
1


# An Emergency Department's Compliance Survey Journey: Surprises and Lessons Learned

Pam Allen MSN, RN, CEN
Director of Emergency Services
Redlands Community Hospital

California Hospital Association

2

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## Who's Been There


California Hospital Association

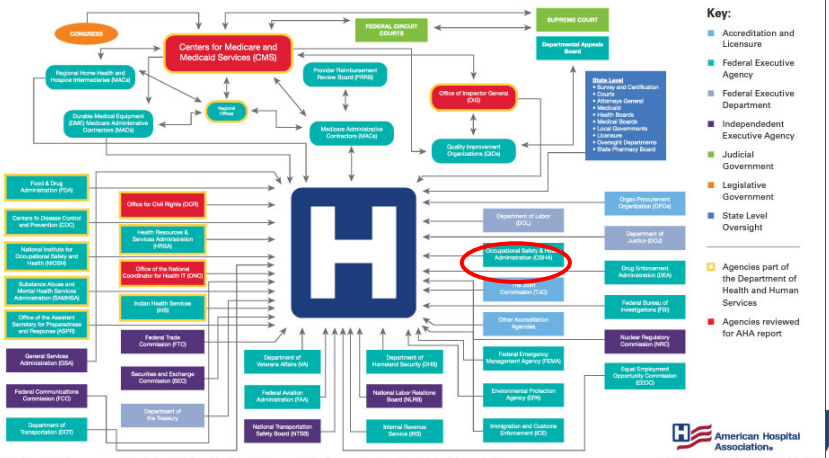
3

3

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## Federal Agencies with Regulatory or Oversight Authority Impacting Hospitals

Four federal agencies account for 629 regulatory requirements that health systems, hospitals and post-acute care providers must comply with, yet providers are subject to regulation and oversight from many other sources.




Adapted and updated from: American Hospital Association. Patients or Paperwork? The Regulatory Burden Facing America's Hospitals. May 2001.



American Hospital Association

California Hospital Association

4

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## RCH - About Us

- TJC Thrombectomy Stroke Center
- Spine & Joint Institute
- Cancer Center
- Outpatient Behavioral Medicine Program
  - Partial Hospital Care Program
  - Intensive Outpatient Care Program
- Family Clinics
- Home Health and Hospice

The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
Meets standards for
Thrombectomy-Capable Stroke Centers

SPINE & JOINT INSTITUTE
REDLANDS COMMUNITY HOSPITAL

California Hospital Association

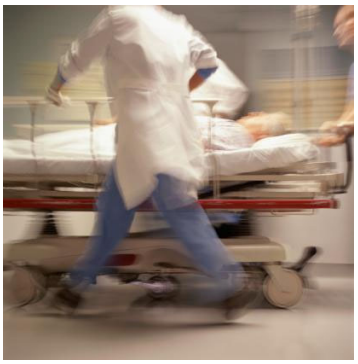
5

5

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## RCH Licensed Beds

- 195 General Acute
- 24 Perinatal
- 17 NICU
- 12 ICU stroke designated beds
- 59 Telemetry stroke designated beds
- 16 Skilled Nursing
- 18 Acute Psychiatric
- 40 Emergency Department beds
- 18 Observation/Telemetry/MedSurg beds



California Hospital Association

6

6

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## Emergency Services-About Us

- 40 Treatment spaces
- Quicklook Triage
- RME – 5 rooms
- 8 Bed Fast Track
- Internal waiting room – 7 recliners
- Base Station
- Volume: 2022 – 55,000

California Hospital Association

7

7

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## Suicide Prevention: National Patient Safety Goal 15.01.01

- Effective July 1, 2019
- Seven new Elements of Performance (EP's)
- Reason:
  - No improvement in suicide rates
  - 10th leading cause of death
- Goal: Improve quality and safety of care:
  - Behavioral health conditions
  - High risk suicide

8

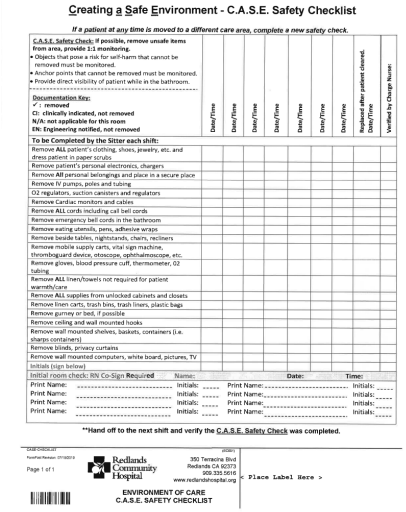
8

2022 EMERGENCY SERVICES FORUM RIVERSIDE

# National Patient Safety Goals (NPSG) EP's

❖ **NPSG 15.01.01., EP 1**

- Hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide. Hospital takes necessary action to minimize risk.



Creating a Safe Environment - C.A.S.E. Safety Checklist

*If a patient at any time is moved to a different care area, complete a new safety check.*

C.A.S.E. Safety Check: If possible, remove unsafe items from area, provide 1:1 monitoring.
- Objects that pose a risk for self-harm that cannot be removed must be monitored.
- Anchor points that cannot be removed must be monitored.
- Provide direct visibility of patient while in the bathroom.

Documentation Key:
✓: removed
CI: clinically indicated, not removed
N/A: not applicable for this room
EN: Engineering notified, not removed

Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Date/Time | Replaced after patient cleared. Date/Time | Verified by Charge Nurse:

To be Completed by the Sitter each shift:

Remove ALL patient's clothing, shoes, jewelry, etc. and dress patient in paper scrubs
Remove patient's personal electronics, chargers
Remove All personal belongings and place in a secure place
Remove IV pumps, poles and tubing
O2 regulators, suction canisters and regulators
Remove Cardiac monitors and cables
Remove ALL cords including call bell cords
Remove emergency bell cords in the bathroom
Remove eating utensils, pens, adhesive wraps
Remove beside tables, nightstands, chairs, recliners
Remove mobile supply carts, vital sign machine, thromboguard device, otoscope, ophthalmoscope, etc.
Remove gloves, blood pressure cuff, thermometer, O2 tubing
Remove ALL linen/towels not required for patient warmth/care
Remove ALL supplies from unlocked cabinets and closets
Remove linen carts, trash bins, trash liners, plastic bags
Remove gurney or bed, if possible
Remove ceiling and wall mounted hooks
Remove wall mounted shelves, baskets, containers (i.e. sharps containers)
Remove blinds, privacy curtains
Remove wall mounted computers, white board, pictures, TV
Initials (sign below)

Initial room check: RN Co-Sign Required Name: Date: Time:

Print Name: ____ Initials: ____ Print Name: ____ Initials: ____
Print Name: ____ Initials: ____ Print Name: ____ Initials: ____
Print Name: ____ Initials: ____ Print Name: ____ Initials: ____
Print Name: ____ Initials: ____ Print Name: ____ Initials: ____

**Hand off to the next shift and verify the C.A.S.E. Safety Check was completed.

Page 1 of 1

Redlands Community Hospital
350 Terracina Blvd
Redlands CA 92373
909.335.5616
www.redlandshospital.org

< Place Label Here >

ENVIRONMENT OF CARE
C.A.S.E. SAFETY CHECKLIST





2022 EMERGENCY SERVICES FORUM RIVERSIDE

# National Patient Safety Goals (NPSG) EP's

❖ **Evidence of Performance 2**
- Screen all patients (over age12) who are being evaluated/treated for behavioral health conditions as their primary reason for care using a validated **screening** tool
- Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool

❖ **Evidence of Performance 3**
- Use evidence-based process to conduct a suicide **assessment** of patients who screen positive for suicidal ideation
- Assessment- plan, intent, behaviors, risk factors, protective factors
- SAFE-T and C-SSRS Suicidal Ideation Intensity

❖ **Evidence of Performance 4**
- Documents the risk for suicide and plan to mitigate the risk

California Hospital Association

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## Documentation Changes

*** Columbia-Suicide Severity Rating Scale SCREENING***
***Others May Participate in Screening*** In the Last Month:
Have you Wished you Were Dead or Wished you Could
go to Sleep and Not Wake Up: ☐ **If Yes Low Risk**
Have you Actually Had Any Thoughts of Killing Yourself: ☐ **If Yes Low Risk**

**If Yes to Suicidal Thoughts ask Remaining Questions**
**If No to Suicidal Thoughts, go Directly to Last Question**
Have you Been Thinking About How you Might Kill Yourself: ☐ **If Yes Moderate Risk**
Have you Had These Thoughts and Had
Some Intentions of Acting on Them: ☐ **If Yes High Risk**
Have you Started to Work Out or Worked Out the Details of
How to Kill Yourself, Do you Intend to Carry Out this Plan: ☐ **If Yes High Risk**
Have you Ever Done Anything, Started to do Anything,
or Prepared to do Anything to End Your Life: ☐ **If Yes Moderate Risk**
If Yes, Was this Within the Past 3 Months: ☐ **If Yes High Risk**
Suicide Risk Level ASSESSMENT: * 

*If Yes to Any of the Above:
Notify Charge Nurse, Notify Provider, Consider 1:1 & C.A.S.E. Safety Checklist*
Suicide Risk Level Acknowledged: ☐

| | | |
|---|---|---|
| 1 | 0 | No Risk Identified |
| 2 | 1 | Low Risk |
| 3 | 2 | Moderate Risk |
| 4 | 3 | High Risk |

California Hospital Association

11

11

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## Documentation Changes

*** Suicidal Ideation Intensity ***
Frequency: How Many Times Have You Had These Thoughts:

Duration: How Long do the Thoughts Last:

Controllability: Can you Stop Thinking About Killing
Yourself or Wanting to Die:

Deterrents: Are there things (Anyone or Anything) - that
Stopped you from Wanting to Die or Acting on Thoughts:
Example: Family, Religion, Pain of Death

Reasons for Ideation: To End the Pain or Stop the Way You
Were Feeling or Was it to get Attention, Revenge or a
Reaction from Others, or Both:
Total Score:
*Moderate Suicide Ideation Intensity 6-10
*Moderate Suicide Ideation Intensity 11-15
*Severe Suicide Ideation Intensity 16-20
*Very Severe Suicide Ideation Intensity 21-25

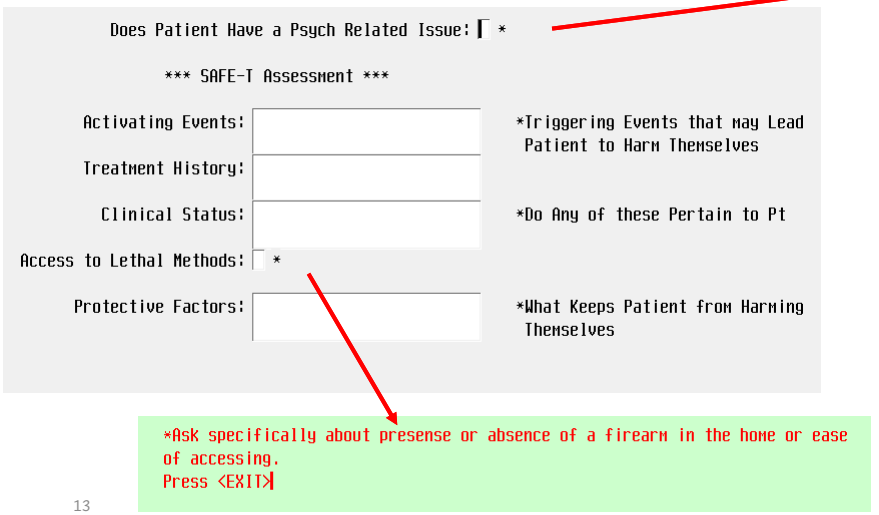
California Hospital Association

12

12

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## Documentation Changes




13

California Hospital Association

13

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## National Patient Safety Goals (NPSG) EP's

### ❖Evidence of Performance 5

- Follow written policies and procedures addressing care of patients identified at risk for suicide
  - Training and competence of staff
  - Guidelines for reassessment
  - Monitoring patients at high risk

14

California Hospital Association

14

# Policy Development

Redlands Community Hospital
POLICY AND PROCEDURE

| TITLE: | REF #: |
|---|---|
| SUICIDE PREVENTION | PC.PP.002 |
| | PAGE 1 of 4 |

| MANUAL: | ORIGINATION DATE: | REVIEW DATE: | OWNER: |
|---|---|---|---|
| PATIENT CARE | 09/22 | 09/22 | Director, Emergency Services |

**PURPOSE**

The purpose of this policy is to outline practices for the identification, assessment and prevention of self-harm or attempted suicide by at-risk patients during hospitalization.

**POLICY**

Redlands Community Hospital utilizes consistent and evidence-based tools for screening and assessing the severity of risk for suicide and for protecting patients with potential for self-harm.

This includes:

1. Screen all patients for suicidal ideation using a validated screening tool
2. Use an evidence-based process to conduct a suicide assessment of patients who have screened positive for suicidal ideation.
3. Document in the Medical Record the patients' overall level of risk for suicide, suicidal ideation intensity, SAFE-T and the plan to mitigate risk for suicide
4. Implement level of observation based on patient risk level.
5. Training, education of staff, and monitoring plan for ongoing compliance.

**PROCEDURE**

**A. Suicide Screening**

1. All patients who are 12 years or older will be screened for suicidal ideation by the Registered Nurse (RN) utilizing a validated screening tool (Columbia-Suicide Severity Rating Scale- C-SSRS) in the Medical Record. The screening will identify the level of suicide risk (low, moderate or high).
2. If the patient is unable or unwilling to respond, other sources of information may be utilized in completing the suicide screening, such as family or police officers.
3. If the patient screens "**NO RISK**" on the C-SSRS, this is considered to be a negative screen for suicidal ideation and no further suicide assessment is required unless the patient exhibits



Redlands Community Hospital
POLICY AND PROCEDURE

| TITLE: | REF #: |
|---|---|
| SUICIDE PREVENTION | PC.PP.002 |
| | PAGE 2 of 4 |

new behaviors, actions, or verbalizations that suggest suicidal ideation, or the patient is here for a behavioral health condition.

4. If a patient is screened to be "**AT RISK**", notify the charge nurse and provider, initiate 1:1 monitoring and complete the "Creating a Safe Environment" Checklist (C.A.S.E.).
5. For outpatient clinical areas, if a patient is screened to be "**AT RISK**":
   a. Off campus, call "911" to transfer the patient.
   b. On campus, the patient will be escorted to the Emergency Department for further evaluation.

**B. Suicide Assessment and Reassessment**

1. For patients who screen low, moderate or high risk for suicide on the C-SSRS, an evidenced-based suicide risk assessment (SAFE-T) will be completed by a trained healthcare worker in the Medical Record. The assessment asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, protective factors, and ideation intensity.
2. For those patients being evaluated or treated for a behavioral health condition as their primary reason for care, the SAFE-T will be completed.
3. For Emergency Department and in-patient units, a reassessment will be conducted each shift, a change in patient condition, and/or at discharge. The reassessment is embedded in the psychosocial assessment which includes C-SSRS, identified Risk Level, and SAFE-T assessment.
4. For out-patient behavioral health, a reassessment will be completed for every patient encounter, a change in patient condition, and/or at discharge.

**C. Suicide Precautions for Emergency and In-Patient Units**

1. **1:1 Observation** - An assigned staff member ("sitter") stays within close proximity of the patient and provides direct observation at all times. Document observations every 15 minutes or more frequently as needed.
   a. When a patient is in the bathroom or shower, a staff member will maintain observation.
   b. Continuous 1:1 observation is not indicated for ICU level patients with a Richmond Agitation-Sedation Scale (RASS) score of – 3 (moderate sedation), – 4 (deep sedation), or – 5 (un-arousable).

California Hospital Association

15

2022 EMERGENCY SERVICES FORUM RIVERSIDE

# Policy Development

Redlands Community Hospital
POLICY AND PROCEDURE

| TITLE: | REF #: |
|---|---|
| SUICIDE PREVENTION | PC.PP.002 |
| | PAGE 3 of 4 |

2. **C.A.S.E. Safety Checklist** – Modification of the patient's environment to increase safety by using the C.A.S.E.
   a. A C.A.S.E. Safety Checklist must be completed each shift by the Sitter in collaboration with the Registered Nurse (RN).
   b. The purpose of the C.A.S.E. Safety Checklist is to identify and temporarily remove from the patient's room items that could result in harm unless medically needed. Examples include patient clothing, shoes, jewelry; personal electronics; IV pumps and poles; call bell cords, including in the bathroom; linens and towels not required for patient warmth; trash bags; plastic bags; sharps containers. Items that cannot be easily removed will be identified and mitigated with 1:1 observation. Items required for the patient's care will remain in the room and will be monitored to ensure these items are not used for self-harm by a patient. Once these items are no longer needed, they should be removed from the room.
   c. The items identified and removed from a patient's room will be returned when the patient no longer requires 1:1 observation or is discharged.
3. **Provider Validation** - Once the provider validates the level of risk for suicide, suicide precautions will be continued on patients at risk of suicide.
4. **Provider Order** - A provider's order is required for the discontinuation of suicide precautions.

**D. Discharge**

1. Patients who are being discharged as a Low to High Risk for Suicide or are being treated for a psychiatric, emotional or behavior disorder complaint will be provided with written discharge instructions, which will include but not limited to:
   a. The Stanley-Brown Safety Plan.
   b. Education on suicide prevention information to include but not be limited to a crisis hotline.
   c. Provide counseling and follow-up care instructions to the patient at time of discharge in collaboration with support services as appropriate.
2. Patient/family education regarding suicide will be documented in the appropriate location in the medical record.



Redlands Community Hospital
POLICY AND PROCEDURE

| TITLE: | REF #: |
|---|---|
| SUICIDE PREVENTION | PC.PP.002 |
| | PAGE 4 of 4 |

**E. Training, Education, and Monitoring**

1. **Training and Education**
   a. All RN Staff who could be assigned the care of a patient at risk for suicide will be educated and evaluated for competency on suicide risk assessment (SAFE-T) and mitigation upon hire and annually.
   b. Staff who could be assigned the care of a patient at risk for suicide will be educated and evaluated for competency in suicide risk mitigation upon hire and annually.
2. **Monitoring**
   a. Implementation and effectiveness of policies and procedures for screening, assessment, and management of individuals served at risk for suicide will be monitored for compliance.
   b. The Suicide Prevention Program Committee will provide oversight of improvements and opportunities for change.

**REFERENCE(S)**

Suicide Prevention Resource Center. The Patient Safety Screener: A Brief Tool to Detect Suicide Risk. The Patient Safety Screener: A Brief Tool to Detect Suicide Risk | Suicide Prevention Resource Center (sprc.org) https://sprc.org/micro-learning/patientsafetyscreener

Richmond Agitation-Sedation Scale (RASS) graphic obtained from www.icudelirium.org/docs/RASS.pdf on 8/17/2015.

The Joint Commission. Suicide Prevention. Received from https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention/

The Joint Commission. (2020) Suicide Prevention Resources to support Joint Commission Accredited organizations implementation of NPSG 15.01.01, revised July, 2020. Received from https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/suicideprevention/suicide_prevention_compendium_5_11_20_updated-july2020.pdf

The Joint Commission. (2019). R3 Report: Requirement, Rationale, Reference. Received from https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_18_suicide_prevention_hap_bhc_cah_11_4_19_final1.pdf

Stanley Brown Safety Plan. (2022) https://bgq.11b.myftpupload.com/wp-content/uploads/2021/08/Stanley-Brown-Safety-Plan-8-6-21.pdf

California Hospital Association

16

2022 EMERGENCY SERVICES FORUM RIVERSIDE

# National Patient Safety Goals (NPSG) EP's

- **Evidence of Performance 6**
  - Follow written policies and procedures for counseling and follow up care at discharge for patients identified at risk for suicide.
- **Evidence of Performance 7**
  - Monitor implementation and effectiveness of P&P's for screening, assessment and management of patients at risk for suicide and take action as needed to improve compliance.

| ED - Suicide Prevention Program Audit OCTOBER 2022 | TJC EP | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXX |
|---|---|---|---|---|---|
| Date of Audit | | 10/4 | 10/6 | 10/6 | 10 |
| Columbia Screening Completed | 15.01.01 EP 2 | Yes | Yes | Yes | Yes |
| Patient Screened at Risk for Suicide | | Yes | Yes | No | Yes |
| Suicidal Ideation Intensity Completed | 15.01.01 EP 3 | Yes | Yes | N/A | Yes |
| Behavioral Complaint? | | Yes | No | Yes | Yes |
| SAFE - T Completed | 15.01.01 EP 2 & 3 | Yes | Yes | Yes | Yes |
| 1:1 Observation Initiated | 15.01.01 EP 4 | Yes | Yes | Yes | Yes |
| Line of Sight Observations Documented | 15.01.01 EP 4 | Yes | Yes | Yes | Yes |
| C-A.S.E. Safety Checklist Completed | 15.01.01 EP 4 | Yes | Yes | Yes | Yes |
| Reassessments Documented Per Policy | | Yes | Yes | Yes | Yes |
| Stanley Brown Safety Plan Completed | | N/A | N/A | N/A | N/A |
| Pass/Fail | 15.01.01 EP 5 | Pass | Pass | Pass | Pass |
| Auditor Initials | | LMB | LMB | LMB | LMB |

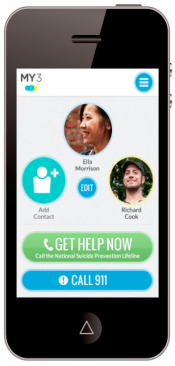
17

17

2022 EMERGENCY SERVICES FORUM RIVERSIDE

# Stanley Brown Discharge Plan

Plan for QR Code to Print on discharge forms to launch Safety Plan App




**Sample Safety Plan**

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**
1. _____
2. _____
3. _____

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**
1. _____
2. _____
3. _____

**Step 3: People and social settings that provide distraction:**
1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

**Step 4: People whom I can ask for help:**
1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

**Step 5: Professionals or agencies I can contact during a crisis:**
1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**
1. _____
2. _____



The one thing that is most important to me and worth living for is:
_____

18

18

2022 EMERGENCY SERVICES FORUM RIVERSIDE

# Suicide Prevention Committee

Redlands Community Hospital

**RCH Project Charter**

| | |
|---|---|
| **Project Title Information:** Suicide Risk Prevention Program | |
| **Project Start Date:** 9/1/22 | **Last Revised:** 9/1/22 |
| **Department(s) affected:** All in- patient and outpatient care areas. | |
| **Team Leader**: Valerie Kaura and Pam Allen<br><br>**Team Members:**<br>Initiation Team: Robert Kotecki, Melissa De La Paz, Debi Carnes, Kelly Ybarra, Summer Guzman<br>**Team to expand on next phase.** | **Champion/Sponsor/VP:**<br>Joyce Volsch<br><br>**Physician Champion:** Dr. Evan Houck |
| **Problem Statement:** Suicide Prevention was updated as a National Patient Safety Goal (NPSG) 15.01.01. July 1, 2019, 7 new Elements of Performance (EP) were added to the standard. Redlands Community did not have an action plan to respond the updated EP's. Refer to Gap Assessment. | |
| **Project Description:**<br>• Establish a formal Suicide Risk Prevention Program Committee with initial goals is oversight of TJC RFI action and response.<br>o Develop a process by which all areas systematically screen and assess all patients for suicide risk on admission or with a behavioral health complaint.<br>o Choose evidence based standardized screening/assessment method for Suicide Risk.<br>o Create a Safe Plan for discharged patients at risk of suicide.<br>o Implement a house-wide Policy and Procedure that incorporate the EP's.<br>o Provide training and education.<br>o Develop auditing plan and reporting structure to comply with TJC standard.<br>• Committee will meet quarterly post-implementation of TJC action plan. | |
| **Rationale:** Prevention of suicide while in a staffed, round the clock care setting is a frequently reported type of sentinel event. Create a standardized system for all areas to utilize to meet the TJC Standard for suicide screening and risk assessment for all patients. | |
| **Expected Benefits/Outcomes:**<br>• Prevention of suicide while in a staffed, round the clock setting<br>• Compliance with TJC NPSG 15.01.01 | **SMART Goal:**<br>**Specific**: Develop a process by which all areas screen all patients 12 years and older for suicidal ideation utilizing a validated screening tool--C-SSRS. If patient screens for low, moderate, or high risk or is here for a behavioral complaint then the patient will be assessed using the SAFE-T.<br>**Measurable**: Effectiveness will be measured by |

Redlands Community Hospital

**RCH Project Charter**

| | |
|---|---|
| | monthly auditing for policy compliance of assesment of suicide risk and validating that interventions to maintain a safe environment was completed.<br>**Attainable:** Providing training and education to all staff and RN's who could be assigned care of patient upon hire and annually.<br>**Relevant:** To identify all patients with the potential to be at risk for suicide.<br>**Time:** Education assignment 9/4/22 due 9/12/22<br>Go-live of assesment screens is 9/13/22<br>Audits will begin 10/1/22 reporting to QMSS 11/10/22 |
| **Out of Project Scope:** The team will work on revisions of PHQ-9 and updating depression screens to EBP tools house-wide. | |
| **Project Plan** / **Date**<br>Define Phase 8/10/22<br>Measure Phase: 10/1/22<br>Analyze Phase 11/22<br>Improve Phase 11/22<br>Control Phase TBD | **Issues, Obstacles, Barriers**<br>Staffing, Technology, Inconsistent Practices/Training, Noncompliance |

California Hospital Association

19

19

2022 EMERGENCY SERVICES FORUM RIVERSIDE

# Maternal Hypertension

- Effective July 1, 2020
- Eighteen new Elements of Performance
- Reason:
  - US ranks 65th among nations in terms of maternal death
- Literature Review
  - Prevention, early recognition and timely treatment for maternal hemorrhage and severe hypertension/preeclampsia had the highest impact
  - TJC assembled team resulting in development of EP's which focus on these complications
- Goal:
  - Improve quality and safety of care provided to women during all stages of pregnancy and postpartum
- Role specific education and drills needs to be provided to all staff and providers who treat pregnant/postpartum patients about severe hypertension/preeclampsia

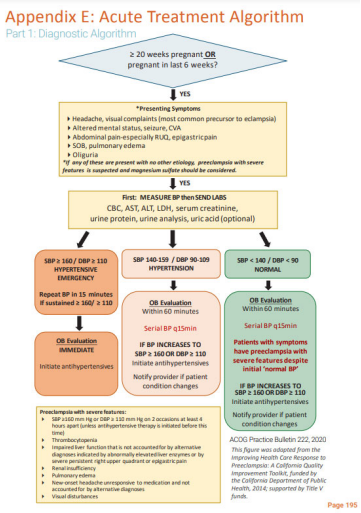
California Hospital Association

20

20

2022 EMERGENCY SERVICES FORUM RIVERSIDE

# Maternal Hypertension in the ED


California Hospital Association

21

21

2022 EMERGENCY SERVICES FORUM RIVERSIDE

# Infection Prevention – Tono-pen IC.02.02.01

- Follow the manufacturer cleaning instructions for the Tono-pen, which requires removal of the Ocu-film tip cover in order to blow canned air directly into the tip of the tonometer for 3 seconds to push out contaminants.
- Follow suggested cleaning schedule based on uses per week.
- Tono-pen tonometer verification process is required for cleaning.
- Involve Bio-Med.


California Hospital Association

22

22

2022 EMERGENCY SERVICES FORUM RIVERSIDE

## Infection Prevention – Glucometer IC.02.02.01

- Glucometers need to be clean and clear of red/brown smudges and all other potential contaminants near the are of where the strips are inserted.
- Concern – Hepatitis C can live on the surfaces for weeks.


California Hospital Association

23

23

2022 CHA EMERGENCY SERVICES FORUM RIVERSIDE

# Questions?

Pain Isn't Always Obvious
KNOW THE SIGNS
Suicide Is Preventable

Know the Signs >> Find the Words >> Reach Out >> www.SuicideIsPreventable.org

24


## Contact Information

Pam Allen, MSN, RN, CEN
Director of Emergency Services & Observation Unit
Redlands Community Hospital
PAA2@redlandshospital.org





California Hospital Association
1215 K Street, Suite 700
Sacramento, CA 95814
(916) 443-7401
www.calhospital.org