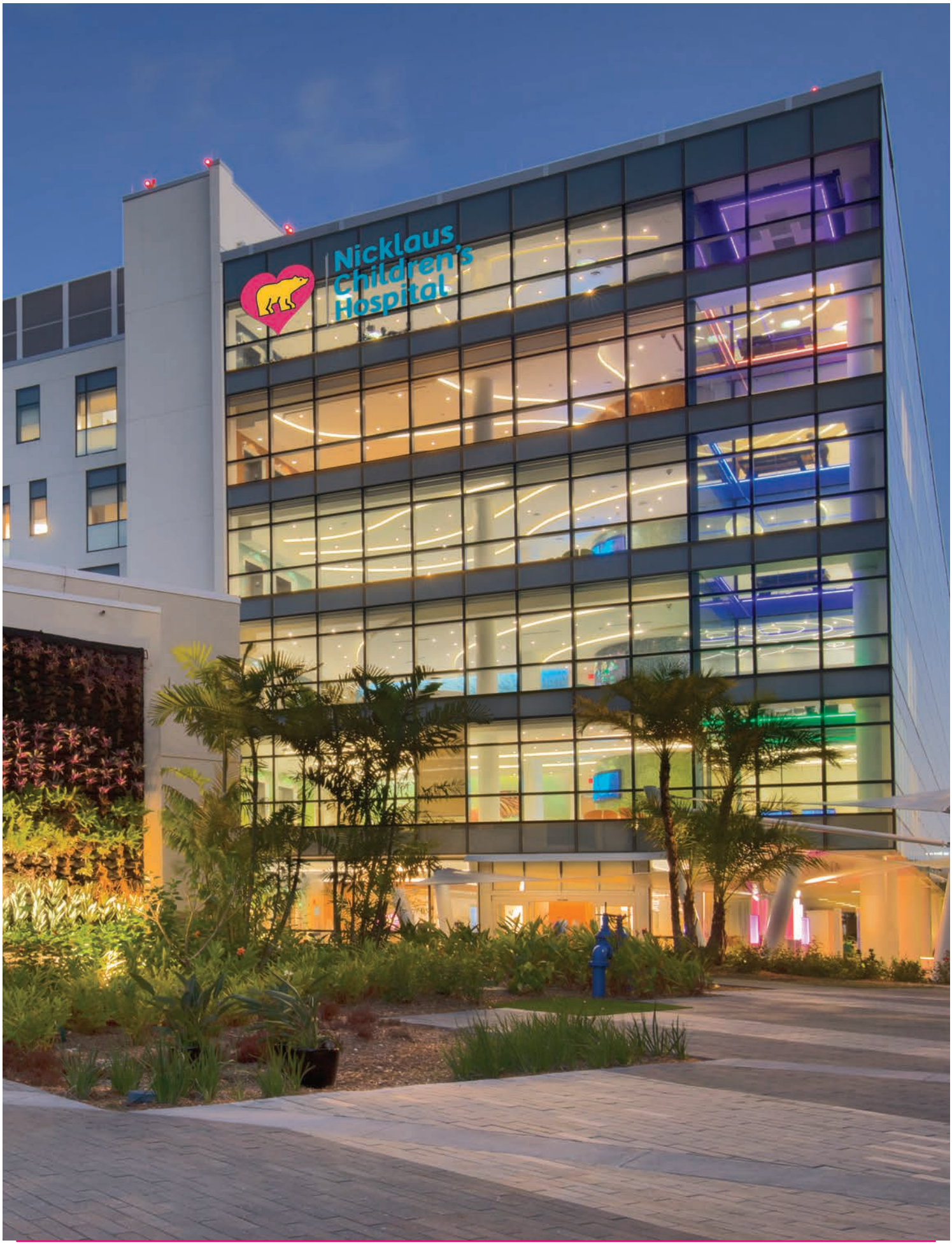
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Survey Survival

Stressing out about surveys is understandable and you are not alone. With non-conformities and immediate jeopardies rising, organizations must not only navigate how to survive but also respond to the corrective actions. For an effective reply to a survey's citation, it is imperative for the organization and its employees to gain knowledge of what is required for success in the healthcare industry. By unlocking the keys to surviving inspections and surveys, together we can decrease anxiety.

You may ask yourself...

Why are we surveyed?

We are surveyed to validate compliance with local, state, and federal regulations and ensure a healthy safe environment for our patients.

Who surveys our organization?

Over 30+ accrediting bodies survey our organization for quality, safety, and performance to national recognized standards regularly. These surveys may be announced; however, many are unannounced. So, we must always be ready.

When do these surveys occur?

The timeframe for surveys varies as evaluators from federal inspections, national associations, and state departments focus on program structure, patient care documentation, and policies and procedures that drive the care and services we provide.

What happens during an accreditation survey?

Throughout a survey, while virtually or in person, surveyors review documentation, standardized processes, and may randomly select patient care records to evaluate our compliance to established standards. Surveyors interview providers, patients, families, and healthcare personnel about their experiences and our processes. Surveyors also attain live observations examining our interaction and contributions to the children's experience. Surveyor interviews may be conducted without the presence of Accreditation and Regulatory staff.

How can I play an essential role in contributing to a successful survey?

Recognizing the fundamental elements that you do every day and how they contribute to the fabric at Nicklaus, is one way we effectively communicate to surveyors. Keep reviewing the policies, procedures, and protocols of your area, you do your part in leading to successful surveys.

Who determines oversight of Medicare Accreditation Organizations?

CMS affirms accrediting organizations to ensure that they meet CMS' quality and safety standards. There are 10 CMS affirmed accrediting organizations that survey diverse types of settings. Some reference tools include CoP, NIAHO, ISO, Medicare Provider # or CMS Certification Number (CCN)

First, let us examine who accredits our hospital...
Det Norske Veritas (DNV).

DNV & ISO

Our Accrediting Body

Simple Facts about DNV

Det Norske Veritas (DNV) is one of 11 CMS approved accreditation organizations. DNV accredits Nicklaus Children's Hospital. DNV, meaning "The Norwegian Truth" started as a Maritime company in 1864 who set to establish a uniform set of rules and procedures for underwriting vessels after evaluating risk of life, property, and the environment.

Seeking interest in the healthcare industry on September 26th, 2008, CMS awarded Deeming Authority to DNV. DNV established a standardized set of rules entitled, National Integrated Accreditation for Healthcare Organization (NIAHO) for acute and critical access hospitals to follow. DNV saw the need to ensure quality and risk elements globally and merged with Germanischer Lloyd (GL) on September 12, 2013, to become DNV-GL.

These standards are used to maintain and ensure quality customer service and products within healthcare. In 2017, the DNV foundation gained full ownership of the merged companies and DNV-GL rebranded their name to DNV. Currently, DNV is the second largest and fastest growing Accreditation Organization for Acute Care hospitals who serves 900+ hospitals accredited and certified in the US with 15 Clinical Program Certifications.

Benefits to DNV Healthcare Hospital Accreditation are a collaborative approach, process auditing which supports process improvement for sustainability, risk-based thinking, transparent culture, Quality Management foundation, and ISO certification.

NIAHO®

NIAHO® standard requirements embody our acute hospital accreditation program.

- The National Integrated Accreditation for Healthcare Organizations **(NIAHO**) is the comprehensive set of hospital accreditation standards and guidelines developed by DNV integrating requirements based on Center for Medicare & Medicaid Services (CMS) Conditions of Participation. These requirements cover key aspects of governance and clinical care including patient rights, physical environment, medication management, anesthesia, risk management, and quality.
- The NIAHO standards include interpretive guidelines and surveyor guidance for organizations to meet expectations. It also gives insight to what DNV surveyors will assess for during an accreditation survey. An eCopy of the NIAHO Hospital standards is available on the **Accreditation & Regulatory Department portal**.

DNV integrates ISO 9001 standards with the Center of Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs), National Fire Protection Association (NFPA) to constitute the accrediting body's DNV hospital requirements.

Failure to meet these requirements can result in severe consequences called non-conformities. Two common non-conformities cited are categorized into level 1 and 2.

Nonconformity (NC) – Category 1: Defined by DNV as "Objective evidence exists ***that a requirement has not been addressed***, a practice differs from the defined system, or the system is not effective."

Nonconformity (NC) –Category 2: Defined by DNV as a "lapse of ***either discipline or control*** during the implementation of system/procedural requirements, which does not indicate a system breakdown or raise doubt that services will meet requirements. Overall system requirement is defined, implemented and effective."

The DNV survey team visits our facilities under the hospital license ***annually.***

A hospital must be in full conformance with ISO by their fourth visit:

Initial Survey Cycle	NIAHO®	ISO 9001
Initial visit	Accreditation	N/A
Year 1 (second visit)	Periodic	N/A
Year 2 (third visit)	Periodic Stage 1	Active implementation
Year 3 (fourth visit)	Reaccreditation Stage 2	Full ISO 9001 conformance required.

Hospital organizations will follow a 3-year cycle thereafter of continued compliance to both NIAHO® and ISO 9001 requirements. Surveyors will continue to survey to NIAHO® and ISO 9001 compliance every year after this initial survey cycle.

The survey team will assess the applicable ISO 9001 requirements and review the status of findings and corrective action(s) taken to validate that they have been implemented. A separate ISO 9001 report will be created to indicate any findings because of the ISO survey, when applicable.

International Organization for Standardization (ISO)

What is ISO? Moreover, how do we incorporate them in our organization?

It stands for the International Organization for Standardization (ISO), setting healthcare standards to make a proactive commitment to transparency, accountability, quality, and safety throughout healthcare. Ten clauses outline ISO fundamentals.

Connecting the DOTS...

ISO 9001:2015 does not specify the objectives relating to quality or customer need. **Organizations must define these objectives themselves** and continually improve their process to achieve them- **www.iso.org**

Compliance with ISO 9001:2015 standards is a requirement of our **DNV Healthcare Accreditation**

ISO 9001:2015 Clauses

ISO 9001:2015 international standards are organized in 10 clauses (sections). Even though this may seem like a new concept, it illustrates what you do in your department's operations.

Clause 1: Scope

Requires implementation of a **NCHS Management System** driven by the voice of our customer "**Patient/ Family.**" Everyone contributes to the "**Amazing Patient Experience**."

Clause 2 & 3: Normative Reference & Terms Definitions

Relates to including basic ISO fundamentals and vocabulary into our operations.

The ISO fundamentals are composed of 3C's:

- Provide consistent product or service
- Improve customer satisfaction
- Continual improvement of the organization

Clause 4: Context of the Organization

Requires the hospital to consider "internal and external factors" and "interested parties" which can influence the Management System, in terms of its structure, scope, implementation and operation.

Concern, Complaint, and Grievance

The organization shall protect and promote each patient's rights

What is the difference between a concern, a complaint, and a grievance?

Concern or issue - is that which effect is the quality of something that **did not meet the customer's expectations** (e.g., dirty floor, warm blanket, food temperature).

This is usually communicated by the patient, the patient's family, or patient representative and can be resolved immediately through service recovery actions.

Complaint – is an expressive **statement of dissatisfaction or annoyance about something**. This can be resolved with communication by staff with the patient, patient's family, or patient representative and demonstrating the I-CREATE values and behaviors. Staff are empowered to engage in:

- Active listening
- Acknowledging the problem
- Understanding the facts
- Showing empathy

How is follow-up conducted and communicated to the patient, patient's family or patient representative?

- **If staff are unable to assist with the concern or complaint, staff should communicate to their immediate supervisor for a doable solution AND communicate back to the family.**

Grievance – is a formal or informal written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoP), or Medicare beneficiary billing complaint related to rights and limitations.

A written complaint is always considered a grievance. However, billing issues alone are not usually considered grievance unless it is related to rights and limitations.

If a verbal patient care complaint cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, or requires further actions for resolution, then the complaint is a grievance for the purposes of these requirements.

Whenever the patient or the patient's representative requests that their complaint be handled as a formal complaint or grievance or when the patient requests a response from the hospital, the complaint is considered a grievance.

Grievances are reviewed and communicated via an acknowledgment letter within **7** to **10** calendar days and a written resolution within **30** days by the governing body or delegated person/committee with:

- Our contact person
- Steps taken to investigate all grievances made by the patient
- Results of the grievance process
- Date of completion

Patient Bill of Rights

Patient's Bill of Rights and Responsibilities

Nicklaus Children's Hospital and its facilities have a responsibility to provide your child with appropriate medical care. The following is a set of guiding principles of patient care. It is important for you to know what your child's rights are as a patient and what your rights and obligations are as a parent and user of this hospital. We encourage you to talk with those involved with your child's care. A summary of your rights and responsibilities follows.

You and your child have the right:

- To be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for his or her care.
- To participate in the development and implementation of the patient plan of care.
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- To know what rules and regulations apply to his or her conduct.
- To be given information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis by the healthcare provider.
- To refuse any treatment, except as otherwise provided by law.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- To know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.
- To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- To receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap or source of payment.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- To express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the healthcare provider or healthcare facility which served him or her and to the appropriate state licensing agency.
- Nicklaus Children's Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

A patient (or family/guardian) is responsible for:

- Providing to the healthcare provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- Reporting unexpected changes in his or her condition to the healthcare provider.
- Reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Following the treatment plan recommended by the healthcare provider.
- Keeping appointments and, when he or she is unable to do so for any reason, notifying the healthcare provider or healthcare facility.
- His or her actions if he or she refuses treatment or does not follow the healthcare provider's instructions.
- Assuring that the financial obligations of his or her healthcare are fulfilled as promptly as possible.
- Following healthcare facility rules and regulations affecting patient care and conduct.

Visitation guidelines:

- Each patient/parent(s), legal guardian and/or legal guardian designee (or support person, where appropriate) will be informed of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to a spouse, domestic partner (including same sex domestic partners), other family members or a friend, and his or her right to withdraw consent at any time;
- Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability; and
- Ensure that all visitors enjoy full visitation privileges consistent with the patient preferences.
- All visitors should be free from symptoms of contagious disease and known exposures.

Feedback is important:

The Patient and Guest Relations Department is responsible for pursuing and/or referring any questions, concerns, complaints or grievances you may have about your rights or the quality of care and services provided by Nicklaus Children's Hospital and its network of outpatient facilities. You may contact the Patient and Guest Relations staff directly at extension 4400, or ask any staff member to contact them on your behalf. If this is an emergency, please call the hospital operator (dial 0) and ask for them to page the Operations Administrator. We will gladly address any issues or concerns that you may have regarding your child's care.

Should you have any questions or complaints regarding the quality of care offered by a healthcare provider or healthcare facility, you may contact the Agency for Healthcare Administration at 1-888-419-3456 or write:

Agency for Healthcare Administration
Consumer Assistance Unit
2727 Mahan Drive
Tallahassee, FL 32308-5403

Or DNV Healthcare
https://www.dnvhealthcareportal.com/patient-complaint-report
Toll Free: 1-866-496-9647
Fax: (281) 870-4818

We value your feedback and concerns.

Nicklaus Children's Hospital

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Located on Patient and Guest Relations intranet page, outpatient registrations, admission welcome packets, and various hospital locations.

Clause 5: Leadership

Requires management to demonstrate leadership and commitment to the Quality Management System with their strategic direction, defined process approach, supplying resources, ensure delivery and throughput, establishing goals to monitor measure, promote enhancements, action to address risks and opportunities, operational planning, and improved performance.

The goals are part of our **Quality Policy (QUIPS Plan)** and **Key Performance Indicators (KPIs**) which align to NCHS Strategic Plan.

Key Performance Indicators (KPIs) are quantifiable metrics that measure an organization's progress toward specific goals

All employees should understand their role in our organizational goals.

Quality Pillar Scorecard & Service Excellence Data

Quality measures that monitor to promote error-free environment, enhance the safety of the care we deliver, and provide customer satisfaction.

Quality Pillar Scorecard

Some examples of quality measures in the Quality Pillar Scorecard are:

- C. diff clinical effectiveness
- Medication Reconciliation
- Sepsis Intervention
- Pain intervention, & reassessment (AIR) management
- HAC measures such as CLABSI, CAUTI, SSI, VTE, and Pressure Injuries
- Patient Falls with Injury
- Medication errors with Harm

Monitoring for Sustainment (monitored via scorecard or BI dashboard)	2024 Target	September 2024	YTD	Rolling 12-Month Average	# Months Meeting Target	Action Items:
VTE Prevention Bundle	90%	90%	85%	88%	1 of 2	Conducted multiple meetings with CPSs for affected units (6T and PICU). 6T and PICU CPS re-educating nurses on SPS guidelines. Discovered SCD use report was not captured on the dashboard; corrected this issue. Reached out to SPS for guidance; confirmed correct adherence to guidelines. Identified challenges with bedside nurses: Audits showed omissions in screenings. Reporting parents' refusal for SCD use instead of teaching/encouraging compliance. Requesting addition to Clinical Documentation Committee agenda to propose a hyperlink for mobility status clarification. Feedback indicated confusion on mobility status/baseline leading to incorrect choices.
Pain Management: Reassessment Compliance- IP Unit	87%	89%	87%	87%	3 of 3	Reinforcement of Hill-Rom pain assessment feature within med-surg areas and CPS rounding to capture opportunities. Weekly dashboard review by Professional Nursing Practice team and data analysis for ongoing follow up in closing gaps.
SSI (SPS Reportable Cases)	2.07	0.00	0.87	1.28	3 of 3	SSI bundle compliance gap due to timing by providers. Full implementation of Surgical Safety checklist will enhance awareness with the requirement of verbally stating the abx timing prior to incision time. Surgical Safety Checklist rolled out in May 2024 in MPS, Cath lab, Spine and Ortho. Pending full implementation of surgical safety across all specialties within the OR.
Sepsis Intervention- Time to Bolus (Critical + Suspected)	77%	78%	75%	75%	2 of 3	IV Access- Collaborate with committee members on identifying barriers to timely PIV insertion at each unit level. STAT order- Order set Optimization. Administration- Re-educate clinical nursing staff on the importance of timely fluid resuscitation and the benefit of infusing fluids and antibiotics concurrently.

These metrics are aligned to the Institute of Medicine (IOM) Domains of Healthcare Quality as well as other external guidance or entities where applicable such as: National Quality Forum (NQF), Centers for Disease Control (CDC), National Health and Safety Network (NHSN), Solutions for Patient Safety (SPS) and others. These metrics are monitored and reviewed monthly to ensure a safe environment of care through continuous improvement processes.

Patient Safety

Nicklaus Children's Hospital expects that all healthcare providers prioritize patient safety goals and principles, promote a culture of patient safety, and ensure a safe healthcare experience for patients, families, and staff.

The Patient Safety Program supports the hospital's strategic plan to deliver exceptional high-quality care, remarkable family-centric experiences, and customer service with a focus on transforming our quality and safety programs. The program fosters a culture of safety within the healthcare system by promoting open communication, encouraging reporting of adverse events, and implementing evidence-based practices to prevent errors and enhance patient outcomes. This includes executive leader rounds in patient care areas to identify patient safety information, improve a culture of safety, and engage senior leadership with front-line staff around patient safety issues.

Safety Huddles

Safety huddles are brief, daily gatherings where teams focus on discussing safety concerns and any changes in workflow. They help keep safety top of mind, encourage open communication about potential hazards, and prevent accidents by addressing concerns promptly. Regular huddles are essential for maintaining a safe and vigilant workplace.

The **Safety for All** initiative is NCHS's comprehensive approach to ensuring a safe and secure environment for everyone—patients, staff, and visitors alike. This initiative encompasses a wide range of practices and protocols designed to uphold the highest standards of safety and quality care. By integrating the efforts of numerous departments and teams, we strive to continuously improve our safety measures and respond effectively to any challenges, ensuring that safety remains a top priority in all aspects of our operations.

Nicklaus Children's Health System SAFETY FOR ALL

Serious Safety Event Identification, Management, and Reporting

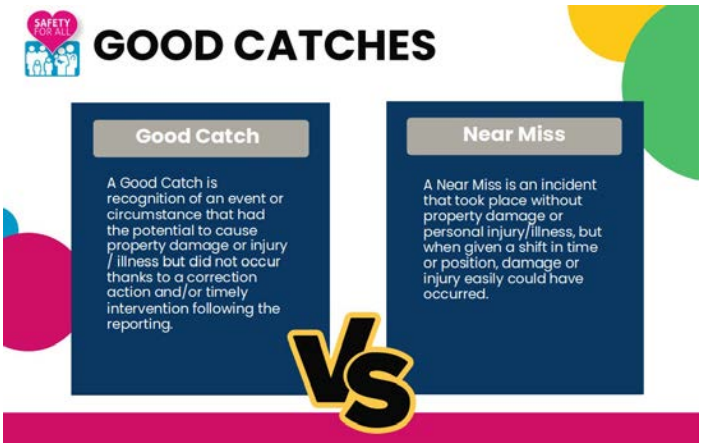
A serious safety event (SSE) is "an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof". Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called serious because they signal the need for immediate investigation and response. Organizations must complete a root cause analysis (RCA), or in-depth investigation, to determine why the event occurred.

Types of events reviewed may include:

- Medication administration errors - wrong medication, wrong dosage, wrong patient, etc.
- Surgical errors - wrong patient, wrong site, retained instrument, etc.
- Equipment failure – defibrillator without working batteries, IV pump that results in inadvertent dosing, alarms not working properly, etc.
- Infection control errors – poor aseptic technique, incorrect processing of sterile instruments and equipment, incorrect isolation practices, lack of standard precautions, etc.
- Blood transfusion-related errors – wrong patient, wrong blood product administered, etc.
- Diagnostic errors – misdiagnoses leading to incorrect choice of therapy, failure to use an indicated diagnostic test, misinterpretation of test results, failure to act properly on abnormal results.

Ways to review a serious safety event include:

- Root Cause Analysis (RCA): A retrospective, intense evaluation of an adverse event or patterns and trends that vary significantly from standards of practice or what's expected.
- Near Miss Evaluation Process



- Apparent Cause Analysis (ACA): Quality tool that evaluates the "Apparent" Cause or the most fundamental cause identifiable with an investigation that is limited in scope and more immediate to an event occurring. This may be used for low-risk events, near miss events and/or in conjunction with a Root Cause Analysis. It is NOT a replacement for the more in-depth analysis of Root Cause Analysis.
- Development and implementation of corrective action plans
- CHA Patient Safety Organization (PSO)
- Common Cause Analysis (CCA)

After the systemic analysis of the error or adverse event has led to the identification of the cause of the event, a multidisciplinary team reviews incidents and devises a comprehensive plan to ensure the safety of those within the education and the patients and families that we serve.

Figure 1: Patient Safety Program Reporting

Preventive actions include, but are not limited to, changes in policies and procedures, repairing or replacing equipment, staff education and training, etc. Ways to enhance patient education on safety measures involve information technology platforms (e.g., Get Well network), outpatient and inpatient rounding, assessment programs (e.g., the Humpty Dumpty Falls Assessment Program®), IV infiltrate prevention, medication safety rights, food and drug interactions, community projects.

The patient safety program provides an interactive and continuous educational campaign for patients/parents/families, employees, medical staff, medical fellows, and residents. The team promotes a Just Culture to ensure shared accountability whereby NCHS is accountable for the system and for responding to employees in a fair and just manner, and employees are accountable for the quality of their choices and for reporting adverse events and system vulnerabilities.

Service Excellence Data

Service Excellence data includes:

- Patient Satisfaction Survey
- Inter-department Survey
- Complaints & Grievance
- Social Media Sentiment

Data is tracked and trended to identify key drivers and areas of focus.

Risk Management

Risk Management is a systematic process that supports an organization to identify, assess, and mitigate threats that could potentially impact system operation either proactively or re-actively to either prevent occurrence or minimize damages.

Risk Management aims to enhance the performance and quality of healthcare to prevent circumstances that could expose the patient and the health system personnel to risk of an adverse event.

Addressing Risk Management

Addressing Risk Management issues is everyone's responsibility.

Our health system- to review the risk outside the control of the organization itself.

The organization- this risk may be clinical practice or involve the corporation.

The healthcare team- this may reveal a pattern or trend in workflow or team dynamics.

The employee- the risk may involve the skill-set, knowledge, or awareness of responsibilities.

Principals of Risk Management

Risk Control

Risk Control techniques help improve the quality of patient care and reduce the probability of an adverse outcome turning into a sentinel event.-his.gov

- Discovering and preventing circumstances that could lead to adverse events.

Risk Analysis & Assessment

- Assessing and mitigating threats to the healthcare organization.
- Evaluating existing risk management strategies for improvements.

Strategy

- Adjusting strategies that are believed to lead to dangerous side effects.
- Incorporating employees in the risk management strategy and applying risk-based thinking in our practice.

Education and training

- Advising practices and protections to keep patients, staff, and community safe.
- Educating employees on the risk management approach.

Performance reporting

- Establishing a system to track and report on risks and their treatment plans for the safety and well-being of patients within our organization.

Questions that you may ask yourself to minimize risk:

- Who is at risk?
- What does this risk include?
- How likely is this risk of happening?
- What are the consequences of this risk?
- What can be done to mitigate this risk?
- Is there a resolution for the risk identified?

Clause 6: Planning

Requires using **"risk-based thinking"**.

Risk based thinking: an organization shall plan and implement actions to address risks and opportunities.

Addressing both risks and opportunities establishes a basis for increasing the effectiveness of the quality management system, achieving improved results, and preventing negative effects.

This risk-based thinking can determine the "internal and external factors" that could cause its processes and Management System to deviate from the planned results and regulatory requirements.

Quality Objectives

The organization shall establish quality objectives at relevant functions, levels, and the processes needed for the quality management system. The quality objectives shall be documented and:

- **Consistent with the quality policy**
- Measurable
- Consider applicable requirements
- Relevant to conformity of products and services and to enhancement of customer satisfaction
- **Monitored**
- Communicated
- Updated as appropriate

The framework for the quality objectives is established within our quality policy with objectives. Objectives may apply broadly across the organization or more narrowly to a specific site, department, or process. A methodology for communicating these objectives should be implemented to ensure that personnel responsible for their attainment are aware of them. Objectives shall be monitored and updated as appropriate.

Personnel, including newly hired, part-time, and even contracted or temporary employees, should understand the applicable objectives at their level. They should be able to translate these objectives into their everyday work duties.

Clause 7: Support

NCHS cannot provide patient services without sufficient allocated resources including people, equipment, buildings and all the services required to admit, treat, and discharge our patients.

Properly **trained staff** are a critical component of this clause. Employees must be qualified and trained to do their job as required by their job description. Competence is measured by education, licensure, certifications, and skills experience.

Our **infrastructure and work environment** are a component of this clause by including life safety, security, safety, medical equipment, and emergency management. In addition, it incorporates support functions such as transportation, information systems, cleanliness, and infection control.

This clause requires our health system to control, maintain and retain **documented information. (E.g., policies & procedures, protocols, medical records, checklists, meeting minutes, dashboards, employee HR files, etc.)**

Clause 8: Operation

Requires linking all processes to provide consistent services to our patients and families. For instance, **our health system must evaluate vendors and contractors to make sure they provide quality supplies and services.**

Contract Management

Contract Management is the process of managing contracts between healthcare organizations, service providers, and vendors to maintain agreements that comply with regulations.

An efficient **contracts management** system allows healthcare organizations to provide the best possible care to patients, reduce operating costs, assure adherence to compliance requirements, and mitigate risk.

As healthcare organizations are bound to uphold various laws and regulations, including Stark Law, HIPAA, the Federal Anti-Kickback Law, and safe harbor regulations. Any of these are subject to change, and new compliance guidelines may be presented. Legal counsel works to ensure that the contract management system helps their organization stay compliant.

Our Contract Management System inter-relates all parts of one streamlined process that involves several functional groups, communication between all parties is more effective and efficient, and reducing wasted time completing redundant work.

What areas does contract management serve?

- Patient transfer agreements
- Physician agreements
- Partnerships and affiliations
- Organizations
- Donation/Gifts
- Medical equipment and supplies vendors
- Office equipment and supplies vendors
- Construction/Real estate
- IT contracts
- Media and public relations contracts
- Foundation
- Residency and teaching agreements
- Contracts for other services the organization may need (security, custodial services, catering, etc.)

NTRACTS

Contract management links each contract to the correct approver, department, cost center, and performance metric to allow for seamless integration and DNV compliant practices. The Originator must provide the fully executed contract to the Contract Administrator for entry into Ntracts. Failure to provide the executed contract may delay the provision of products or services to NCHS, or payment by NCHS to contractors or vendors.

It is everyone's responsibility to make sure we provide our service consistently by following our documented policies and procedures. For training or contract questions, call the **Legal Department at (786) 624-5780**.

Clause 9: Performance Evaluation

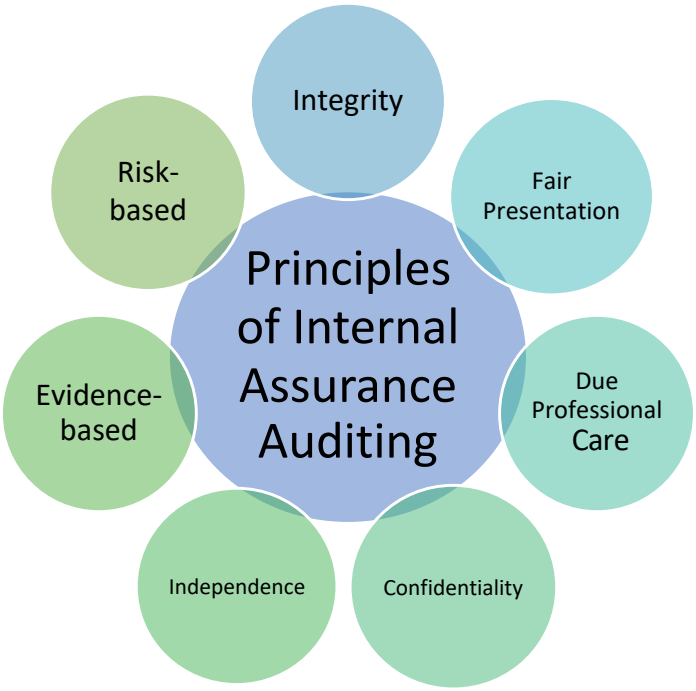
Requires determining how things are working, analyzing information, and making improvements using lean methodology tools **(i.e., Plan-Do-Check-Act (PDCA))**. Our Performance Improvement Management and Engineering Department can provide support with lean training, coaching, project management, and Lean Six Sigma. This clause covers the measurement, analysis, and evaluation of the Management System, which is completed by conducting regular internal assurance audits to identify gaps in processes and determine what should be changed and improved.

Internal Assurance

What is "**Internal Assurance Auditing**"? - A systematic, independent, and documented process for obtaining objective evidence (i.e., data supporting existence and verity of something) and evaluating it objectively to determine the extent to which it meets audit criteria.

An auditor must maintain **professional skepticism**, should **ASK, OBSERVE, LEARN,** and **DOCUMENT**. The phases of an audit include Initiation.

- Preparation
- Execution
- Reporting
- Follow-up



A first party auditor may conduct this.

- **First Party Audit** is conducted by someone from the organization itself audits a process of the Management System to ensure it is working effectively and providing the expected results.

Internal Audits

This includes defining the frequency, methods, responsibilities, planning requirements and reporting. The criteria and scope for the audit shall be established and communicated to the auditee. Auditors shall be selected to ensure the integrity of the audit process (objectivity and impartiality).

Audits shall be conducted according to planned intervals established by NCH. There is no requirement for audits to be performed at a certain frequency or for a minimum number of audits to be performed. However, we must focus our audit program on criticality of processes and consider risk and prevalence of issues, changes affecting the organization, and results of previous audits.

Internal audits should add value and improve an organization's operations. The internal audit activity helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

Process Based Audits

As part of our internal audit program, we are required to perform process-based internal audits. A **process audit** determines whether process requirements (methods, procedures) are being met. It examines the resources (equipment, materials, people) applied to transform input into output. The environment, the methods (procedures, instructions) followed, and the measures collected are also used to determine process performance. The adequacy and effectiveness of the process controls established by procedures, work instructions, flowcharts, and training and process specifications are evaluated.

Data/evidence collection: At a minimum, **organizations shall ensure that at least two data/evidence collection methods** are employed in performance of a process-based internal audit. Audit methods include document/record review, staff interviews, observation of work in progress, customer feedback and environmental criteria.

Clause 10: Improvement

Requires using a standardized "**corrective and preventive action (CAPA**)" plan when processes are not working well or when we are not meeting our patient/family needs and expectations. Our health system uses this process to correct the issue, eliminate the cause, and prevent reoccurrence.

ISO 9001:2015 Basic Terms

Basic ISO terminology used in standards are customer, customer service, leadership, quality policy, quality objectives, and competence.

- **Customer:** Individual that receives our service "Patient/Family".
- **Customer Service:** Customer's perception of the degree to which the "Patient/Family" requirements have been fulfilled.
- **Leadership:** Group responsible for setting the hospital's direction and creating conditions which allow people to achieve objectives.
- **Quality Policy:** Overall intentions and direction of an organization related to quality as formally expressed by top management.
- At NCH, it's the Performance Improvement Plan (PI Plan)
- **Quality Objectives:** Something sought, or aimed for, related to quality (i.e., dashboards, Score cards, Key Performance Indicators (KPIs)).
- **Competence:** Education, training, skills experience.
- **Interested Parties:** Anyone interested or affected by hospital operations (i.e., patient/family, employees, physicians, contractors, state/federal regulators, insurances, community, etc.)

Nonconformity and corrective actions

Nonconformities are a deviation from defined requirements. As defined by ISO 9000:2015, "correction is an action to eliminate a detected nonconformity".

Corrective action is an action to eliminate the cause of a nonconformity or to prevent its recurrence.

The objective of corrective action investigation and follow-up is to analyze the source of the problem, document it, establish ownership for the problem, assign responsibility for its resolution, and track the results in a standardized manner.

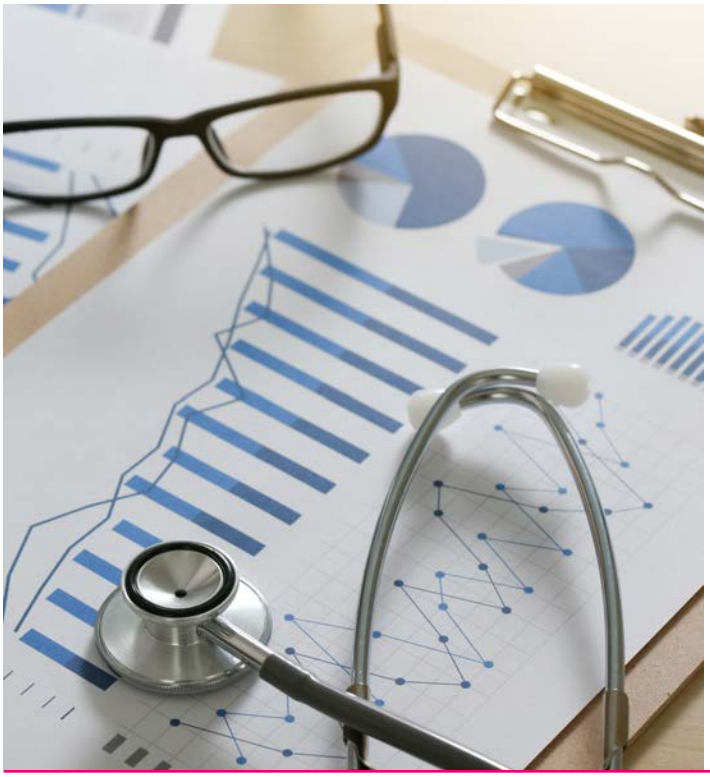
Evaluation of the need for corrective action (as opposed to just correction) should, to a minimum, cover certain areas within an organization's quality management system:

- Nonconformities correlating to products, services, processes, and quality management system
- Patient/Family complaints
- Errors and adverse events identified

Error means the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim. Errors can include problems in practice, products, procedures, and systems. Medical error means an error that occurs in the delivery of healthcare services.

- Quality objectives not met
- Supplier/Vendor issues
- Actions related to internal and external audits

Corrective action should be appropriate to the effect of the nonconformity encountered (i.e., the impact of the problem). Risk-based thinking should be used to support decisions for when corrective action may not be necessary. Not only will the organization need to determine whether corrective action is needed but also determine if any updates to the risks and opportunities (see ISO 9001:2015; 6.1) are warranted based on the analysis for the corrective action.



NCHS Management System

Do we have a Quality Management System?

Yes, we use the quality management system that demonstrates our commitment to the 3C's: consistency, continual improvement, and customer satisfaction within the NCHS Management System.

Our governing body, who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the organization develops, implements, and maintains an ongoing, hospital-wide, data driven effective quality management system (QMS) and integrates the Quality Assessment and Performance Improvement **(QAPI) program** into the QMS.

The **QAPI program** provides a mechanism to systematically examine the quality of care delivered and implement specific improvement projects on an ongoing basis for all the services provided by the organization. The complexity of those services shall be considered when determining quality parameters of those services. The organization shall continuously study and improve their processes and service delivery and take a proactive approach to improve their performance and focus on improving patient outcomes and the prevention of medical errors.

Interdisciplinary group to oversee quality performance with representation from Senior Leadership, Medical Staff, Nursing, Quality/Risk Management (Management Representative), Physical Environment/ Safety, Pharmacy Services, Ancillary Services, support services, and clinical services. A representative of the outpatient services shall be present as needed. ISO 9001:2015 standards require Management System implementation. We utilize our guiding principles to improve the organization's performance and effectiveness to deliver customer satisfaction. This approach allows for:

- Understanding and consistency
- Consideration of how we create better patient experiences
- Evaluate opportunities to improve the process and preventing undesirable results
- Validation of effectiveness of high-risk corrective actions

ISO 9001:2015 Quality Management Principles include:

- Customer focus
- Leadership
- Engagement of people
- Process approach
- Improvement
- Evidence-based decision making
- Relationship management

Survey Mantra

What is a survey mantra? A survey mantra is a statement or slogan repeated frequently to keep our focus on the importance of the inspection process

(I.e., Focus on US; Know your standard work, plans, polices, and procedures)

(I.e., Demonstrate amazing patient care; Surveyor wants to observe the process; data toward building our future)

(How do you validate the process? Internal assurance audits, Key Performance Indicators (KPI), Scorecards)

(Implementing Corrective actions, performance improvement, sustainability of operational excellence)

Nicklaus Children's Health System

Where Your Child Matters Most™

Mission:
To inspire hope and promote lifelong health by providing the best care to every child

Vision:
To **CREATE** a healthy future for every child

Values:
Collaboration | **R**esponsibility | **E**mpowerment | **A**dvocacy | **T**ransformation | **E**mpathy

Talking to Surveyors

Maintaining Operational Excellence During Inspections

Remember-Patients First

The amazing patient care that we provide to our families and the community is our priority. We are advocates for their needs, equipment, and their environment. If you need to attend to them or necessary services for their well-being, please politely excuse yourself during an interview and return later!

Do...

Relax- Take a deep breath. You provide excellent patient care daily. Show the surveyor how...

Welcome the surveyor to your department/unit

Be courteous and respectful to the surveyor(s) and their recommendations

Provide clear, positive communication with the team

Use simple terms to describe the great work you do everyday

Discuss best practices that are based on NCH policies and guidelines

Be a great listener. Exchanging ways to build operational excellence and process improvement is always welcomed

If you do not understand the question, ask for clarification

Know your department and hospital resources. If you do not know the answer-do not guess. To reply, "I don't know, but I know how/where to find the answer".

Do not...

Panic...You're ready!

Do not argue with the surveyor. The escort and scribes are available to assist you.

Do not give answers that you know are incorrect at any time

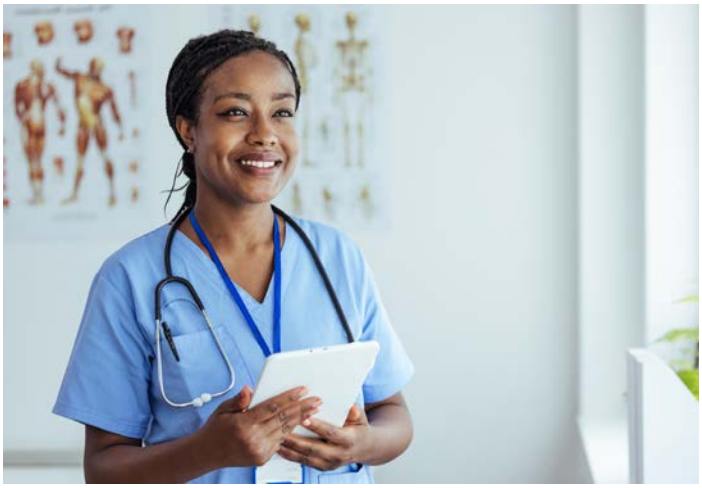
Do not use adverbs like always and never to describe patient practices

Do not say, I think we are supposed to ... this indicates to a surveyor that you are not following NCH polices and guidelines regularly

Do not guess if you do not know the answer

Do not volunteer extra information. Only answer the question asked of you

While reviewing information in the chart, do not mumble words, like "I don't think we chart this all the time" or "I don't think I know when I would document that..."



During each inspection or accreditation, a survey team can evaluate our adherence to their standard requirements and policies instituted within our organization. A consistent review of our organization's operations and guiding principles will aid us in meeting regulatory goals. Document management and control is vital to a successful survey. Let us review the types of documented information and resources available at Nicklaus Children's.

Documented Information Control and Management

What is documented information? In ISO 9001:2015 standards, documented information is a record required to be controlled and maintained.

Two types of "documented information" are maintained and retained.

- **Maintained Documented Information** - Living document/information that is subject to change (used for decision-making or performing tasks) (i.e., PEDS/ Cerner, Policies, Procedures, Blank Checklists, etc.)
- **Retained Documented Information** - Refers to a record (historical proof of having done something). What did we do last week, last month, or last year? Not subject to change because you cannot change what already happened.

Essentials that must be identified in documented information include:

- Document Name/Time
- Source (Internal/External)
- Date
- Author
- Documented Number/Reference Number/Version Control

Do you know your sources of documented information?

Here are some examples of how you use documented information in your daily operations.

- Cerner/PEDS charting & documentation
- Forms/Downtime Forms
- Policies & Procedures or Standard Operating Procedures
- Standard Work
- Clinical Pathways/Protocols
- Guidelines
- Checklists/Logs
- Specific Binders
- Patient Education material (handouts/booklets)
- Marketing material
- Meeting Agenda, Minutes, Attendance Sheet
- Corrective and Preventive Action Plans (CAPA)
- Annual budget & monthly expense reports

Planning for Change

Want to change something in your department or within the organization? When the organization determines the need for changes to the quality management system, the change shall be carried out in a planned manner. ISO 9001:2015 6.3

Planning for any change within Nicklaus Children's requires change to be carried out in a controlled manner. A structured approach ensures that the person requesting the change considers several items such as who will be impacted, the resources involved, the results of making the change, etc. This ensures that quality decision making and management for the change are properly met. Items to consider when planning for change include:

- Discover the change required and define the factors of the change.
- Consider the aspects of making the change:
  - The point of the changes and probable risk or consequences
  - The availability of resources
  - The allocation of responsibilities and authorities.
  - Integrity of the Quality Management System
- When evaluating the plan seek the approval from your leadership for change development and implementation.
- Create a plan and identify missions, resources, and responsibilities.
- Establish a communication plan and identify impacted internal and external stakeholders that may be impacted; notify the department leadership of your plans.
- Showcase the planned changes with leaders once completed for final approval.
- Ensure extensive training staff and leadership affected by the changes you want to implement.
- Execute the change effectively.
- Manage and monitor the change to evaluate its success.

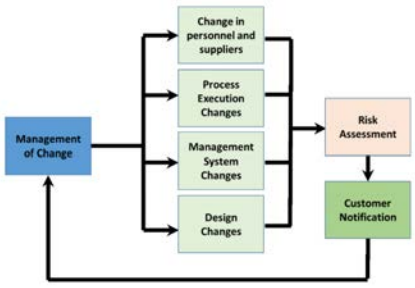


Figure 2. Source 6.3 Planning for Change (iso9001help.co.uk)

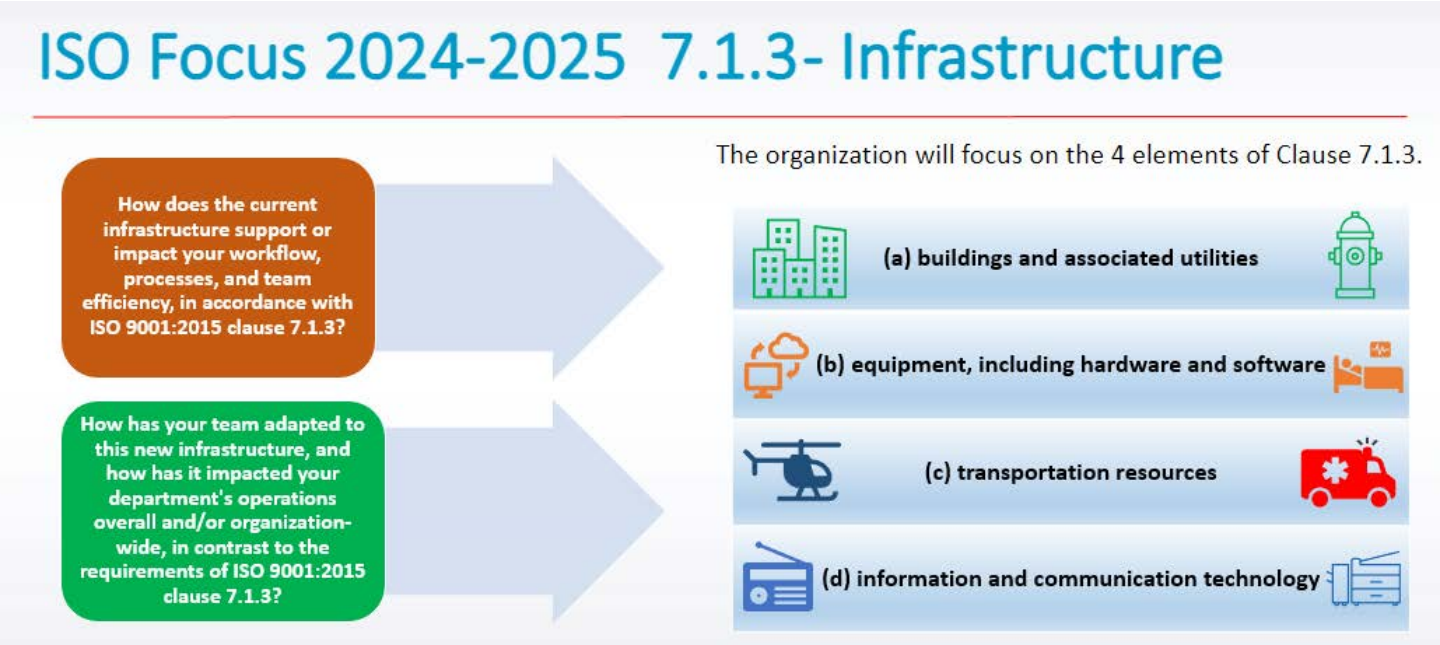
Infrastructure

Clause 7.1.3 focuses on the organization's responsibility to govern, supply, and maintain the infrastructure necessary for the operation of its processes and to achieve conformity of products and services within the organization. The infrastructure includes resources for physical and organizational needs.

The organization is to ensure provisions are available to support, maintain, and monitor the effective functioning of a processes or workflow. To identify the infrastructure needs a compliance analysis may be required for the effective operations of the services provided.

This may include reviewing expansion, changes within technology, regular maintenance and upkeep of equipment, buildings, and services within the organization. This involves regular inspections, preventive maintenance, recordkeeping, and monitoring measurements to align with organizational objectives and set reliable goals.

Any related nonconformities should be addressed quickly, mitigating issues and preventive measures from reoccurring. Staff training and awareness are beneficial to meeting this ISO clause to ensure an understanding of maintenance procedures, calibration of medical equipment, and overall quality is achieved within the management system.



NCH Reminders and Resources

Ensuring organizational principals of quality, transparency, accountability, and safety requires a proactive commitment to comply with regulatory requirements from all of us. The content in the educational resources that follow are essential elements to sustain our success.

Survey Changes Since 2025

NCH Employees| Things you should know

The DNV Team Leader will provide our organization with a survey agenda and list of documents and records to be reviewed during the survey and **must be produced no later than 3 hours after the team arrives.** Failure to produce any requested documents during a survey may result in a nonconformance. So, promptly respond to any request by the Command Center. Surveyors may request other documents and records during their visit.

Surveyors will conduct formal and informal interviews of staff and patients.

- The patient's permission is required.
- Formal Interviews with patients and/or their family members are to be performed in private away, from the hospital staff.
- Formal staff interviews are to be performed away from hospital leadership and the staff member's line manager, etc.

Patient Interviews

Surveyors will focus on the patient's knowledge of their plan of care, how they were included in that plan implementation of the plan, and the quality of the services that they are receiving. Other topics for patient or family interviews may include patient or family involvement in the discharge plan, pain management plan, patient rights, advanced directives, and their knowledge of the organization's complaint and grievance procedures.

Staff Interviews

The surveyors will interview NCH staff to gather information about their knowledge of the patient's needs, plan of care, and progress towards goals. Problems or concerns identified during a patient or family interviews will be addressed in the staff interview to validate the patient's perception or to gather additional information. Other interviews, both formal or informal, may be performed away from the leadership team.

Survey Mantra Reminders

Departments | Conduct your Readiness Assessment

- Sweep your unit before the survey using the Survey Excursion Checklist. Correct deficiencies immediately. Submit service requests as needed.
- Ask each other questions to prepare for the actual survey. Familiarize yourself with the survival guide.
- Share your findings with each other during daily huddles. Rehearsing the process can help your team prepare for the upcoming survey visit.
- Greet the surveyor as they enter the unit. Know your units and develop an agenda. Identify the significant changes from the last visit. Review your compliance and clinical documentation prior to survey.
- Know what your departmental performance/quality improvement activities are, and any corrective action plans and initiatives that are going on in your specific department or area.
- Do not block fire alarm pull stations, fire extinguishers, or exit doors
- Keep the hallways and exit paths clear (a minimum of **8 feet)**. Do not store items closer than **18** inches from the ceiling or near a sprinkler.

- Know when, how, and where to evacuate your area in case of an emergency.
- Know the process for ensuring that everyone, including visitors, is cleared from the area when told to evacuate.
- **Do not prop** open any door at any time, for any reason – Why? This aids in safety in case of a fire

- Door wedges are **NOT** to be used.
- Make sure the log-in sheets are completed e.g., refrigerators if these are done manually & action plans documented. If online monitoring, **reference online Isensix app to track and trend temperature ranges**.

Personal Reminders

- When talking with a surveyor, answer their questions to the best of your ability, but **do not volunteer additional information.** Get clarification if you are unsure of the question. Reach out to your colleagues for assistance when you may not know the answer to a question

or utilize our online resources (SDS, Policy Stat, PeopleSoft, SharePoint, etc.)

- Comply with good hand washing.
- Know how patient health information (**PHI**) is maintained, discarded, and secured. *No patient information is in public view.*
- Keep Your Badge Above Your Waist

Accessing Interpretive Services

Patient & Guest Relations- Hours: Monday-Friday, 8:30am -5:00pm Ext. 4400 after 5:00pm & weekends call the Operations Administrator (OA)

When should you use a professional healthcare Interpreter?

Utilize a professional healthcare interpreter for health care related conversations encompassing:

- Assessment
- Consent
- Consultation
- Discharge Planning
- Education
- Test/Procedure
- Consultation
- Mental evaluation/Treatment
- Critical patient care decisions

Who can interpret non-health related information?

An employee, family member, friend, or volunteer can be utilized to interpret non-healthcare related information only (i.e., playroom hours, comfort rounds, environmental related inquiries).

Language proficiency efforts are ongoing as testing information is available on the Patient & Guest Relations and Service Excellence Department intranet page. Please click here to access the folder with the "Service Excellence Toolbox" section where all the information is located.

Staff members who are not certified to speak in the patient family's preferred language should continue to rely on Nicklaus Children's robust interpreter services, such as video remote interpreters (VRI), interpreter phones, tablets with interpreter apps, or in-person interpreters. In-person services are by appointment only and require a submission request with three-to-five-day advance notice and subjected to availability. *Under the federal regulation, staff who are certified may not be pulled to "interpret" for patient families who are not in their direct patient care.*

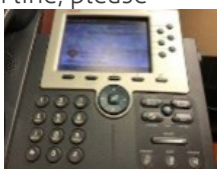
These language services efforts are part of Nicklaus Children's broader commitment to fostering a healthcare environment where patient families feel heard, understood, and respected, regardless of the language they speak.

Accessing Interpretive Services

1. Utilizing the AMN interpretation app (Accessible on department issued tablets) is available for all interpretation needs.

2. In case you do not have an interpretation tablet, please use the phones with the translation line.

3. In the event you or any member of your team do NOT have access to a phone with a translation line, please perform the following steps **from a phone with a speaker option:**



a. 1-800-481-3293
b. Enter account #501017931
c. PIN #6120
d. State the language needed and you will be connected to an interpreter.

4. **For Video Remote Interpretation (VRI)** services including nonverbal interpreter services (for hearing impaired) and American sign language, please contact the Patient and Guest Relations department at ext. 4400 during regular business hours. For after-hours and weekends, please dial "0" for the operator.

5. **For In-Person (Face-to-Face) Interpretation**, please make a request with the Patient & Guest Relations department at ext. 4400 during regular business hours. For after-hours and on weekends, please contact the Operations Administrator (O.A.). Each request will be reviewed on an individual basis.

Important: Use of interpreter services **must be documented** in the patient's electronic medical record (EMR) with the Interpreter name/ID# and Language.

Compliance & Privacy

Compliance Hotline is open 24/7 a week at 1-888-323-6248. Multi-lingual operators and translation services are available. For privacy related questions contact the Privacy Department at 786-624-**3500** or by email at Privacy@nicklaushealth.org.

Code of Conduct

The Code of Conduct sets the expectative behavior and guidelines for our Nickalus Children's Health System. They are a critical component of our overall Corporate Compliance Program. The Code of Conduct applies to everyone, including providers, volunteers, students, employees and people who do business with Nicklaus Children's Health System. Code of Conduct to ensure we provide quality patient care, meet our ethical standards and remain committed to our values and guiding behaviors.

If you have any questions regarding our expectations of you, of our Code of Conduct or the Nicklaus Children's Health System Compliance Program, feel free to contact your supervisor, another member of management at your facility, the Nicklaus Children's Health System Chief Ethics and Compliance Officer, or call our Compliance Hotline at 1-888-323-6248.

The following resources are at your disposal:

- **Policies and Procedures.** The Nicklaus Children' Health System Policies and Procedures can be found through the Nicklaus Children's Health System Intranet or the Ethics and Compliance Department.
- **Compliance Program**. The Nicklaus Children' Health System Compliance Program is overseen by the Nicklaus Children's Health System Chief Ethics and Compliance Officer
- **Compliance Hotline.** The Nicklaus Children' Health System Compliance Hotline number is 1-888-323-6248. You may call this number at any time to anonymously report a compliance issue or concern.

All discussions and reports are treated confidentially and may be done on an anonymous basis. Each report is reviewed, and the Nicklaus Children's Health System Chief Ethics and Compliance Officer will initiate any needed investigation, correction, and/or follow-up. No adverse actions will be taken against someone for making a report or cooperating with a compliance investigation in good faith.

My Compliance Report
Ensuring Accurate Documentation

The Importance of Using Your Own Username

As dedicated Nicklaus Children's workforce members, it is crucial that we maintain the highest standards of patient care, patient privacy, and billing compliance. One critical aspect of this is to ensure that you always document patient information in the electronic health record (EHR) using your own username and password.

Leaving workstations unlocked and allowing another workforce member to document under your username and password can lead to serious compliance issues. Documenting under another username in the medical record is strictly prohibited. The Nicklaus Children's policy Appropriate Use of Information Technology prohibits the sharing of user IDs and passwords, which are only to be used by the workforce member to whom it was issued.

Conflict of Interest

Conflicts of Interest (COI) is a circumstance in which the personal and/or professional interests of an individual may or might appear to influence their objectivity in carrying out any facet of their professional obligation(s). These special interests include any relationships with immediate family members and an individual's Financial Interest, Personal Interest, and Outside Activities. A COI can exist when the individual has a direct or indirect financial interest or receives any other benefit from any individual or firm that has contractual relations in business dealings with Nicklaus Children's, or competes with, or engages in a similar business as that of Nicklaus Children's.

All Nicklaus's Children's Members have a continuing duty to disclose actual, potential or perceived Conflicts of Interest, and conduct their professional, clinical, and operational affairs in accordance with applicable ethical and legal standards, including the principles outlined in the Nicklaus Children's Code of Business and Legal Conduct.

- Nicklaus Children's requires all Nicklaus Children's Members to disclose Outside Activities, Personal Interests, and Financial Interests that may pose a potential, actual, or perceived Conflict of Interest.
- If any disclosed activities and/or interests are determined to be a Conflict of Interest, specific management guidelines and expectations must be established by the appropriate delegated authority prior to permitting the Outside Activity, Personal Interest, or Financial Interest to continue.

Nicklaus Children's Members are required to complete a Conflict-of-Interest Disclosure form, at the following intervals:

- Upon employment or affiliation, including contractors, with Nicklaus Children's.
- Upon request by the Compliance Department, Division Chief, Division VP, or Division Director, which may be at a minimum annually.
- Within 30 (thirty) days of the Nicklaus Children's Member's institutional responsibilities change.
- Within 30 (thirty) days prior to the Nicklaus Children's Members' commencement of Outside Activities (e.g., signing a contract).
- Within 30 (thirty) days of accepting participation in an industry-sponsored presentation or speaker program.

- Within (1) one year of the Nicklaus Children's Member receiving a Management Plan.

Annual Disclosures: Identified Key Employees may receive an automated email notification requesting to submit an Annual Disclosure with a link to the Conflict-of-Interest Disclosure form; and

Incidental Disclosures: Any changes to the activity/interest that occur after a Conflict-of-Interest Disclosure is submitted are to be disclosed at the time of or after the activity and/or interest.

If you have any questions or concerns, please contact the Compliance Department at 786- 624-**3838** or by email at Compliance@nicklaushealth.org.

Privacy

Accurate documentation under the correct username and password is crucial for maintaining patient privacy and ensuring the integrity of the medical record. Documenting under another workforce member's credentials is a policy violation of Nicklaus Children's and can lead to potential HIPAA violations.

Ensuring that each user documents and accessing patient information under their own credentials helps protect patient privacy and maintain the trust of our patients.

- Always log in with your own credentials when documenting in the medical record.
- Never share your username or password with anyone, and do not use another workforce member's credentials to access or document in the system.
- Clinicians should ensure that all patient documentation is completed under their own username to maintain accuracy and accountability.
- Always lock your workstation when stepping away to prevent unauthorized access and documentation.
- Report any incidents of unauthorized access or documentation immediately to the Compliance Department.

By following Nicklaus Children's policies and procedures, we can ensure the accuracy and security of our medical records, protect patient privacy, and maintain compliance with all legal and regulatory requirements.

Privacy of Patient Information

Protected health information ("PHI") from patients that must be treated with the highest degree of confidentiality. To facilitate open and honest communication with our patients, they must recognize that we take all precautions reasonably necessary to protect this sensitive information.

No PHI should be revealed to anyone outside Nicklaus Children's Health System without the express permission of the patient or his/her parent or legal guardian, as applicable or for a legally recognized and appropriate use.

All conversations related to patients must be conducted privately and discreetly and, on a need-to-know basis. Patient privacy laws apply to past, present or future health of patients, and the laws extend to Nicklaus Children's Health System as an organization and to our healthcare providers and employees even after they leave Nicklaus Children's Health System.

For privacy related questions contact the Privacy Department at (786) 624-3500 or by email at Privacy@nicklaushealth.org.

Quality and Safety

We must always treat patients and families with dignity, respect and courtesy. We should not make any distinctions in the care we provide, or proposed courses of action based on race, color, religion, sex, sexual orientation or marital status. If at any point you have a concern about whether we are taking all appropriate steps in our commitment to providing the highest level of patient quality and safety, you are obligated to raise this concern through the appropriate channels.

Patient Rights

Upon admission to Nicklaus Children's Hospital, we provide patients and families with a written statement of patient rights and responsibilities, including information about the right to make decisions about their medical care, the right to refuse or accept treatment and the right to informed decision making.

Emergency Treatment

We adhere to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA) and the Florida Access to Emergency Services and Care Act for all patients who come to Nicklaus Children's Hospital for emergency treatment or who are in labor, regardless of the patient's ability to pay or lack of insurance. Patients with emergency medical conditions are not transferred to another facility unless requested by the child's parent (or patient of legal capacity) or if Nicklaus Children's Hospital does not have the capacity or capability to meet the patient's medical needs and appropriate care is available at another facility. When such transfers occur, they must follow state and federal EMTALA requirements.

License and Certification Renewals

All Nicklaus Children's Health System healthcare providers and employees who hold positions that require a professional license, certification or credentials are responsible for maintaining the status of their credentials and shall always comply with the federal and state requirements for their discipline. Nicklaus Children's Health System healthcare providers and employees are responsible for providing evidence of their current and valid licensure, certification, registration, accreditation or credentials as set forth in their job descriptions.

Workplace Safety and Health

Employees are expected to follow safety standards and regulations. Employees are expected to report any unsafe condition to management or the Nicklaus Children's Health System Safety and Security Director. Some indicators of potential violent behavior may include, but not limited to, resistance or over reactions to changes in the policy or treatment/procedures, explosive outburst, unstable or emotional responses, and previous incidences of violence. If you need additional information or guidance, please call Employee Assistance Program at 1-888-881-LINC (5462), download the eConnect mobile app, or visit www.supportlinc.com. Your EAP program provides 8 visits per issue per year with a wide range of resources.

Drug-Free Workplace

We maintain a drug-free workplace. Illegal use of drugs is wrong because it impacts our reputation and ability to operate safely For these reasons, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on Health System premises or while conducting Health System business off premises is absolutely prohibited Employees arrested for any criminal offense must inform Nicklaus Children's Health System within three (3) working days and report convictions within five (5) days after the conviction. Failure to report will result in disciplinary action, which can include termination.

Cyber Security

Cybersecurity is a practice that helps protect computer systems, software, and networks from cyber threats from unauthorized information disclosures, theft, or damage from digital attacks. Contact Cybersecurity at cybersecurityops@nicklaushealth.org

Report Suspicious Activity

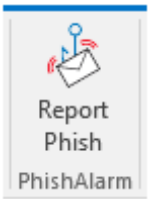
Our cybersecurity team implemented enhanced email warning tags to support surveillance of potential malicious emails using our Proofpoint email security vendor email warning tag functionality.

Emails tagged with a warning do not mean the email is necessarily malicious, only that recipients should take extra caution. Do not click on links or open attachments in messages with which you are unfamiliar.

This helps prevent and reduce phishing attempts against NCHS users and assets, by providing some additional information and context around specific messages in your inbox.

Report Phish/Smishing

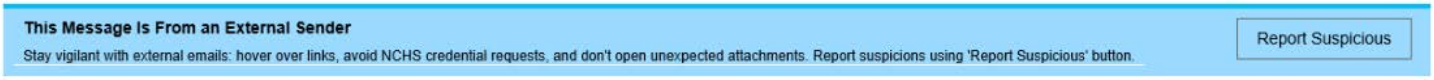
Phishing emails are fraudulent messages sent by cyber criminals. Phishing emails are used to trick people into revealing private financial details or other sensitive information, including system login credentials.



Smishing is a form of phishing in which an attacker uses a compelling text message to trick targeted recipients into clicking a link and sending the attacker private information or downloading malicious programs to a smartphone.

Deepfakes

Deepfake refers to the AI powered deep learning technologies that automate their creations. Some deepfake techniques include face swapping or voice cloning, where a person's voice is recreated and can be made to say anything. Deepfakes area associated with many security risks. Written disinformation includes generated articles, emails, or social media posts that mimic a person's writing style.



Both visual and written disinformation can be unintentionally spread by those who do not verify the media's legitimacy. Always check the source of a story, video, or image, especially if it is sensationalistic. Always follow our organization's processes when viewing or receiving sensitive information, even if you receive voice instructions directing you otherwise from someone you know.

If the hospital facilities are experiencing an Information Technology (IT) failure a **Code Tech** may be activated. Please notify emergency personnel at **Ext. 22** at all Broward hospitals or 911 at ISC/Spectrum locations. If at NCH, please call **Ext. 4357**.

Health Information Management

The Health Information Management Department's (HIM) key responsibilities are the security, confidentiality and legal use of patient information. Hours 8 a.m. - 4:30 p.m. Monday – Friday 305-669-6412

In accordance with State/Federal laws and NCHS/HIM policies and procedures, the protection of patients' personal health data is achieved and maintained. HIM's other functions include analyzing, abstracting and coding, as well as disclosing and maintaining medical information vital to the quality of patient care. HIM advocates for clear and concise medical documentation which supports ICD-10 coding and reflects the severity of illness of our patient population.

Release of Patient Information

Authorization for the release of information is required by the patient or legal guardian. The patient or legal guardian includes:

A. Patients:

- A competent adult who has reached the age of majority (18 years of age).
- An emancipated minor who is without a protective disability (married, pregnant or with STD (sexually transmitted disease).
- A minor seeking treatment for a sexually transmitted disease or pregnancy - limited to only those records concerning such treatment, as allowed by Florida Statute.
- A minor seeking treatment for substance abuse, limited to only those records concerning such treatment, as allowed by Florida Statute.

B. Legal Representatives: (Note: A copy of the documents presented by a legal representative must be retained in the patient record.)

- A minor patient's parent or legally appointed foster parent or guardian. (A certified copy of the court-ordered custody/guardianship papers must be retained in the patient record).
- A patient-designated health care surrogate or (durable) power of attorney for health care.
- The next of kin or the personal representative of a deceased patient. (A copy of the death certificate should be retained in the record).
- The next of kin or legally appointed guardian for a mentally or physically incompetent person.

- Despite divorce proceedings or an actual divorce, either parent may be provided with access to PHI unless otherwise noted by Court Order. Legal Counsel should be consulted if there are concerns about the purpose of the request or if providing such access is not in the child's best interest.

Authorization for the release of information must include the following:

- Patient's name.
- Date of birth.
- Name, address and phone number of individual or institution to which disclosure is to be made.
- Specify type of information to be disclosed.
- Purpose and need for disclosure: Health care, Third Party Payer, Attorney/Legal, Other (specify).
- Date ranges of hospitalization or treatment requested.
- Signature and date of patient, a competent adult who has reached the age of majority (18 years of age).
- Signature of Parent, guardian, or other legal representative, relationship, phone number and date.
- Revocation statement.

Most medical records, excluding confidential information, are available to patient/parent/legal guardians via the My Nicklaus Children's Patient Portal.

The following Nicklaus Children's Health System departments release images/videos: Brain Institute, Cardiology, Pulmonology, and Radiology. All medical record requests received by other departments should be directed to the H.I.M. department email address: HIM.releaseofinformation@nicklaushealth.org.

A response to a medical records request will be handled within 30 days of receipt of request.

Teaming for Documentation Integrity (TDI)

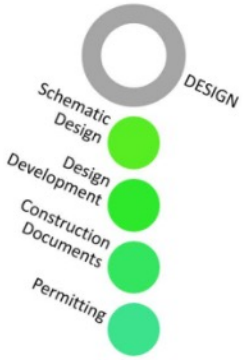
The Teaming for Documentation Integrity program is designed to physicians in capturing patients' clinical profiles through complete and specific documentation. TDI's mission is to obtain detailed documentation from physicians to accurately code the severity of illness for NCH patient population via queries which are posted in the patient's in-house records for physicians to review and document their response.

The TDI team consists of physicians, coders, and clinical documentation specialists who work together to ensure that the information in the medical record is detailed enough to support the appropriate clinical severity, and the level of service provided to all NCH patients.

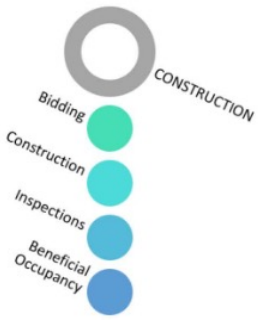
Design & Construction

Planning, Design and Construction

The **planning phase** is where the project is defined in the process. A project request allows the Design and Construction department with information necessary to evaluate the area. A project request form is submitted, scope of work is assessed, needs are evaluated, the program is identified, and a concept design is created. The concept designs where the construction budget is prepared considering material and labor costs, inflation trends, and contingencies for unknown conditions. An approximate construction schedule is also created.



The **design phase** further develops the project through the formation of schematic drawings, design development drawings and the construction documents are used to obtain approvals from authorities having jurisdiction. Once the construction documents are completed, the permitting process by submitting to the county or city can be submitted for a building permit. The documents are required by AHCA for review and approval.



The **construction phase** is the process of bidding out the construction to contractors for pricing, the construction of the project, and the approvals from authorities having jurisdiction to utilize the space. This includes inspections and beneficial occupancy for a Temporary Certificate of Occupancy or Certificate of Occupancy. This allows us to move furniture and staff into a space and begin equipment training for all necessary certifications.

Physical Environment

Environment of Care (EOC) Hours:
Monday-Friday 8:00 a.m.-5:00 p.m.
Ext. **3570**

Provides oversight to the owners of the physical environment standards management and collaborates with stakeholders to identify and mitigate environmental hazards. These functions include seven comprehensive areas to improve the quality of the patient care environment:

Safety| Security| Hazardous Material (Hazmat)| Life Safety| Medical Equipment| Utilities Management| Emergency Management

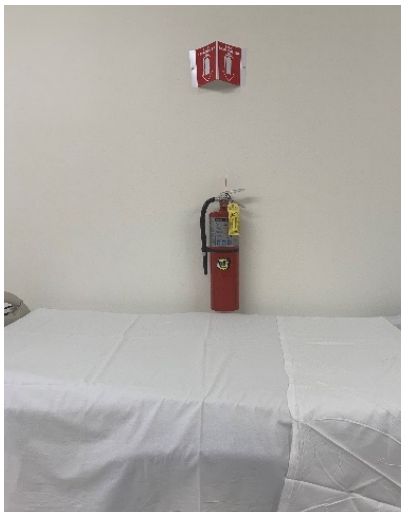
Clean Sweeps

Clean Sweeps is a digital tool located on the intranet portal to promote a comprehensive review of the safety conditions for patient, visitors, and staff.

To foster a culture of compliance through example, communicating expectations, policies and procedures, regularly monitoring staff behavior, and addressing concerns promptly through open communication, here are some opportunities to look for and resolve in your areas:

- Loose fitting fixtures
- Ceiling tiles out of place/wet/mold/dirty
- Medication and food in the same area
- Refrigerator temperatures are not monitored
- Computer screen not logged out
- Unlaminated Paper/Items taped to walls and doors
- Lack of overall cleanliness
- Stretchers not secured/locked
- **Exit doors with clutter/blocked**
- Dust on hospital equipment
- Damaged upholstery

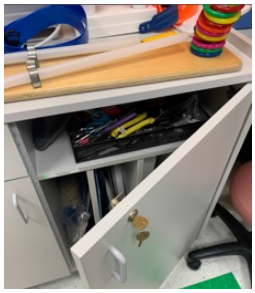
- **Fire extinguishers blocked**



- Clutter in hallways

- Uncovered linen carts

- Unsecured Cabinets

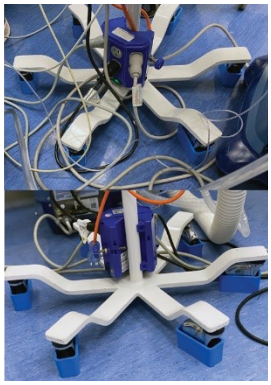


- Decorations hanging from the ceiling/fire sprinklers

- **Power strips are not connected/ daisy chained/piggy backing**
- Cable Management to allow free and easy cleaning of IT equipment

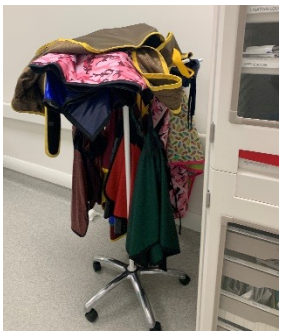
- Exposed electrical wires

- IV pole clutter

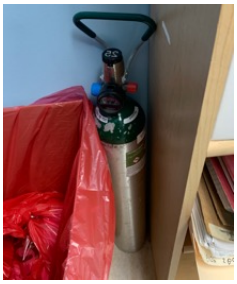


- Painter tape not removed

- X ray Aprons hung on appropriate stored



- Oxygen cylinders not labelled (full or empty)/ secured



- Non-flame-retardant holiday decorations

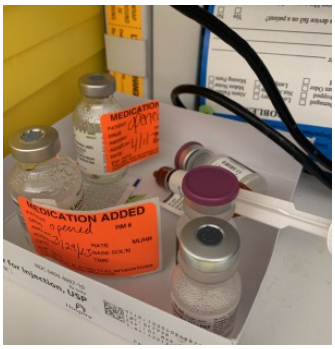
- Fire Extinguisher signs must be posted in SPD

- Tape on Medical Equipment

- Tape on Doors

Medication Rooms

- Items other than meds in refrigerator
- Medication found open and unlabeled
- Expired medications



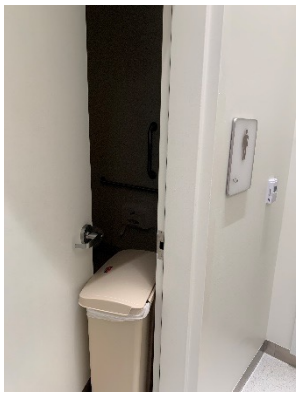
- Prescription pads found on counters or unsecured
- **Medications on counters in public access areas** (Nursing stations, counters, patient rooms/ beds/bedside tables, Anesthesia equipment)

- **Returning unused meds to Pyxis**

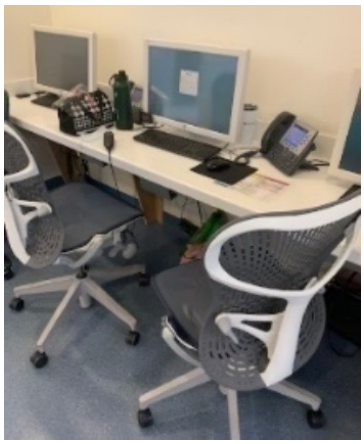
- Syringes not labeled (name, DOB, date, time, drug name, mg/ volume)
- Med room visibly dirty
- Ensure buffered lidocaine has cap secure when not in use
- Non-narcotic pharmaceutical black bins without proper dates
  - Healthcare facilities are prohibited from disposing of hazardous waste pharmaceuticals down the toilet or drains
  - Ensure the containers are properly labeled with dates

Treatment/Therapy Areas

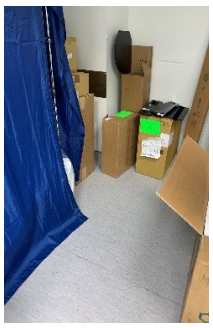
- Not clean
- Expired products
- Doors propped open



- Items under sink
- **Alcohol hand rinses expired**
- **Eating and drinking in clinical areas**



- Hand soap expired
- Full red sharps container
- Unsecured electrical outlets
- Dust accumulation
- Cardboard boxes found in area



- Improper disposal of IV or Respiratory setups

Staff Opportunities

- Artificial nails/chipped nail polish/ nail length greater than ¼ inch

- **Logging off computers when not in use**
- Staff eating/ drinking in nurse's station, clinical areas or outside of designated areas
- Improper medication in staff pockets and unsecured designated medication areas
- No ID badge/not above the waist
- Staff improperly discarding/not utilizing appropriate PPE

Eyewash Station, Emergency Shower, and Eyewash Bottles

- Eyewash stations/ showers must be checked weekly

- Eyewash bottles are documented quarterly
- All deficiencies must be logged in the VERGE and reported immediately to Facilities Management at Extension # 4357, option two at Nicklaus Main and OCCs or Forward all logs to *Environmentofcare@nicklaushealth.org*. Please call #35770 at Broward Main and #954-344-3040 at our Coral Springs location for emergent issues.

The current American National Standards Institute (ANSI [Z] 358.1-2009; OSHA 29CFR) provides for eyewash and shower equipment in appropriate situations when employees are exposed to hazardous materials.

Public Safety | Security

Public Safety Department ensures the safety, and well-being of patients, staff, and visitors on NCHS properties. Our trained and certified security officers respond to all code calls at NCHS and are available 24/7 to respond to emergencies, manage security concerns, and provide assistance throughout the Organization premises.

Call Security for non-emergencies at extension 8585 or for emergencies at extension 4357 at NCHS or call Ext. 335350 at Broward Health Main Campus and (954)-344-3000 at the Coral Springs location

WorkPlace Violence

Public Safety provides workplace violence training to ensure the safety and well-being of all employees by providing them with the knowledge and skills necessary to recognize, prevent, and respond to incidents of violence in the workplace. With the training, Public Safety aims to create a secure and supportive work environment by promoting awareness, fostering communication, and implementing effective strategies for managing and mitigating potential threats. This maintains a culture of respect, safety, and professionalism within our organization.

Badge access

Access Control: Electronic Locks

All Nicklaus Children Hospital issued ID Cards/Badges and Proximity Cards have unique access permissions that control which doors/gates on campus that an individual can open. ID Card/Badge – provides access to parking, corridors, elevators, and main office areas by waving the card in front of a reader panel. An individual's supervisor, unit leader determines access permissions in accordance with Public Safety policy.

If you need to modify access, a new badge, report a lost badge, or a new key
CLICK HERE

Know your Emergency Codes

Emergency Codes contribute to the safety of the health system. Allowing providers, clinicians, and staff to respond quickly to emergencies. Ensure you have the most recent badge buddy! Here are a few below:

Code Blue or Code Blue Jr. is widely used in healthcare. If you are not near the Code Blue button dial **ext. 22 or 911** at ISC/Spectrum locations. Give the operator your location. If you know CPR, begin resuscitation procedures. Continue CPR until the Code Blue Team arrives. Note the time of the incident. Timing is critical in the case of a cardiac or respiratory arrest. Code documentation must be in the chart within 24 hours.

Code Orange or Code Trauma
This code means that a trauma patient is inbound. The Trauma Team will be prepared to receive the patients in the Emergency Department.

Code Ivory (Infectious Disease) has met the established criteria. The patient will be placed in isolation/quarantine to safeguard those around them. Example(s): Hemorrhagic fevers, MERS, and SARS

Personal Protective Equipment (PPE), as a healthcare provider, you MUST wear PPE if you encounter these patient(s).

- PPE Level 1 packs for suspected exposure for cases, (travel history or possible contact with infected person) and Level 2packs for symptomatic cases.
- Follow all established Donning & Doffing steps. Always follow the industrial hygiene and infection control practices established by NCHS, to help avoid potential exposures.
- If confirmed, the patient will be transferred to a preselected treatment room in the ED or Urgent Care Center and the Code Ivory Team will be activated.

Trauma

Nicklaus Children's Hospital | MIGUEL "MIKE" B. FERNANDEZ FAMILY PEDIATRIC TRAUMA CENTER

The Trauma Center at Nicklaus Children's Hospital (NCH) provides trauma care and services to the pediatric population of Miami-Dade or Broward County and neighboring areas. As a state designated Pediatric Trauma Center, Nicklaus Children's Hospital's mission is to provide optimal patient care from the moment of injury through to rehabilitation.

Public Access Trauma Kits

Trauma kits are designed to respond to a broad number of medical emergencies. They contain sub-kits that are easily identifiable by number, color code, text, and icons. All sub-kits contain individual instructions for the included components both by text and graphics. Accompanied by a flowchart with instructions also prioritize the component to be used first in the kit, and each component is marked to clearly link to the corresponding instruction. By bringing the instructions down to the simplest level possible, the number of potential effective responders greatly increased. These trauma kits are located throiughout the faciliteis. Some locations include Administrtation, the Emergency Department, Main Lobby, and the Cafeteria.

LifeFlight®

The Nicklaus Children's Hospital's LifeFlight® transport team understands the stress of the child and parents' or guardian experience when transport is necessary. Whenever possible, the crew encourages the parent or guardian to be present during transport, ensuring that the child is accompanied throughout the transport and during arrival at Nicklaus Children's Hospital.

Nicklaus Children's Hospital's LifeFlight® program safely transports over 4,800 patients per year to Nicklaus Children's Hospital and beyond. Life Flight patients come from local clinics and hospitals as well as from referring centers throughout Florida, the Caribbean and South and Central America. Service is provided 24 hours a day, 365 days a year, through a fleet of six ambulances, a hospital-owned helicopter and on-demand fixed wing jets from multiple medical fixed wing providers within South Florida. The efforts are coordinated through our Transfer Center staffed by skilled communication specialists and nurses.

LifeFlight carries some of the most advanced life-support systems such as ventilators, defibrillators, intubation equipment, cardio-respiratory and hemodynamic monitors, infusion devices, transcutaneous Pa02 monitors, emergency medications, transport incubators and other equipment necessary for IV therapy, cardio-pulmonary resuscitation and care of the critical patient at altitude.

Ground Ambulances: Nicklaus Children's Hospital became one of the first U.S. hospitals to acquire a state-of-the-art ground ambulance capable of transporting up to three patients simultaneously. The current ground fleet consists of six critical care ambulances that are licensed to perform any patient transport needed and four advanced life support units that are equipped to perform care for all non-neonatal critical care transports.

Helicopter: LifeFlight's Sikorsky S76C+ helicopter is medically equipped to care for the needs of any patient. The aircraft is one of the most sophisticated air ambulances available with an unsurpassed flight stability and safety record. Air Methods is proud to have PHI as our air operator. Our relationship with PHI gives us access to an additional S-76 aircraft further increasing our operational time.

Universal Transport Form

Code Red indicates fire. It is a specific emergency code that is used to alert hospital staff to the presence of a fire in the facility. The code is announced by the Security Department. An officer reports immediately to location with fire extinguisher and will also assist with evacuation when deemed necessary. Remember to Rescue, Alarm, Contain, and Evacuate (R.A.C.E.) and fire extinguishing training to Pull, Aim, Squeeze, and Sweep (PASS). Ensure that fire drills have been completed in your unit.

***Code Green or Code Elopement** is a patient elopement. This requires an immediate call to security at **extension 22** Operator dial 0 at our Coral Springs location at hospitals or 911 at our outpatient locations and the ISC/Spectrum. During C**ode Green Code Elopement**, hospital staff are asked to notify the Public Safety Department at **ext. 22 or 911 or ISC/ Spectrum**.

The staff will **also provide a description of the missing person**, such as **the name of the missing child, age, gender**, and any **distinguishing characteristics or clothing** they were seen wearing last. This information is broadcasted to hospital staff to increase the chances of finding the missing person faster and safely.

An elopement is a patient who is incapable of adequately protecting himself, and who departs the health care facility unsupervised- www.psnet.ahrq.gov

Code 13 or Code Black is a Bomb Threat. Bomb threats can be made by phone, email, letter, radio, and suspicious packages. All Nicklaus Children's personnel are required to immediately contact the Public Safety Department at **ext. 22** in hospitals or **ext. 911** at ISC/Spectrum in the event of a received or observed bomb threat. During a possible bomb threat, staff should immediately report to their work areas, clear the corridors, and report suspicious packages to **Ext. 22**.

If you are the receiver of a bomb threat, report any details (exact words, tone, threatening language, accent, background noises, time, sex, etc.) to Security. If able, try to identify the location of the bomb, time set for detonation, type of device or appearance, how the device can be deactivated, and why the device was placed.

What should you do in a Code 13?
https://youtu.be/8EyAQ_iYRi8

Code 36 is used when **a child becomes separated from their parent or caregiver**. Upon hearing this code, all staff will begin initiating an immediate search for the area. If a parent approaches you and informs you that their child is missing, or if you find a child unattended, please call the Public Safety Department immediately n ext. 4911 at Nicklaus Children's Main campus.

Code Bear is an innovative and proactive approach for the care and treatment of our behavioral patients. Code Bear is comprised of a professional healthcare team who specialize in different aspects of caring for this patient population. Whether it's soothing techniques such as music therapy or medical intervention, they are there to ease their triggers and provide support to the families during these challenging times. Hand in Hand, Together We Can.

Watch the Code Bear video for more information, https://youtu.be/yIwbN71wkGQ

Code Strong or Code Security Assistance is defined as a situation involving an aggressive visitor/ family member. Public Safety will respond to a **Code Strong/Code Security Assistance call 911** at ISC/ Spectrum or **Ext.22** at all Broward hospitals and assist the staff by restraining the individual using CPI techniques or de-escalation methods. In some cases, the Public Safety officer may need assistance from the Broward County Sheriff office to restrain a violent person. Watch the video for more information, https://youtu.be/2OOO-2R1tCE

Code Blackout or Code Utility Power is a power outage. This involves critical equipment. The Administrative/Operations Administration

- Will determine extent of outage from Facilities Operations
- Activate Incident Command Center (if necessary) and the Nicklaus Children's Hospital Emergency Operations Plan
- Check all units for electrical dependent patients.
- Deactivate Plan after consulting with Facilities Operations Director.

Code D or Mass Casualty refers to a mass casualty disaster (multiple people with various injuries).

- Incident Command will be activated, and the Emergency Department, Trauma, and Operating Room staff will prepare to receive and treat numerous patients.
- Additional NCH staff may be asked to support a Labor Pool, normally located within the Auditorium.

- At Broward locations OA (Administration or Nursing Supervisor will be notified of the external event by the ED Charge RN or Incident Command.

Mass Casualty Levels, in Florida, are based on the number of victims involved. There are 5 levels of interest: Level 1 MCIs involve 5-10 victims, Level 2 MCIs involve 11-20 victims, Level 3 MCIs involve 21-100 victims, and Level 4 MCIs involve 101-1000 victims. Level 5 MCIs, requiring statewide resources, involves over 1000 patients.

The PBX Operator will announce overhead three times... Medical Alert + Mass Casualty Level (1-5) + Location/ Instructions. Mass Notification will be activated through **ReadyOp**. The ED Charge RN will provide capabilities to Medcom, as requested.

ReadyOP is an emergency alert notification system that provides operational decisions in an emergency capacity for Broward Health facilities. Any emergency situations or any announced visits from outside facilities (i.e., local, state, or federal agencies), codes, and/or quick communication to staff, volunteers, and vendors within our facilities.

All Broward Health departments will assess for available staff and providers, hospital census, vacancies, and essential equipment readily available. Our bed availability will be reported to the county Emergency Operations Center.

Patients may arrive with triage tags from external emergency services as critical or immediate (red), delayed (yellow), minor (green) or no care required (black).

Code D-NBC or Code Decontamination refers to a mass casualty disaster involving nuclear, biological, or chemical hazardous materials.

- Incident Command will be activated, and the NCH DECON Team will decontaminate all patients; following decontamination, the Emergency Department, Trauma, and Operating Room staff will receive and treat patients.

INTERNAL Emergencies

A sudden, unforeseen event that causes/threatens to cause injury/damage to the hospital's patients, visitors, employees, and/or property. (Example: Bomb Threat)

EXTERNAL Emergencies

A sudden, unforeseen event that results in a significant number of casualties requiring admission to the hospital, but not causing a threat to the hospital itself. (Example: Bioterrorism or chemical)

Code Evacuation/Relocation refers to an imminent threat to life indicating that relocation or evacuation is necessary due to a disaster to the facility. It is vital to know that an evacuation decision does not necessarily indicate a full evacuation. A "prepare-only" evacuation may be initiated, or this may involve moving patients horizontally to an adjacent area on the same floor or a vertical evacuation to another alternate location within the facility or a staging area. The goal is to isolate the problem with the safety of the staff, patients, and families in mind.

Nicklaus Children's Hospital collaborates with Miami Dade Fire & Rescue of any pending mass casualty disaster within the surrounding areas. Miami Dade Fire & Rescue will bring mass casualty patients to the Main Campus only.

Mass causality drills are conducted to evaluate our Code D/D-NBC plans

NCH staff can be notified of a Code D/D-NBC by overhead paging, email, or the Incident Command monitoring the situation. The Labor Pool is a resource to support the treatment and transport of patients, medical equipment, and supplies.

Code Lindbergh or Code Pink are used in the case of an abducted child; security will lock down the hospital. The staff and providers will help ensure the exits are observed. Any suspicious activity shall immediately be reported in detail to Security at **Ext. 22 or 911** at ISC/Spectrum.

1Getty Images 93
Charles A. Lindbergh Jr

How did this Code Lindbergh get its name?

On March 1, 1932, Charles Augustus Lindbergh Jr., 20-month-old son of aviators Charles Lindbergh and Anne Morrow Lindbergh, was abducted from the crib in the upper floor of the Lindbergh's' home, Highfields, in East Amwell, New Jersey, United States.[2] On May 12, the child's corpse [3] was discovered by a truck driver by the side of a nearby road.[4]- Wikipedia (2022) https://en.wikipedia.org/wiki/Lindbergh_kidnapping

Code R.A.I.N. or Armed Intruder notifies staff of an active threat indicates there is an Active Threat or an individual armed with a weapon and that displays the capability and intention to present an active deadly threat to patients, visitors, and/or staff to our campus. Staff are trained to **recognize** threats, **avoid** harm (Run), **isolate them** in a safe place (Hide), and **Notify 911** at ISC /Spectrum or ext. 22 in Broward hospital locations, when safe to do so.

- **Isolate** in a safe room. A safe room is where staff can retreat during threats to life or harmful events. These areas typically have solid doors and walls within minimal windows.

Remain calm and quickly assess the situation. You should remain in your safe room/place until the Code Armed Intruder, "All Clear" is announced over the intercom three times.

If a **Code Armed Intruder** is announced **outside of our facilities** within our grounds, if able to, **call 9-1-1** and provide the location and number of shooter scene with a detailed description, and the number and size of weapons.

Code Hostage Situation notifies staff of an active hostage situation is in progress alerting all staff to stay away from the scene and allow trained protective personnel to respond to the location. If you can do so safely, please **call 911** at ISC/Spectrum or **Ext. 22** at all Broward hospitals.

Code Controlled Access/Lockdown activates the highest level of safety and security within Broward facilities and the surrounding perimeter to establish a barrier so that no one is allowed to enter or exit the facility. Public Safety personnel will be deployed to key points of entry and exit areas for additional safety measures.

EVENT TYPE	CODE NOTIFICATION
MEDICAL ALERT	
Mass Casualty	Medical Alert + **Mass Casualty** + Location
Adult Resuscitation	Medical Alert + **Code Blue** + Location
Child/Pediatric Resuscitation	Medical Alert + **Code Blue Jr** + Location
SECURITY ALERT	
Active Shooter	Security Alert + **Armed Intruder** + Location + Instructions
Bomb Threat	Security Alert + **Code Black** + Location + Instructions
Combative Person	Security Alert + **Security Assistance** + Location
Controlled Access/Lockdown	Security Alert + **Controlled Access/Lockdown** + Location + Instructions
Elopement	Security Alert + **Code Elopement** + Location
Infant/Pediatric Abduction	Security Alert + **Code Pink** + age/description + location
FACILITY ALERT	
Evacuation/Relocation	Facility Alert + **Evacuation/Relocation** + Location + Instructions
Fire	Facility Alert + **Code Red** + Location
Hazardous Spill/Release	Facility Alert + **Hazardous Spill** + Location + Instructions Avoid the Area
Utility Interruptions: *Power, Water, Fuel, Medical Gas Interruption*	Facility Alert + **Utility (Source)** + Instructions
Utility Interruption: IT Failure	Facility Alert + **Code Tech** + Instructions

Active Threats

Public safety works to enhance the preparedness and response capabilities of our organization in the event of an active threat scenario. These sessions provide a structured and collaborative environment for participants to simulate and discuss potential threats, evaluate response protocols, and identify areas for improvement. By engaging in these exercises, employees can strengthen coordination, communication, and decision-making by ensuring a swift and effective response to protect the safety and security of all individuals within our facilities.

Code Spill

Code Spill is a hazardous material that has been wasted. Alert Security at est. 4911 and manage contain and clear the area.

Minor (Incident) Spills

Spills of less than 5mL and/or any spill that can be cleaned up by the people involved using the training and personal protective equipment (PPE) they have at hand or immediately available.

Major Spills

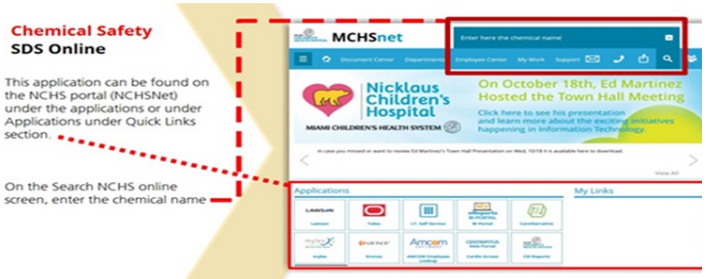
Spills larger than 5ml and that are beyond the training and PPE available to the staff. These spills may represent an immediate danger to personnel in the area because of physical or health effects (e.g., large quantities of Formalin, Xylene). In most cases, this is a decision made by the Hospital Safety Officer, Administrator, or Operations Administrator on call at the point of the incident or by the department manager based on the knowledge of the hazards of the material. Spills on soft surfaces such as rugs are treated as major spills or a spill that exceeds the limits of the personnel protection available and staff training.

Special Content Spills

Include mercury and hazardous medications, such as **chemotherapeutics** for which staff who utilize and manage these medications are trained in cleanup procedures and have specific spill kits.

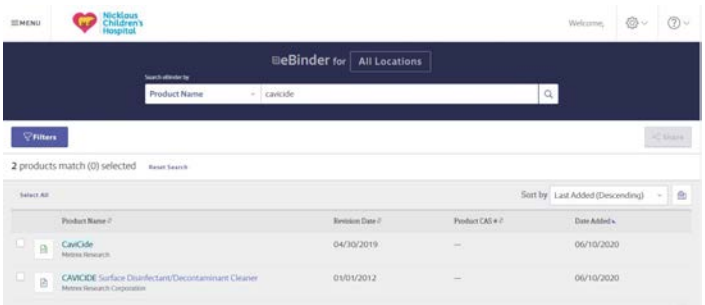
Radioactive Material Spills

Managed by the Radiation Safety Officer (RSO) Appropriate decontamination, monitoring, and treatment of any contaminated or exposed persons are managed by a qualified member of the medical staff or by referral to a qualified physician.



Safety Data Sheet

Provides information and clinical management of exposure to all products in the hospital.



These application catalogs the documents obtained from manufacturer information relating to occupational safety and health for the use of various hazardous chemical material and products.

This information includes flash point, toxicity, procedures for spills, leaks, and storage guidelines.

Chemical Inventory List

Each department should list their chemical inventory list of all potentially harmful chemicals used at a facility. The Occupational Safety and Health Administration (OSHA) details hazard communication standards for chemical inventories and ready access to safety data sheets for each hazardous chemical.

Code Strong or Code Assistance initiates a response from Security when a person becomes violent or threatening toward another person. Security or Police can be notified by pressing a panic button or calling **Ext. 22 or 911 at ISC/ Spectrum** to de-escalate disruptive behavior

Code Rapid Response (RRT) or Rapid Response Jr. stands for the Rapid Response Team at Nicklaus Children's Hospital. It responds to staff or parent concerns about patient's sudden change in medical condition. If a parent or staff member feels the child's condition needs immediate attention, call RRT **Ext. 22 or 911 at ISC/ Spectrum** provide the child's name and room.

Code Stat requires an immediate response to a page by an operator.

Emergency

Code Blue: Cardiac Arrest - Ext. 555 - Respond if assigned

Code Navy: Operating Room Cardiac Arrest – Ext 555 - Respond if assigned

Code Ivory: Infectious Disease - Wear PPE

Code Orange: Incoming trauma, Trauma Team respond

Code Red: Fire (RACE: Rescue, Alarm, Contain, Evacuate / PASS: Pull, Aim, Squeeze, Sweep)

Code Green: Patient Elopement - Call Ext.4911 (SECURITY) or 911 (OCC)*

Code 13: Bomb threat: report to work area, clear halls, report suspicious packages to Ext. 4911 (SECURITY) or 911 (OCC)*

Code 36: Child separated from parent - All staff initiate immediate search of area

Code Bear: Aggressive patient - Ext. 1616 (Operator) or 911 (OCC)*

Code Blackout: Power Outage - check that critical equipment are plugged into red outlets

Code D/D-NBC: Disaster: Internal/External, Nuclear/Biological/Chemical, Mass Casualty Incident

Code Lindbergh: Abduction - Ext. 4911 (SECURITY) or 911 (OCC)* - Immediate lockdown and search of area

Code R.A.I.N.: Active Threat (Recognize, Avoid, Isolate and Notify)

Code Spill: Hazardous Material spill - Call Ext. 4911 (SECURITY) or Manager, Contain and clear the area

Code Storm: Hurricane Response - Be alert for any Alpha, or Bravo Team activations

Code Strong: Violent visitor or staff- Call Ext. 4911 (SECURITY) or 911 (OCC)* - Respond if assigned

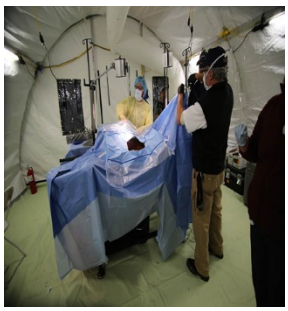
Code Water: Discontinue water use

RRT: Rapid Response Team - espond within 15 minutes or 911 (OCC)*

STAT: If paged respond immediately

* New Codes

Emergency Management



Emergency Management provides comprehensive emergency preparedness training and response planning for natural, human, and technological hazards. The mission of Emergency Management is to ensure the safety of staff, the protection of property, and Nicklaus Children's Healthcare System patients during any disaster situation in collaboration with community, local, and state partners.

Comprehensive Emergency Management Plan (CEMP) to prepare, respond to and recover to organizational, community or regional emergencies. An Emergency Operations Plan (EOP) is available to all employees, and Physicians on the NCHS intranet site. The EOP provides all hazards response and recovery approach to disaster or emergency incident management. Contact Emergency Management at **954-712-3931**.

Code Storm or Code Weather Event

Code Storm alerts us to complete our hurricane preparedness as a pending storm is near. All NCHS staff are considered essential. Essential staff are required to report to their designated work location to ensure the operation of critical functions, such as patient care, during or after a declared hurricane emergency.

When a Code Storm or Code Weather Event is issued, Nicklaus Children's Health System will assign all staff members to either **Alpha (Response) team** (during a storm) or **Bravo (Recovery) team** (after a storm) by June 1st of each year. Ensure you or the department designee have completed the form.

- **Code Storm or Code Weather Event** has two levels.
- A Code Storm, **Level I** refers to a hurricane watch issued by the National Hurricane Center in Miami, when **hurricane conditions are likely to occur within 48 hours**.
- A Code Storm, **Level II** refers to a hurricane warning issued by the National Hurricane Center in Miami, when **hurricane conditions are likely to be within 36 hours and sustained winds of 74 mph or higher are expected somewhere within the specified coastal area.**

Activation (Response) Team – (**Alpha Team**)

- The Alpha Team are essential personnel assigned to work through the active storm, as determined by the Incident Commander.

Recovery Team – (**Bravo Team**)

- The team of essential personnel that will report to work within 8 hours post-storm, as determined by the Incident Commander.

Incident Command Team

- Those staff members who are assigned roles, either as primary or alternate, as part of the NCHS' Incident Command Structure. The Incident Command Team will oversee command and control of the hurricane emergency to include response and recovery activity. The Incident Command Team will consist of Alpha and Bravo Team members.

Pre-Hurricane Preparedness Activities:

Emergency Management Director or designee will offer

annual Hurricane Preparedness Training for all Department Directors, the Incident Command Staff, and the Alpha and Bravo Team Members. Emergency Management will annually review and document critical inventory levels to ensure the hospital's sustainability for a **minimum of 96 hours** during a hurricane emergency. Critical inventory will include:

- Potable water
- Non-potable water
- Fuel for generators
- Food
- Oxygen
- linen
- Additional items

Emergency Management collaborates with service providers and other healthcare organizations prior to hurricane season.

- Both **Alpha and Bravo** Team members must ensure they have plans to secure their homes and personal property while working during a hurricane emergency.
- As the Hospital's resources and available space will be extremely limited during a hurricane emergency, **Alpha and Bravo** Team members are not permitted to bring their family members to shelter at the Hospital during a hurricane or other weather emergency, absent extraordinary circumstances as determined by NCHS' Chief Operating Officer.

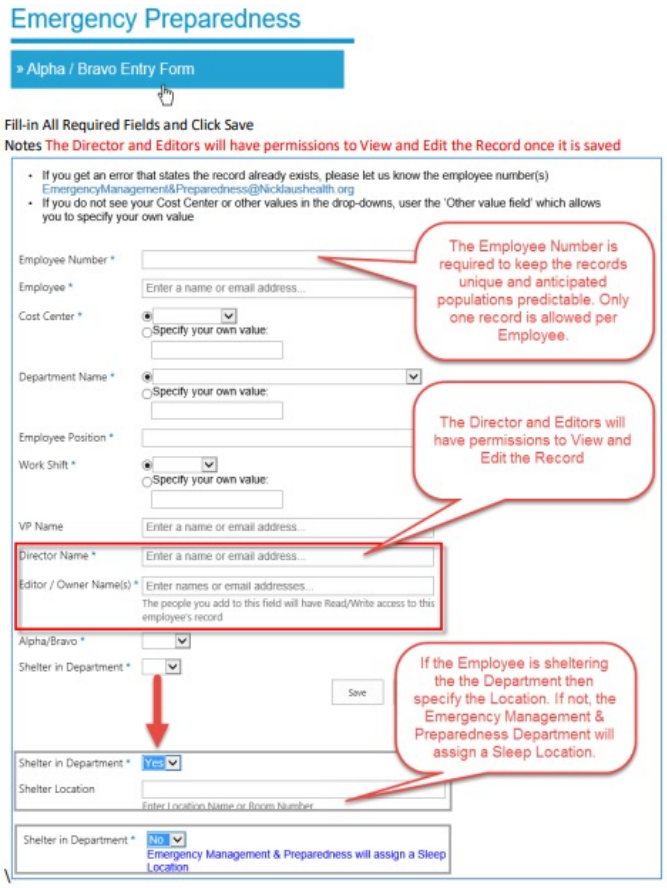
- **Alpha and Bravo** Team members who live outside of Miami Dade County may contact their local Emergency Management Office.
- **Alpha and Bravo** team members should make any necessary shelter arrangements for their family members in advance of a hurricane emergency so that they can timely report to work, as directed by the Incident Commander.
- **Alpha Team** members should prepare **"go bags" prior to hurricane season** (see Recommended Hurricane Items). These "go bags" must be readily accessible and stored within secure cars, lockers, offices, etc.
- NCHS employees assigned to the **Alpha** Team must be prepared to respond to work during a hurricane emergency at the time determined by the Incident Commander. **Alpha Team members will be at the hospital until the "all clear" has been designated** by the Incident Commander and they have been relieved by the Bravo Team.
- NCHS employees assigned to the **Bravo Team must be prepared to respond to work within 8 hours after the "all clear" has been designated by the Incident Commander.**

Alpha and Bravo Hurricane Checklist

Nicklaus Children's Hospital (NCH) must provide critical supplies, such as water, food, and linen to our patients and patient visitors during, and after, a hurricane emergency. Critical supplies may not be available, or very limited, for Alpha and Bravo staff members. As a result, Alpha and Bravo Team staff must bring their own critical supplies to support themselves for a minimum of 3 days. The following is a list of recommended items, but the list is not all inclusive. For more information regarding hurricane preparedness and critical supplies, staff are encouraged to visit, Hurricanes | Ready.gov.

Recommended Critical Supplies

- Fill up all personal vehicles with gasoline
- Change of clothing
- Diapers
- Formula / Baby food
- Toiletry Items (toothbrush, hairbrush, makeup, etc.)
- Personal medications and vitamins
- Pillows, sheets, blankets, towels, etc.
- Plastic bags for soiled clothing
- (2) gallons of water per/person for each day
- Non-perishable food items and snacks
- Sleeping bags and/or twin-size air mattress
- Flashlights
- Batteries
- Cellphone chargers
- Portable radios
- Identification cards, driver's license, passports, etc.
- Cash



What can you do to prepare for a storm?

https://youtu.be/Bme5O2pJ_dI%20-Code%20Storm%20level-1

https://youtu.be/qvprdE4rW1kcode%20storm%20level%20-2

Code (Utility) Water alerts staff to discontinue water use. Our established guidelines may indicate contaminated water, loss of water, or loss of water pressure.

DO NOT

- Flush toilets/bedpan hoppers
- Use sinks, water fountains,
- Ice machines, showers/tubs

After the code has been cleared purge lines by turning on faucets and flushing toilets.

Isensix

A process of accurately monitoring and tracking environmental data

Isensix is a way for central collection on a secured server with intranet-wide remote access to temperature monitoring. Isensix is an effective use of reducing unnecessary citations for improvement for non-compliance to regulatory and accreditation standards. It is a viable solution to validate, calibrate, and document temperature monitoring.

Isensix is alarming, what should I do?

Security will notify charge RN of unit and document in Isensix. If alarm comes from the outside clinics after normal operational hours, Security must contact the Center on-call personnel or manager in charge.

Charge RN (or other person receiving the call) check the specified refrigerator/freezer and attempt to find a solution and report to Security within 1 hour to generate a work order.

Trouble shooting: Check to see if the module got unplugged from the electrical power outlet on the wall and it needs to be plugged back on.

If the Isensix unit is correctly plugged in and the refrigerator or freezer temperature is high or low, Security should report it to Plant Operations for appropriate action.

If the temperature is within limits and no obvious problems are identified with the equipment, Security will report it to Clinical Engineering to check or review the Isensix monitor.

Measurement Traceability

What is Traceability? Traceability means a measurement results can be related to a known reference guide by an unbroken chain of accredited comparisons. Our Clinical Engineering department handles many of these devices. For further information, call 305-662-8309 or your Broward clinical engineering department.

Medical devices equipped with measuring capabilities are used within our facilities daily. Common traceable devices are hospital beds, patient weigh scales/lifts, and thermometers.

Measuring instruments shall be:

1) Calibrated or verified at specified intervals or prior to use against measurement standards traceable to international/national standards.

2) Identified to determine their status. Is my equipment working appropriately? Does it need service?

- If the equipment is broken, complete the Service Required sticker & call Clinical Engineering at **Ext #8309**
- Safeguarded from adjustments, damage, or deterioration that would invalidate the calibration status and subsequent instrument results. Clinical Engineering regularly calibrates devices for optimal performance.

Plant Operations

Facilities Hours 24/7 Ext. 4357 option 2 and at Broward Main Campus, please call #35770 at Broward Main and #954-344-3040 at our Coral Springs location for emergent issues

Plant operations or facility management maintains the physical environment in alignment with codes and standards to ensure the effective implementation, safety, and reliability of uninterrupted care to patients.

The maintenance support to the hospital and surrounding offsite locations involves the upkeep for electrical, utility, building structure, painting, plumbing and overall grounds.

Do you need something repaired? Are your area missing ceiling tiles? Are your exit sign lights operable? Is your medical gas valve malfunctioning?

Enter your name, contact number, and your request details from the drop-down box

How to place a service request for Plant Ops

Missing Ceiling Tiles

Ceiling tiles are important to the physical environment, especially in a fire. A missing ceiling tile places the fire sprinklers greater than 12 inches from the ceiling deck. This will allow heat and other products of combustion to reach above the ceiling space.

Fire Doors Latching

Fire doors latching is so important. The prevent fire and smoke from spreading across our facility, the proper latching doors keep the fire contained to a particular compartment or room. This gives our patients and staff a longer time to reach safety.

Penetrations

Penetration or fire stopping is an opening in a wall or floor assembly required to have a fire resistance rating. The purpose of penetration is to accommodate the passage of mechanical, electrical or structural. Unprotected or poorly sealed penetration seals provide easy passage for fire smoke and gases. Check your area for potential areas of concern.

Elevators

Elevator inspections evaluate whether all elevator equipment meets local and state regulations to ensure safety, performance, and maintenance of all related parts. Auditing allows for assessment of performance and service improvements. Thus, monthly fire fighter recall testing is needed to ensure proper working elevators in our facilities.

Medical Gases

Properly secured gas cylinders are vital to staff and patient safety. Materials are slow to ignite in air will burn quickly in rich oxygen environments. Ignition sources can be electro-surgical instruments (e.g. Bovine or cautery pencil), defibrillators or any heat source. Securing cylinders:

- Properly labeled at all times
- Store cylinders upright with chain or strap in cool, well ventilated, fire-resistant areas in accordance with federal, state, and local regulations
- Secured cylinders should be placed where they will no be knocked over or damaged by falling objects
- Please ensure full and empty gas cylinders are separated not to exceed 12 E cylinders per room: approx. within 300 cubic feet (ex. size of a cargo van- 6 feet tall and 5 feet wide) or 12 H cylinders in 3,000 cubic feet (ex. A room 10 feet high with floor space 20 feet X 15 feet).
- Close valve and secure caps when not in use
- Inspect cylinders for leaks and support brackets regularly or structural integrity
- Transport cylinders using hand trucks designed for that purpose

- Report leaks or damage to your supervisor immediately. If there are no medical gases, call for a **Code Utility Medical Gas** by dialing **911** at ISC/Spectrum or **Ext. 22** at Broward hospitals.

Christmas Tree Adaptors

Christmas trees, or Oxygen Connectors, are designed to deliver oxygen to the patient through oxygen tubing and flowmeter. Reusing Christmas trees or improper cleaning practices can lead to cross-contamination and disease. Thus, the oxygen adapters are only used once. These items should be disposed of after each patient.

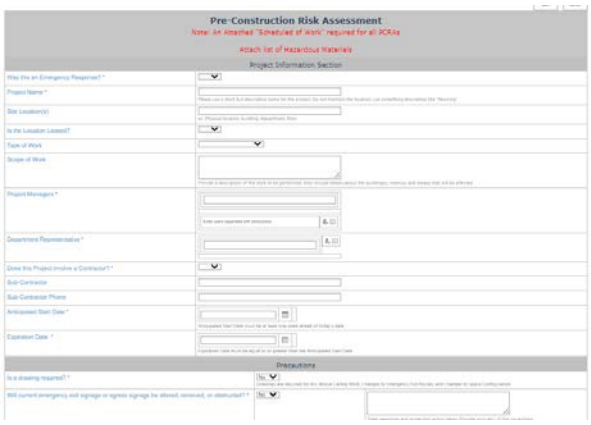
Life Safety

Alternative Life Safety Measures (ALSM) are planned actions taken when fire suppression/alarm systems are not functioning properly, or emergency egress exits are blocked

During Construction /Renovation Projects

Did you complete a PCRA?

PCRA Projects - New Item (intranet)



Our actions can greatly affect our safety within the organization. Remember the six Interrogatives of Life Safety

What? Temporary actions are taken to reduce fire and life safety hazards.

When? Any time normal Life Safety measures are disrupted.

Where? Any area life safety deficiencies exists due to temporary changes in construction/design.

Who? All employees who work in areas under ALSM.

Why? To maintain a safe environment for patients, visitors, and staff.

How? Employees Participate in ALSM by:

- Keeping exits and corridors clear
- Keeping storage areas clean & neat
- Participating in fire drills
- Making sure trash is regularly removed
- Enforcing the **No Smoking** Policy.
- Knowing locations of fire alarm pull stations and extinguishers.
- Knowing alternative emergency exits.
- Knowing your role in **R.A.C.E.** (Rescue, Alarm, Contain, Evacuate); **P.A.S.S.** (Pull, Aim, Squeeze, Sweep)

In Case of an Emergency

Security hours: 24/7 Ext. **4911** (Off-sites call **911**) NCHS or call Ext. 335350 at Broward Health Main Campus and (954)-344-3000 at the Coral Springs location

R.A.C.E.

Rescue –Remove patient, visitors, and employees from immediate danger.

Alarm- Activate Alarm; Dial **4911** (or 911 for off-site locations); Describe the incident.

Contain –Close all doors.

Evacuate or Extinguish- ONLY extinguish small, controllable fires.

Use horizontal evacuation.

Go beyond smoke compartment into a safe zone or exit to an area of refuge if on the 1st floor.

P.A.S.S.

Pull- the pin.

Aim- at the base of the fire.

Squeeze- the handle.

Sweep- use a sweeping motion to extinguish the fire.

Classes of Fire Extinguishers

Class A: paper, lumber, cardboard, plastics, etc.

Class B: flammable or combustible liquids such as gasoline, kerosene, and common organic solvents used in the laboratory.

Class C: electrical equipment, such as appliances, switches, panel boxes, power tools. Water can be a dangerous extinguishing medium because of the risk of electrical shock.

Must Know Fire Safety

If you see a fire, smell or see smoke follow **R.A.C.E.** and call **4911** (off –sites **911**)

- Know where your nearest fire pull station and fire extinguisher is located.
- Know your nearest egress (exit) route.
- The charge nurse, OA, Respiratory, or the fire department (make sure to inform them of any patients on therapy) may only shut down medical gases.
- **Always** check **all** bathrooms so no one stays behind.

Infection Prevention & Control (IPC)

Infection Prevention & Control can be reached at ext. **2399** during M-F from 7:00 a.m. – 5:00 p.m., and on-call 24/7.

The Infection Prevention & Control (IPC) department incorporates preventing the transmission of infectious agents into the objectives of the organization's patient and occupational safety program.

Hand Hygiene

Process

This applies to either hand washing, alchohol-based hand rub, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis.

The Moments to Perform Hand Hygiene:

- Before having direct contact with patients.
- After contact or risk of exposure to bodily fluids, mucous membranes, non-intact skin, or wound dressings
- Before performing a clean or aseptic procedure or handling an invasive device for patient care
- Before handling medication or preparing food
- During patient care when hands move from a contaminated body site to a clean body site of the same patient.
- After contact with inanimate objects (including medical equipment) in the patient's care environment.
- After removing gloves.

The Methods for Hand Hygiene

The preferred method for conducting hand hygiene is with the use of hospital-grade approved alcohol-based hand sanitizer. However, healthcare workers must perform hand hygiene by the method of washing hands with soap and water if contact with bacterial spores (such as, patients with Clostridium difficile or Bacillus anthracis infections) is likely to have occurred. The physical action of washing and rinsing hands under these circumstances is required because alcohol-based hand sanitizers, chlorohexidine,

iodophors, and other antiseptic agents have poor activity against spores and is not effective in eliminating the spores on the healthcare worker's hands.

Note: Healthcare workers should neither wear artificial fingernails nor fingernail extenders (such as press-on nails) if duties and roles include direct contact with patients. Furthermore, nails must be the length of either ¼ inch or less for all healthcare workers that provide direct patient care services.

- Examples of non-approved nail wear for healthcare workers that provide direct patient care contact services include:
  - Gel Nail Polish
  - Nail Embellishments (such as rhinestones & nail stickers)

Personal Protective Equipment (PPE)

Personal protective equipment (abbreviated as PPE), such as isolation gowns, gloves and face/eye protection, is designed to protect the healthcare worker from the patient and patient's environment.

Furthermore, it is important to prevent the cross-contamination between clothing and skin during the process of doffing PPE by following the proper doffing PPE sequence as displayed in the image below set forth by the Centers for Disease Control and Prevention. Prior to exiting the patient's room, remove and discard all PPE. In the event the PPE is soiled with any patient bodily fluids, PPE must be disposed of into a biohazard waste disposal.

The Sequence for Donning and Doffing PPE

Center of Disease Control (CDC). (2016). CDC- NIOSH Research Rounds: Donning and Doffing Personal Protective Equipment- Volume 2, Issue 5. https://www.cdc.gov/niosh/research-rounds/resroundsv2n5.html

The Types of Personal Protective Equipment and the Moments for Donning/Doffing Personal Protective Equipment

Gloves

Gloves are to be worn for the following moments and expected moments during the delivery of healthcare services to a patient:

- For touching blood, body fluids, secretions, excretions
- For touching contaminated items
- For touching mucous membranes and non-intact skin

Isolation Gown

Isolation gowns are to be worn during the following moments during the delivery of healthcare services to a patient:

- During procedures and patient-care activities when contact with one of the following is anticipated:
  - Exposed skin with blood/body fluids
  - Secretions
  - Excretions

Face/Eye Protection (Googles, Face Shield, Masks)

Face and Eye Protection must be worn during the following moments:

- For procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids and secretions.
- For aerosol-generating procedures (abbreviated as AGP), including patients with suspected or proven infections transmitted by respiratory aerosols, including suctioning, intubation and extubating procedures.
  - For all AGP, the healthcare worker **must** wear a fit-tested N95 or higher respirator.

Methods for Handling Materials in the Patient Environment

Soiled Patient Care Equipment

Soiled patient-care equipment must be handled in a manner that prevents the transfer of microorganisms to yourself (the healthcare worker), the patient, others and to the environment. Gloves must be worn during the handling process in the event the equipment is visibly contaminated, and hand hygiene must be performed prior to donning gloves and after doffing gloves.

Textile and Laundry

Textile and laundry must be handled in a manner that prevents the transfer of microorganisms to yourself (the healthcare worker), the patient, others and to the environment.

Needles (and other sharps)

During handling needles (and other sharps), it is important to refrain from recapping, bending, breaking or hand manipulating used needles.

- If recapping is required, use a one-handed scoop technique only. Moreover, use safety features when available.

Place used sharps in puncture-resistant container.

The Use of Airborne Infection Isolation Rooms (AIIR) and Positive Air Pressure Rooms

Airborne Infection Isolation Rooms (AIIR)

This setting should be utilized in cases in which the air in the room must be contained and not allow the air to exit from the room (such as, patients that are under airborne isolation precautions for airborne illnesses and diseases such as tuberculosis and measles)

Positive Air Pressure

This setting should be utilized in cases in which the air must be kept inside the room at a higher pressure than the surrounding area for the patient's safety (such as, immunocompromised patients).

Note: Our negative/positive pressure rooms must be monitored. It is important to ensure the settings indicate negative or positive air pressure prior to entering a patient's room.

Respiratory Protection Program

Respiratory protection is utilized to protect the health and safety of employees by 1) eliminating hazardous exposures where possible; and 2) using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated.

Respiratory Protection

Respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the environment in which it is going to be used.

The following may be issued to employees under this program:

- Filtering facepiece respirator (N95): is a particulate air-purifying respirator in which the entire facepiece is composed of the filtering medium. These respirators are disposable and designed for single use. An N95 has a filter efficiency of 95%.
- Half-face elastomeric respirator is a reusable air-purifying respirator that fits over the nose and mouth. It is made of rubber or silicon with attached filters or cartridges for removal of gases, vapors, or dust.

- Powered air-purifying respirator (PAPR): is an air-purifying respirator that uses a blower to force ambient air through air-purifying elements to the respirator facepiece, helmet, or hood. This is issued for employees that fail fit testing with an air-purifying respirator.
  - Two PAPR's are kept ready to use in the Emergency Department.

Respirator brands may change based on supply usage and availability during epidemic/pandemic events. Employees will need to be fit tested for the respirator they are using at the time.

Medical Evaluation

All medical screenings done to assure the safety of using a personal respirator shall be done at the expense of the employer. Employees whose job position and duties require the use of a respirator shall receive medical clearance prior to being fit tested for a respirator.

Prior to fit testing all employees shall complete a medical questionnaire. This questionnaire will be reviewed by a Physician or Licensed Health Care Professional (PLHCP). Employees may also speak directly with the PLHCP if they have any questions. In the case of those who fail the medical evaluation, further testing for a respirator shall be at the discretion of the PLHCP.

For people to be fit tested for a full-faced or PAPR respirator, the employees shall also have a physical evaluation focusing on cardiac and respiratory risk factors.

People for whom the PLHCP determines to be at risk of injury from using a respirator shall not be fit tested. Their supervisor will be notified and a change in work responsibilities shall be considered as necessary. Medical Evaluation, Fit Testing Form Instructions

Fit Testing

The proper fit of respiratory equipment to the user is determined by a qualitative fit test procedure according to 29 CFR 1910.134

If an employee is unable to meet this requirement due to medical/religious concerns, refer to the Reasonable Accommodation Policy under the American with Disabilities Act (ADA).

Employees whose job position necessitates the use of a respirator are required to comply annually.

Schedule for testing:

- Employees will be fit-tested for an N-95 respirator during their pre-placement screening prior to being assigned to a patient with suspected respiratory illness and annually thereafter.
- Additional fit tests will be provided whenever the employee experiences or supervisor observes physical changes that affect respirator fit. Such changes may include but are not limited to, weight gain or loss, dental changes, facial scarring or recent cosmetic surgery.
- Employees with facial hair that interferes with facepiece to face seal will not be fit-tested.

Respirator Use

Employees are required to perform a fit check prior to respirator use.

Employees who are required to wear a respirator must be clean-shaven around the respirator seal and may leave the unit to shave if necessary to use a respirator in an emergency.

Maintenance of Respiratory Protection Equipment

N-95 respirators are, in general, single use items. An employee may use the respirator until it becomes soiled, wet or until they leave the room. In the case of a shortage of respirators a respirator which appears clean may be placed in a paper bag to be re-used by the same employee until it appears soiled. PAPRs will be cleaned by each user according to the policy for the use of the PAPR. Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter.

Isolation Precautions

Please use standardized or digital signage (such as the Hill Rom system) outside of patients' rooms for patient isolation precautions.

Standard Precautions

The basic concept of Standard Precautions is to treat all patients' blood or body fluids as if they are infectious material. Standard Precautions are a group of infection prevention practices that include the act of conducting hand hygiene and the use of gloves, gowns, masks, eye protection, or face shields depending on anticipated exposure. Furthermore, Standard Precautions includes the practice of the following:

- Safe Injection Practices
- Special lumbar puncture procedures
- Respiratory Hygiene/Cough Etiquette

Respiratory Hygiene and Cough Etiquette is the practice of encouraging patients and staff with symptoms of respiratory infection to cover their mouth or nose when coughing or sneezing by using tissue and subsequently discarding the tissue appropriately and performing hand hygiene after.

Transmission-Based Precautions

Transmission-based precautions is practiced for patients with suspected or documented clinical infections or colonization with transmissible or epidemiologically important pathogens and organisms.

Contact Precautions

Use contact precautions for patients with known or suspected infections that are spread through the contact transmission route.

Contact precautions are also used for excessive wound drainage, fecal incontinence, or when other discharges from the body suggest an increased potential for environmental contamination and risk of transmission.

Patient Placement

A single room is preferred for patients under contact precautions; however, patients with the same disease or organism may share a room. In cases where there is a shortage of patient rooms, prioritize patient cohorts by conditions that may foster and give those patients priority for single patient room placement. Personal protective equipment (PPE) Don a gown and gloves on room entry. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Don PPE upon room entry and discard before exiting the patient room.

Droplet Precautions

Droplet precautions prevent the transmission of diseases caused by respiratory droplets that are generated by coughing, sneezing, or talking. Patient placement For patients under droplet precautions, single rooms are preferred; however, patients with the same disease may share a room. Moreover, patients must be spatially separated by at least 6 feet.

Personal Protective Equipment (PPE)

Wear a surgical mask on room entry. Furthermore, ensure that items contaminated with respiratory secretions (e.g., tissues, handkerchiefs) are handled with gloves. Practice the change of PPE between patients and perform hand hygiene.

Patient Transport

Limit patient transport outside the room for medically necessary purposes. If the patient must leave the room, instruct the patient to wear a surgical mask, follow respiratory hygiene, and cough etiquette. Once the patient is masked, the patient transporter does not need to wear a surgical mask. Notify the receiving department of the isolation precautions status.

Contact Enteric Precautions

Contact Enteric precautions are used to prevent infections that are transmitted primarily by direct or indirect contact with fecal material.

For the cleaning of patient's rooms and care equipment that are under contact enteric precautions, the use hospital approved bleach-based cleaning material must be used, and staff must conduct hand hygiene with soap and water after contact with the patient and the patient's environment.

Airborne Precautions

Airborne Precautions are used to prevent transmission of infectious organisms that remain suspended in the air and travel great distances due to their small size. Restrict susceptible health care personnel from entering the room of patients known or suspected of having measles, chickenpox, disseminated zoster, or smallpox if other immune health care personnel are available.

Patient Placement

In acute care and long-term care settings, place patients in an airborne infection isolation room (AIIR) with negative air pressure relative to the corridor. There should be at least 6 to 12 air exchanges per hour, and air should be directly exhausted to the outside. Monitor the air pressure daily with visual indicators (e.g., smoke tubes, flutter strips) and electronic methods (e.g., maintenance air exchange reports) when possible. Furthermore, ensure the patient's room door is kept shut.

Personal Protective Equipment

Wear a fit-tested N95 or higher-level respirator for respiratory protection when the patient has suspected or confirmed pulmonary tuberculosis or is undergoing an Aerosol generating Procedure (AGP).

Patient Transport

Limit transport of patients to essential medical purposes. If transport out of AII is necessary, place a surgical mask on the patient and instruct him/her to observe respiratory hygiene and cough etiquette. Do not place an N95 mask on the patient, as this may further hinder their ability to breathe given their compromised respiratory status. Moreover, cover exposed skin lesions with clean bandages or clean linens. As a reference, transport personnel do not need to wear respiratory protection during transport if the patient is masked and all skin lesions are covered.

Isolation Precautions

Please use standardized or digital signage outside of patient's rooms for patient isolation precautions.

Our negative/positive pressure rooms must be monitored. Make sure the settings indicate negative or positive before entering. .

When should you use negative or positive pressure?

Airborne Infection Isolation Room (AIIR) setting

Should be utilized in cases where we **contain** the air in the room and not allow the air to exit (e.g. airborne precautions).

Positive Pressure setting

Should be utilized in cases where we want to keep air inside the room at a higher pressure than the surrounding area for the patient's safety (e.g. immunocompromised patients).

What do the Green and Red lights mean?

Green light indicates the **negative pressure** room is activated.

Red light indicates the pressure differential is not activated.

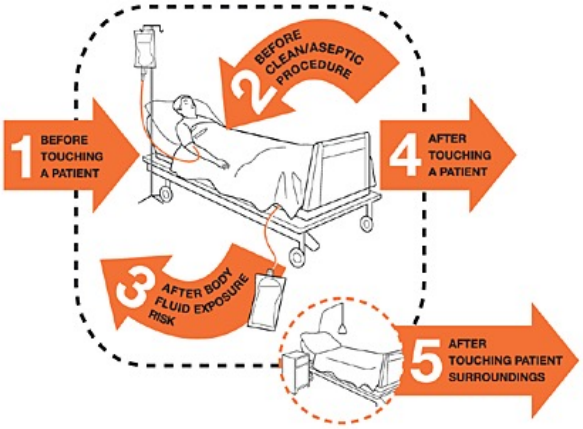
Trouble shooting

Close door to reset system. If system is not activated, contact Facilities Management at ext. **4357**, option 2 or place a Plant OPS requests through the intranet portal.

Hand Hygiene

The Moments of Hand Hygiene

- Before touching the patient
- Before clean/aseptic Procedure
- After body fluid exposure risk
- After touching the patient
- After touching patient surroundings



The Steps for Hand Washing and Hand Rubbing

Management and Storage of Corrugated Cardboard Boxes

There are limits to use and storage of corrugated cardboard boxes and shipping containers throughout Nicklaus Children's Hospital's patient care areas to reduce the risk of infection since corrugated material and shipping containers serve as generators and reservoirs of dust, insects, are susceptible to moisture, water, vermin and pathogens during warehouse or storeroom storage, as well as during transport.

The use of corrugated boxes and shipping containers **for transport is prohibited**:

- In areas where sterile procedures are performed including **Sterile Processing, Operating Rooms, Same Day Surgery, Post Anesthesia Care Unit (PACU), Interventional Radiology, and Dental Clinics.**

The use of corrugated boxes and shipping containers **for storage is prohibited:**

- In areas where sterile compounding is performed including **Sterile Processing, Operating Rooms, Same Day Surgery, Post Anesthesia Care Unit (PACU), Interventional Radiology, and Dental Clinics:**
- In areas offering direct patient care or aseptic procedures are performed (inpatient and outpatient), where the potential for damage to the integrity of the container exists, either through moisture, deterioration or disruption are also prohibited from storing corrugated boxed and shipping containers for storage.

Corrugated boxes that are transported to areas where sterile procedures are performed including **Sterile Processing, Operating Rooms, Same Day Surgery, Post Anesthesia Care Unit (PACU), Interventional Radiology, and Dental Clinics:**

- Only deliveries without evidence of insect infestation or water damage will be accepted by the warehouse/loading dock for delivery to receiving services. The warehouse will unpack shipping boxes and containers upon receipt and place items in covered plastic bins in preparation for transport. Look-a-like items should be kept in separate bins (e.g. supply items such as an alcohol swab and a nail polish remover swab).

Shipping boxes should only be delivered to the receiving area of the pharmacy and will be prohibited from crossing into the controlled areas (cleanroom suite) in) in congruence with pharmacy policy. Shipments from outside vendors may be received that require verification by pharmacy staff as part of chain of command or an urgent after-hours delivery. This may include but is not limited to controlled substances or patients' personal medications from outside pharmacies. In these instances, the packages should be received at the designated receiving area in the pharmacy.

Only deliveries without evidence of insect infestation or water damage will be accepted by the pharmacy. Boxes and shipping containers should be unpacked upon delivery to the department or as soon as feasibly possible. Corrugated shipping boxes and storage containers should be placed in the designated waste bin without being broken down. The waste bin will be picked up by Environmental Services (EVS), and boxes are to be broken down in an area separate from the pharmacy.

Transport to direct patient care areas should be delivered without evidence of insect infestation or water damage by the warehouse/loading dock for delivery to receiving services. Items that are received in a corrugated shipping box or shipping containers will be unpacked upon delivery to the department. Corrugated shipping boxes and storage containers will be broken down in an area separate from areas with clean and sterile supplies and disposed of appropriately.

Hospital Acquired Conditions (HACs)

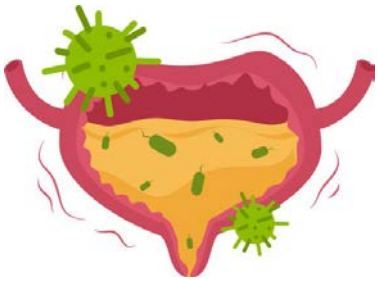
"Reducing hospital-acquired conditions (HACs) is an important patient safety goal, because HACs cause harm to patients. They are conditions that a patient develops while in the hospital being treated for something else". -AHRQ 2025

Know your Prevention Bundles:

Urinary Tract Infections (UTIs) are the fifth most common type of healthcare-associated infection, with an estimated 62,700 UTIs in acute care hospitals in 2015. UTIs additionally account for more than 9.5% of infections reported by acute care hospitals. Virtually, all healthcare-associated UTIs are caused by instrumentation of the urinary tract. CAUTIs can lead to such complications as prostatitis, epididymitis, and orchitis, cystitis, pyelonephritis, gram-negative bacteremia, endocarditis, endocarditis, vertebral osteomyelitis, septic arthritis, endophthalmitis, and meningitis in patients. Complications associated with CAUTIs cause discomfort to the patient, prolonged hospital stays, and increased costs and mortality. It has been estimated that each year, more than 13,000 deaths are associated with UTIs. -CDC 2025".

(CAUTI) To assist with our **Catheter Associated Urinary Tract Infections** (CAUTI) prevention goal, always remember:

- ❑ Avoid unnecessary catheterizations
- ❑ Use sterile technique for insertion
- ❑ Maintain a closed drainage system
- ❑ Keep urometer below the level of the bladder
- ❑ Ensure there is an unobstructed flow from the patient
- ❑ Secure catheter in place by using a Foley catheter stabilization device
- ❑ Document assessment of catheter site
- ❑ Assess & document the need for the catheter each shift using the necessity review protocol, also known as HOUDINI
- ❑ CHG care once a shift or as needed
- ❑ Soap and water care once a shift
- ❑ Speak about catheter necessity during rounds!
- ❑ Communicate presence of urinary catheter during hand-off each shift



Central Line Associated Blood Stream Infections

(CLABSI) "occur when germs enter the bloodstream through a central line. Central line-associated bloodstream infections result in thousands of deaths each year and billions of dollars in added costs to the U.S. healthcare system – but they are preventable." -CDC 2025. When reducing Central Line Associated Blood Stream Infections (CLABSI), we must maintain a clean environment for our patients. Here are some additional tips:

Maintain a Clean Environment:

- ❑ **Q Shift** IV tubing and monitor lead wipe down with **ChloraPrep wipes**
- ❑ **Q Shift** wipe down of equipment and patient environment with a **hospital-approved disinfectant**
- ❑ Cleanse **tubing and adaptor site** with 3.15% **ChloraPrep** wipes before removing tubing and again directly to the lumen prior to use for **30 seconds** and let **air dry** for **30 seconds**
- ❑ **No** plush toys in cribs
- ❑ **Dress Code** - No hand/wrist jewelry, hair tied back, no artificial nails, fingernails less than ¼ inch in length, non-chipped nail polish or gel polish

Protect your Patient:

- ❑ Wash your **hands** often!!!
- ❑ **Daily** CHG baths
- ❑ **Daily** linen changes
- ❑ **Pulsatile Flush** once a shift to **all** lumens of the CVAD (including neo-PICC's)
- ❑ Visually verify the insertion **site is visible** and the dressing is **clean, dry,** and **intact HOURLY**
- ❑ At handoff, review tubing connectivity to patient, line site, and line **LABELS** to ensure tubing, IV bags, and dressing is within date
- ❑ Flush Hep-Locked Lines **Q 24hrs.** with **NS** followed by **Heparin**
- ❑ **Review line necessity each day!**
- ❑ Document **hourly** assessment & prevention interventions in PEDS every shift!

Unplanned Extubation

(UPE or UE) "is the unintentional removal of a patient's life-sustaining breathing tube which occurs when a patient removes their tube (self extubation) or when the tube is dislodged by an external force (accidental extubation). It can also occur when the endotracheal tube malfunctions (i.e. balloon failure) requiring replacement of the tube (device malfunction)". -Patient safety Movement Foundation

- ❑ Ensure Hill Rom and E-signage identifies your patient has a **Critical Airway** intubated on mechanical ventilation
- ❑ Complete Airway Rounds hourly by nurse (RN) and every 2 hours by respiratory therapist (RT) assessing endotracheal tube (ETT) is secure and does not need re-taping
- ❑ Use **SOAR** ETT re-taping checklist whenever re-taping ETT
- ❑ Involve RT when re-taping ETT
- ❑ Ensure patient is properly sedated before re-taping
- ❑ **Always check** patient's **ETT** sites: **Hourly**, **PRN**, when **handing off** for lunch, any coverage, any procedure when **patient** is leaving your care, and at change of shift, with the oncoming nurse
- ❑ Airway Rounds initiated by Clinical Specialist (CS) or Clinical Coordinator (CC) and RT manager/supervisor twice a week to review CXR and verify ETT tube placement
- ❑ UPE Taskforce meets biweekly to discuss "vented" patients. Team is working together to develop criteria for extubation
- ❑ Vent Cards are placed at every bedside with size and measurement of ETT
- ❑ New staff is assigned a module and is checked off on ETT re-taping before re-taping an actual patient
- ❑ **Use your resources:** SOAR ETT re-taping checklist, RT, and Endotracheal Intubation and ETT Securement policy

IV Infiltration occurs when fluid leaks from an intravenous catheter into the surrounding tissue in the body. Some ways this can occur is when a vein is inflamed or swollen, a catheter passes through the vein all, or the catheter slips out of the vein. Our goal is to reduce grade 3 infiltrates in the institution. Use these reminders to achieve this initiative:

- ❑ Per policy set your fluid volumes for a maximum of 2 hours to remind you to check your IV sites
- ❑ No care assistants, patients, or parents are to silence pumps – Check your site when alarming
- ❑ The first sign of infiltration is pain
- ❑ Ensure IV sites are always visible
- ❑ Check IV sites: Hourly, PRN, when transferring care & at hand-off with oncoming nurse
- ❑ Catching a **Grade 1** infiltration means that you are watching the site and you are being diligent in avoiding Grade 2 & 3 infiltrates
- ❑ When in doubt, take it out!
- ❑ Imagine how much swelling and fluid is leaking internally to cause visible swelling at and around the IV site
- ❑ Advocate for PICC lines if appropriate (i.e. – difficult or limited access, vesicant meds, parenteral nutrition, long term antibiotics, or transition to home care)
- ❑ Troubleshoot IV's: Take off the dressing, assess that there are no kinks, in the catheter, confirm connections are secure and note leaking, maintain dressing D/I
- ❑ Flush IV's before and after meds, clamp while not in use
- ❑ Educate Parents – Using Hand in Hand Together We Can!

Venous thromboembolism occurs when blood clots or blockage forms in the veins causing complications. These complications can be caused by inflammation from an infection or injury, trauma, or surgical procedures. Venous thromboembolism Events (VTE) prevention can be assessed by the patient's mobility status and the number of VTE factors. Here are some reminders when assessing a patient's risk:

1. VTE's are also described as:
   - Deep Vein Thrombosis (DVT): a blood clot that forms deep veins, typically in extremities
   - Pulmonary Embolism (PE): a blood clot that moves into the lungs
2. RISK for VTE formation is high in surgical patients and critical care patients due to immobility and prolonged bed rest, tissue damage and trauma from invasive procedures.
3. Our inpatients (including observation) 12 years of age and older will be assessed for VTE risk once per shift per policy
4. Prophylaxis includes:
   - Early mobilization (within 12 hours of admission and q12 hrs./Q shift)
   - Graduated Compression "anti-embolism" stockings
   - Sequential Compression Device (SCD's)
   - Prophylactic Anticoagulation should be considered for high-risk patients (altered mobility and 2 or more VTE risk factors)

Pressure Injuries

(PI) also known as pressure ulcers are areas of tissue or skin damage that can be caused by lack of blood flow. Factors that can contribute to pressure injuries include immobility, friction, poor nutrition, and circulatory complications. Review the key factors in minimizing pressure injuries:

- ✓ Complete a head-to-toe skin assessment on all patients & monitor skin under devices
- ✓ PI on new admission must be reported within 8hrs for financial coverage & assurance of proper reporting of community acquired condition
- ✓ Reposition patient every 2 hours
- ✓ MD order required if Q2hr repositioning is not possible
- ✓ Never position a patient or place pillows/fluidized positioners on an affected area. Area must maintain free floating at all times

- ✓ Do not use rolled up blankets under the neck or shoulders
- ✓ Use micro shifts for areas which absolutely cannot be fully repositioned
- ✓ High risk patients must be placed on a specialty mattress
- ✓ Zero & weigh patients on air mattresses upon initial placement
- ✓ Use Allevyn Life dressings over high-risk areas
- ✓ Maintain the skin clean and dry
- ✓ Use protective barrier cream on all diapered patients

Labeling Vials

Knowing when reagents expire

Glucometer reagent vials are to be labeled with expiration date (90 days from opening).

I-STAT Cartridges

A comprehensive component needed to perform blood analysis at the point of care

A whole blood sample of approximately 1 to 3 drops is dispensed in the cartridge sample well and sealed. Cartridges should be kept in refrigerator between 2 to 8°C (35 to 46°F). Cartridges must be dated with 14-day expiration after removal from the refrigerator at room temperature.

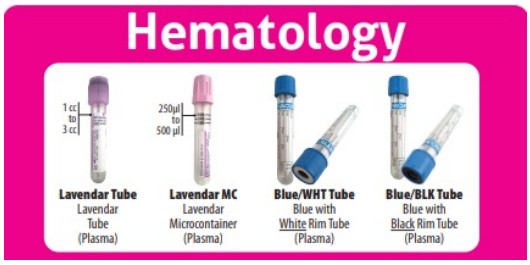
Specimen Collection and Tubes

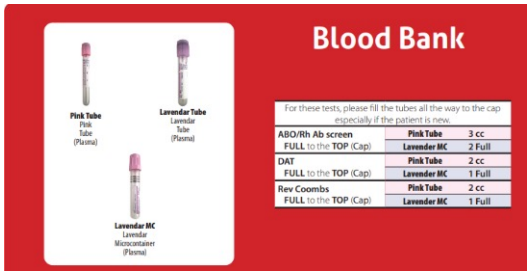
Proper Specimen Collection and tubes ensure that the necessary amount of blood or fluid is collected for accurate results.

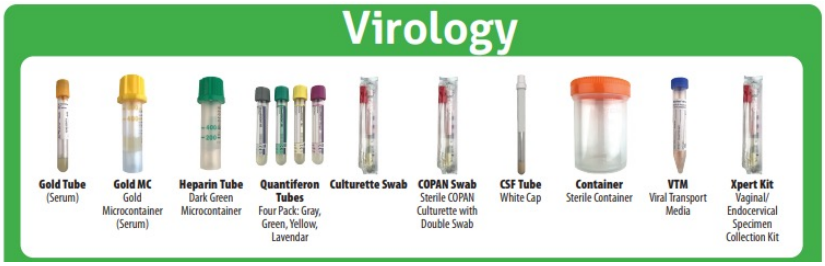
All specimens are to be placed in Biohazard Specimen Transport bag. The Requisition slip is to be placed in the outside pocket of bag.

The two patient identifiers, name and birth date, must be performed to verify patients' identity prior to collecting any specimen for analysis. The specimen collection tube/ container must be labeled with the patients label at the site of draw/ collection.

All specimens submitted to the laboratory must be logged in Electronic Health Record (EHR) as collected. Collection information (Phlebotomy or Nurse ID, date and time) is entered in EHR by scanning specimen label and clicking "Sign".







Pneumatic Tube System

The **pneumatic tube system** (PTS) is a transporting system that delivers a carrier with approved laboratory specimens, pharmaceuticals, blood products and paper documents.

Who can access the tube system? RN, LPN/LVN, Care Assistants, ARNP, Pharmacists, Pharmacy Technicians, Unit Clerks, Phlebotomist, & Laboratory personnel.

The pneumatic tube carriers have color-coded designations: **Yellow**-non-pharmacy paper only, **Blue**-Pharmacy, **Red**-Laboratory, and **Clear**- for Blood Bank.

- Controlled Substances (Class II, III, IV, & V) can be sent using the **Secured Transaction feature**. Only Registered Nurses can remove controlled substances from the Pneumatic Tube system.
- Items prohibited from PTS transportation system:
  - Urine collection larger than the random collection container
  - Syringes with attached needles
  - Medication on the do not tube list (See policy)
  - Items weighing over 7 lbs.
  - IV products greater than 1000ml in volume
  - Food items
  - Radioactive substances
  - Leeches or live animals

Spills in the PTS System

If a transported items spills in the PTS system, you should…

- First Don Gloves
- Contain any spill as soon as possible using absorbent bleach towels.
- Never forward contaminated or broken carriers
- Sequester both carrier & Foam inserts for Plant Ops removal
- Use extreme care to avoid accidental cuts from broken glass.
- Report all spills to Plant Ops at 305-321-5127 at NCH Main campus, #35770 at Broward Main and #954-344-3040 at our Coral Springs location for emergent issues and generate an event report in RL.

Antibiotic Stewardship Program

What is Antibiotic Stewardship?

Antibiotic stewardship programs "are coordinated interventions designed to improve and measure the appropriate use of [antibiotic] agents by promoting the selection of the optimal [antibiotic] drug regimen including dosing, duration of therapy, and route of administration"- Pediatric Infectious Disease Society [PIDS], 2018

The **Antibiotic Stewardship Program (ASP) monitors** and analyzes antibiotic use throughout the organization. This data is shared with key providers, leaders, and various stakeholders **to improve future antibiotic usage**.

ASP ANTIMICROBIAL STEWARDSHIP PROGRAM

Educating staff on antibiotic resistance and optimal prescribing measures is key to an ASP. Ongoing training of providers, pharmacists, and nurses about antibiotic use remains crucial to cultivating our patients, families, and the community awareness (National Quality Forum [NQF], 2016). The antimicrobial stewardship program is vital to reducing antimicrobial resistance that causes more than 2 million illnesses and thousands of deaths each year.

Do you know?

- Though the primary goal of stewardship programs is to improve patient care
-
- About 30% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or suboptimal (CDC.GOV, 2021).

To improve antibiotic use we can:

- Follow hospital-approved guidelines for treatment of specific infections.
- Order recommended cultures BEFORE antibiotics are given and start drugs promptly.
- Make sure indication, dose, and expected duration are communicated in the medical record.
- Reassess in 48-72 hours and adjust antibiotics or stop if indicated.
- Remove patients' tubes and catheters as early as possible.
- Follow hand hygiene and other infection control measures with every patient.
- Participate in and lead efforts within your hospital to improve prescribing.

Provider Points of Interest

Medical Staff

Medical Staff is a key resource that supports the physician community of Nicklaus Children's Hospital. The team manages credentialing for the application, re-appointment, privileging and peer review of members of the Medical Staff. The department also provides administrative support for clinical departments, committees and the Medical Executive Committee functions and serves as a liaison between the Medical Staff and administrative leadership.

The department assures compliance with regulatory and accrediting agency standards, rules and regulations and policies/procedures of the hospital. Other duties include coordination of special recognition events for the Medical Staff, as well as coordination of the Nicklaus Children's Hospital Annual Pediatric Postgraduate Course.

The Medical Bylaws and rules and regulations of the hospital are resources for providers to adhere to federal, state, and local laws and regulations.

Medication Management

Providers must include the name of the drug, the dosage and frequency of administration and the route of administration.

Medication orders should be written and signed, including date and time, by the practitioner or practitioners responsible for the care of the patient according to hospital policy.

Telephone or verbal orders are to be used infrequently.

The following elements are to be included in any written, verbal medication order.

- Name of patient
- Age and weight of patient, or other dose calculation requirements, when appropriate
- Date and time of the order
- Drug name
- Dosage form (e.g., tablets, capsules, inhalants)
- Exact strength or concentration
- Dose, frequency, and route
- Quantity and/or duration, when applicable
- Quantity and/or duration, when applicable
- Indication for use when appropriate (including orders for PRN administration and/or multiple uses of medication)
- Specific instructions for use (e.g., more than one medication for same use such as pain, nausea)
- Name of prescriber

Provider Documentation

Ensure patient's history and physical, anesthesia, and operative notes are completed by regulatory requirements. Surgical Informed Consent and Informed Consent – must include *all parties "manipulating"* the patient on consent form.

Clinical Effectiveness Program and Clinical Pathways

The Clinical Effectiveness program has the main goal of designing, implementing and sustaining evidence –based clinical pathways and other clinical decision support tools aimed at care standardization and HIGH-VALUE care, including enhancing patient outcomes and experience.

Direct participation of all clinical stakeholders on pathways development and implementation, and application of data analysis to track relevant processes and outcomes measures are key components of the program. Use the QR Code to search for Clinical Pathways.

Nursing Points of Interest

Dietary

Food and Nutrition Services has a dedicated staff that supplies and stocks the units with baseline par levels. Part of restocking responsibilities is to ensure items are always rotated utilizing First in-First out (FIFO) method to avoid items usage post the "use by" date. Always verify the use by date before serving items to a patient and their family.

Biohazard vs. Ziploc Bag Usage

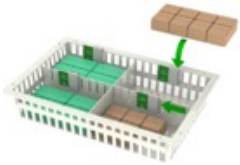
Biohazard Bags

Biohazard labels that are affixed to bags are designed for transporting lab specimens. Biohazard bags for vials, specimen cups, and tubes of bodily fluids (i.e., blood, sputum, and urine) must always be transported in biohazard pouches as required by OSHA 1910.1030(g)(1)(i)(b)(c). IV Start kits.

Ziploc Bags

Ziploc bags can be ordered from an approved vendor by each unit to store IV start kits, mask, gauze, and other hospital supplies for transporting to and from the patient's area.

Kanban Splash Guards



Kanban is a workflow management for defining managing and improving services for maximizing efficiency of unit inventory. The baskets enable clinicians to quickly locate and store supplies within appropriate categories. **The bottom basket should be solid to minimize splash or debris from contaminating clean supplies. Be cautious not to relocate the bottom tray to safeguard this process.**

Always check the expiration dates and use the First-In and First-Out (FIFO) method when taking stocked items.

IPOC

Interdisciplinary Plan of Care (IPOC) documentation is essential to producing optimal patient care delivery.

IPOCs are orders placed by nursing staff in PEDS. There is no limit to the number of IPOCs that can be associated with during a patient's visit.

Nursing staff maintain a plan of care for each patient within 24 hours of admission.

Review IPOCs regularly to ensure IPOCs are patient specifically based on their current diagnosis, acute problem, or changes in their conditions.

Nurses can update the outcome of the plan as met or not met with a reason and any action taken.

IPOCs should be discontinued if duplications are found, inappropriate IPOC associated to the patient's condition, IPOC has been met, or patient is discharged.

Medication Administration

Know your drug information. Drug interactions, drug therapy, side effects, toxicology dosage, indications for use, and routes of administration-look it up before administering.

Always verify your patient and the medication prescribed.

All patients will be properly identified using the two patient identifiers (Name & DOB) before the ID band is scanned. Once the ID band is verified and scanned, continue by scanning medication prior to administration.

Medication Information **must** include:

- Patient's full name | DOB
- Medication name
- Prescriber's name
- Expiration date
- Due date and time
- Strength(dose) and quantity of the drug dispensed.
- Route of administration
- Accessory and cautionary statements

When ready to administer intravenous (IV) medication, always trace tube or catheter from the patient to the point of origin before connecting any new device or infusion.

Medications are administered only on a written order or those entered in the Electronic Health Record (EHR) by authorized licensed providers.

Verbal/telephone orders are highly discouraged. Verbal orders for chemotherapy medications and investigation agents are **not permitted**. (Except in emergencies).

A second nurse, pharmacist, or physician must witness wastage and administration of controlled/high alert medications.

Check your IV site regularly, per policy.

Assessment and Reassessment

Always assess and reassess patient's condition within appropriate intervals as per policy.

Document a clinical notification for any changes in patients' condition, abnormal lab results obtained, or pain management.

Clarify that there is a specific instruction for any PRN orders for one or more medications with the same reason for administration.

Discontinuation Orders

Review patient orders when transferring to a different level of care. If specific treatments are no longer needed, encourage the provider to review orders for discontinuation.

Code Sepsis

Code Sepsis is activated by clinical staff when suspicion of a sepsis is identified in a patient based on clinical presentation, chief complaint, and vitals of the patient. As indicated by the Center of Disease Control (CDC) Code Sepsis activation triggers a multi-disciplinary team huddle (e.g., providers, primary nurse, and essential personnel) at the patient's bedside for evaluation of the clinical scenario and initiation of expedited early sepsis treatment (e.g., cultures, lactate measurement, imaging, antimicrobials, fluid) if indicated.

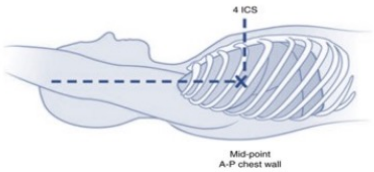
Code Stemi

Code Stemi is activated to ensure prompt treatment for a life-threatening condition (i.e., heart attack) needing medical attention by hospital personnel. Typical interventions include electrocardiogram procedure to confirm the diagnosis. Additional treatment may be warranted.

Arterial and Umbilical Lines

Arterial lines and umbilical Lines should be zeroed, leveled, and calibrated every shift and as needed. – refer to the Pressure Monitoring Devices Reference Chart.

- Assess transducer placement at the level of phlebostatic axis (located at the midpoint between the anterior and posterior chest wall, at the 4th interscostal space)



- Use appropriate leveling device and maintain level of the transducer with the phlebostatic axis during hemodynamic monitoring

Behavioral Health - Medical and Behavioral Restraints

Suicide is the second leading cause of death for children, adolescents, and young adult's aged 15-to-24-year-olds (AACAP, 2108). It is estimated that 49-65 hospital suicides occur each year; 75 to 80% were psychiatric inpatients (AHA, 2018). Designated staff training is part of orientation and on an annual basis.

Patient Observations is a vital role in the care of our patients. Whether behavioral, medical, or an eating disorder, we must know our responsibilities.

"Nurses promote and advocate for the protection of patients from harm and from the potential for harm that could result from the use of physical restraints. While patients may be restrained to prevent them from harming themselves or others, this practice could result in patient harm" -(ANA, 2020).

What is a restraint?

A restraint is *any* manual method, physical or mechanical device, material equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.

- **Chemical restraints** a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
- **Physical restraints** are by manual method or physical or mechanical.

A trained registered nurse or staff member in seclusion and restraint procedures may initiate seclusion or restraint in an emergency when danger to oneself or others in imminent.

The training/competency (CPI certification/module or Annual R/S/ Module) is provided, but not limited to :

- Clinical RNs, LPNs/LVNs, and EMTs
- Care Assistant Level II
- Security
- Identified Urgent Care Center personnel

Duties for Patient Observations

Behavioral

- Obtain Hand-off
  - Antecedents/Triggers
  - Behaviors
  - Calming strategies
  - Observations, including precautions
  - Other pertinent information
- Perform Patient Search upon admission and PRN
  - Consider for autistic patients, if indicated
- Perform Room Search prior to admission and daily
- Supply room with the minimum necessary
- Observe patient behavior
  - Intervene when indicated
    - If behaviors are of concern for injury to self or other
  - NEVER have your back to the patient
  - Refrain from activities that do not allow for continuous observation, such as personal phone use, schoolwork, reading, etc.
- Ensure patient and family receives a "Safe Tray"
- Inspect patient and family meal tray prior to providing it to them
  - No knives or forks allow on patient or visitor tray
  - Spork is the only acceptable utensil
- Remove and inspect meal tray after patient/family is done
  - Account for spork
- Obtain Vital Signs as ordered
- Assist with ADLs as needed
  - BHTs may perform tasks appropriate to their scope
- Document under the *Behavioral Health Patient Care* Band in IVIEW
  - Behavior Q15 mins
  - 1:1 precaution and/or any additional precaution
  - ADLs
  - I&Os
  - Vitals

✓ ***Always stay at arm's length of the patient unless otherwise ordered***
✓ ***Refer to Job Instructions for Patient Search and Room Search***
- *Click on the reference link within the documentation in PEDS*
- *Search for the following in Policy Tech:*
  - *Standard Work: Admission of Behavioral Health Patient outside of Inpatient Psychiatry Unit*

Medical

- Obtain Hand-off
  - Tubes, lines, dressings (reason for one to one observation)
  - Precautions
  - Other pertinent information (behavioral history)
- Supply room with items needed for ADL care
- Observe patient behavior
  - Intervene when indicated (keep patient from pulling medical equipment)
    - Report any concerning behaviors to RN
  - NEVER have your back to the patient
  - Refrain from activities that do not allow continuous observation of the patient, such as personal phone use, schoolwork, reading, etc.
- Ensure patient and family are informed
- Obtain Vital Signs as ordered
- Assist with ADLs as needed
  - BHTs may perform tasks appropriate to their scope
- Document the following in IVIEW:
  - 1:1 precaution and/or any additional precaution
  - ADLs
  - I&Os
  - Vitals

✓ ***Refer to Behavioral Health 1:1 Responsibilities if admitted for a behavioral health reason"***

Eating Disorder

- Obtain Hand-off
  - Pertinent information (behavioral history)
  - Precautions
- Supply room with items needed for ADL care
- Observe patient behavior
  - Intervene when indicated (keep patient from pulling medical equipment)
    - Report any concerning behaviors to RN
  - NEVER have your back to the patient
  - Refrain from activities that do not allow continuous observation of the patient, such as personal phone use, schoolwork, reading, etc.
- Obtain Vital Signs as ordered: Patient must be on CR monitor at all times, except when in the bathroom
- Assist with ADLs as needed
  - BHTs may perform tasks appropriate to their scope
- Document the following in IVIEW:
  - 1:1 precaution and/or any additional precaution
  - ADLs
  - I&Os
  - Vitals
- If patient is refusing to eat, notify nurse immediately

✓ ***Refer to Behavioral Health 1:1 Responsibilities if admitted for a behavioral health reason"***

- Inpatient Psychiatry Unit personnel
- Medical Staff

What is Seclusion?

Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. **Seclusion use is limited to the Inpatient Psychiatry Unit only.**

Seclusion or restraint shall be used only in emergency situations:

- When necessary to prevent a person from seriously injuring self or others
- Less restrictive techniques have been tried and failed
- If it has been clinically determined that the danger is of such immediacy that less restrictive techniques cannot be safely applied

The patient shall be released from seclusion or restraint as soon as he or she is no longer an imminent danger to self or others.

An order for seclusion or restraint must be obtained from a Licensed Practitioner (LP) who is permitted to order seclusion and restraint on a patient.

First Time Non-Violent Medical Restraint:

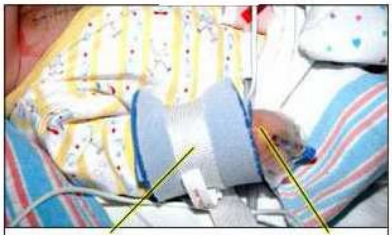
- It must be ordered by an LP.
- Entered as an order for "Restraints Initiate for non-Violent Behavior."
- Will expire **23:59 hours** from the initial order time.

For Continued Need of Non-Violent Medical Restraints:

- A LIP must order "Restraints Continue for Non-Violent Behavior" within **2 hours** of expiration time.
- A face-to-face examination of the person's medical and behavioral condition will be conducted within **1 hour** by the provider.

NOTE: *Patient on restraints for more than 7 days are considered prolonged restraints and other measures/ assessments must be documented if restraints are to be continued.*

Soft Limb Restraints



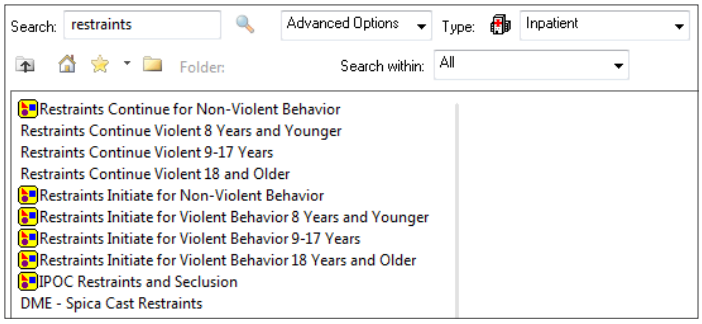
Use of soft limb restraint Hand with IV

For Violent or Self Destructive Restraints Use Behavioral Restraints:

The restraint is used to manage behaviors, which are unanticipated, severely aggressive, or destructive behavior placing p0atient or others at imminent risk of harming themselves or others and no-physical intervention has not been effective.

Behavioral restraints can be used up to:

- 4 hours for adults 18 years and older
- 2 hours for minors 9 to 17 years of age
- 1 hour for minors under 9 years of age



What About my Order?

All verbal and telephone orders must be signed by a LP within **24 hours.**

All restraints must be applied within **1 hour** of an LP placing the order, **NO EXCEPTIONS!**

No Pro re nata (PRN) or standing orders are allowed, **NO EXCEPTIONS!**

Restraints orders must **NOT** be written for patients currently undergoing surgery. The patient must be assessed post-operatively to determine necessity.

Protective medical devices: A device or combinations of devices, to restrict movement for purposes of protection from falls or complications of physical care, such as Posey vests, mittens, sheeting and bed rails. The use of these devices is for specific *medical* purposes.

What Should I Do?

Know your types of Restraints

A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort)

- **Physical:** Restraining limbs, moving a person to another location against their will
  - **Many types of hand mitts** would not be considered restraint. However, **pinning** or otherwise attaching those same mitts to bedding or **using a wrist restraint** in **conjunction with the hand mitts** would meet the definition of restraint and the requirements would apply. In addition, if the mitts are **applied so tightly that the patient's hand or fingers are immobilized**, this would be considered restraint and the requirements would apply. Likewise, if the mitts are **so bulky that the patient's ability to use their hands** is significantly reduced, this would be considered restraint and the requirements would apply.

  - The use of handcuffs, manacles, shackles, other chain-type restraint devices, or other restrictive devices applied by non-hospital employed or contracted law enforcement officials for custody, detention, and public safety reasons are not governed by this rule. **The use of such devices is considered law enforcement restraint devices and would not be considered safe, appropriate health care restraint interventions for use by hospital staff to restrain patients.**

- **Mechanical**: Limb waist and trunk; back fastening seatbelt; full bed-side rails up; chair with locking table
- **Environmental:** Seclusion room; Doors and halls barricades; secure units
- **Pharmacologic:** Antipsychotics; antidepressants; sedatives; Benzodiazepines;

Proper training: 1 hour face-to-face

- Training for an RN or PA to conduct the 1-hour face-to-face evaluation would include all the training requirements at §482.13(f) as well as content to evaluate the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition, and the need to continue or terminate the restraint or seclusion.
- An evaluation of the patient's medical condition would include a complete review of systems assessment, behavioral assessment, as well as review and assessment of the patient's history, medications, most recent lab results, etc.
- The purpose of the 1-hour face-to-face evaluation is to complete a comprehensive review of the patient's condition and determine if other factors, such as drug or medication interactions, electrolyte imbalances, hypoxia, sepsis, etc., are contributing to the patient's violent or self-destructive behavior.

Ways we protect our patient's rights:

- Thorough education on the appropriate use of restraints and seclusion
- Use of least restrictive interventions
- Ensuring sufficient nursing staff
- Having policies and environmental supports in place
- Enforcing documentation requirements

Reducing ligature risk having the "minimum necessary" in patient rooms can improve patient safety, specifically in nourishment rooms, visitor storage, light fixtures, and exam rooms within the hospital setting. Staff should secure personal belongings and remove any other items that may contribute to harmful behavior. Behavioral Environmental Risk Assessments are completed periodically to review potential hazards to our patients.

Dos and Don'ts

Do

√ Every 2 hours, observation includes:

- Behaviors
- Restraints removed/ ROM
- Circulation/Skin checks
- Toilet/Hygiene offered
- Fluids offered hourly, if applicable

√ Meals/Snacks are offered at least **3** times a day, if applicable

√ Vital Signs are documented at least every **4** hours

Eliminating ligature risk in patients with suicidal ideations is necessary. Most suicides are a result from using hinges, grab bars, or handles in their room, shower curtains, or sink and ceiling pipes. Maintain an area that is ligature resistant, if feasibly possible.

What is Ligature Resistant? Ligature resistant means lacking areas where bed sheets and cords can be tied to an attachment in an attempt to self-harm.

A prevention method to curb this ligature risk is required by CMS to keep all staff & patients safe. This requires **continuous 1:1 supervision by a CPI trained personnel of any patient with suicidal ideation** outside of psychiatry. This protection includes removal of loose, sharp objects, or cords from the room/area that can be used as a weapon or inflict harm.

Don't

√ Tuck a patient's sheets in so tightly that he/she cannot move

√ Use wrist holders/highly padded mitts or other types of devices

√ Use a side rail to prevent a patient from voluntarily getting out of bed

√ Place hand mitts and attach them to bedding

√ Discontinue an order and then restart it (constitutes it as a PRN order)

Reducing ligature risk by having the "minimum necessary" in patient rooms can improve patient safety, specifically in nourishment rooms, visitor storage, light fixtures, and exam rooms with in the hospital setting. Staff should secure personal belongings and remove any other items.

Repetitive Self-Mutilating Behavior

If a patient is **diagnosed with a chronic medical or psychiatric condition** and the patient engages in repetitive self-mutilating behavior, a standing or PRN order for restraint to be applied in accordance with specific parameters established in the treatment plan would be permitted. Since the use of restraints to prevent self-injury is needed for these types of rare, severe, medical, and psychiatric conditions, the specific requirements below for the management of violent or self-destructive behavior do not apply:

- Face to face
- Time limited orders
- Evaluation every 24 hours before renewal of the order

	Standard	Non-violent	Violent
Face-to-face	Within one hour by QLP or Registered Nurse trained in R/S procedures.	Within one hour by QLP or Registered Nurse (RN) trained in R/S procedures. If conducted by an RN, the QLP must be consulted as soon as possible.	Within one hour by QLP or Registered Nurse trained in R/S procedures. If con-ducted by an RN, the QLP must be consulted as soon as possible.
New Order Needed	Within 24 hours for the same occurrence or a new order for each additional occurrence	For each occurrence	For each occurrence
Re-evaluation by QLP for continued R/S	Every 24 Hours	• Every four (4) hours for adults 18 years and older, • Every two (2) hours for children and adolescents ages 9- 17years • Every one (1) hour for children under 9 years of age	• Every four (4) hours for adults 18 years and older, • Every two (2) hours for children and adolescents ages 9- 17years • Every one (1) hour for children under
Notification to guardian of R/S (including documentation)	As soon as possible	As soon as possible, but no later than 24 hours	As soon as possible, but no later than 24 hours
Education Documented	X	X	X
Alternatives methods Documented	X	X	X
Performance Improvement Tool	Maintained by OA	Maintained by Inpatient Psychiatry Unit	Maintained by Inpatient Psychiatry Unit

NCH Policy Description: Restraint and Seclusion v6

Standard Requirements	Non-violent (Medical)	Violent (Behavioral)	Seclusion
Patient Safety Plan (upon admission)	N/A	X	X
Initiation of R/S	Emergency application, as necessary	Emergency application, as necessary	Emergency application, as necessary
Order for R/S	During or immediately (within <30 minutes)	During or immediately (within <30 minutes)	During or immediately (within <30 minutes)
Order signed by QLP (if verbal or telephone)	Within 24 hours	Within 24 hours	Within 24 hours
Notification of Nursing Leadership [Operations Administrator (OA)/Director]	X	X	X
Initial Nursing Documentation	X	X	X
Continuous Nursing Monitoring and Documentation	Every 2 hours	Every 15 minutes	• 12 years of age and under: Direct observation (face-to face or seclusion window) for first hour and at least every 15 minutes thereafter. • Over 12 years of age: Every 15 minutes
RN Evaluation	Every 2 hourst	Every 60 minutes	Every 60 minutes
Plan of Care	X	X	X
Debriefing	Within 24 hours	As soon as possible, but no longer than with 24 hours of R/S release form	As soon as possible, but no longer than with 24 hours of release from R/S

NCH Policy Description: Restraint and Seclusion v7

Prior to Order Expiration

RN will notify the practitioner directly and advise them of the upcoming expiration time beginning on hour 21 from when the order was placed and Q subsequent hour after, until order is addressed. RN should document communication.

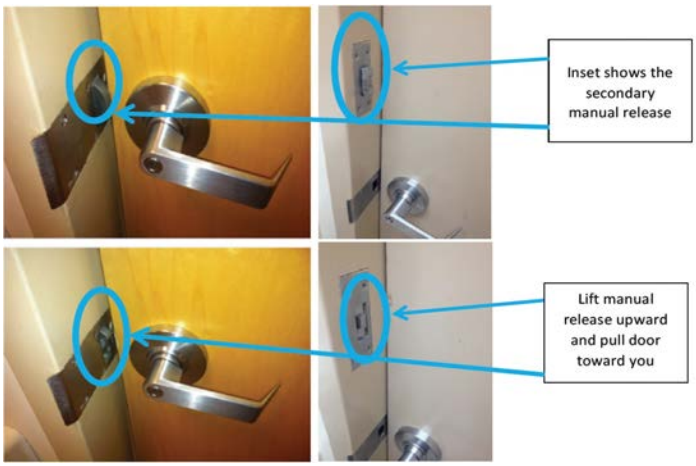
RN will personally notify the CC of expiration time.

An assessment by RN and LP to evaluate the need for continued restraint must be done prior to every renewal order. Documentation and updated IPOC is required in the EMR for each renewal.

When possible, ensure one practitioner is entering restraint orders per patient to avoid multiple renewals in the same 24-hour period.

Patient Bathroom Emergency Release

How to open the locked patient bathroom door when a patient calls with an emergency



Patient bathroom doors have a secondary manual release allowing the door to swing into or out of the patient room:

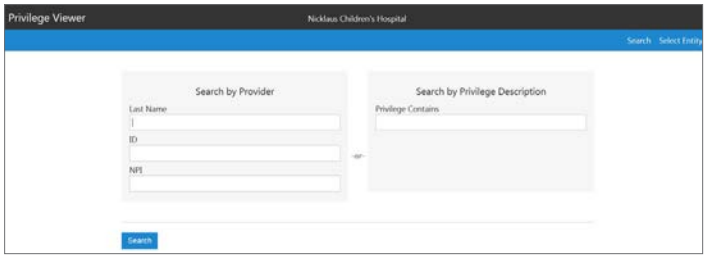
Rotate the inset upward to make it flush with the door jam and pull the handle toward you.

Procedural Sedation

Patient Selection Guidelines: Patients who are ASA Class II or I are candidates for moderate or deep sedation by non- anesthesiologist sedation providers on the main campus and outpatient centers where certified sedation staff are present.

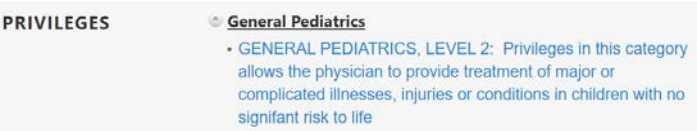
Ensure your provider has the authority to sedate the patient in **iPrivileges** on the portal. All privileged practitioners performing or ordering tests/services must have appropriate licensure and exclusion status checks as defined by the hospital by laws.

IPrivileges contain the providers' privileges at the hospital



To access iPrivileges log onto the intranet portal under applications and scroll to find the application.

Type into the provider's last name and confirm privileges within the organization.



Before Procedural Sedation

- Pre-sedation assessments must be completed prior to starting sedation

Patients may need to be NPO prior to their procedural sedation (unless deemed appropriate by the provider). Here are the NPO guidelines per policy

Ingested Material	Minimum Fasting Period
• Clear liquids (water, fruit juices without pulp, carbonated beverages)	2h
• Breast Milk	4h
• Infant formula	6h
• Nonhuman milk	6h
• Light meal	6h
• Fried foods, fatty foods, or meat	Additional fasting time (e.g., 8h or more) may be needed

Remember to follow the "Moderate to Deep Sedation outside the Operating Room for Non-Anesthesiologist Providers" policy

An informed consent must be obtained with signature, date, time, and level of sedation prior to the procedure start time. **(NO ABBREVIATIONS)**

An order is required for sedation medications. All deep sedation medications must be signed and administered by a sedation privileged provider.

Make sure you have completed your "timeout". It must be conducted **immediately before** starting the procedure with *all* parties present

Procedural Sedation Documentation

Ensure your procedural sedation documentation is appropriately charted.

- Note, is the Ramsay score documented every 5 minutes.
- Vital signs should be documented every 5 minutes (**Blood pressure, heart rate, respiratory rate, oxygen saturation, capnography, and pain**).
- Document your patient's intake and output amount in the PEDS I/O section.
- Educate, educate, & educate! Post sedation education and documentation are imperative including discharge instructions.
- Your post anesthesia score must be greater than 8 prior to discharge.
- Offer the school/work note to the caregiver and document acceptance or declination.
- Make sure you scan all documents into the computer for the patient's encounter.

Sedation Emergency Battery Powered Lighting

One or more battery-powered lighting units must be provided where deep sedation and general anesthesia are administered. It must be sufficient to terminate procedures. The battery powered lighting units must be wired into the general lighting within the room and capable of providing lighting for 1 ½ hours (90 minutes). The battery powered lighting must be tested monthly for 30 seconds, and annually for 30 minutes.

Falls Prevention

Nicklaus Children's Hospital | Humpty Dumpty Falls™ PREVENTING FALLS. ENHANCING SAFETY.

An unplanned descent to the floor or extension to the floor where the child is at a lower level from where they started

Falls may occur with or without assistance and result or not in injury and classified as non-developmental or developmental falls.

Non-developmental falls are anticipated physiologic or unanticipated physiologic.

Developmental falls are caused by environmental factors or errors in judgment. They occur as a direct result of the child's developmental stage or walking capability. Usually associated with age except for the chronological age of the child is reflective of the developmental stage & walking capability of a younger age child.

Assessment and Protocols:

All patients, inpatients and outpatients receiving nursing or rehabilitation services will be assessed for risk of falls using Humpty Dumpty risk assessment scale.

Assessment is performed upon admission or service and once per shift or whenever there is a change in the level of care or major change in the patient's status/condition.

Scoring: Low Risk Standard Protocol (score 5-11):

Scale Scoring Instructions

The Humpty Dumpty Falls™ Assessment Scale is a tool that can help to predict the possibility of a pediatric fall event while in the hospital setting.

The scale is a cumulative calculation-

- There are 5 parameters; each parameter receives at least a minimum score of 1.
- If for some reason the items in any parameter are not applicable the child would receive a minimal score of 1.
- If a child meets criteria within multiple categories in a parameter, the highest score of the possible choices would be given.
  - Example if a child with a history of seizures (neurological) is admitted for pneumonia (alteration in oxygenation), then the neurological condition would be weighted higher.
- Each parameter is added in a cumulative fashion.
  - The highest score a child can receive is 20.
  - The lowest score a child can receive is 5.
  - **Any child with a score of 12 or above is considered "High Risk".**

Nicklaus Children's Hospital | Humpty Dumpty Falls

Humpty Dumpty Falls™ Prevention Program

Scale (REVISED)

Parameter	Criteria	Score
Age	13 years and above	4
	3 to less than 7 years old	3
	7 to less than 13 years old	2
	Less than 3 years old	1
Diagnosis	Neurological Diagnosis	4
	Other Diagnosis (not captured)	3
	Psych/Behavioral Disorders	2
	Alteration in Oxygenations (Respiratory Diagnosis, Dehydration, Anemia, Anorexia, Syncope/Dizziness)	1
Cognitive Impairments	Forgets Limitations	4
	Not Aware of Limitations	2
	Oriented to own ability	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4
	Patient uses assistive devices or Infant-Toddler in Crib or Furniture/Lighting	3
	Patient Placed in Bed	2
	Outpatient Setting	1
Surgery/Sedation/ Anesthesia	More than 48 hours/None	4
	Within 48 hours	2
	Within 24 hours	1

Maximum Score 20 | Minimum Score 5

At risk for falls if score is 12 or Above

For full program information, please visit www.nicklauschildrens.org/humptydumpty or email the team at *humptydumpty@nicklaushealth.org*

Humpty Dumpty Falls Team 01/2023 2023CHMC_PM0124

Low Risk Standard Protocol (score 5-11):

- Provide orientation to the room
- Keep the bed/crib in low position, with wheel locks on.
- All siderails to remain up unless providing care; assess for large gaps and provide protective barriers to close off gap spaces using organizational protocols.
- Use of non-skid footwear for ambulating patients, avoid the use of fashion slippers or "croc" type shoes.
- Assess eliminations needs, provide assistance as needed.
- Ensure call light is within reach; educate the patient/ family on functionality.
- Ensure environment is free of clutter or hazards, unused equipment, and furniture is in its proper place. Remove all unused equipment from the room.
- Assess for adequate lighting, ensure night light during nighttime hours.
- Provide patient and family education
- Document fall prevention teaching and update plan of care for "low risk" measures.

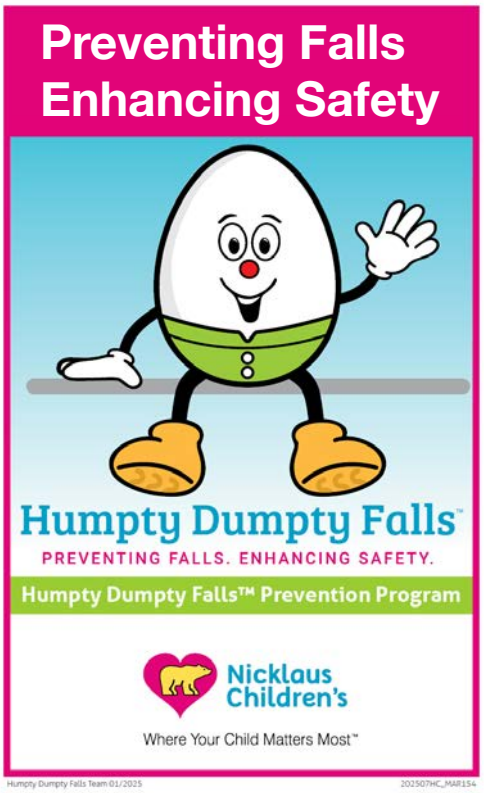
High Risk Standard Protocol (score 12 and above):

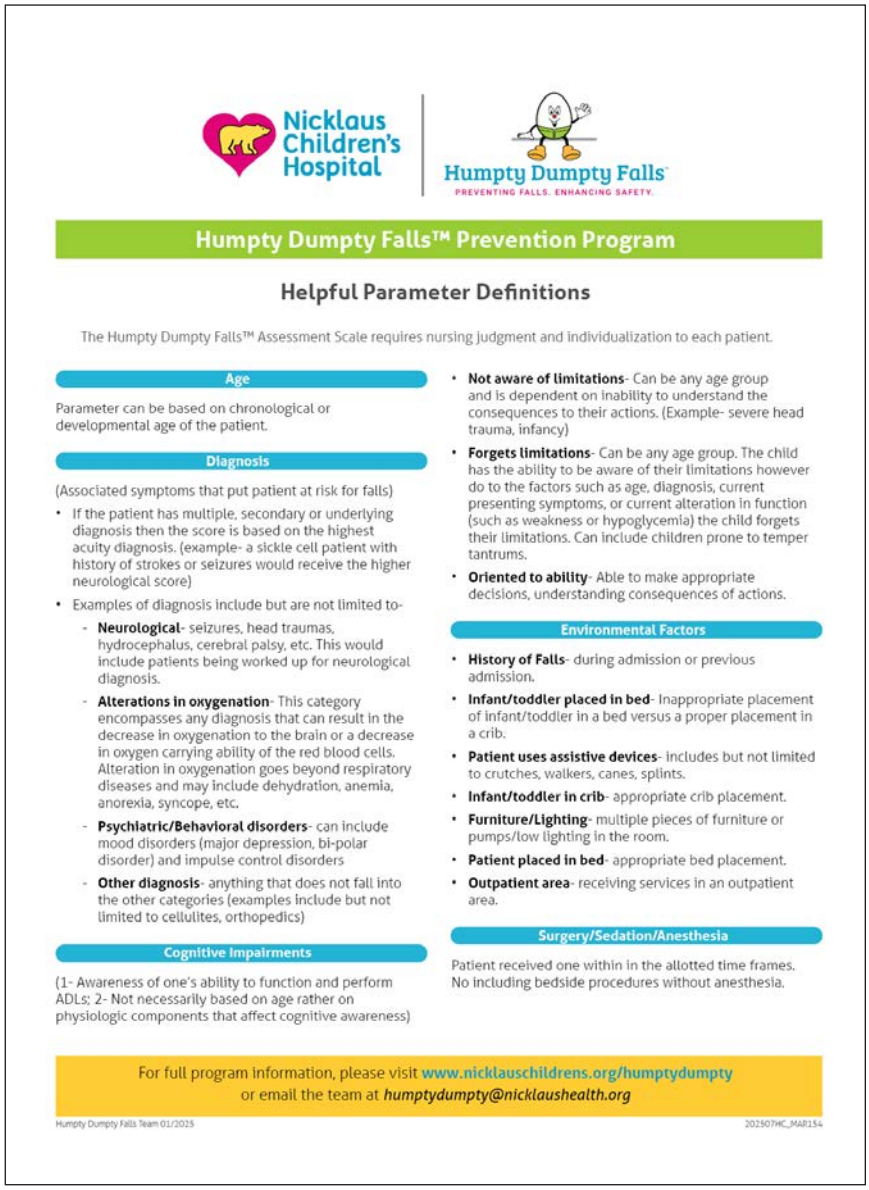
- All components of the low-risk protocol
- Identify all high-risk patients with Humpty Dumpty signage at the bedside and patient door.
- Place institution "fall risk" bracelet on ambulating patients.
- Educate the patient and family of falls prevention protocol measures.
- Provide purposeful patient rounding at a minimum every 1 hour
- Assist with proactive toileting
- Accompany patient with ambulation utilizing assistive devices such as gait belt or walker as appropriate.
- Ensure developmentally appropriate bed placement
- Consider placing the patient closer to nurses' station
- Assess the need for 11:1 supervision utilizing sitters or volunteers per organizational protocol
- Keep the door always open unless specified isolation precaution is in use.
- Request a physical therapy consult as appropriate
- Document fall prevention teaching and update plan of care for "high risk" measures.

If a fall occurs:

- If the patient falls, a Power Form is to be completed describing the fall event (e.g., how did the fall occur, when did the fall occur, where did the patient fall, was the fall witnessed, who was present and who was notified, condition of the patient, and any nursing or medical interventions rendered).
- An incident report is completed and sent to risk management for any fall occurrence.
- A post fall huddle is to be completed during the shift post the fall event.

For additional information, please refer to Humpty Dumpty Falls™ | Nicklaus Children's Hospital





Nicklaus Children's Hospital | Humpty Dumpty Falls™ PREVENTING FALLS. ENHANCING SAFETY.

Humpty Dumpty Falls™ Prevention Program

Helpful Parameter Definitions

The Humpty Dumpty Falls™ Assessment Scale requires nursing judgment and individualization to each patient.

Age

Parameter can be based on chronological or developmental age of the patient.

Diagnosis

(Associated symptoms that put patient at risk for falls)

- If the patient has multiple, secondary or underlying diagnosis then the score is based on the highest acuity diagnosis. (example- a sickle cell patient with history of strokes or seizures would receive the higher neurological score)
- Examples of diagnosis include but are not limited to-
  - **Neurological**- seizures, head traumas, hydrocephalus, cerebral palsy, etc. This would include patients being worked up for neurological diagnosis.
  - **Alterations in oxygenation**- This category encompasses any diagnosis that can result in the decrease in oxygenation to the brain or a decrease in oxygen carrying ability of the red blood cells. Alteration in oxygenation goes beyond respiratory diseases and may include dehydration, anemia, anorexia, syncope, etc.
  - **Psychiatric/Behavioral disorders**- can include mood disorders (major depression, bi-polar disorder) and impulse control disorders
  - **Other diagnosis**- anything that does not fall into the other categories (examples include but not limited to cellulites, orthopedics)

Cognitive Impairments

(1- Awareness of one's ability to function and perform ADLs; 2- Not necessarily based on age rather on physiologic components that affect cognitive awareness)

- **Not aware of limitations**- Can be any age group and is dependent on inability to understand the consequences to their actions. (Example- severe head trauma, infancy)
- **Forgets limitations**- Can be any age group. The child has the ability to be aware of their limitations however do to the factors such as age, diagnosis, current presenting symptoms, or current alteration in function (such as weakness or hypoglycemia) the child forgets their limitations. Can include children prone to temper tantrums.
- **Oriented to ability**- Able to make appropriate decisions, understanding consequences of actions.

Environmental Factors

- **History of Falls**- during admission or previous admission.
- **Infant/toddler placed in bed**- Inappropriate placement of infant/toddler in a bed versus a proper placement in a crib.
- **Patient uses assistive devices**- includes but not limited to crutches, walkers, canes, splints.
- **Infant/toddler in crib**- appropriate crib placement.
- **Furniture/Lighting**- multiple pieces of furniture or pumps/low lighting in the room.
- **Patient placed in bed**- appropriate bed placement.
- **Outpatient area**- receiving services in an outpatient area.

Surgery/Sedation/Anesthesia

Patient received one within in the allotted time frames. No including bedside procedures without anesthesia.

For full program information, please visit www.nicklauschildrens.org/humptydumpty or email the team at *humptydumpty@nicklaushealth.org*

Humpty Dumpty Falls Team 01/2025 202507HC_MAR154

Global Health

Thousands of international patients visit Nicklaus Children's Hospital each year to access our world-renowned specialists and state-of-the-art medicine. Global Health facilitates this process by providing visiting families and referrers with various concierge services, including:

- Scheduling physician, inpatient and outpatient appointments
- Coordination of overseas emergency air ambulance transfers
- Travel and visa assistance
- Inpatient visits to ensure family needs are fully met
- Assistance with religious and dietary requests
- Provision of medical notes upon discharge

For appointments and procedures pre-scheduled through Global Health will provide authorizations for hospital and physician services.

If a patient is either uninsured or underinsured, Global Health will provide families with cost estimates based on the most current clinical information provided.

Global Health will provide authorizations for hospital and physician services.

GHA GLOBAL HEALTHCARE ACCREDITATION®

Final Thoughts

- Listen to the surveyor. Surveyors can have vital solutions to enhance process flow. Thank them for their information.
- Focus on the excellence of our services that we provide. Surveyors will observe our care in its natural environment. Concentrate on what we do every day. The excellent care we provide will shine.
- If an issue is identified. Notify the surveyor that you will investigate the matter and gather the supporting documentation. Get the requested information to the surveyor as quickly as possible.

Glossary

AANA American Association of Nurse Anesthetists (AANA)

ACS American College of Surgeons

AMA American Medical Association

AO Accreditation Organization

AOA American Osteopathic Association

AORN Association of Perioperative Registered Nurses

APIC Association of Professionals in Infection Control and Epidemiology

ASA American Society of Anesthesiologists

ASHP American Society of Health-System Pharmacists

CDC Centers for Disease Control and Prevention

CNS Clinical Nurse Specialist

CEO Chief Executive Officer

CFR Code of Federal Regulations

CMS Centers for Medicare and Medicaid Services

CRNA Certified Registered Nurse Anesthetist

DEA Drug Enforcement Administration

DOT United States Department of Transportation

DPU Distinct Part Unit - Psychiatric Unit

FDA Food and Drug Administration

HAI Hospital Acquired Infections

HICPAC CDC's Healthcare Infection Control Practices Advisory Committee

HIPAA Health Insurance Portability and Accountability Act

HVAC Heating Ventilating and Air Conditioning

IPCP Infection Prevention and Control Program

ISMP Institute for Safe Medication Practices

ISO International Organization of Standardization

LPN Licensed Practical Nurse

LP Licensed Practitioner

LSC Life Safety Code® of the National Fire Protection Association

NFPA National Fire Protection Association

NP Nurse Practitioner

NPO Nothing by Mouth

ORGANIZATION ISO vocabulary refers to entities as organizations. In NIAHO®, organization is equivalent to hospital.

OSHA U.S. Occupational Health and Safety Administration

PA Physician Assistant

Physician Doctor of medicine or osteopathy, unless otherwise noted

PRN (prn) Pro re nata, as the occasion arises, when necessary.

Q IO Quality Improvement Organization

QAPI Quality Assessment and Performance Improvement

QMS Quality Management System

SGNA Society of Gastroenterology Nurses and Associates

SHEA Society for Healthcare Epidemiology of America

SHALL The word "shall" indicate a requirement. The intended definition of the word "shall" is "shall."

SMDA Safe Medical Devices Act of 1990

SOP Standard Operating Procedure

SR Standard Requirement

Notable Contact Numbers

Broward Administration	954-344-3121
Cashier's Office	954-344-3364
Emergency Department	954-344-3108
Environmental Services	Ext.322132
Facility Services	954-344-3040
Gift Shop	954-344-3160
HIM Broward Records	954-344-3152
Labor and Delivery	954-344-3210
Laboratory	954-344-3058
Lost and Found	954-344-8530
Meals Inpatient	Ext. 323663
Nutritional Services	954-344-3033
Outpatient Services	954-344-3268
Pharmacy	954-344-3132
Radiology	954-344-3288
Security	954-344-3000
Volunteer/Auxiliary	954-344-3381
Women Center	954-346-5362

If you have any questions or concerns, please do not hesitate to contact us!
Nicklaus Children's Health System
Accreditation and Regulatory Division
Direct Line 786-624-**2538**
Email us at *AccreditationRegulatory@Nicklaushealth.org*

General Hospital Contact Numbers
Broward Health Medical Center 954-355-4790
Broward Health Coral Springs 954-344-3363

Notes:

Nicklaus Children's

Where Your Child Matters Most™

2026 Survey Readiness Guide

PROVIDED BY ACCREDITATION AND REGULATORY

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