Ascension Health Journey to Zero –
Quality Measures and Priorities for Action: Jeopardy Questions

1. **Question:** What are the Quality Measures
   **Answer:** Heart Failure, Acute Myocardial Infarction, Pneumonia, Hip & Knee Replacement, and Coronary Artery Bypass Graft.
   **Rational:** St. Joseph Medical Center voluntarily reports Quality Measures to the Centers for Medicare and Medicaid Services (CMS) and the Missouri Hospital Association. Through research, doctors and other scientists have established the best practice guidelines and continue to refine national guidelines for recommended care of patients with heart attacks, heart failure, pneumonia, hip & knee replacements and coronary artery bypass grafts. These five diagnoses make up the quality measures. The data that is collected pertaining to core measures is available to the public. We post our own scores on the St. Joseph’s Medical Center Home page. Health care consumers are beginning to make healthcare choice based upon this information. We receive additional reimbursement (or penalties) based upon our Quality Measure scores.

2. **Question:** What components must be reviewed and documented for discharge education for heart failure patients?
   **Answer:** Activity level, diet, medications, follow up appointments, watching daily weights and what to do if symptoms continue to get worse.
   **Rational:** Heart Failure is a chronic condition. It results in symptoms such as shortness of breath, dizziness and fatigue. The staff at the hospital should provide information to manage the symptoms after the patient is discharged home. It is important to include all components (Activity level, diet, medications, follow up appointments, daily weights and what to do if symptoms get worse) in the discharge instructions. Remember that this education must be documented……. Remember if you do not document, it’s as if it didn’t happen.

3. **Question:** When should post operative antibiotics be discontinued?
   **Answer:** Within 24 hours after surgery, unless indication for continued administration.
   **Rational:** Antibiotics are medicines to prevent and treat infections. While the likelihood of infection after surgery can be reduced by giving preventative antibiotics, taking these antibiotics for more than 24 hours after routine surgery is usually not necessary and can increase the risk of side effects such as stomach aches, serious types of diarrhea, and antibiotic resistance (when antibiotics are used too much, they will not work anymore.) There are exceptions – for example, where the surgical site has been contaminated. Physicians will need to document the indication for continuing antibiotics 24 hours after surgery.
4. **Question:** What are the indications for a patient to be given the pneumococcal vaccine?
   **Answer:**
   - Age 65 or older and never received pneumococcal vaccine or is unsure.
   - Age 65 or older, received pneumococcal more than 5 years ago, and was under age 65 at the time of vaccination.
   - Age 2-64 with a normal immune system with a chronic illness (CV, pulmonary, diabetes, alcoholism, chronic liver disease, cerebrospinal fluid leaks, or cochlear implant).
   - Age 2-64 and is immuno-compromised (splenic dysfunction or absence, cancer, leukemia, malignancy, chronic renal failure, nephritic syndrome, immuno-suppressive therapy, chemotherapy, or organ/bone transplant).
   - Age 2-64 with asymptomatic or symptomatic HIV infection.

   **Rational:** The pneumococcal vaccine is given to reduce the morbidity and mortality from pneumococcal disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices. PPV (pneumococcal polysaccharide vaccine) is 60-70% effective in preventing serious pneumococcal disease; it does not provide substantial protection against all types of pneumonia (viral and bacteria). It is not a “pneumonia” vaccine. (Include FAQ of pneumonia vaccine as a pre-read.)

5. **Question:** What is the weight limit on the Versacare AIR beds?
   **Answer:** 350 pounds.

6. **Question:** What are reasons why wounds heal slower in bariatric patients?
   **Answer:** Adipose tissue is more poorly vascularized, extra moisture and bacteria may accumulate in skin fold wounds, nutrition is compromised, and tension is increased on wound edges from increased body fat especially when the patient turns.

7. **Question:** We do this upon admission, every shift and with any significant change in condition and when transferred to another level of care to prevent patient falls.
   **Answer:** COMPLETE FALL RISK ASSESSMENT

8. **Question:** This band doesn’t play music – it identifies a patient at risk for falling.
   **Answer:** YELLOW ARMBAND

9. **Question:** Doing this every hour has greatly reduced patient falls in many hospitals across the country
   **Answer:** Rounding
10. **Question:** One of the most serious outcomes of a fall that we really want to prevent and avoid
   **Answer:** INJURY and/or DEATH

11. **Question:** When should a Braden Scale and head to toe skin assessment for breakdown be performed for a patient?
    **Answer:** On admission, at least daily and with any change in patient condition or transfer to another unit/level of care.

12. **Question:** What does a total score of 18 or below on the Braden Scale mean?
    **Answer:** An indication that patient is at risk for developing a pressure ulcer (and should have the SKIN bundle implemented/ a pressure ulcer care plan).

13. **Question:** What devices can cause a pressure ulcer if a patient lays on them or pressed against them?
    **Answer:** Compression or anti-emboli stockings, catheter tubing, O2 tubing, braces, splints, boots, items accidentally left in the bed (syringe cap, etc) and the foot board

14. **Question:** What are the goals of the RAT (Rapid Assessment Team)?
    **Answer:** Decreased cardiac arrest, decreased mortality, improved critical thinking skills, early prevention of potential complications and to minimize the number of codes outside of the ICU.

15. **Question:** Who can call the RAT team?
    **Answer:** An RN, RT, PCA, Tech, (or any other staff member). Family members can initiate the HELP Team.

16. **Question:** What does SBAR stand for?
    **Answer:** Organized way to present pertinent information to physician or care giver (Situation, Background, Assessment, Recommendation)

17. **Question:** When do you perform hand hygiene?
    **Answer:** Before and after every patient contact, after glove removal, and whenever contamination is suspected.

18. **Question:** The approximate amount of alcohol foam needed for hand antisepsis?
    **Answer:** The size of a golf ball.

19. **Question:** Ways to prevent Catheter Associated UTI”s
    **Answer:** Aseptic technique during insertion, securing the catheter, keeping the bag below level of the bladder, and maintaining a closed system, and removing catheters as soon as feasible.
20. **Question:** The solution used for cleaning before foley insertion if the patient is allergic to betadine  
**Answer:** BZK – Benzalkonium towelettes

21. **Question:** Examples of reasons to use a foley catheter?  
**Answer:** Urinary Tract Obstruction, neurogenic bladder, urologic study or surgery, Stag 3 or 4 sacral decubitus, hospice/comfort care, accurate I & O in critically ill patients.