



Quality Update

**Qmentum Accreditation
Canada International
Standard (17 Standard)**

Top Ten Questions for all Staff Members

1. Ambulatory Care Services (ACS)
Team Leader: Annette P. Borromeo, MD
2. Biomedical Laboratory Services (BLS)
Team Leader: Arlene M. De Luna, MD
3. Blood Bank and Transfusion Services (BTS)
Team Leader: Leonisa S. Sagun, MD
4. Critical Care Services (CCS)
Team Leader: Reynaldo P. Fajardo, MD
5. Diagnostic Imaging (DI)
Team Leader: Carolina Abesamis-Drilon, MD
6. Emergency and Disaster Preparedness (EDP)
Team Leader: Samuel T. Andin, MD
7. Emergency Department (ED)
Team Leader: Normita C. Manapat, MD
8. Governance (GOV)
Team Leader: Emilia P. Olbes
9. Infection Prevention and Control (IPC)
Team Leader: Raquel Victoria M. Ecarma, MD
10. Laboratory and Blood Services (LBS)
Team Leader: Arlene M. De Luna, MD
11. Leadership (LDR)
Team Leader: Randolph A. Sakai, CESO
12. Managing Medications (MM)
Team Leader: Ranulfo B. Javelosa, Jr., MD
13. Medicine Services (MS)
Team Leader: Noe A. Babilonia, MD/
Myla Gloria S. Supe, MD
14. Operating Rooms (OR)
Team Leader: Renato A. Villanueva, MD
15. Rehabilitation Services (RS)
Team Leader: Ricardo B. Agbayani, MD
16. Reprocessing and Sterilization of Reusable Medical Device (RSMD)
Team Leader: Mary Grace A. Kayanan, RN
17. Surgical Care Services (SCS)
Team Leader: Eligio D. Aleta, MD

1. **WHEN MUST YOU WASH YOUR HANDS WITH SOAP AND WATER?**
 - I wash my hands when I note that it is visibly soiled.
2. **WHAT IS YOUR ROLE IN THE EVENT OF A FIRE OR OTHER DISASTER?**
 - In case of fire, I need to follow the **RACE** formula:
Remove patients and others
Alarm- sound the alarm and call *88
Contain the fire (close doors)
Extinguish the fire when it is safe to do so
3. **HOW WERE YOU TRAINED IN INFECTION CONTROL, FIRE SAFETY, AND EMERGENCY MANAGEMENT?**
 - **For Infection Control**– for new employees, Infection Control Training is a part of structured orientation. As for all employees, they are regularly scheduled to attend updates in Infection Control.
 - **For Fire Safety and emergency management** – We were also scheduled to attend Emergency Preparedness Orientation Course (EPOC) and taught on how to use a fire extinguisher and what to do during a fire.
We are also randomly selected to participate in a fire and emergency preparedness drill. Fire drill is conducted twice a year in our organization.
4. **HOW IS THE PATIENT'S RIGHT TO PRIVACY ENSURED?**
 - Covering private parts of patients during transport
 - Knocking before entering a room of the
- Refraining from discussing patient information publicly or at home (**PATIENT INFORMATION SHOULD NEVER BE DISCUSSED IN HALLWAYS, IN ELEVATORS, IN YOUR HOME, IN OTHER PUBLIC PLACES, OR WITH STAFF THAT ARE NOT INVOLVED IN THE PATIENT'S CARE**)
- Discussing care only in the presence of the patient or in the presence of others with permission from the patient
5. **HOW IS PATIENT-SPECIFIC INFORMATION PROTECTED IN YOUR ORGANIZATION?**
 - Confidentiality of patient information is protected through the use of patient charts, which are placed in a secure location. Access to patient data via our MedTRak system is protected through the use of employee-specific user names and passwords
6. **HOW DO YOU CHECK THE IDENTITY OF PATIENTS BEFORE ADMINISTERING MEDICATION, COLLECTING OR ADMINISTERING BLOOD, OR PERFORMING OTHER PROCEDURES OR TREATMENTS?**
 - We ask the patient to state his or her name and birth date and verify it with his or her ID Band
7. **WHAT IS THE PROCEDURE FOR REPORTING A SAFETY PROBLEM?**

Needle stick or sharps injury

 - Inform the immediate supervisor and/or nurse supervisor on duty
 - Accomplish the needle stick injury form in 4 copies within 24 hours
 - Submit to Infection Control Office properly noted by the head
 - HICO shall analyze the incident and make recommendation/s

*IMPROVING PATIENT SAFETY
means.....*

Reducing Medical Errors

Reducing Patient Harm



Don't Pass on Infection

- Use an alcohol based hand cleanser.
- It only takes 30 seconds.
- It can save lives.

PHC QA Mission

“To enlighten and empower our fellow patient care providers to ensure delivery of excellent quality service.”



Use the QA Red Box

Drop in your comments or suggestions into any QA Red Box anywhere in the hospital. We will respond to you as soon as possible.

Contact Us Anytime

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- HICO shall coordinate with Infirmary nurse and doctor regarding findings and recommendations
- During non-office hours, injured person shall report to ER for appropriate management. During office hours, injured person shall report to Infirmary. HICO shall make follow-up on those injured personnel and make written report to the Infirmary

8. WHAT IS THE PROCEDURE FOR REPORTING AN ADVERSE EVENT?

Adverse Drug Reaction

- Any staff member (nurse, pharmacist) or fellow can report an ADR to the attending physician. ADR is documented using an ADR reporting form which is available on all nursing units and shall be submitted to Pharmacy within 24 hours. Pharmacy shall further submit the accomplished ADR form to the Pharmacy and Therapeutics Committee (PTC) for deliberation and recommendation of appropriate action.

9. WHAT STEPS HAS YOUR ORGANIZATION TAKEN TO IMPROVE COMMUNICATION OF INFORMATION FROM SITE TO SITE, PROVIDER TO PROVIDER, OR UNIT TO UNIT?

- S-B-A-R (Situation, Background, Assessment, Recommendation) format of communication has been implemented to be able to communicate or refer patient condition effectively
- Telephone orders are read back
- Verbal orders are repeated back
- Critical lab values and other test results are read back
- We use standardized abbreviations and avoid certain unapproved dangerous abbreviations

10. WHAT CHANGES HAVE BEEN MADE TO IMPROVE PATIENT SAFETY IN YOUR ORGANIZATION?

Different strategies have been implemented in our facility to improve patient safety:

- Hand Hygiene compliance - to prevent spread of infection
- Client verification - to identify patient correctly
- Safe Surgery Checklist - to ensure correct-site, correct-procedure, and correct-person surgery
- Medication Reconciliation - reconcile the patient's medications upon admission to the organization in order to prevent medication errors at patient transition points
- Transfer of client information at transition points (Using SBAR Technique, Read and Repeat It Back Technique) enhance communication and promote a culture of patient safety
- Control of concentrated electrolytes- Removal of concentrated electrolyte solutions from patient care units has markedly reduced death and disability associated with these drugs
- Training on patient safety – to create a work life and physical environment that supports the safe delivery of care/service.
- Injection safety- to prevent harm to clients, health care workers, and the community
- Antibiotic Prophylaxis during Surgery— to prevent surgical site infections

QUALITY REMINDER: SMILE! BE FRIENDLY. IF YOU DO NOT KNOW THE ANSWER, IT'S OKAY TO SAY "I'M NOT CERTAIN OF THAT ANSWER AND/OR IF I'M NOT VERY FAMILIAR WITH THAT POLICY, WHAT I USUALLY DO IS TO FIND OUT THE CORRECT ANSWER IN OUR INTRANET POLICIES OR I ASK MY SUPERVISOR"

OK...

YOU ARE NOW READY FOR THE SURVEY... TAKE A DEEP BREATH, SHOW THEM YOUR STUFF AND SHINE, SHINE, SHINE!!!

