



HOSPITAL PEER REVIEW®

YOUR BEST SOURCE FOR ACCREDITATION COMPLIANCE

ACCREDITATION • CREDENTIALING • DISCHARGE PLANNING • MEDICARE COMPLIANCE • PATIENT SAFETY • QI/UR • REIMBURSEMENT

JANUARY 2021

Vol. 46, No. 1; p. 1-12

→ INSIDE

Tips for best mock surveys 6

Adopt-a-room brings staff to patients 6

Guide for staff rounding to rooms 8

No CLABSI in seven years at one NICU 9

Unit dose meds improve safety 10

Brief: AMA releases COVID-19 CPT coding updates 10

Brief: HHS issues antibiotic resistance action plan 11

Mock Surveys Can Augment Compliance Efforts

Many organizations use mock surveys to test their compliance with accreditation requirements, addressing the standards from CMS, The Joint Commission, DNV GL Healthcare, the Commission on Cancer, the College of American Pathologists, and other groups.

The pretend surveys may reassure the organization that compliance is good and it is ready for a real survey — or it can unearth deficiencies that should be corrected before they result in real penalties. In most cases, it is a mixture of both: some reassurance about where the organization is strong, and some issues to improve.

How much leaders take away from the mock survey depends largely on how it is conducted, and what action the organization takes with the information revealed. Mock surveys (sometimes called an internal audit) should be a primary quality improvement and compliance tool in any healthcare organization, says **Patrick Horine**, chief executive officer at DNV GL Healthcare, in

Milford, OH, which offers hospital accreditation.

Before DNV GL created its accreditation organization, its consulting group conducted mock surveys for member hospitals.

“You never know when a real survey is going to happen, and a mock survey keeps you ready. You could have an unannounced survey from an accrediting organization, or it could be a state survey in response to a complaint,” Horine says. “It’s always good to be in the mode of readiness for a survey, and a mock survey is a key step in achieving that.”

DNV GL conducts annual surveys, and a mock survey can play an important role in maintaining compliance with requirements and ultimately a state of readiness for surveys.

“We require this of our hospitals. This should be an integral part of the quality management system,” Horine says. “It can be structured in different ways but tailored to identify areas of concern or known noncompliance in the past to ensure actions taken have



HOSPITAL PEER REVIEW

YOUR BEST SOURCE FOR ACCREDITATION COMPLIANCE

Hospital Peer Review® (ISSN 0149-2632) is published monthly by Relias LLC, 1010 Sync Street, Suite 100, Morrisville, NC 27560-5468. Periodicals postage paid at Morrisville, NC, and additional mailing offices. **POSTMASTER: Send address changes to *Hospital Peer Review*, Relias LLC, 1010 Sync Street, Suite 100, Morrisville, NC 27560-5468.**

GST registration number: R128870672.

SUBSCRIBER INFORMATION

(800) 688-2421

customerservice@reliamedia.com

ReliasMedia.com



In support of improving patient care, Relias LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

1.25 ANCC contact hours will be awarded to participants who meet the criteria for successful completion

This activity is valid 36 months from the date of publication.

The target audience for *Hospital Peer Review*® is hospital-based quality professionals and accreditation specialists/coordinators.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

AUTHOR: Greg Freeman
EDITOR: Jonathan Springston
EDITOR: Jill Drachenberg
EDITORIAL GROUP MANAGER: Leslie Coplin
ACCREDITATIONS DIRECTOR: Amy M. Johnson, MSN, RN, CPN

Copyright© 2021 Relias LLC. All rights reserved. No part of this newsletter may be reproduced in any form or incorporated into any information retrieval system without the written permission of the copyright owner.

been sustainable. It can be really eye-opening.”

Engage Staff in Survey Process

A mock survey can engage staff in the process and help them gain insight into other aspects of the organization. Ideally, staff members should not audit their own areas.

“We don’t want people auditing their own areas or asking questions that they can answer themselves. It’s better if they are unfamiliar with that area and require staff members there to explain things,” Horine says. “You don’t want to get yes or no responses. If the questioner knows the material as well as the staff member being interviewed, there can be a lot of half answers and the interviewer nodding that they know the rest.”

Of course, the mock surveyors should not be completely unfamiliar with the compliance issues. They should prepare by studying applicable policies and procedures so they can craft their questions appropriately, even if they are not as intimately familiar with them as other staff.

A mock survey can be facility-wide, or it can focus on a particular department or compliance issue. Any known inconsistency is a good candidate for a targeted mock survey.

“You can go a mile deep and a foot wide by focusing on a particular issue or department, or you can go a foot deep and a mile wide by looking at your entire organization,” Horine says. “Mock surveys play an important role in helping everyone be attentive because we all know that after a real survey, everyone relaxes and waits for the next survey

to roll around before they get serious again.”

Look for Inconsistency

An important goal should be identifying where inconsistency exists throughout the organization. Questioning staff about a certain issue or policy can reveal how much their responses vary and whether any efforts to improve consistency are working.

“When you look at a survey report, whether it’s from us, Joint Commission, CMS, or anyone else, a lot of what you see is that the hospitals are not following what they said they were going to do,” Horine says. “Rather than going through a checklist, going through the motions ... you might be better off identifying where shortcomings are and focusing on them. That can make this process very effective.”

Conducting a few mock surveys every year keeps staff on their toes and makes it possible to focus on important areas. Horine recommends making the mock survey feel as real as possible, pushing staff out of their comfort zones and challenging them to explain what they are doing to comply with specific requirements.

The mock survey can help staff members develop the confidence they need to answer questions from a real surveyor. Proper preparation can erode anxiety.

“People understand their jobs well but when challenged to explain it, or when they’re asked to explain a policy and how they comply with it, they can freeze up. It’s better that happens in a mock survey than with the real thing,” Horine explains. “That’s why you want to make the mock survey feel as real as possible. If you go at it as a casual

exercise, you won't get much out of it. A realistic approach can help reduce anxiety and get people more comfortable putting their policy compliance in their own words."

The only way a mock survey might be different from a real one is that leaders can encourage staff to speak up about their uncertainty over policies and how to execute them, or any other concerns that apply to the issue in question. Normally, administrators would not encourage staff members to hand over compliance issues on a silver platter to a surveyor. However, during a mock survey, managers should encourage staff to report uncertainty or a lack of compliance.

Not Just a Checklist

A pitfall to avoid with any survey is making it a list of items to check off. Asking "Are you compliant with this policy?" is unlikely to reveal much useful information. Still, hospital leaders can tell themselves they conducted a mock survey and scored well. Little is gained.

"A lot of people are going to say 'We're compliant. We have no issues in this area,'" Horine observes. "The documentation is limited, and you don't know if maybe the staff is not clear about this policy and you need to bring in someone who can explain it better."

A more effective approach is to focus on specific issues of concern and require staff members to describe their compliance with the policies and procedures.

"Hospital leaders are intuitively aware of what those issues are, the areas where they hope a real surveyor doesn't ask too many questions. A mock survey should be not just a survey to standards, but a survey to practice," Horine says. "What are we doing, and is it effective? In some cases, you may find that you need to go back and rewrite the policy."

Uncover Good Compliance

Mock surveys are a good way to help practice continuous readiness, says **Rosanne Passeri Farrell**, MPA, BSc, RN, CJCP, FACHE, principal consultant with Joint Commission Resources (JCR). The mock survey can be a full rehearsal for the real survey. Administrators can uncover information that is not readily available on a day-to-day basis.

When JCR conducts mock surveys, they often uncover positive news about the organization, but it is not uncommon to find areas of noncompliance, too.

"In some cases, we find that the organization is meeting the standard, but we can offer ways to improve that," Farrell says. "We offer

recommendations that are evidence-based guidelines so they know that these are the best ways to meet the standards and understand them. I think it helps organizations have a better understanding, but you can sometimes read the standard and not recognize all the ways you can meet it."

In addition to uncovering issues that might need attention, putting a mock survey team in the hospital helps staff understand how the process of a real survey is going to work. Farrell notes that now, many hospitals are part of a health system. Thus, a mock survey can affect other facilities beyond the one in which it was conducted. The findings can be passed on to others in the system to look for applicability.

"We also have conducted mock surveys in several of a system's hospitals to provide system-level reporting, showing how they are doing as a system and perhaps how one hospital has a really good process that could be shared by the others whose practices are not up to par," Farrell says.

A mock survey from JCR begins before the surveyors arrive at the facility. Surveyors identify the services offered at the facility and how the mock survey should be structured, including the kind of consultants from JCR who should be present. Consultants are available for a wide range of specialties.



on-demand
WEBINARS



Instructor led Webinars



On-Demand



New Topics Added Weekly

CONTACT US TO LEARN MORE!
Visit us online at ReliasMedia.com/Webinars or call us at (800) 686-2421.

The consultants develop an agenda, collect the necessary documents, and plan the schedule. When the consultants arrive, the survey is conducted almost entirely like a real survey from TJC.

“I would say there is one difference. We do encourage [staff] to feel free to ask questions,” Farrell says. “Our purpose is to help them to understand, to educate them.”

Patterns Can Be Dangerous

The most significant issues found in a mock survey would be those in the red section of TJC’s SAFER Matrix, those where the risk of harm is high. Mock surveyors may discover these issues, which need immediate attention. Other issues may not be as dangerous. However, if a pattern emerges, those issues still may require immediate attention.

“There are areas that consistently fall into high risk. Infection control is one example,” Farrell says. “Environment of care comes up frequently, too, because it can be very complex to maintain a safe environment for an organization, especially since many of the hospitals have old infrastructures.”

Farrell notes some staff can be embarrassed if they do not know the proper response to questions. She says JCR consultants always focus on education and avoid anything that might sound critical or judgmental.

Best Practice for Compliance

Mock surveys are a best practice for helping organizations identify areas of noncompliance, no matter what deeming authority the hospital

uses, says **Paula Brandon**, RN, vice president of quality and clinical support with Community Hospital Corporation (CHC), based in Plano, TX. CHC conducts mock surveys for its member hospitals.

In addition to revealing potential problems, the mock survey can help staff members understand how to interact with surveyors. Many staff have never spoken with a regulatory compliance officer or surveyor.

“We try to help them build their confidence as we’re conducting the mock survey, helping them realize that they really do know about the subject matter and that they don’t have to be afraid to interact with a surveyor,” Brandon says. “If it’s done on a regular basis, it helps the organization maintain their survey readiness. Sometimes, when you’re not focused on compliance every single day, you can miss things.”

CHC explains to hospital leaders that the primary benefit of the mock survey is to bring in a new set of eyes to look at their facilities and possibly see things they do not.

“You might pass an item in the hallway that really shouldn’t be there, but you don’t notice it because it’s been there for such a long time,” Brandon offers. “But someone coming in from the outside can question what that is in the hallway.”

That is why mock surveys should be conducted by someone outside the facility whenever possible. If the mock survey is not conducted by an accrediting body or by the health system, Brandon suggests asking a team from another hospital in the community to assist.

Allowing an in-house team to conduct mock surveys should be a last resort, according to Brandon. The mock survey often is not taken as seriously when the surveyors are familiar faces. An outside

“expert” visiting the hospital often is more influential when explaining standards and how to comply.

Later, the hospital can reciprocate, thereby giving both facilities a fresh set of eyes to look at operations.

Regular Schedule Optimal

CHC tries to conduct mock surveys at each facility every 12 to 18 months, but Brandon notes other facilities may not have the resources to conduct mock surveys that often. In addition to partnering with local facilities, a hospital can hire outside vendors to conduct the mock survey.

“It should be an ongoing quality initiative in every organization, to not only drive compliance to the standards but also to facilitate the creation of safe and highly reliable organizations. For them to do that, they have to mirror how an actual survey would be conducted,” Brandon says. “Since every organization is unique in how it meets the standards, we begin with looking at their policies, procedures, plans, documentation to ensure they are compliant from a documentation perspective. Then, we spend time validating that by going around through the organization ... to validate what they say they are doing in their plans, policies, processes, bylaws.”

It is important to conduct the mock survey as realistically as possible. Staff should take it seriously and not see it as just friendly banter about compliance standards. CHC mock surveyors make it known they are conducting a mock survey, but conduct themselves as a real surveyor would. “We ask [staff] a lot of questions and try to look at

every standard we possibly can. At the same time, we do let them know we are there to help them,” Brandon says. “If they have a concern about something that is not meeting standards, we encourage them to bring it up so we can help them find a way to address it. It’s serious, but we want to be helpful.”

Follow-through is an important component of a mock survey. Because most standards are not prescriptive about how to comply, mock surveyors want to confirm that whatever method or pathway has been chosen is carried out.

“If [staff are] not doing what they say they are doing, it doesn’t necessarily mean they are out of compliance with the standard. They may be doing something just as effective, or even more so, than the process they documented,” Brandon says. “But if that is the case, they need to go back and document the way they are actually doing it. We’re looking for consistency, in addition to whether they are meeting the standard.”

Most hospitals will conduct mock surveys relevant to their deeming authority. DNV-GL and TJC have embedded within them the CMS Conditions of Participation. Typically, CMS standards are covered in mock surveys for other accreditors.

CMS does not conduct mock surveys. However, for questions about the accreditation process and the potential benefit of mock surveys, a spokesman suggested some resources might be helpful (found in the resource list at this end of this article).

For laboratories, CHC performs a general review, but not a specific audit because they use a separate set of standards apart from the rest of the hospital. Usually, laboratory directors oversee those standards and may organize their own internal audits or mock surveys.

Use the Information

What leaders do with the information gleaned from a mock survey is crucial to making the experience worthwhile. Administrators should use the survey data to identify areas of need, action plans, and ways to monitor progress.

It is important to communicate the findings to those who were involved. Staff often want to know how they compared to others and how compliant they are overall.

“A lot of times, that information makes its way into a report in a binder, and then it’s never seen again,” Horine says. “Communicating that information widely is very beneficial. Use that information the

way it was intended, to shore up any loose ends or areas where you’re more apt to get findings.”

During the survey, JCR consultants are accompanied by scribes from the facility who take their own notes. Later, mock surveyors discuss those notes with scribes to ensure they understand the significance of some comments recorded.

JCR provides initial findings to facility leadership on each day of the mock survey. That is followed by a full written report in the form of an action plan and a PowerPoint presentation that uses the SAFER Matrix. Sometimes, the facility asks that at least one consultant return to review progress on addressing the issues uncovered.

CHC provides a report to the surveyed hospital within two weeks. But like JCR, they also work with scribes who follow the mock surveyors and can collect notes for immediate daily review. CHC also helps the hospital develop an action plan and follows up later to check progress.

Brandon says it is important to see the mock survey results as an opportunity to improve before the real survey, rather than seeing it as criticism. In some cases, hospitals are reluctant to pass on the results of the survey to departments and staff

Assess • Manage • Reduce Healthcare RISK

Listen to our free podcast!

Episode 11: Recognizing Safety Risks as Healthcare Systems Expand

www.reliasmedia.com/podcasts



members because they do not want to seem critical or discouraging.

“That is worst thing that can happen,” Brandon says. “The greatest pitfall is to get the information and do nothing with those findings.” ■

RESOURCES

- Centers for Medicare & Medicaid Services. CMS-approved accrediting organizations contacts for

prospective clients. Aug. 25, 2020.

<https://go.cms.gov/3pZAQme>

- Centers for Medicare & Medicaid Services. Accreditation of Medicare certified providers & suppliers. Page last modified Aug. 25, 2020. <https://go.cms.gov/2UXp6ma>

SOURCES

- Paula Brandon**, RN, Vice President, Quality and Clinical Support,

Community Hospital Corporation, Plano, TX. Phone: (972) 943-6400.

- Patrick Horine**, Chief Executive Officer, DNV GL Healthcare, Milford, OH. Phone: (866) 523-6842.
- Rosanne Passeri Farrell**, MPA, BSc, RN, CJCP, FACHE, Principal Consultant, Joint Commission Resources, Oak Brook, IL. Phone: (630) 268-7400.

Tips for Conducting a Good Mock Survey

To make a mock survey successful, plan ahead and execute carefully, says **Patrick Horine**, chief executive officer at DNV GL Healthcare, in Milford, OH, which offers hospital accreditation.

- Make a specific plan that includes what issues will be addressed, what units will be surveyed, who will conduct the survey, and a schedule.
- Decide whether the survey will be wide and shallow, or narrow and deep.
- Be thorough. This is a time to address any concerns.

- Make it real. Challenge people. Do not let them off the hook easily. But make it clear that it is better to say “I don’t know” now than during a real survey.

- Involve several people in the process. This is not a job for one person. It will be a challenge. However, once staff see how it works, administrators might need a lottery to select participants due to so much interest.

- Create talking points and plan questions, but staff responses should go beyond yes or no answers.

- Study policies and procedures in advance.

- Mock surveyors should not audit areas in which they work or with which they are familiar.

- The surveyor should be able to answer the questions as well as the staff member, and the surveyor should not have authority or bias to influence the response.

- After the survey is over, follow through to ensure actions are addressed and there is some accountability to sustain improvements. ■

Adopt-a-Room Brings Nonclinical Staff Into Quality Improvement, Patient Safety

A Maryland hospital has found a way to involve nonclinical staff in quality improvement and patient satisfaction, helping instill a culture in which everyone feels responsible for the patient experience.

The Adopt-a-Room initiative was developed because there was a gap in addressing the patient experience, says **DeeDee Smith Foster**, MSN, RN, quality advisor with the Quality & Safety Services Department at Adventist HealthCare Fort Washington (MD) Medical Center.

“A lot of times, people see nursing and the providers as the people who directly impact patient experience. I knew it would be important to develop a program that helped everyone in the hospital see themselves as responsible for making sure the patient experience was the best it could be,” Foster says. “I wanted to get every department involved in the patient experience, have them round on a regular basis, and hear the patient feedback.” In February 2019, every department

was assigned an inpatient room and a representative of that department visits that room every day to check on the patient. Adventist HealthCare Fort Washington is a 32-bed hospital, with about 16 beds typically occupied. With 16 nonclinical departments, the numbers were easy to work out, Foster says.

A larger hospital can use the same approach, but might need to adjust the assignments. For instance, each department might assign two

or three staff members to each room. Foster's team did not want the department leader assigned to a room, preferring for lower-level staff to meet patients.

Staff Member Visits, Asks Questions

The visitor does not provide any kind of service or make any kind of delivery. The staff member stops by to say hello, ask how everything is going for the patient, and offer to address any requests or problems. These staff members include laboratory workers, billing staff, IT technicians, and others.

The hospital held regular meetings of the Interdisciplinary Patient Experience Committee. During these sessions, staff members shared what they had learned.

"It is so impactful because these staff who normally would have little interaction with patients got to hear everything the patient thought about their stay in the hospital, good and bad. Some patients were very happy with their experience, and others had issues that were not being addressed in the day-to-day care by the clinical staff," Foster says. "We emphasized to them that when they own that room, they own the compliment and the complaint. When there was a concern, you had to try to fix it."

The assigned staff members were provided with a reference card for how to contact the right person about patient needs, such as a complaint about dietary selections. Many issues were resolved on the spot without going through a lengthy process and waiting for a resolution.

"You didn't have to worry about six weeks later when you got your comments from Press Ganey or HealthStream and see how you were doing. We knew in real time how we were doing because we had people in there every day, asking and fixing what they could," Foster says. "The ancillary staff felt like they had a real impact. They were proud when they presented their observations and the impact."

One patient asked for a newspaper to read. The staff member assigned to that room made a point of picking up a newspaper every day before going to see that patient. When she brought that experience to the committee, Foster and other hospital leaders realized they could easily obtain a newspaper subscription for patients.

Selling the Concept

The biggest challenge was simply explaining the concept of directing nonclinical staff to round on patients

every day. Some were wary about what the staff members were going to say and if this was some effort to uncover failings by nurses and other staff. Foster assured them it was a simple concept with no hidden motives.

Leaders urged staff not to overthink it. The staff member only has to visit the room, introduce himself or herself, and ask how things are going.

Only nonclinical staff were assigned rooms for the Adopt-a-Room initiative. Nurses and physicians already conducted rounds regularly. Leaders figured it would be redundant and unproductive for those employees.

"We wanted the nurses to be able to do their work, and the rest of us would take care of this task," Foster says. "If we had patients express concerns about the care they received from nurses, that got reported up to the leadership of that department. But we didn't have much of that. If anything, we had nurses focused on making sure everything was OK because they knew someone was going to round on that patient every day."

One patient complained to the rounding staff member that the patient room was cluttered and did not feel like a healing environment. That concern was reported to leadership.

Assess • Manage • Reduce Healthcare RISK

Listen to our free podcast!

Episode 4: Reflections of a Nurse: What Made Me Stay or Leave?

www.reliasmedia.com/podcasts



On rounding the next day, the room had been properly cleaned and organized.

Not Easy for Some Staff

For some staff members assigned to rooms, the task was a stretch. Some were uncomfortable with the idea of going to meet a complete stranger and interacting. Foster conducted role-modeling for some reluctant staffers, walking them through the scenario and suggesting questions to ask.

“Some departments did it better than others, and some needed more coaching,” Foster recalls. “Asking someone in the IT department to leave their computer and go talk to a stranger? That was a challenge. Role-playing and coaching can get them past that initial fear.” Patients generally responded well to this

nonclinical staff rounding. Patients are used to people coming in and out of their rooms all the time, so that was not an issue. Still, staff members were coached to knock before entering, introduce themselves, and explain why they were there. They were instructed not to wake sleeping patients.

The Quality Departments’ Performance Improvement Coordinators managed the documentation from the rounding, providing monthly reports for the Interdisciplinary Patient Experience Committee meeting. The Quality Department reported the number of rounds each department completed per month to leaders to ensure accountability.

The advent of the COVID-19 pandemic brought the program to a halt to minimize the number of people in treatment areas, but Foster says the hospital plans to resume the Adopt-a-Room initiative as soon as conditions allow. After eight months,

the Adopt-a-Room initiative had contributed to a 12% improvement in HCAHPS overall hospital rating and a 10.2% increase in the HCAHPS nurse communication score, Foster reports. Not all of that improvement is attributable to the Adopt-a-Room initiative, but Foster believes it played a role.

“Even better than the HCAHPS rating was the granular data we were able to collect and track. That made it possible for us to see what was happening in real time, whether that patient completed the patient survey when they left the hospital or not,” Foster says. ■

SOURCE

- **DeeDee Smith Foster**, MSN, RN, Quality Advisor, Quality & Safety Services Department, Adventist HealthCare Fort Washington (MD) Medical Center. Phone: (240) 687-3635. Email: dsmithf@adventisthealthcare.com.

Guide to Staff Rounding for Adopt-a-Room

What follows is the guidance provided to nonclinical staff members rounding on patient rooms as part of the Adopt-a-Room initiative at Adventist HealthCare Fort Washington (MD) Medical Center:

Arrival to unit: Notify the charge nurse and/or patient’s nurse.

Before entering patient’s room: Knock and receive permission before entering. Use proper hand hygiene. Prepare to smile and use cheerful tone of voice.

Entering patient’s room: Greet patient by name. Introduce yourself. Explain reason for visit.

Helpful script: Good morning/afternoon/evening Mr. or Mrs.

_____. My name is _____, and I am from the _____ Department. My purpose for visiting is to see how you are doing. I want to ensure you are enjoying your experience.

Do you have any concerns or would you like to recognize someone for providing outstanding care or service? If you do not mind, I or someone from my department will visit you tomorrow to check on you.

Is there anything I can do for you before I leave? Thank you for taking the time to speak to me.

Addressing negative comments or concerns: When possible, offer an apology.

Example: I am sorry that we did not exceed your expectations. I

will be sure to share your concerns with the appropriate person. Is there anything I can do for you now? Thank the patient.

Resource/Support: If another department or service has to be contacted, a list of departments, leaders’ name, and numbers is located on the guide.

Example: The patient complained their bathroom sink appeared to be clogged. The person conducting the rounds should quickly reference the guide and contact facilities to investigate the issue.

Immediately responding to the issue in front of the patient demonstrates their concerns are a priority. ■

Hospital Newborn Center Goes Seven Years Without a Single CLABSI

Jersey City Medical Center (JCMC) has gone seven years without a central line-associated bloodstream infection (CLABSI) in a neonatal patient, a feat hospital leaders attribute to the NICU's stringent hygiene and sterilization policies.

The Level III NICU at JCMC treats premature infants and other newborns in need of specialized treatment, along with those born with cardiac or respiratory issues, congenital anomalies, or other complications.

The hospital began to approach CLABSI prevention aggressively seven years ago, says **Ameth Aguirre**, MD, MPH, FAAP, medical director of NICU and Newborn Services at JCMC.

The rate of CLABSI was too high. Leaders assessed its policies and procedures, including a special look at specifics like the cleaning products used for central lines. The hospital settled on one product, and eliminated others.

The hospital also educated nurses on how to establish, maintain, and remove central lines, while physicians revised the criteria for what patients could receive them.

Staff observe stringent protocols for handwashing and sanitization, and the NICU set strict criteria to determine which patients are eligible for central line placement.

"Physicians have standardized guidelines for what babies can receive the central line so we're not inserting them right and left," Aguirre says. "We also educated people more on when to remove the lines, which plays a large role in avoiding infections."

Parents are asked to scrub in for three to five minutes before entering the unit. The challenges came with standardizing the policies and procedures, particularly with determining when a patient should receive a central line. With experienced clinicians coming from different hospitals and training programs, it is normal for there to be some disagreement.

"We get new physicians in from time to time, so we have to make sure that we buy in to our standardized process from those coming in, and also with nurses who are new to the unit," Aguirre says.

"THIS CAN BE REPLICATED ELSEWHERE, BUT IT TAKES LEADERSHIP AND A TEAM COMMITTED TO GETTING IT RIGHT EVERY SINGLE TIME."

"When the nurses are cleaning the hub of the central line, we make sure they are doing it with specific products and they follow the central line change in a specific manner."

The discontinuation of the line is another important step that must be handled according to the hospital's protocol. Babies' central lines are discontinued when they meet specific clinical criteria; if necessary,

a peripheral line is placed instead. Teamwork is critical to avoiding CLABSIs. That includes nonclinical staff like environmental services, says **Michael Loftus**, MD, chief medical officer at JCMC. Those members of the team are included in recognition for the CLABSI streak at the hospital.

"From time to time, we buy pizza, bring food to the NICU, and we are sure to recognize every single person that works with us," Aguirre says. "Team recognition is very important to provide positive reinforcement that they're doing the right thing, it's resulting in measurable improvements in care for our patients, and the hospital sees that they're successful."

JCMC is spreading the same concepts and determination to other departments where central lines are used.

"There's no rocket science to CLABSI prevention. There's literature out there about the best prevention practices and the recommended steps," Loftus says. "It's really just sticking to that bundle each and every time for every single patient, day in and day out. This can be replicated elsewhere, but it takes leadership and a team committed to getting it right every single time, which is easier said than done." ■

SOURCES

- **Michael Loftus**, MD, Chief Medical Officer, Jersey City (NJ) Medical Center. Phone: (201) 915-2215.
- **Ameth Aguirre**, MD, MPH, FAAP, Medical Director, Neonatal Intensive Care Unit, Jersey City (NJ) Medical Center. Phone: (201) 915-2330.

Unit Dose Cups Can Improve Patient Safety, Quality of Care

Hospitals can consider using unit dose products to improve care quality and patient safety, according to one pharmacist.

Unit dose cups sync well with barcode medication administration, which is known to improve safety, says **Pradeep Thoppil**, PharmD, manager of pharmacy distribution with HCA North TX – HealthTrust, a healthcare performance optimization and group purchasing organization based in Nashville. Thoppil worked in a clinical care role at an acute care hospital for most of his career.

“The unit dose cups all have barcodes associated with them. That barcode gives you the exact National Drug Code, which we utilize throughout our entire process, from receiving the product to stocking it in our automatic dispensing machines, and then all the way to the patient bedside,” Thoppil explains. “We capture that barcode, attach it to the product name, and that gives us safety steps all the way until the product is administered to the patient.” Unit-dosed liquids also lead to exact dosing. Thoppil has seen many errors over the years with incorrect liquid

doses, but the unit-dosed liquids are precise and eliminate much of the risk. “Especially now with products that come in various concentrations, a unit-dosed product gives you the exact amount needed for the patient, whereas if you’re doing this manually, there is definitely an error rate in the multiple steps required to measure the medication and provide it to the patient,” he says.

Thoppil recalls an error he witnessed that involved a bulk dry medication that had to be reconstituted as a liquid, shaken, and then poured in the correct dose. A pharmacy technician did not reconstitute the medication properly, so the concentration was incorrect.

“A child was about to get double the dose of the medication required,” Thoppil says. “If we had that product already in a unit dose project, there would be no question of the accuracy because it would already be at the proper concentration and the proper dose.”

Thoppil notes that unit dose cups also can improve efficiency because they can be loaded and stored on a unit’s dispensing system, rather than having a bulk product that must be

prepared, packaged, and checked by a pharmacist before delivery to the unit.

“Especially with medications that must be delivered several times a day, relying on bulk products in a central pharmacy can delay care,” he says. “Proper dosing intervals have become more important now than when I first got out of pharmacy school 15 years ago. With some medications, you’re seeking to maintain a consistent blood level. Unit-dosed medications can help prevent the delays that can cause an unwanted drop in those levels.”

The cost difference between unit dose and bulk medications is hard to pin down because a facility must factor in the labor and supply costs of in-house measuring and repackaging a bulk product. Unit dose suppliers contend their products are cost-efficient and at least comparable to bulk products when those factors are considered. ■

SOURCE

- **Pradeep Thoppil**, PharmD, Manager, Pharmacy Distribution, HCA North TX – HealthTrust, Nashville, TN. Phone: (615) 344-3000.

AMA Prepares for COVID-19 Vaccine with Coding Updates

The American Medical Association (AMA) recently revealed updates to the Current Procedural Terminology (CPT), helping the U.S. healthcare industry lay the administrative groundwork for an eventual COVID-19 vaccine.¹

There are codes unique to two possible vaccines and other unique

codes concerning administration of those vaccines. All the updates have been released now so healthcare leaders can update electronic systems; prepare to allocate vaccines properly; and track, report, and analyze related data. “An effective national immunization program is key to bringing the coronavirus

pandemic to an end,” AMA President **Susan R. Bailey**, MD, said in a statement.² “Correlating each coronavirus vaccine with its own unique CPT code provides analytical advantages to help track, allocate, and optimize resources as an immunization program ramps up in the United States.”

Momentum is building toward a vaccine breakthrough, with the possibility multiple candidates could receive approval. For its part, the federal government has created Operation Warp Speed to provide funding for vaccine research and speed the process.³ Although the political pressure from the Trump White House is intense, large manufacturers are trying not to rush

the research. Executives from nine companies have publicly committed to thorough testing to ensure proper safety.⁴ ■

REFERENCES

1. American Medical Association. COVID-19 CPT coding and guidance. Updated Nov. 10, 2020. <https://bit.ly/3pHLoqj>
2. American Medical Association. AMA

announces vaccine-specific CPT codes for coronavirus immunizations. Nov. 10, 2020. <https://bit.ly/36GqtLx>

3. HHS.gov. Fact sheet. Explaining Operation Warp Speed. Content last reviewed Nov. 30, 2020. <https://bit.ly/2TnDxPw>
4. Pfizer. Biopharma leaders unite to stand with science. Sept. 8, 2020. <https://bit.ly/31JUvft>

HHS Releases Latest Iteration of Antibiotic Resistance Action Plan

The U.S. Department of Health and Human Services (HHS), in conjunction with several other federal agencies, has published the *National Action Plan for Combating Antibiotic-Resistant Bacteria 2020-2025*,¹ which builds on the first national plan from 2015.

The five-point strategy remains the same, but the tactics have improved to help execute the goals. For example, the new plan includes details about stronger and more evidence-based activities that have reduced antibiotic resistance, such as optimizing the use of antibiotics in human and animal health settings, that public health officials can lean on to drive progress.

“This plan continues to prioritize infection prevention and control to slow the spread of resistant infections and reduce the need for antibiotic use. To ensure that patients receive the right antibiotic care, the plan supports innovative approaches to developing and deploying diagnostic tests and treatment strategies,” the plan authors wrote. “A One Health approach, which recognizes the relationships between the health of humans, animals, plants, and the environment, is integrated throughout the plan, with an

expanded effort to understand antibiotic resistance in the environment. The plan also focuses on collecting and using data to better understand where resistance is occurring, support the development of new diagnostics and treatment options, and advance international coordination.”

This is a plan to guide U.S. government activity on the subject, but public health officials and healthcare providers can use the guidance to steer their own initiatives. That notion is reflected in a progress report from the United States Task Force for Combating Antibiotic-Resistant Bacteria, published in October 2017, about steps forward since the 2015 plan was published.

For instance, the progress report indicated the percentage of all U.S. hospitals administering antibiotic stewardship programs that meet all of CDC’s Core Elements rose to 46% in 2015 and to 64% in 2016. The Infectious Diseases Society of America (IDSA) issued a statement of general praise for the next-generation action plan, calling it “an important, sustained federal commitment to addressing the crisis of antibiotic resistance, which

threatens modern medical advances and complicates our responses to public health emergencies, including the COVID-19 pandemic.”²

IDSA underlined the new plan’s support for additional investigators to bolster research capacity.

“[This] reflects a crucial understanding that a highly skilled workforce is necessary to effectively combat antibiotic resistance,” the group wrote.

The plan’s authoring committee admitted there are ongoing challenges, including proper resource allocation, obstacles to gathering and sharing data, and uncertainty about industry and research partner participation. The IDSA concurred, arguing failure or success will boil down to funding. ■

REFERENCES

1. Federal Task Force on Combating Antibiotic-Resistant Bacteria. *National Action Plan for Combating Antibiotic-Resistant Bacteria 2020-2025*. October 2020. <https://bit.ly/37zy14E>
2. Infectious Diseases Society of America. National plan to combat antibiotic resistance demonstrates commitment, will require support. Oct. 9, 2020. <https://bit.ly/2FZHlhy>



NURSE PLANNER

Nicole Huff, MBA, MSN,
RN, CEN
Clinical Manager
Santa Ynez Cottage
Hospital
Emergency Department
Solvang, CA

CONSULTING EDITOR

Patrice L. Spath, MA, RHIT
Consultant, Health Care
Quality and Resource
Management
Brown-Spath & Associates
Forest Grove, OR

EDITORIAL ADVISORY BOARD

Kay Ball, PhD, RN, CNOR,
CMLSO, FAAN
Consultant/Educator
Adjunct Professor, Nursing
Otterbein University
Westerville, OH

Claire M. Davis, RN, MHA,
CPHQ, FNAHQ
Director of Quality
Middlesex Hospital
Middletown, CT

Susan Mellott, PhD, RN,
CPHQ, FNAHQ
CEO/Healthcare Consultant
Mellott & Associates
Houston

CE INSTRUCTIONS

To earn credit for this activity, please follow these instructions:

1. Read and study the activity, using the provided references for further research.
2. Log on to **ReliasMedia.com** and click on My Account. First-time users must register on the site. Tests are taken after each issue.
3. Pass the online test with a score of 100%; you will be allowed to answer the questions as many times as needed to achieve a score of 100%.
4. After successfully completing the test, your browser will be automatically directed to the activity evaluation form, which you will submit online.
5. Once the completed evaluation is received, a credit letter will be emailed to you.

CE QUESTIONS

- 1. What is one benefit of a mock survey?**
 - a. Engage staff in the process and help them gain insight into other aspects of the organization.
 - b. Earn credit with the accrediting organization so that any deficiencies result in smaller penalties.
 - c. The hospital can report publicly on deficiencies before a true survey.
 - d. The hospital can determine what staff members are unprepared and take disciplinary action.
- 2. What is one difference between a mock survey and a real survey?**
 - a. Mock surveys do not have a time limit for how long surveyors are present, whereas real surveys do.
 - b. In a mock survey, staff are encouraged to ask questions about issues they do not understand and to report known deficiencies.
 - c. In a mock survey, the surveyors speak only with department managers and not frontline staff.
 - d. Mock surveys do not result in any formal report to the institution.
- 3. In the Adopt-a-Room initiative, who is assigned to each patient room?**
 - a. An executive from the C-suite
 - b. A department head
 - c. A frontline staffer from each nonclinical department
 - d. Nurses
- 4. What do the clinical leaders at Jersey City Medical Center say is the reason they have not seen a CLABSI case in their NICU for seven years?**
 - a. Adoption of a new and unique set of prevention protocols
 - b. Diligent, strict dedication to following the known CLABSI prevention protocols
 - c. Introduction of a new clinical position focused specifically on prevention
 - d. A directive from the health system medical director that required his approval for any central line insertion