“I will do whatever it takes to make every contact with Nemours a uniquely satisfying experience... for our patients, parents, visitors, colleagues and business partners.” – Associate Pledge
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<td>Identify goals that your area has been working on and be able to discuss</td>
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This reference guide has been developed to provide education regarding accreditation standards, and information about how Nemours utilizes these standards to continually improve care, treatment, and services. We ask that you review and refer back to this document as we embark together on our journey towards another successful Joint Commission survey.

Although survey success depends on many different things, the key to our organization’s success is our staff’s ability to interact with the Joint Commission survey team. In previous surveys, our staff has stepped up to the plate and been able to demonstrate the exemplary care it provides. It is our goal that the information contained within this document will prove useful for survey preparation, and also serve as a guide in the quest to provide excellent patient care. Please keep in mind that every Nemours Associate has an impact on the care provided to our patients, regardless of where they work.

If you have any questions, please contact Michele Szymborski at extension 4956.

NEMOURS “GUIDING LIGHTS”

MISSION To provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient’s financial status.

VISION Freedom from disabling conditions.

VALUES Building and sustaining a culture of trust based on five core values:

EXCEL
- Self-disciplined, passionate and committed people: our greatest asset
- A culture of safety
- Teamwork and open communication
- Continuous improvement; exceeding limits set by prior achievement
- Setting ever-higher standards in children’s health and care

RESPECT
- Accepting and valuing one another as individuals
- Acknowledging the contributions of others
- Compassionate awareness
- Listening
- Understanding
- Being family- and patient-centered

SERVE
- Doing whatever it takes to deliver uniquely satisfying experiences
- Putting the needs of parents and children first
- Leadership from within
- Collaboration
- Optimism
- Determination and confidence

HONOR
- Honoring the memory and legacy of Alfred I. duPont and our mission
- Trustworthy, honest and ethical behavior
- High standards of quality, safety and performance
- Accountability
- Magnifying our power to make a difference in children’s lives by wisely managing resources

LEARN
- Open to new and better ideas; flexible and adapting to change
- Continuous learning
- Analysis, inquiry and innovation
- Discovering, applying and disseminating new knowledge and best practices
- Positively influencing children, families, professionals, communities, and others
A Joint Commission on-site accreditation survey provides an assessment of an organization’s compliance with standards and their elements of performance. The Joint Commission evaluates an organization’s compliance with standards based on:

- Patient and staff interviews about actual practice
- Performance improvement data/trends
- Verbal information provided to the Joint Commission by key organizational leaders
- On-site observations by Joint Commission surveyors

2004 marked the beginning of a new era for Joint Commission, a new accreditation process called Shared Visions – New Pathways. One of the components of this new process is The Priority Focus Process (PFP). The PFP gathers data about an organization from multiple sources and analyzes the data using a set of defined, automated rules. Eventually, turning the data into information the surveyors can use to target areas for review during the survey.

The Priority Focus Process (PFP) has identified the following areas and patient populations for Nemours:

- Rights & Ethics
- Assessment and Care/Services
- Medication Management
- Credentialed Practitioners
- Equipment Use
- Information Management
- Physical Environment
- General Surgery
- Cardiology
- Gastroenterology
- Nephrology

The Joint Commission uses the “Tracer Methodology” as a method of assessment. So... What can you expect?

**What are the primary objectives of tracer activities?**

- To follow the course of care and services provided to a patient
- To assess relationships and hand-offs among disciplines
- To evaluate processes the patient is experiencing (pain management, restraints, surgery etc.)

**Which patients will be followed, or “traced”?**

- Patients within Priority Focus Areas (see above)
- Patients with other frequently seen diagnoses (the key populations we care for)
- Patients who receive complex services (often those close to discharge)
- Patients who cross different programs, e.g., hospital and practice.
- Patients who encounter these processes:
  - Infection Control
  - Medication Management
  - Surgery
  - Sedation
  - Outpatient Care

**How long will tracers take?**

- Comprises 50-60% of on-site survey time
- Will be approximately 90 minutes per patient
- Starts in the setting/unit where the tracer patient is located and moves to any other areas the patient has encountered or is scheduled to encounter
- Anticipate 2 patient specific tracers per surveyor each day of the survey
What will the surveyor do during a tracer?

- Review the medical record with staff
- Observe direct care
- Observe the medication process
- Observe the care planning process
- Assess competencies, evaluation and continuing education of staff they interacted with
- Interview the patient and/or family
- Review additional medical records, as needed, from other settings
- Observe staff level interaction
- Observe the environment of care
- Discuss national patient safety goals and improvements made to patient care and services

HOW TO WORK WITH THE SURVEYORS

Keep the conversation professional Ask questions if you do not understand. NEVER argue with the surveyors. Be professional and use appropriate language and behaviors.

Be truthful If you do not know an answer say so and tell the surveyor where or whom you would go for the answer. Remember you may use any resources available to you, such as intranet policies, any department resources, or your manager.

Keep your answers focused and specific to their question Whenever possible, answer in your own words and keep answers short and to the point. KISS = Keep It Short & Simple

Support your co-workers If you are present when someone is being interviewed, feel free to add any relevant information. Respond to questions with confidence – you know the answers better than anyone. Speak freely about all of the great things we do – and there are many!

Other tips on professional interaction with surveyors

- Patient safety and performance improvement are always very important things to know about.
- Relax – surveyors are physicians, nurses, medical technologists and others who have worked in hospitals. They’ve “been there”!
- Always be honest. Falsification or misrepresentation is absolutely not tolerated and can cause the organization to lose its accreditation.
- Just as in sports, success is dependent on teamwork. Excellent patient care is no different. Your communication and interaction with other members of the healthcare team are critical to providing excellent care for the patient!
### NATIONAL PATIENT SAFETY GOALS

It is critical that EVERYONE be familiar with the **2010 National Patient Safety Goals (NPSGs)** and other Joint Commission patient safety-related standards and incorporates them into your daily practice. The following information outlines the NPSGs/Standards and how we address them at the Hospital and Physician Practices.

#### Improve the Accuracy of Patient Identification

<table>
<thead>
<tr>
<th>Use 2 identifiers prior to performing procedures, tests, or administering medications</th>
</tr>
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<tbody>
<tr>
<td>• Medical Record Number and Patient Name or</td>
</tr>
<tr>
<td>• Patient Name and Date of Birth</td>
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<thead>
<tr>
<th>Eliminate transfusion errors related to patient misidentification</th>
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<tr>
<td>• Before initiating a blood or blood-component transfusion, the patient is objectively matched to the blood or blood component during a two-person verification process. One individual must be the qualified individual who will administer the blood or blood component. The other must be qualified to participate in the process.</td>
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#### Improve Effectiveness of Communication Among Caregivers

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<th>Write it down and READ IT BACK</th>
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<tr>
<td>• Verbal Orders/Verbal Telephone Orders</td>
</tr>
<tr>
<td>• Critical Test Results</td>
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*When giving, expect the receiver to read the order back to you*  
*When receiving, write it down and read it back to the originator*

**Do not use unacceptable abbreviations/acronyms/symbols**

| • U, IU, Q.D., Q.O.D., ug, T.I.W., < > |
| • No Trailing Zeros |

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<thead>
<tr>
<th>Measure, assess and, if appropriate, improve reporting of critical test results to responsible licensed caregiver</th>
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<tr>
<td>• Critical values and Critical tests are defined</td>
</tr>
<tr>
<td>• Target turnaround times are established</td>
</tr>
<tr>
<td>• Performance related to target is measured, assessed and improved</td>
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**Implement an approach to “hand off” communications**

| • When transferring responsibility for a patient to another setting, service, practitioner, or level of care  
• When communicating to “on-call” staff  
• Allow time to ask and respond to questions – this is one of the most important aspects of a hand-off  
• Take time to provide clear & complete information about a patient’s care/treatment, current condition, and any recent changes. |

Refer to page 23 to learn more about the START handoff model.

#### Improve the Safety of Using Medications

<table>
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<th>Prevent errors in the interchange of look-alike/sound-alike drugs (Identify a list and take action at least annually)</th>
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| • Tallman/Shortman Lettering (GLUCAgOn/GLUCApHaGe)  
• Separate storage areas for these drugs |

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<th>Label all medications, medication containers or other solutions on and off the sterile field in peri-operative and other procedural settings</th>
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<tr>
<td>• Syringes, medication cups, basins</td>
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<tr>
<th>Reduce the likelihood of patient harm associated with anticoagulation therapy</th>
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| • Organization implements defined anticoagulation program (active Pharmacy involvement)  
• Uses approved protocols (optional computerized order set developed)  
• Written policy that addresses baseline and ongoing labs |

Refer to page 16 to learn how to access list of these medications.
### NATIONAL PATIENT SAFETY GOALS (continued)

<table>
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<tr>
<th>Reduce the Risk of Healthcare-Associated Infections</th>
<th>Comply with WHO or CDC Hand Hygiene Guidelines</th>
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| • Wash hands before and after contact with patients, equipment, or use of gloves  
  a. use soap and water for 15 seconds or  
  b. rub alcohol based gel until dry  
  (use soap and water if hands are visibility dirty)  
• No artificial nail applications | **Implement evidence-based guidelines to prevent healthcare-associated infections due to multi-drug-resistant organisms.** Current safety practices include: |
| | • Antimicrobial stewardship program  
• MRSA screening  
• Isolation |
| **Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.** Current safety practices include: | **Implement best practices for preventing surgical site infections.** Current safety practices include: |
| | • Participation in NACHRI collaborative (implemented evidence based techniques)  
• Standardized Insertion and Maintenance Bundles  
• Use of Chlorhexidine scrub pads for all Central line entries |
| | • Working with OR on skin cleansing (home prep)  
• Pre-screen for MRSA on targeted high-risk population  
• Surveillance data on all SSI with targeted rates for a) spinal fusions b) VP shunts c) hernia repair d) appendectomies |

<table>
<thead>
<tr>
<th>Accurately and Completely Reconcile Medications Across the Continuum of Care</th>
<th>There is a process for comparing the patient’s current medications with those ordered while under the care of the organization</th>
</tr>
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</table>
| • Upon the patient’s admission to the organization obtain and document a complete list of the patient’s current medications  
• With the involvement of the patient  
• Any discrepancies are reconciled and documented | Provide/communicate a complete list of medications to the next provider of service when a patient is referred or transferred to another |
| | • Setting, Service, Practitioner  
• Level of care within or outside the organization |
| When a patient leaves the organization’s care, a complete and reconciled list of the patient’s medications is provided directly to the patient/guardian and the list is explained to the patient/guardian. | In settings where medications are used minimally, or prescribed for short duration, modified medication reconciliation processes are performed |
| | • All medications listed on the HMAR (Home Medication Assessment & Reconciliation Form) must be listed on the Discharge Instruction Form with directions to continue, modify, or discontinue each medication.  
• All new medications with appropriate directions must also be listed on the Discharge Instruction Form |
| | • When only short-term medications are prescribed with no change to patient’s current medication list, the patient is provided a list that contains the short-term medication to continue after leaving the hospital  
• Complete, documented medication reconciliation process is used when any long-term (chronic) medication is prescribed; a change in long-term medication occurs; or the patient is to be admitted |
### NATIONAL PATIENT SAFETY GOALS (continued)

<table>
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<tr>
<th>Reduce the Risk of Patient Harm Resulting from Falls</th>
<th>Implement a fall reduction program and evaluate the effectiveness of the program.</th>
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<tr>
<td></td>
<td>• Fall prevention tent card/poster developed</td>
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<td>• Focused monitoring in 3CN/3A units</td>
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<tr>
<td></td>
<td>• Fall Incident trending by patient unit, severity, and cause</td>
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<th>Encourage Patients’ Active Involvement in Their Own Care as Safety Strategy</th>
<th>Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so</th>
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<tbody>
<tr>
<td></td>
<td>• Patient Safety Brochure</td>
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<td></td>
<td>• Patient Safety Suggestion Boxes</td>
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<tr>
<th>Improve Recognition and Response to Changes in a Patient’s Condition</th>
<th>Organization selects a suitable method that enables healthcare staff to directly request additional assistance form a specially trained individual(s) when a patient’s condition appears to be worsening</th>
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<tr>
<td></td>
<td>• Rapid Response Team established</td>
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<td></td>
<td>Refer to page 12 to learn how to access Rapid Response team</td>
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<tr>
<th>The Organization Identifies the Safety Risks Inherent in its Population</th>
<th>Organization identifies patients at risk for suicide</th>
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<tr>
<td></td>
<td>• Risk assessment includes specific suicide risk factors</td>
</tr>
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<td></td>
<td>• Addresses immediate safety needs and appropriate setting for treatment</td>
</tr>
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<td></td>
<td>• Provides information on crisis hotline to individuals/families in crisis situations</td>
</tr>
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### UNIVERSAL PROTOCOL

**Conduct a pre-operative verification process as described in the Universal Protocol**

Verify correct person, procedure and site...

- at the time of scheduling
- at the time of admission
- anytime responsibility for care is transferred
- with the patient awake and involved
- before leaving the pre-operative area or entering procedural area

Use a checklist to assure you have...

- relevant documentation
- accurate, complete, signed procedure consent form
- diagnostic and radiology test results
- any required blood products, implants, devices, and/or special equipment

**Mark the operative site as described in the Universal Protocol**

- Mark at or near the site
- Unambiguous mark
- Mark visible after prep and draping
- Performed by person performing the procedure
- Involves the patient – awake and aware
- An alternative process is in place for patients who refuse site marking or who cannot easily be marked (i.e. marking the radiographs, using a diagram, etc.)

**Conduct a “time out” immediately before starting the procedure as described in the Universal Protocol**

- Involve the entire operative/procedural team
- In the location of the procedure
- Brief documentation of the process

---

*Remember these requirements also apply for invasive and other procedures performed outside of the OR and procedural areas such as at the bedside or in a physician’s office!*

Reference: Policy 60.42 – Operative/Procedural Areas  
Policy 60.76 – Outside the OR/Procedural Areas
GOAL: Improve care, treatment, services and outcomes by recognizing and respecting the rights of each patient and by setting the standard for conducting business in an ethical manner.

COMPONENTS INVOLVED:
- Developing & Communicating Patient Rights
- Participating in Care Decisions
- Obtaining Informed Consent
- Having Right to Know Care Providers
- Respecting Patient Rights, including End-Of-Life Care

Here are a few examples of Patient’s Rights & Responsibilities:

<table>
<thead>
<tr>
<th>RIGHTS</th>
<th>RESPONSIBILITIES</th>
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<tbody>
<tr>
<td>To be granted access to care and treatment</td>
<td>To comfort and support your child</td>
</tr>
<tr>
<td>To receive an explanation of any procedures or treatments</td>
<td>To work with the health care team to ensure the best possible treatment &amp; discharge planning</td>
</tr>
<tr>
<td>To have pain assessed and participate in how pain is managed</td>
<td>To be available to the health care team either personally or by telephone</td>
</tr>
<tr>
<td>To be treated with respect and courtesy</td>
<td>To treat staff and other families in a considerate, courteous &amp; cooperative manner</td>
</tr>
<tr>
<td>To have medical record information treated as confidential</td>
<td>To follow prescribed treatment plans &amp; keep appointments</td>
</tr>
<tr>
<td>To expect your visit will be safe</td>
<td>To voice concerns to the health care team</td>
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How are patients informed of their Rights and Responsibilities?
- The “Patient’s Rights & Responsibilities” brochure is provided to the patient at the time of Admission or Outpatient Visit.
- The Notice of Privacy Practices is offered to each patient at registration. Be prepared to discuss this process with surveyors.

What do you do if there is an ethical concern about patient care decisions?
- Nemours has a Patient Rights and Ethics Committee that serves as a resource for patient care staff, patients and families. The committee’s role is to provide guidance in situations such as withdrawal of support and treatment decisions.
- Any patient or family member may obtain an ethics consult by contacting the Ethics Consult Coordinating Physician’s pager at 302-435-0256, the Committee Chair at 302-651-6040 or advise a member of the care team of the request.
- An ethics consult may be requested at any time of day/night. The consult will be scheduled based on the urgency of the specific situation and availability of all parties.

Does a patient have a right to refuse treatment?
Yes. Patient and family involvement in care decisions is encouraged, including the decision to refuse treatment.

What is informed consent?
- A process that allow patients, or the patient’s legal representative full participation in decisions re: his or her care, treatment, and services.
- Informed consent can only occur when the patient fully understands the nature of the intervention and its risks and benefits, as well as the alternatives with their risks and benefits.
- Informed consent occurs when a patient accepts or rejects a medical intervention willingly and without coercion.

Refer to policy, 60.12 to identify procedures/treatments requiring informed consent.
Advance Directives & End of Life Care

A patient’s decision about care, treatment and services at the end of life must be appropriately addressed.

Have you received education about End of Life care?

Yes. All associates are required to complete a mandatory module on Rights, Ethics & Diversity that addresses advance directives as part of orientation to the organization. In addition, all clinical associates are required to complete a mandatory module on “Providing Comfort and Dignity During End-of-Life Care” during orientation.

What is an advance directive and who needs one?

- An advance directive is a legal document indicating what life-sustaining treatment is to be administered, discontinued or withheld if an individual has lost their ability to make medical decisions about their own health care.
- Children 18 years or older, are legally considered an adult and expected to make their own decisions.
- It is our responsibility to ask ALL patients who have reached their 18th birthday if they have an Advance Directive.
  - If the patient has an advance directive and has it present, it is copied and placed in the medical record.
  - If the patient has an advance directive, but no copy is available on admission, the patient and/or family are asked to bring it in.
  - If the patient does NOT have an advance directive, Registration and Nursing staff offer the patient written information about advanced directives.
- We encourage the patient to consider executing advance directives and offer social workers and chaplains as resources for answering related questions.

Patient Confidentiality & Protected Health Information (PHI)

Does staff receive training on patient confidentiality?

Yes. All associates are required to complete HIPAA privacy and security training.

What is the proper way to dispose of Protected Health Information (PHI)?

Place in appropriate locked receptacle in your department. PHI is NEVER to be placed in a regular trashcan.

How do you ensure the patient’s right to privacy & confidentiality of their medical information?

- Covering patients during transport
- Knocking before entering a room
- Keeping doors closed during treatments and times of care
- Discussing care only in the presence of the patient or in the presence of others with permission from the patient
- Refraining from discussing patient information publicly or at home
- Proper disposal of PHI (Protected Health Information) in appropriate receptacles
- Patient information should only be accessed on a “need to know” basis, whether the information is accessed from computer, paper, or by spoken word.

Providing Information in a Manner Patients Understand

A reasonable effort is made to tailor information to the patient’s age, language and ability to understand. The following services are offered to provide for effective communication with patients, families and visitors. Refer to policy 60.28 for full description. Call Department of Patient and Family Services at extension 4230 to access an interpreter. If an in-house interpreter is not available, utilize the Language Line Service.
**Limited English Proficient Individuals:**
- Patient & Family Services maintains a list of approved interpreters (bilingual associates, trained community volunteer interpreters). Trained bilingual associates may be utilized within their assigned work area
- Employed Spanish-Speaking Interpreters
- Language Line Service-support in 151 languages and available 24/7

**Hearing Impaired/Deaf Individuals:**
- Access to a qualified interpreter or other assistive service for patients, families and visitors who are hearing impaired
- TDD phone and amplifier equipment are available

**Visually Impaired individuals:**
- Visual aide devices including Braille and other services required by the visually impaired individual are available

**Cultural and Spiritual Sensitivity**
Patient rights include “respecting and acknowledging one’s psychosocial, spiritual and cultural values and how they impact a patient’s response to their care.” Health care professionals are entrusted to care for patients as whole persons – body, mind and spirit. In addition, health care professionals need to be empowered with the capacity, skills, and knowledge to respond to the unique needs of each patient and their loved ones.

**What resources are available to me regarding cultural and spiritual sensitivity?**
- All associates are required to complete a mandatory on-line module, Patient Rights, Ethics & Diversity, which provides basic information about cultural and spiritual sensitivity.
- A “Quick Guide” for cultural and spiritual traditions for various ethnic and religious groups is available to all associates and can be found on the Nemours intranet under Clinical/Cultural & Spiritual Sensitivity
- An on-line optional learning module is also found on this site

**Who would you call if a patient or family member needs spiritual or pastoral support?**
The Chaplain’s service is available to support patients, family and staff and may be accessed at extension 5063 or via the switchboard.

**Complaints & Grievances**

**If a patient or family member has a complaint, how do you assist them?**
- Patients may express concerns to their attending physician, or any member of the healthcare team. Patients may also contact or be referred to the Patient Relations Department at extension 4799. Any patient or family member may also share their concerns with the State of Delaware or the Joint Commission.
- Attempt to resolve complaints at the level closest to the patient whenever possible.

**PROVISION OF CARE, TREATMENT, & SERVICES (PC)**

**GOAL:** Provide access to care; provide interventions based on the plan of care, including education, and coordinate care to promote continuity when patients are referred, discharged, or transferred.

**COMPONENTS INVOLVED:**
- Assessing Patient Needs
- Planning Care, Treatment, & Services
- Providing Care, Treatment, & Services
- Coordinating Care, Treatment, & Services
Patient Assessment

How are the needs of patients known or identified?

Information about the patient’s physical, psychological, social, cultural and spiritual status is obtained during the initial assessment, primarily by the physician and nurse caring for the patient. Other members of the health care team such as case managers, social workers, dietitians, pharmacists, and rehabilitation or respiratory therapists also assist with needs identification.

Upon admission, RNs ask questions geared toward the identification of functional, nutritional, and spiritual needs. Based on the results of this screening, referrals are made to the appropriate service(s) – Therapeutic Services, Dietitians, Social Work, Pastoral Care, etc. for further assessment.

Screening for signs/symptoms of abuse and/or neglect is a responsibility and important to the safety of the children we serve. (Education of clinical staff regarding the identification of, response to, and reporting of signs of abuse occurs upon hire and annually thereafter)

If you suspect a patient is a victim of abuse, what must you do?

When an Associate, Member of the Medical Staff, or Physician-In-Training suspects child abuse, he/she must report his/her suspicions directly to the State’s Child Abuse Hotline.

<table>
<thead>
<tr>
<th>Delaware Child Abuse Hotline</th>
<th>(800) 292-9582</th>
<th>Pennsylvania Child Abuse Hotline</th>
<th>(800) 932-0313</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Jersey Child Abuse Hotline</td>
<td>(800) 792-8610</td>
<td>Maryland Child Abuse Hotline</td>
<td>(800) 332-6347</td>
</tr>
</tbody>
</table>

Nemours also requires prompt notification of the CARE Team of such report by contacting the Social Work staff at (302) 651-4230. If a report is made outside of business hours, ask the Operator to page the evening/weekend social worker or an on-call social worker.

Pain Assessment & Management

- Each health care provider is expected to aid in the management of pain based on his/her area of specialty.
- Nursing should refer to Standard of Care 1.02 (Pain) which details information on pain assessment and management for both inpatient and outpatients.
- The attending physician/designee/Physician-in-training may consult the Pain Management Service during the patient’s hospitalization. A consult may be initiated by entering the order in the Electronic Medical Record and by paging the Pain Management Service at beeper (302) 426-4924.

When and how is pain assessed?

**WHEN**
- Upon admission
- Every shift, if indicated
- After any pain intervention
- At the time of an outpatient visit
- Prior to discharge

**HOW**
- Questions to ascertain if pain is present
- Assessment of nonverbal cues indicating the presence of pain
- If pain is present then further evaluation and intervention is initiated

What do you do if the patient does have pain?

- Patients who report pain are further assessed to determine the quality, location, frequency and duration of the pain utilizing age appropriate pain scales.
- The scales used are CRIES, FLACC, WONG-BAKER or NUMERIC.
- Patient’s response to comfort measures and analgesic medications are evaluated within one hour after the intervention/medication administration.
Interdisciplinary Care

We provide interdisciplinary care rather than multidisciplinary (silos) and talk to our colleagues who are involved with the care of our patients—physicians, nurses, social workers, dieticians, therapists & others.

The Attending Physician/Attending Physician’s team must write a clearly delineated plan of care for the patient at least every 24 hours. This plan must include measurable goals (ex. continue IV fluids, get patient out of bed, consult Gastroenterology, etc.). This progress note that demonstrates the plan of care will be reviewed each day by the various disciplines that are involved with the patient’s care and will be initialed by those disciplines.

How is a patient’s plan of care developed, implemented and documented?

**Development**

A multidisciplinary plan of care is developed based on assessed patient needs/goals

**Implementation**

By the appropriate health care team member(s), working together, utilizing the plan of care

**Reassessment**

When there is a significant change in the patient’s condition, diagnosis, and/or response to treatment

**Reprioritization**

Based on changing patient needs even if the condition does not change

**Communication**

Via many avenues, including assessments, progress notes, shift report, referrals to other disciplines, case management discussions and patient care rounds

**Documentation**

Interdisciplinary Plan of Care or Progress Note

Signature Page

The first time ANY individual writes on the patient’s chart, he/she MUST SIGN THE SIGNATURE PAGE, now located under a “sign me” tab on the patient’s chart, and provide signature, written name, contact information, and time and date of entry.

Rapid Response Team

A majority of patients who have cardiopulmonary or respiratory arrest demonstrate clinical deterioration in advance. Early response to changes in a patient’s condition by specially trained individuals or Rapid Response Teams (RRTs) may reduce cardiopulmonary arrests and patient mortality. The hospital’s Rapid Response Team includes a Senior Resident, PICU RN, and Respiratory Therapist. As available, Nursing Supervisor is there to support team, but is not a member.

How do I contact the Rapid Response Team?

**Who?**

Any member of the health care team concerned about a patient’s change in condition

**Why?**

Acute changes in patient status

**When?**

Criteria for Activation:
- Acute change in heart rate
- Acute change in blood pressure
- Acute change in respiratory rate
- Acute change in level of consciousness
- Any staff member worried about the patient

**How?**

Call extension 5555 - Provide your name, extension, patient name, unit, room number, and reason

Activation is NOT required when changes in the patient’s condition are expected or are already being managed, such as in the operating room.
Resuscitation/Code Carts

When a patient or visitor medical emergency does occur, the individual finding the person in need of assistance should call extension 5555, or push the patient emergency button. Do not hang up from the command center until instructed to do so by them.

Where is the nearest code cart for your department located?

Take a moment to ask your manager if you are unsure.

How often are code carts checked?

The lock integrity, O2, suction, defibrillator and the first expiration date are checked:

- **Daily** if department open 7 days a week
- **Each day of operation** if department not open 7 days a week

Internal contents are checked when the carts are exchanged for:

- Replenishment
- Equipment functionality
- Expiration dates

Restraints

What is Nemours’ philosophy on restraining patients?

Nemours‘ recognizes the patient’s right to be free from restraints that are not medically necessary. All patients are treated with the least restrictive measures, consistent with their individual safety, and the safety of others in the environment. Refer to the Patient Care Restraint Policy 60.21 on the Nemours policy manager.

Hospital Policy Statement

Prior to restraints initiation, alternative and preventative strategies must be attempted and documented. Alternative strategies may include, but are not limited to:

- Providing companionship and/or supervision
- Divisionary and physical activities, i.e., TV, radio, ambulation, Activities of Daily living (ADL)
- Reality orientation and psychosocial intervention
- Decreasing environmental stimuli
- Relaxation techniques, i.e., massage, warm bath
- Attending to physical needs, i.e., toileting, eye glasses
- Enlisting the help of the family
- Assessing the patient for pain and offering PRN medications

When do we restrain a patient?

If less restrictive alternatives are ineffective in protecting the safety of the patient or others. Clinical justification and other requirements must be documented.

Clinical Leadership is informed every 24 hours of any patient who is in restraints for behavioral reasons for 12 consecutive hours or more or for multiple episodes totaling 12 hours or more. Clinical Leadership will facilitate problem solving regarding options/alternative strategies.

Restraints should be discontinued at the earliest possible time

What are the criteria to discontinue restraint use?

- Patient no longer presents an immediate physical threat to him/herself or others
- Change in patient’s physical condition, indicating a need for discontinuation

Refer to the Patient Care Restraint Policy 60.21 on the Nemours policy manager.
What is restraint debriefing?
Debriefing is an important part of the process related to Behavioral Restraints. It is an opportunity for staff to learn how they can improve the process, and potentially, prevent placing the patient or other patients in behavioral restraints. A summary of the debriefing needs to be documented in the medical record by the Attending Physician/Attending Physician designee.
Refer to the Patient Care Restraint Policy 60.21 on the Nemours policy manager.

Patient & Family Education

The patient and family receive education and training specific to their needs and appropriate to the care, treatment, and services provided. Refer to Patient Care Policy 60.26 - Patient and Family Education and Policy 60.01 - Academic Educational Services for Patients.

Based on the patient's condition, assessed needs, age, and clinical situation, the patient/family is educated about the following:
- The interdisciplinary plan for care, treatment, and services
- Patient safety
- Safe and effective use of medication
- Nutrition
- Safe and effective use of medical equipment and/or supplies
- Pain (risk of, assessment of, methods & importance of pain management)
- Smoking cessation
- Basic health practices, including oral health, as appropriate
- Rehabilitation, as appropriate

How are patient's educational needs determined?
At the time of admission and throughout the patient's stay, the healthcare team assesses the patient and family to determine their individual educational needs.

How are patient's individual educational needs addressed?
A patient/family's educational needs assessment includes an assessment of their preferences or barriers to learning, such as sensory impairment, language barriers, as well as, cultural and religious beliefs. Learning preferences and barriers are documented in the Patient Assessment for inpatients and the Epic record for outpatients, so that the healthcare team can incorporate them in their care plan.

How do you document Patient/Family education in the Medical Record?
Documentation by all disciplines occurs on the appropriate form, i.e., progress notes, patient teaching record(s), EPIC progress note for outpatients etc. If barriers to learning are identified during assessment, a plan should be specified to assist in overcoming that barrier.

How do you address the academic needs of hospitalized children?
It is the responsibility of the Patient Education Department to identify appropriate patients to receive academic educational services. Any member of a patient's care team may refer the patient to the program. All inpatients with a length of stay ten (10) days or longer and selected outpatients are offered academic educational services. Rehabilitation patients will be eligible for services from the first day of their admission.

Discharge Planning

When is discharge planning initiated?
Discharge planning begins on admission and continues throughout the hospital stay.

How is discharge planning accomplished?
During the pre-admission or admission process, patients are assessed for potential ongoing care needs and post-discharge services. The healthcare team collaborates with one another and the patient/family regarding the plan of care/treatment and the discharge plan. Patient & Family Services assists with coordinating post-discharge services.
Point of Care (Waived) Testing - POCT

Point of Care (Waived) Testing refers to a limited selection of laboratory tests performed outside the lab by frontline staff in the hospital or outpatient setting. Staff is required to complete specific training and demonstrate ongoing proficiency in performing POCT.

Which tests are performed in your area?

Examples are: Blood Sugar testing, Hem-occult testing, Urine pH. If you are unsure of what tests are performed in your area, please review with your manager.

What are quality control procedures and how are they accomplished for POCT?

- Processes ensuring that patient results are accurate, precise, and reliable.
- At least two levels are performed each day of patient testing, unless otherwise noted by the manufacturer and are done by those performing the test.
- Must also be run if a new reagent is opened or if unexpected results are obtained.
- Each level must be within the quality control reference ranges provided by the Clinical Laboratory. If the Quality Control is not within these ranges, it is to be repeated.
- If it is still unacceptable, the POCT Coordinator or the Clinical Laboratory must be notified and the necessary troubleshooting measures will be taken.
- All corrective action is recorded on the QC log sheet.
- Patient testing is not to be performed on testing devices that do not pass Quality Control testing.

MEDICATION MANAGEMENT (MM)

GOAL: Effective and safe medication management

COMPONENTS INVOLVED:

- Planning
- Selection & Procurement
- Storage
- Ordering
- Preparing & Dispensing
- Administration
- Monitoring
- Evaluation

Access to Medication Storage Areas

Authorized access to medication storage areas is limited to personnel involved in the dispensing, administration, and distribution of medications. All areas which have medication storage areas are responsible to ensure that only those who are authorized have access to these areas.

Look-a-Like, Sound-a-Like Medication

Special precautions need to be taken when storing, ordering and administering medications that have similar names or packaging to prevent potential medication incidents.

- Processes have been designed to avoid mishaps with such medications, such as Tallman/Shortman Lettering (GLUCAgOn/ GLUCaPhaGe) in the electronic ordering system and separate storage areas in Pharmacy for these drugs.
- Any unit where medications are stocked should ensure these medications are separated or clearly marked.
- A list of look-a-like, sound-a-like medications can be retrieved through the LexiComp formulary site. The Path to find the list is as follows:

  “NIS” folder → “Wilmington” folder → at LexiComp site, select “Indexes” → select “Charts/Special Topics” → 2nd from the bottom is “Look-Alike/Sound-Alike” information.
High-Alert Medications

High alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error with these medications may be more devastating to patients.

What medications are categorized as High-Alert Medications?

- Insulin (by all routes of administration)
- Digoxin (by all routes of administration)
- Warfarin
- Heparin, intravenous, in concentrations greater than 10 units/ml
- Hypertonic Saline (concentrations greater than 0.9%)
- Neuromuscular blocking agents:
  - Cisatracurium
  - Rocuronium
  - Mivacurium
  - Succinylcholine
  - Pancuronium
  - Vecuronium

Do you take extra precautions with “High-Alert Medications”?

Yes. High-risk medications must be double-checked by two nurses to visually and verbally verify the accuracy of the dose and route prior to administration. Both nurses must document on the patient’s chart. (Refer to policy 60.53.

Medication Orders

When would you administer a medication prior to the pharmacist reviewing it?

- In an emergency
- When the resulting delay would harm the patient
- When a physician is present and controls the administration of the medication

What happens if a medication order is illegible or contains an Unapproved Abbreviation?

The medication order is clarified with the prescriber before the order is carried out and a new order is written, if necessary.

Is “continue home medications” a valid order?

No, each medication must be written out as a complete order.

What happens if a physician writes, “resume pre-operative meds”?

Each order must be re-written after a transfer from one level of care to another or after a procedure requiring general anesthesia.

What happens to medications after they are discontinued?

They are returned to the pharmacy to be credited to the patient account and/or destroyed by the pharmacy.

Can patients keep medication at the bedside?

No. They must be stored (controlled) by the nursing staff.

Adverse Drug Reactions

How are Adverse Drug Reactions (ADR) identified and reported?

An ADR is an unexpected, unintended, undesired, or excessive response to a drug that (meets at least one of the following nine criteria). Any staff member or physician can report an ADR by calling extension 6ADR (6237) or by contacting the Pharmacy at extension 5702.
The nine (9) Adverse Drug Reaction criteria include:
1. requires discontinuation of the drug,
2. requires changing the therapy,
3. requires modifying the dose (except minor dosage adjustments),
4. requires initial or prolonged hospitalization,
5. requires treatment or intervention,
6. significantly complicates diagnosis,
7. negatively affects prognosis,
8. results in temporary or permanent disability, or
9. is life-threatening, or results in death

What has been done to reduce the risk of medication incidents in your area?

- Identifying/addressing any use of dangerous “Do Not Use” abbreviations
- Using medication bar coding
- Faxing of written orders to the pharmacy prior to administering non-emergent medications
- Limiting number of medications concentrations available on each unit (i.e. Heparin concentrations)
- Double checking requirement for high-alert medications
- Identifying patients using two unique identifiers prior to medication administration

INFECTION PREVENTION AND CONTROL (IC)

GOAL: Reduce the risk of acquisition and transmission of Health Care Associated Infections (HAI)

COMPONENTS INVOLVED:
- Infection Control Program
- Risk Assessment
- Surveillance, Data Collection and Trend Identification
- Education
- Hospital & Community Collaboration

Hand Hygiene

Recent studies have shown that although hand washing is considered one of the most important measures for preventing infections in healthcare facilities, health care workers sometimes do not follow the recommended hand washing practices. This puts both patients and staff at risk.

- Use traditional hand washing when hands are visibly dirty (soap and water: 15 seconds)
- Use an instant alcohol hand sanitizer for times when hands are not visibly dirty

Refer to the Policy 46.05 on the Nemours policy manager.

What is the policy for fingernails?

- Artificial fingernails, nail extenders, or nail applications/decorations of any type are not permitted for employees who have direct contact with patients or with the patient’s immediate environment.
- Natural nails tips will be kept approximately ¼ -inch long, from the tip of the finger.
- If nail polish is worn, it must be clear or pale-colored and intact (without chips) so that the entire nail bed itself may be clearly visualized.

What are Standard Precautions?

Standard precautions are measures utilized to protect oneself and others by treating all body fluids as potentially infectious and are used for all patients regardless of their diagnosis.

What are bloodborne pathogens?

Blood borne pathogens are organisms found in blood and certain other body fluids that, if transmitted, are capable of causing disease in another person. Examples: Hepatitis C (HCV), Hepatitis B (HBV), and HIV.
Where would you find information about bloodborne pathogens and precautions?
Refer to the Infection Control Manual on the NEMOURS Intranet → Clinical → Patient Care Sites → Infection Control → Manual found in the listing on the left hand side of the page.

What goes in a red bag for disposal?
Items that are contaminated with blood or other potentially infectious materials.

What do you do if you get a needle stick?
• Wash the site IMMEDIATELY with soap and water
• Immediately notification of the exposure is required. Contact Employee Health Service (EHS) at extension 4425 M-F, 07:00-16:00, or, the Nursing Supervisor during evening, night, weekend, or holiday hours.
• Provide information regarding the source patient’s risk factors for infectious diseases. Your supervisor should also be notified.

Where can I obtain isolation signs?
Printable isolation signs (airborne/contact/droplet precautions & c-difficile soap & water) are available on the Nemours Intranet via the following path: Clinical/Patient Care Sites/Infection Control/Printable Isolation Signs.

How do you learn about Infection Control?
• New Employee Orientation
• Annual Mandatory Education
• Consult the Infection Control Manual
• Consult Infection Control

Be prepared to discuss how your patient care unit works to reduce health care-acquired infections for your patient population.

PERFORMANCE IMPROVEMENT (PI)
GOAL: Continually measure, assess and improve the quality of care, including patient health outcomes and service to patients and other customers.

COMPONENTS INVOLVED:
- Data Collection
- Performance Improvement (PI)
- Data Analysis
- Staffing Effectiveness
- Select a performance measure. Involves identifying top priorities for improvement and planning who will be responsible for various performance improvement tasks. This step also involves designing new services or processes well.
- Analyze the data. Involves gathering data to see if a process is producing the desired results.
  - Are we doing the right thing?
  - Are we doing the right thing well?
- Find an opportunity for improvement. Involves looking for possible causes of any problems and determining what processes need to be fixed or redesigned.
- Execute actions. Involves putting improvements in place. This means actually changing how you do things. It may involve testing a new procedure on a small scale first.
- Reevaluate performance. Involves putting improvements in place. This means actually changing how you do things. It may involve testing a new procedure on a small scale first.
SAFER : AN EXAMPLE

<table>
<thead>
<tr>
<th>Select a performance measure</th>
<th>What is the number of unsolicited patient complaints?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyze the data</td>
<td>Where do the greatest numbers of complaints arise? There are a number of complaints related to wait times. Data reveals that Monday office visits are frequently overbooked.</td>
</tr>
<tr>
<td>Find an opportunity for improvement</td>
<td>Extend Monday’s office hours to accommodate the additional patient volume.</td>
</tr>
<tr>
<td>Execute actions</td>
<td>Revise work schedules and let the patients know that you are changing hours.</td>
</tr>
<tr>
<td>Reevaluate performance</td>
<td>Check to see if the number of complaints related to wait times decreased within a month of the change. Continue to monitor and take actions as appropriate.</td>
</tr>
</tbody>
</table>

No matter what your position, you play an important role in helping the organization improve performance and ultimately providing quality patient care.

How do Associates participate in Performance Improvement?

The following are examples of how Associates participate in Performance Improvement:

- Participating on organization-wide, department or unit based committees or teams established to measure and/or improve performance of patient care and/or business processes.
- Collecting, analyzing or implementing actions to:
  - reduce infection rates
  - reduce occurrence of risk incidents
  - reduce patient complaints/grievances
  - Impact effective utilization of resources
  - Improve patient health and outcomes
  - decrease patient wait times
  - improve patient satisfaction (using Press Ganey & other surveys)
- Participating in NACHRI collaborative to eradicate catheter associated blood stream infections- PICU
- Participating in Telebox initiative (scripting, monitoring impact on now show rates)
- Collecting, analyzing or implementing actions in response to measures submitted to comparative databases such as MMP, NACHRI, NDNQI, NISQUIP, and Society for Thoracic Surgery Congenital Heart Defects, etc.

How does the organization identify and reduce adverse events and safety risks?

One method is conducting a Failure Mode and Effects Analysis (FMEA). An FMEA is a team-based, systematic, and proactive approach for analyzing a high-risk process and identifying the ways the process can fail, why it might fail, and how it can be made safer. Its purpose is to prevent problems before they occur. Its focus is “something can go wrong and let’s fix it before it does,” rather than “nothing can go wrong.”

Our Past FMEAs: Medical Gas System, Chemotherapy, Mislabeled Specimens, Bar Coding, Patient flow throughout care continuum ED/Inpatient

Our Most Recent FMEA: IV Medication Infusions

What is my responsibility as an Associate for improving care, services & safety?

- Participate in performance improvement activities, as assigned. Make sure your supervisor is aware of your commitment so that he/she may support your attendance at team meetings.
- Submit your ideas for improvement and report any safety risks or concerns.
- Report all unanticipated events in accordance with the incident reporting and sentinel event policies.
Sentinel Events

What is a sentinel event?
A “sentinel event” is an event involving unanticipated death or major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition, or the event is one of the following (even if the outcome was not death or major permanent loss of function unrelated to the natural course of the patient’s illness or underlying condition):

- Suicide of any individual receiving care, treatment or services in a staffed around-the-clock area setting or within 72 hours of discharge
- Unanticipated death or major permanent loss of function related to a health care-acquired infection
- Any death that is associated with the use of a restraint
- Unanticipated death of a full-term infant
- Abduction of any individual receiving care, treatment or services
- Discharge of an infant to the wrong family
- Rape
- Loss of limb or function
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgery on the wrong individual or wrong body part
- Unintended retention of a foreign object in an individual after surgery or other procedure
- Severe neonatal hyperbilirubinemia (bilirubin > 30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose > 1500 rads to a single field, or any delivery of radiotherapy to the wrong body region or > 25% above the planned radiotherapy dose

What is the process for addressing a sentinel event?
- A Root Cause Analysis (RCA) is conducted to identify the basic or causal factors that resulted in the event.
- RCA GOAL: Identify systems/processes improvements in order to decrease the likelihood of the event happening again.

Staffing Effectiveness Measures
Staffing Effectiveness measures are used to assist hospitals in determining if human resources issues have an impact on clinical issues. When a connection is shown between indicators, more intense analysis is done to identify any cause and effect relationships and what, if any, changes should be made.

What were the Staffing Effectiveness measures for 2008?
- Human Resource Indicators: Direct Care RN Hours Per Patient Day and Total Hours Per Patient Day
- Clinical Indicators: Fall Rates and Patient/Family Satisfaction.
- These indicators are currently being monitored for 2A and 3CN patient care units

LEADERSHIP (LD)
GOAL: Leadership provides the foundation for effective performance & a culture where safety and quality are priorities.

COMPONENTS INVOLVED:
- Leadership Structure
- Leadership Relationships
- Organizational Culture/Performance
- Leadership Operations
Leadership Planning/Structure

Strategic Goals
- Be a leader in improving children’s health through our integrated health system, becoming a preeminent voice for children;
- Care for each and every child as if they were our own;
- Be a great place to work; and
- Be effective stewards of all of our assets, continually improving them to advance our Mission.

Delaware Valley Strategy Map
The Delaware Valley Strategy Map is included on page 31. Strategy Management System information can also be accessed through the Nemours Intranet Homepage, or at the following link: http://home.nemours.org/initiative/sms/map.html

Evaluating the Culture of Quality & Safety
Leaders regularly evaluate the culture of safety and quality through a variety of organization-wide and department specific measurements.
- In 2009, an Associates Perspective Survey was administered that included several questions relating to a quality and safety culture such as:
  - “In the past year, I have witnessed unprofessional behavior which could have compromised patient safety.”
  - “I am encouraged to report errors, mistakes, and unsafe conditions.”
  - “My supervisor encourages me to find better ways to do things.”
- In 2010, Associates will be asked to participate in a specific safety climate survey sponsored by the Patient Safety Committee.

Behaviors that Undermine a Culture of Quality & Safety
Intimidating and disruptive behaviors include actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions. These types of behaviors undermine team effectiveness and can compromise the safety of patients. Leadership does not tolerate intimidating, disruptive, or unprofessional behavior, and have set the following expectations:
- All associates will conduct themselves in accordance with the Nemours Code of Business Practice Policy, #1.5.4.1, and the Associates Conduct and Corrective Actions Policy, #2.1.34.
- All Members of the Medical Staff and Physicians-in-training will conduct themselves in accordance with the Medical Staff Code of Conduct Policy, #57.68.
- All associates should report concerns regarding disruptive behaviors via any of the following channels without fear of retaliation. Other alternative reporting options are outlined in Code of Business Practice.
  - immediate supervisor or other manager with whom you are comfortable
  - Human Resources, or any representative of Corporate Ethics & Responsibility
  - anonymous compliance hotline (1-866-NEM-HOTLine or 1-866-636-4685)
  - Hospital Medical Director or the Physician-in-Chief
  - Medical Staff Member Referral Form. This form may be obtained by calling the Medical Staff Office or from the Nursing Supervisor on duty. Referrals may also be made electronically through the Medical Staff site via the Nemours Intranet.
Leaders assist in designing communication processes to support a culture of safety & quality. Internal and National data has identified communication issues as the leading cause of near miss and adverse patient events, and Leadership has introduced multiple communication processes designed to promote patient safety.

**START Handoff Communication**

Nemour’s uses the START model, a formal handoff procedure that facilitates excellent, safe communication when a patient transfers from:
- One service to another (for instance, from GI to Hematology/Oncology)
- One location to another if it represents a change in acuity of care (for instance, PICU to 3CN)
- In or out of the surgical suite
- At the time of discharge from the facility or transfer to another facility

**Verbal/Emergent & Verbal/Telephone Orders**

- Verbal/Emergent orders may be used in the following circumstances:
  - Acute change in Cardio, Respiratory, or Neurological systems.
- Verbal/Telephone Orders are used as infrequently as possible (for instance, if the provider is occupied with another patient’s acute care or is out-of-hospital)
- All Verbal Orders must be cosigned within 48 hours

**Resolution and Communication of Health Care Team Concerns, Issues, & Test Results**

Policy #60.49 defines the process by which any Associate, Member of the Medical Staff, or Physician-in-Training can communicate any concerns, issues, or test results that might compromise inpatient care. These concerns will be resolved, using guidance, support, and assistance from Medical Staff, Nursing and/or Administrative leadership as necessary.

**Rounding**

Rounding on associates by managers and senior leaders is a communication approach to provide leadership with important information about what is going well and what can be improved. Opportunities identified through rounding related to work systems; resources available to staff, and patient care issues can lead to reducing risk and improving patient, associate and visitor safety.
**Compliance with Law & Regulation**

Leadership commitment to comply with all applicable laws and regulations is supported by our Business Practice Standards, Compliance Program and ongoing performance improvement activities. An important aspect to fulfilling this commitment is leadership awareness of any suspected violations. Associates should report concerns to:

- Immediate supervisor or other manager with whom you are comfortable
- Human Resources, or any representative of Corporate Ethics & Responsibility
- Anonymous compliance hotline (1-866-NEM-HOTLine or 1-866-636-4685)

**ENVIRONMENT OF CARE (EC), LIFE SAFETY (LS), & EMERGENCY MANAGEMENT (EM)**

**GOAL:** Provide a safe, functional, supportive and appropriate environment for patients, staff and others.

**COMPONENTS INVOLVED:**

- Planning
- Implementation
- Staff Demonstrate Competence
- Monitor & Improve

**Physical Environment – Associate Responsibilities**

Associates are the key to successfully managing risk in the physical environment. Plans and procedures are of no value if those who work in the organization do not know how to follow them. **Everyone who works in the organization is responsible for safety** and it is important for you to know how to identify and minimize risks, what actions to take when an incident occurs, and how to report it.

It is important that the physical environment is functional and promotes healing and caring. Certain key physical elements in the environment can be significant in their ability to positively influence patient outcomes and satisfaction and improve patient safety. These elements can also contribute in creating the way the space feels and works for patients, families, visitors, and staff experiencing the care, treatment, and service delivery system.

**Everyone is responsible for maintaining a safe & functional environment by...**

- Eliminating and/or addressing propping of doors or use of door wedges/stops
- Making sure exits and fire alarm pull stations are not blocked
- Making sure items/supplies are stored on pallets (not sitting on floor)
- Storing equipment and carts on one side of the hallway (clearing exit passages)
- Emptying/reporting overflowing garbage cans or reporting overflowing needle boxes to housekeeping
- Making sure nothing is stored within 18” of ceiling/sprinklers
- Reporting stained ceiling tiles
- Keeping furnishings and equipment safe and in good repair
- Ensuring emergency access provisions is provided for all locked and occupied spaces
- Reporting temperature or humidity levels issues deemed unsuitable for care, treatment, and/or services
- Reporting lighting issues deemed unsuitable for care, treatment and services
- Providing storage space to meet patient needs
- Identifying and reporting barriers related to interior space accommodations for use of equipment, such as wheelchairs, necessary to the activities of daily living
- Ensuring areas used by patients are clean and free of offensive odors

**How do you report an unsafe condition?**

Contact the command center at extension 5555.

**Who is the Safety Manager?**

Mark Lorenz is the interim Safety Manager and can be reached at extension 4030.
Security – Associate Responsibilities

- Report any suspicious or threatening persons promptly to Security.
- Duty to Warn - Associates have the responsibility to immediately bring any threat of violence made to themselves, others, or the facility to the attention of the Security Department.
- Associates are required to wear their Nemours identification badges at all times while at work. Badges must be displayed photo side out & above waist level.
- Take serious Security tips distributed by leadership for personal, patient and organizational security.
- Contact security 24/7 by calling extension 5560 requesting assistance, as needed.

Hazardous Materials & Waste – Associate Responsibilities

Chemical Spills

- Direct staff and visitors away from the chemical spill.
- Cover the spill and close doors leading to the spill area.
- Contact Environmental Services by calling extension 5555 and ask for a chemical spill clean up. Give specific location of spill.
- Dispose of materials properly and sanitize/store equipment used in clean up.
- Submit a Nemours Incident Report to Risk Management.

24/7 Access to Material Safety Data Sheets (MSDS) Information

- MSDS info is available online through the Nemours Intranet site at Associates → Associate Safety → MSDS Site.
- You can also access MSDS information by calling (800) 451-8346.

Hazardous Chemical & Material Lists

Department-specific chemical inventory lists are posted, and are also available online through the Nemours Intranet site at Associate → Associate Safety → Chemical Inventory.

Chemical Storage

- Chemicals such as acids, bases and alcohols used in labs must be stored in separate cabinets designed to handle these types of chemicals.
- Special flammable cabinets are available for storing flammable chemicals.
- It is not recommended that you transfer chemicals from one container to another. If you must transfer a chemical from one container to another, the new container must be labeled and the label must include the product name, all warnings, the manufacturer’s name and address.

Medical Equipment – Associate Responsibilities

Inspection of Equipment

- All medical equipment, regardless of ownership must be inspected by Clinical Engineering prior to first time use.
- Contact extension 4927 to request acceptance testing or if after hours call the Hospital Operator and request the on-call Clinical Engineer Tech is paged.
- Inspected and approved equipment will display both an inventory ID Bar Code Number and Inspection Sticker.

Malfunctioning Medical Equipment

If you find a piece of medical equipment that is not working properly, do the following:

- Remove the defective equipment from service, and tag with an adhering “Do Not Use” tag.
- Assess the patient. Based on patient assessment, contact Supervisor or Nursing Supervisor and Patient’s Physician, as appropriate.
- Collect and secure all evidence and enter incident using the line incident reporting tool.
If the equipment involved results in a patient injury, notify Risk Management immediately at extension 4843 or extension 5552, and Clinical Engineering will be notified as soon as practical. The equipment will be impounded, labeled as “Defective Do Not Use” by the Department Manager or Supervisor. No action to repair or dispose of the device, supplies, or accessories, may be made until an investigation by Clinical Engineering and Risk Management is complete.

Contact Clinical Engineering at 651-4927 for repairs or, if after hours, by calling the Hospital Operator and request on-call Clinical Engineer is paged.

### Safety Training

Safety training is provided during New Employee Orientation, annual mandatory training modules, department meetings, and Environment of Care rounds/tracers.

### Responding to a Fire - RACE

Responding to a Fire: If you discover a fire, remember the acronym RACE.

<table>
<thead>
<tr>
<th>R</th>
<th>Rescue persons directly threatened by the fire.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Activate Alarms</td>
</tr>
<tr>
<td>C</td>
<td>Contain the fire by closing doors and windows</td>
</tr>
<tr>
<td>E</td>
<td>Evacuate the zone or area</td>
</tr>
</tbody>
</table>

### Using a Fire Extinguisher - PASS

Using a Fire Extinguisher: To use an extinguisher safely, stand six to eight feet from the fire with your back to an unblocked exit and use the PASS procedure:

<table>
<thead>
<tr>
<th>P</th>
<th>Pull the safety pin at the top of the extinguisher. (Some units have latches or levers instead.) This will allow you to operate the extinguisher.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Aim the nozzle, horn or hose at the base of the flames. This is where the fuel is. Hold the extinguisher vertically to ensure the unit will have enough pressure.</td>
</tr>
<tr>
<td>S</td>
<td>Squeeze or press the handle to release the pressurized extinguishing agent. Contents empty fast.</td>
</tr>
<tr>
<td>S</td>
<td>Sweep from side to side at the base of the fire and at least six inches past the edges of the flames until completely extinguished. Start using the extinguisher from a safe distance away, then move forward as the fire diminishes.</td>
</tr>
</tbody>
</table>

### EMERGENCY CODES

Emergency Codes are used to communicate promptly with associates when an organized response is necessary for a medical emergency, fire, bomb threat, possible missing or abducted child, or an external or internal disaster.

The following page includes an “Emergency Codes – Quick Reference Guide” that identifies the various types of emergency codes and their meaning, and the immediate action necessary. Associates are responsible for knowing their role in emergency situations. It is common for a surveyor to ask an associate, “Tell me what you would do in the event of a fire? How about in the event of a disaster?” Be prepared to respond! If you are still not sure, refer questions to your supervisor or the Safety Manager, Mark Lorenz.
### Emergency Codes – Quick Reference Guide

<table>
<thead>
<tr>
<th>CODE &amp; MEANING</th>
<th>IMMEDIATE ACTION</th>
</tr>
</thead>
</table>
| **Code Delta Level 1** | - Immediate staff response is the same for Code Delta Level 1 and Code Delta Level 2  
- Code Delta is announced & Incident Command System is activated.  
- Unless designated to report to Labor Pool or ED, staff should complete current duties, limit phone use and await further instructions.  
- PICU, 3N, 3E & 3F units immediately send 1 RN each to ED  
- 2B, NCU & 3CS units send 1 RN each to Labor Pool.  
- All inpatient & outpatient units drop off a completed Disaster Information Form to the Labor Pool.  
| **Code Delta Level 2** | - Code Delta 2 is announced & Incident Command System is activated.  
- Staff should complete current duties, limit phone use & await instructions  
- All inpatient & outpatient units send a clerk/aide to Labor Pool with a completed Disaster Information Form and then return to their units.  
| **Code Delta Level 3** | - Code Delta 3 is announced & Incident Command System is activated.  
- Staff should complete current duties, limit phone use & await instructions  
- All inpatient & outpatient units send a clerk/aide to Labor Pool with a completed Disaster Information Form and then return to their units.  
| **Code Blue** | All Staff are responsible to summon help in a medical emergency– To initiate a Code Blue, activate the nearest code blue button or dial extension 5555. The Primary Response Team responds to location of the Code Blue. |
| **Code Red** | Practice RACE to respond to a fire  
R  Rescue persons in immediate danger  
A  Alarm by pulling closest fire alarm and dialing 5555  
C  Contain fire by closing doors and windows  
E  Evacuate area, or extinguish fire if safe to use a fire extinguisher  
Practice PASS to use a fire extinguisher  
P  Pull pin on fire extinguisher  
A  Aim at base of the fire  
S  Squeeze the handle  
S  Sweep from side to side until fire is out or extinguisher is empty |
| **Code Tag Alert** | Ensure each inpatient is banded with a security band. When an inpatient approaches an exit, the tag alert alarm is automatically activated.  
- Upon activation of a code tag alert, an overhead Code Tag Alert announcement with location is made and CCTV surveillance cameras pan to specific exit to aid in identification.  
- Inpatient units immediately check if all their patients are accounted for and then call the Command Center with results of census/bed check.  
- Security responds to location of Code Tag Alert.  
- Report any suspicious activity to Command Center by dialing 5555.  
If Tag Alert has not activated but you realize that patient is missing:  
- Dial 5555 to initiate Tag Alert.  
- Security deploys to main gate, back gate, Main Lobby & reporting department.  
- All staff must monitor their department/work area & report any suspicious activity by calling 5555.  
| **Code Green** | Previously announced Code is canceled and systems have returned to normal. Return to normal job duties. |
| **Code Orange** | Immediately report a bomb threat to your Manager, Nursing Supervisor or dial 5555. Refer to Code Orange tab in Emergency Reference Guide. |
| **Bomb Threat** | Immediately report a bomb threat to your Manager, Nursing Supervisor or dial 5555. Refer to Code Orange tab in Emergency Reference Guide. |
**HUMAN RESOURCES (HR)**

**GOAL:** Establish and verify staff qualifications, orient staff, and provide staff with the training they need to support the care, treatment, and services provided. Assess staff competence and performance.

**COMPONENTS INVOLVED:**
- Staff Orientation, Training & Education
- Competence
- Evaluation of Performance

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**How were you oriented about your job and your job responsibilities?**

- New Employee Orientation
- Department/unit-specific orientation
- As appropriate, the following items are covered:
  - Organizational policies/procedures (including safety and infection control)
  - Relevant unit/setting/program-specific policies/procedures.
  - Job-specific duties/responsibilities
  - Key safety content (environmental safety, associate safety, patient safety)
  - Patient rights and ethical aspects of care/treatment/services and process to address ethical issues
  - Cultural diversity and sensitivity

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**What are my other education and Human Resources responsibilities as an Associate?**

- Renewing license, registration or certification prior to the expiration date, if required by law, regulation or position description.
- Participating in continuing education and training provided to enhance competencies related to your role, patient population served, new technology and safety practices.
- Providing documentation of your participation in external educational programs to your supervisor.
- Integrating the value of “Learn” into your personal development plan.
  - Open to new and better ideas; flexible and adapting to change
  - Continuous learning
  - Analysis, inquiry and innovation
  - Discovering, applying and disseminating new knowledge and best practices
  - Positively influencing children, families, professionals, communities, and others

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**RECORD OF CARE, TREATMENT AND SERVICES (RC) & INFORMATION MANAGEMENT (IM)**

**GOAL:** Provide access to timely and complete health information needed to aid in clinical decision making and continuity of care. Also ensuring privacy, security, and integrity of information collected.

**COMPONENTS INVOLVED:**
- Identification of Information Needs
- Information Management Planning
- Clinical Record Components
- Knowledge-Based Information
- Record Completion/Retention
- Monitoring Data & HIM Process

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**How are medical records secured?**

Medical records are maintained in secure areas at all times. Records are not left unattended in areas accessible to unauthorized individuals.

**How is the confidentiality of patient information protected?**

- Patient’s privacy is maintained, whether that information is written, verbal, or on the computer.
- Computerized systems are password protected and access is position specific.
- A Confidentiality Agreement is signed during orientation.
- HIPAA Privacy and Security Training are mandatory for all employees.
How are information needs of associates met?

- Based on job function, appropriate access is provided to data, reports and other information.
- Knowledge-based information (reference books, professional journals, library resources, etc.) are available. Outdated references books no longer needed should be removed from the work area.

What are general key documentation rules/requirements?

- Sign, Date and Time all entries in the patient’s medical record.
- Write legibly
- Follow instructions at top of progress notes, consultation sheets, order sheets, consent forms, etc. regarding unacceptable abbreviations, trailing/leading zeroes, spelling names of medications, etc.

Summary List for Ambulatory Patients

A summary list containing the following components is initiated for patients receiving continuing ambulatory care. This list is initiated by the third visit.

- Any significant medical diagnoses or conditions
- Any significant operative and invasive procedures
- Any adverse or allergic drug reactions
- Any current medications, over-the-counter medications, and herbal preparations

The patient’s summary list is updated whenever there is a change in diagnoses, or allergies to medications, and whenever a procedure is performed. The summary list can be retrieved via the “Snapshot” view in EPIC.

MEDICAL STAFF (MS)

GOAL: Effective oversight of the quality of the care, treatment and services provided.

COMPONENTS INVOLVED:

- Medical Staff Structure
- Management of Patient Care, Treatment, and Services
- Performance Improvement
- Credentialing, Privileging, and Appointment
- Continuing Education

Who is classified as Medical Staff Member?

At the Alfred I. duPont Hospital for Children, the medical staff consists of physicians, dentists, clinical psychologists, advanced practice nurses, and physician assistants.

How do you know if a Medical Staff Member has privileges to perform a procedure?

- The Medical Staff office (extension 5608) maintains the listing of medical staff members and the procedures they have privileges to perform.
- A specific list of medical staff members with sedation privileges is available on-line via the Nemours intranet under Clinical/Offices & Centers/Medical Staff Services/Providers with Sedation Privileges.

Medical Staff Impairment

It’s important that associates be aware of Medical Staff Policy 57.35—Medical Staff Member Health Program: Medical Staff Members with Suspected or Known Impairment. This policy is intended to protect patient safety, maintain professional standards of performance, and provide a program to assist impaired medical staff members.
What is impairment?

- Impairment is any physical, mental, or behavioral condition that interferes with a Medical Staff Member’s ability to practice medicine with reasonable care and safety.
- Impairment may be caused by alcohol abuse, drug abuse, mental or emotional illness, dementia, effects of advancing age, or any other factor that may impact a medical staff member’s ability to provide care in a safe and competent manner.
- Impairment may also imply a decreased ability and/or willingness on the part of the affected individual to acknowledge the problem or to seek help to recover.

Nemours encourages all Medical Staff Members who have an actual or suspected impairment to refer themselves to the hospital’s Medical Staff Member Health Program.

In addition, Nemours encourages other staff members to refer Medical Staff Members about whom they have concerns. Submit a Medical Staff Member Referral form to – or speak with – the AIDHC Medical Director.

Through the Medical Staff Member Health Program, AIDHC will attempt to assist clinicians who have an actual or possible impairment to receive evaluation and appropriate treatment with the goal of continued performance of their privileges and membership.

If you have suspicion or concern that an associate (other than a Medical Staff Member) may have a possible impairment, you are encouraged to report these concerns to management or any of the other reporting alternatives described in the Code of Business Practice Policy, #1.5.4.1.

NURSING (NR)

GOAL: The provision of quality nursing care, treatment and services.

COMPONENTS INVOLVED:
- Nurse Executive Role & Authority
- Directing Nursing Services
- Establishing Guidelines for Nursing Care Delivery
- Providing Nursing Care, Treatment, and Services

Does the Chief Nurse Executive (CNE) have authority to speak on behalf of nursing?

Yes. The CNE has the authority to speak on behalf of nursing to the same extent that other leaders speak for their respective disciplines, departments, or service lines. The CNE functions at the executive level of the organization. The following is a sample of established executive-level meetings attended by the CNE:

- Nemours Leadership Council
- Hospital Board of Managers
- Medical Executive Committee
- Administrative & Joint Administrative Council

Who is responsible for developing nursing standards, policies and procedures?

The Chief Nurse Executive has the ultimate responsibility for nursing standards, policies and procedures, but they are developed collaboratively through the use of supporting literature and input from nursing and other healthcare team members.

How do you access nursing policies and procedures?

Policies and procedures are available using Policy Manager on the Nemours Intranet homepage, or in the Nursing Department’s Policy & Procedure Manual.

OUR COMMITMENT

“I will do whatever it takes to make every contact with Nemours a uniquely satisfying experience... for our patients, parents, visitors, colleagues and business partners.” – ASSOCIATE PLEDGE