

# Inside the Joint Commission

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### Survey review

## After action report: TJC looking at disinfection, clinical alarms, and quality improvement

Look for Joint Commission surveyors to check for several high visibility items during your next survey, including your hospital's handling of clinical alarm management, central line associated bloodstream infections, plan of care and proper documentation in each area.

Those are the challenges braved by Cape Fear Valley Medical Center in Fayetteville, N.C., during its most recent survey in March. Though the hospital saw a few hiccups in stained tiles and some aesthetic mishaps, it immediately corrected those issues. Cape Fear Valley not only passed with flying colors, but also surveyors left the facility with one of the hospital's own policies in alarm management as a best practice example.

(see **After action report**, p. 5)

### Reducing readmissions

## Case study: Project uses CMS grant to target readmissions, bring down costs

To reduce readmissions, a provider must drill down to the root cause behind a patient's reappearance in the primary care physician's office or an emergency room and ultimately an inpatient care unit. But do not confuse a symptom for the real reason, warns

(see **Readmissions**, p. 7)

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*Ask the Expert***Cardboard containers allowed if that's policy — and you can show it's a good one**

**Question:** *What are the survey expectations for cardboard containers in patient care and surgical suite areas?*

**Answer:** Cardboard is one of the more confusing issues for hospitals, notes Kurt Patton, a former director of accreditation services for The Joint Commission (TJC) and president of Patton Healthcare Consulting, which serves as technical adviser for *Inside the Joint Commission*.

"TJC does not have a standard on cardboard and they do not prohibit cardboard or cardboard shipping containers. They ask about the hospital's policy," Patton says.

Too often staff talk about a hospital policy, or sometimes the hospital writes a policy, "that has no connection to actual practice," Patton observes. "If the policy is 'NO cardboard in patient care areas,' then that's what surveyors will survey against. If the policy is no cardboard shipping containers in patient care areas, then that is what they will survey against."

**The policy's the thing**

While there is no specific expectation about cardboard, there are expectations about policies.

"If the policy is no cardboard in high risk areas, they will ask what a high-risk area is," Patton says. "And if the policy says cardboard can be everywhere, they will ask to see the

risk assessment you did, the literature and decision-making process you went through to come to that conclusion."

What's best practice in an operating room?

"My advice would be no cardboard of any type," says Patton. "Ripping open cardboard boxes causes particulates in the air and that is not good in the OR environment."

And other evidence-based sources — and experienced hospital leaders — agree.

Under Infection Control standard **IC.02.02.01**, hospitals are required to reduce the risk of infection with medical equipment, devices and supplies, notes Kathy Sturm, the director of surgical services with Davis Health System in Elkins, W.Va.

(For CMS surveys, Sturm says, reference the infection control tags **A-0747** and **A-0748** and surgical services tags **A-0940** and **A-0951** in the interpretive guidelines outlined in the CMS State Operations Manual, Appendix A.)

When it comes to cardboard containers, the main concern is with contamination from the outer shipping boxes, Sturm says. At her facility, managers found that the "easiest way for the staff to remember [policy] was that if it had a shipping label, it was not to be stored in the OR."

**TJC recommends these sources**

For more information on infection control in surgical areas and other settings, refer to the latest evidence-based references recommended by TJC during the last Executive Briefing in 2014 (*IJC 12/1/14*). That includes ANSI/AAMI

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ST79:2010 & A1:2010 & A2:2011 & A3:2012, (consolidated text) “Comprehensive guide to steam sterilization assurance in health care facilities,” and the Association of periOperative Nurses’ “Recommended Practices for Perioperative Nursing — Sterilization and Disinfection.” (Ensure that you are checking the latest versions). And other experts also recommend AORN’s “Recommended Practices for Sterilization in the Perioperative Practice Setting.”

Remember also to keep those cardboard boxes — whether they are shipping cartons or not — off the floor. They might not only pose a problem for egress, but cardboard boxes of patient supplies stored directly on the floor is often also scored as an infection control issue during a survey, says consultant Ernie Allen, a former Joint Commission surveyor who is now a patient safety account executive for Napa, Calif.-based The Doctor’s Company.

Boxes on the floor can absorb moisture if there is a leak or because of mopping or other issues, which then contaminates the patient supplies. Best practice is to remove patient supplies from shipping boxes before the supplies are taken into patient care areas and place cardboard boxes on shelves or otherwise up off the floor, says Allen.

Patient supplies that are opened in surgical areas also should be dated when opened and discarded after a set period of time — some sources recommend 48 hours, says Sturm. “If you choose to store these open, then a method to date and time them, and discard them, needs to be implemented.” — *A.J. Plunkett* ([aplunkett@decisionhealth.com](mailto:aplunkett@decisionhealth.com))

*Have a question for one of our experts? Send it to IJC editor A.J. Plunkett at [aplunkett@decisionhealth.com](mailto:aplunkett@decisionhealth.com) for consideration, although not all questions may be answered.*

### Survey readiness

## Hospital uses pocket guide, puzzles and prizes to keep its staff survey ready

In 2010, the nurse managers at Winchester Hospital in Winchester, Mass., decided to mix it up a bit.

The entire hospital was preparing for its triennial Joint Commission survey, and the managers wanted to do something special to get the nursing team ready.

The nurse managers collaborated with the clinical practice specialists (CPS) to create posters and puzzles to review key policies, a tactic that proved so popular they

repeated it in 2013 for the next survey round. That, combined with hospital-wide checklists, training and other tools — including a widely request “Survey Pocket Guide” — helped the more than 200-bed hospital successfully pass not only the two surveys, but the surprise one-two punch of a CMS review survey immediately after the 2013 visit from The Joint Commission (TJC).

For the nursing team, a few of the nurse managers created posters for all of the units and attached clear page holders, says Karen L. Peters MSN, RN-BC, CMSRN, a Clinical Practice Specialist with Nursing Staff Development at Winchester.

The posters feature general information about survey preparation, as well as focused topics.

“Two National Patient Safety Goals were chosen per week and one CPS was assigned to each one,” Peters says. “Each CPS creates a puzzle or game along with some education.” (*See puzzle examples, p. 4 and insert.*) The information was printed on colored paper, with a different color for each week, and inserted into the page holders.

### Small rewards provide big return

Staff would turn in the completed puzzles and each week a name would be chosen out of the completed puzzles pile for a small prize, “such as a \$5 gift card to a local coffee shop,” Peters explains.

“Most of the nursing staff would complete the puzzles.”

The brainteasers included word scrambles, crossword puzzles and word searches such as you might find in a newspaper comics page or a supermarket checkout line.

“The NPSG for the week was also discussed in huddles on all of the units and questions from our internal tracers were discussed. The Director for Inpatient Nursing also sent a communication out about the NPSG as well.”

Across the hospital, other preparations featured checklists, including a single-sheet “Ready, Set, Survey” list specifically written for practitioners that feature dos-and-don’ts about medication orders, hand hygiene, patient histories and physicals, Universal Protocol, NPSGs and the requirements about dating, timing and signing medical records.

Customized tip sheets were handed out in all clinical areas, and left in the physician mailroom for licensed independent practitioners, says Elizabeth Donnenwirth, an accreditation and sharps safety specialist at Winchester.

## Use this NPSG review example to create your own policy-based survey prep tool

### Goal 1: Improve the accuracy of patient identification.

**NPSG #1, Part 1:** Use at least **two patient identifiers** when providing care, treatment, and services.

- ▶ Patient identifiers used at Winchester Hospital are the patient's **name** and date of birth (**DOB**).
- ▶ **Ask the patient** to state his or her name and DOB and assure that the information matches the patient's **name band** and proper **documentation**.
- ▶ If the patient is unable to give the information verbally, we match the patient's name and DOB on the identification band and proper documentation.
- ▶ Verify this information when taking specimens for clinical testing, performing diagnostic tests, administering

medications, initiating any treatments or procedures.

- ▶ When administering **blood products**, we use **three** identifiers: patient's name, DOB, and six-digit medical record number.
- ▶ See Policy 1560-CA, Patient Identification, for further details.

**NPSG #1, Part 2:** Label containers used for blood and other specimens in the presence of the patient.

**NPSG #1, Part 3:** Eliminate transfusion errors related to patient misidentification.

- ▶ In addition to using the three patient identifiers listed above, before starting a transfusion:
  - ▶ Match the blood product to the order
  - ▶ Match the patient to the blood product
  - ▶ Use a **two-person verification** process at the patient's bedside

- ▶ One of the two people conducting the verification must be the qualified **transfusionist** (RN or physician) who will administer the blood product to the patient.

### Goal 2: Improve the effectiveness of communication among caregivers.

**NPSG #2:** Report **critical results** of tests and diagnostic procedures on a **timely** basis.

- ▶ Winchester Hospital identifies which test results are defined as critical.
- ▶ Critical test results are to be communicated to the practitioner responsible for the patient's care **within one hour** of the results being available from the testing department.
- ▶ The practitioner must **repeat back** results that are reported verbally.
- ▶ See Policy 1516-CA, Communication of Critical Test Results, Critical Value, for further details.

## Word Search

Find and circle the twelve words at the bottom within this word search. Good luck...

T R A N S F U S I O N I S T U G  
 Q R M N J C Z B V Z S V K Y F P  
 V K T G G X U Q E H T N W Q K C  
 T I B C N T J X R H L O W Q D X  
 U H C O I M J W I N U I K I R H  
 S S I M L I L C F A S T Z W L L  
 I T D M E M K G I M E A K I M V  
 J I E U B B R K C E R T C W I Q  
 R M N N A K X D A B L N A D H H  
 O E T I L B G S T A A E B X W Y  
 A L I C D C S M I N C M D R V P  
 P Y F A E U C H O D I U A C D D  
 B J I T M G T M N L T C E Y O A  
 J Q E I A P A U N B I O R B S D  
 D Z R O N N L X Y G R D M G H N  
 L I S N B R Y Z W R C I I B E H

COMMUNICATION  
 CRITICAL RESULTS  
 DOB  
 DOCUMENTATION  
 IDENTIFIERS  
 LABELING  
 NAME  
 NAME BAND  
 READ BACK  
 TIMELY  
 TRANSFUSIONIST  
 VERIFICATION

— Answers in upcoming issue.

Among the more popular tools each time was a 3½-by-5-inch, 12-page pocket guide that was handed out to staff by nurse managers at least six months before TJC surveyors were expected, notes Donnenwirth. The pocket guides are printed a different color each survey year so staff can find “the new one quickly,” and extras are kept for those who lost their copies and want one closer to the due date.

The pocket guide includes a message from the hospital president/CEO, an overview of the purpose behind the TJC survey, definition of a tracer, the NPSG focus for the year, and quick reminders on such topics as infection prevention, restraint and seclusion rules, patient rights, HIPAA, competency assessments, core measures and TJC best practices, Sentinel Events, and environment of care concerns in both patient and offsite areas.

Winchester is in the process of updating its puzzles, checklists and pocket guide, but offered to share their past survey year tools. For examples, see p. 4, and the insert. — *A.J. Plunkett* ([aplunkett@decisionhealth.com](mailto:aplunkett@decisionhealth.com))

## After action report

*(continued from p. 1)*

### Foresight, prep work key

Much of this success can be chalked up to foresight and proper preparation, says Jan Mathews, corporate executive director for quality and patient safety, and infection prevention and control at Cape Fear Valley.

Cape Fear Valley Medical Center, which has more than 600 beds and features one of the busiest ERs in the state with more than 130,000 visits a year and an average occupancy of 110%, knew that it was due for its triennial survey in 2015 and planned appropriately.

“We were looking for them and ready for them as soon as January,” Mathews notes. “We have a plan for anytime any regulatory agency ... comes to the facility,” she adds.

This plan came into play in March when surveyors arrived at the facility. After confirming their identities, a phone call was sent to the hospital’s quality department to alert them to the surveyors’ presence. [Surveyors should present identification when asked. Also, train any staff at hospital entrances what to do when surveyors arrive (*IJC 11/17/14*).]

Next a message went out to the rest of hospital staff telling them to greet surveyors when they appeared.

These messages were sent through email, telephone and text messaging.

### Documentation at the ready

With the understanding that surveyors were due early in the year and that the hospital’s size would require a five-day survey, the quality department team set up four laptops in the performance improvement room every Friday to make sure that surveyors had a place to view electronic documentation should they arrive the following Monday. Additionally, all physical documentation was placed in manuals on the shelf in the room. “Everything was indexed and ready to roll,” says Mathews.

With the topic being of particular concern in the news in 2014 and based on input from other hospitals on their recent survey experiences, Cape Fear Valley prepared with the idea that high-level disinfection would be a big focus for surveyors.

The suspicions proved correct — surveyors visited every department in the facility that was applicable for high-level disinfection policies and adherence. The advanced planning paid off, and the hospital received no citations regarding disinfection.

Leadership, medication management and data management policies were also on the suspected list of areas that surveyors would be paying particular attention to and also received preparatory attention, with hospital staff performing practice walkthroughs and reviewing what they were going to say to surveyors during a survey. “We had all that down before they walked through the door,” says Mathews.

### Surveyors were exhaustive

What was surprising to Mathews and her colleagues was the extensive and thorough nature of the survey. Not only was the facility itself surveyed, but also a number of its clinics, including two express care clinics, were inspected.

**Reminder:** All clinics in your hospital system that are listed under the same billing number will be surveyed at the same time. Any pre-survey preparation done at your main facility should also be integrated into your clinical network as well.

This thoroughness extended to the environment of care, with one investigative surveyor looking above the ceiling throughout the facility to check for exposed wires, lighting issues or other potential fire hazards. Ventilation,

*Survey review***Tips from the front lines: Preparation is key when TJC survey is imminent**

Preparation is an important aspect of making a positive impression on The Joint Commission surveyors. Here are some tips from Jan Mathews, corporate executive director for quality and patient safety, and infection prevention and control at Cape Fear Valley Medical Center, in Fayetteville, N.C., which in March passed a survey, earning the TJC Gold Seal of Approval.

- ▶ **Keep your eyes and ears open.** Your fellow hospitals that have recently completed surveys can offer you an idea of where surveyors might be focusing particular attention. This can give you an idea of what areas you should consider spending some additional time reviewing. Larger health-related events, such as the recent Ebola crisis or multidrug-resistant organism concern can also help guide your review.
- ▶ **Prepare index books before surveyors walk through the door,** advises Mathews. This is part and parcel with the idea that your hospital should not just be prepared for a survey only when one is expected, but should maintain this quality all throughout the year.
- ▶ **Create a “war room.”** Cape Fear Valley created what it called a “war room” in their infection prevention department which served as a meeting room for managers to get the low down on how the survey was going in each department. “Our managers would come down, and we would review things before they went in to be interviewed [by surveyors],” says Mathews. “It let us keep a finger on the pulse and see what they were asking.”
- ▶ **Assign navigators ahead of time and according to specialty.** Though you want navigators to be friendly and

personable, you shouldn't necessarily pick the nicest person on your team. You also want navigators to be experienced in the area they are serving as guides so that they can address any issues that may arise on the spot, if possible, advises Mathews.

- ▶ **Know where everything is documented** because surveyors will want to know that you do, warns Mathews. “They are truly looking at whether the clinicians know where to find the information for the patient.” Ensuring that staff know where this information is located shows not only that your staff knows what it is doing, but also can demonstrate your hospital's commitment to improvement. Remember to take extra precautions if your hospital has a hybrid-paper documentation process in place — as above, each navigator should be familiar with the department to avoid delays in finding proper documentation.
- ▶ **Stress compliance and quality all year,** not just when you think you will be surveyed. Consider programs that monitor adherence to new practices and policies to help keep staff focused. Cape Fear Valley trained and assigned particular staff members to attend safety meetings and monitor various departments throughout the facility to help ensure compliance with new policies and procedures. “That worked out really well,” notes Mathews.
- ▶ **Use tracers to prepare.** Tracers and mock reviews can help your hospital understand how it would perform in a survey and where your hospital might need some additional preparations for compliance. — *Steven Dashiell* ([sdashiell@decisionhealth.com](mailto:sdashiell@decisionhealth.com))

temperature controls and fire penetrations were also “hot” topics for surveyors during the visit.

Aside from some minor citations the medical center was able to correct immediately, such as the aforementioned stained tile, Cape Fear Valley avoided any major citations. “Surveyors said that our EC review was one of the best that they had ever seen for a facility of our size,” says Mathews.

Preparation alone was not responsible for this level of success, however — your hospital needs strong communication and to take on a culture of continuous improvement for best results, she adds.

“I believe [surveyors] are checking to make sure we are continuously trying to improve. They check to make sure that you know what each part of the team is doing.”

On the topic of improvement, several NPSGs saw particular attention by surveyors, including **NPSG 06.01.01**, which requires hospitals to improve the safety of clinical alarm systems, and **NPSG 07.04.01**, which requires hospitals to implement evidence-based practices to prevent central line associated bloodstream infections.

Surveyors also were interested in plans of care and were particularly interested in how the hospital involved patients in their own care and how they encouraged patients' interest in their care.

**Staff selection eased tensions**

Overall, selecting the right individuals to escort the surveyors on their trip throughout the hospital allows you to show TJC that not only does your staff know how to do its

job, but also can do so smoothly and without trouble. This comfort can help get the surveyors on your side, which can relieve a lot of the tension associated with surveys.

Select individuals in the hospital who know what they are doing and have a long history there, advises Mathews. “You want to pick someone who is professional and easy to talk with — someone personable.” Someone long familiar with the hospital, its practices and the survey process will likely feel most comfortable speaking openly with surveyors.

“That key communication in a hospital this size and this busy is incredibly important to keep things smooth. They were here to be collaborative and give recommendations and listen to the good things we were doing,” Mathews observes. “If you’re ready, you won’t be fearful.” — *Steven Dashiell (sdashiell@decisionhealth.com)*

## Readmissions

*(continued from p. 1)*

the managers behind a care transition project that twice received CMS financial backing.

Before you can get to that root cause, however, you should first work with staff to ensure that the right information is being included in the medical record. A notation of “trouble breathing” or some condition that can be identified by its ICD-9 code is not sufficient when finding the real root cause behind a readmission, said Donna Hoare Scanlon, RN, during a presentation to DecisionHealth’s Care Coordination Summit in Maryland this month.

“That’s not why they were readmitted — that’s why they came in,” said Scanlon, as she and Katherine Kay Brown, MSN, RN, explained the successes — and failures still to be ironed out — of a recent readmissions reduction initiative that set up Primary Care Resource Centers (PCRCs) in six hospitals in Pennsylvania and one in West Virginia.

Brown is the PCRC project manager for the Pittsburgh Regional Health Initiative (PRHI), while Scanlon is the RN care coordinator for the PCRC at Indiana (Pa.) Regional Medical Center.

The PCRC project began under the umbrella of the non-profit PRHI, which is a collaboration of medical, business and civic organizations that focus on health care quality. PRHI opened a single PCRC at Monongahela Valley Hospital in Monongahela, Pa., in July 2012, with a single goal of reducing chronic obstructive pulmonary disease (COPD) readmissions.

Then, backed by a three-year, \$10.4 million CMS Innovation award grant, the initiative expanded into six other hospitals with a goal of reducing 30-day readmissions in COPD, heart failure and acute myocardial infarction (AMI).

## Project bolsters discharge planning

The project set up PCRC offices in the hospitals to focus on the admissions and discharge planning processes when dealing with patients with complex conditions and transitions of care between primary care physician, hospital and post-acute home health care or skilled nursing facility (SNF).

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PCRC project leaders sought buy-in from physicians and physician groups, including having doctors co-author clinical guidelines.

Each hospital-based office is staffed with PCRC nurse care managers, a pharmacist and administrative support — all funded by the grant — while the hospital dedicates key health care personnel such as diabetes educators, nutritionists, social and behavioral health services workers and respiratory therapists to the center, according to online information about the project. Each hospital also provided space for the office and staff, which varied in size depending on the hospital.

To ensure the project included the patients most at risk for readmission, the PCRC staff reviews a majority of cases upon admission, going through patient histories and symptoms to identify project candidates.

Together, the center staff then work with those patients while they are in the hospital to educate them about the complexities of their condition, assess their needs while in the hospital and after discharge, and continue to work with them in post-acute settings.

### Pharmacist review improves med adherence

One of the biggest draws for patients in agreeing to work with the PCRC staff was the presence of a dedicated pharmacist who could focus on each patient, with an aim of reconciling medications during and after the hospital stay, said Scanlon and Brown.

The pharmacist would not interfere with treatment plans, but rather provide consultation and, most importantly, individualized patient and patient caregiver education about medications.

The staff also worked on identifying the barriers each patient faced in properly adhering to his or her discharge plan. That requires taking the time to talk to each patient, Scanlon said.

Often what the staff found was not only individual problems faced by the patient, but problems in proper diagnosis and treatment. For instance, one patient being treated for COPD had never been given a proper spirometry evaluation to confirm the diagnosis. More than one COPD patient needed better training in how to use an inhaler.

While the PCRC staff helped patients work through the larger barriers of financial access to expensive medications or transportation to primary care appointments, they also found that smaller efforts of support were sometimes just as important, but harder to identify immediately.

For instance, noted Scanlon, you can ask heart patients if they are checking their weight daily, as required in the discharge plan, “but do they have a scale?” A patient might fully understand that he or she must take certain medications after discharge and has a way to get them, but does the patient have a way to keep track of the medications or the tools to manage them?

The PCRC staff found themselves giving away a lot of pill boxes and pill cutters, said Scanlon. And sometimes weight scales too.

### PCRC work continues post-discharge

Once discharged, the staff worked with patients as well as primary care physicians and post-acute care agencies and facilities to ensure that medical records were updated correctly and that post-discharge orders, such as follow-up doctor visits, were made and kept, prescriptions filled and therapy done.

Because the PCRC operations are paid for by the grant and the hospital pays for other staff, the PCRC initiative is free of concerns about what services were covered under insurance or Medicare, meaning they could focus just on what services a patient needed at any given time, the project leaders emphasized.

Now in its third year, the project data shows mixed results.

While 30-day readmission rates from the last quarter of 2012 to the last quarter of 2014 for COPD and HF patients has fluctuated, it has risen slightly — from 15.6% to 16.9% for COPD and from 17% to 20% for HF patients.

However, 30-day readmissions for AMI patients have gone from 14.4% to 10.0%, according to information presented at the conference.

And an independent analysis by the National Opinion Resource Center (NORC) at the University of Chicago of Medicare claims in PCRC hospitals versus similar hospitals in the same region showed that PCRC hospitals had 13.2% decrease in 90-day readmissions per 1,000 discharges, while similar hospitals in the same region (the control group) reported a 2.3% increase in readmissions.

In addition, the 90-day total cost of care per discharge went down 3.9% for PCRC hospitals, while the control group hospitals posted a 0.4% increase in costs, according to NORC/University of Chicago. — *A.J. Plunkett* ([aplunkett@decisionhealth.com](mailto:aplunkett@decisionhealth.com))

## Survey readiness

### Hospital shares puzzle tool used to remind staff to 'Clear the Clutter'

Winchester Hospital in Winchester, Mass., used the following review and puzzle to help staff “clear the clutter” in preparation for what turned out to be a successful Joint Commission survey in 2010. (*For more on their prep tools, see p. 3.*) Below is the review, which followed a week of NPSG-focused puzzles. The puzzle based on this review is on the opposite side.

#### Clear the clutter

Now that we've reviewed the National Patient Safety Goals, we'll move on to other important information for the upcoming Joint Commission visit.

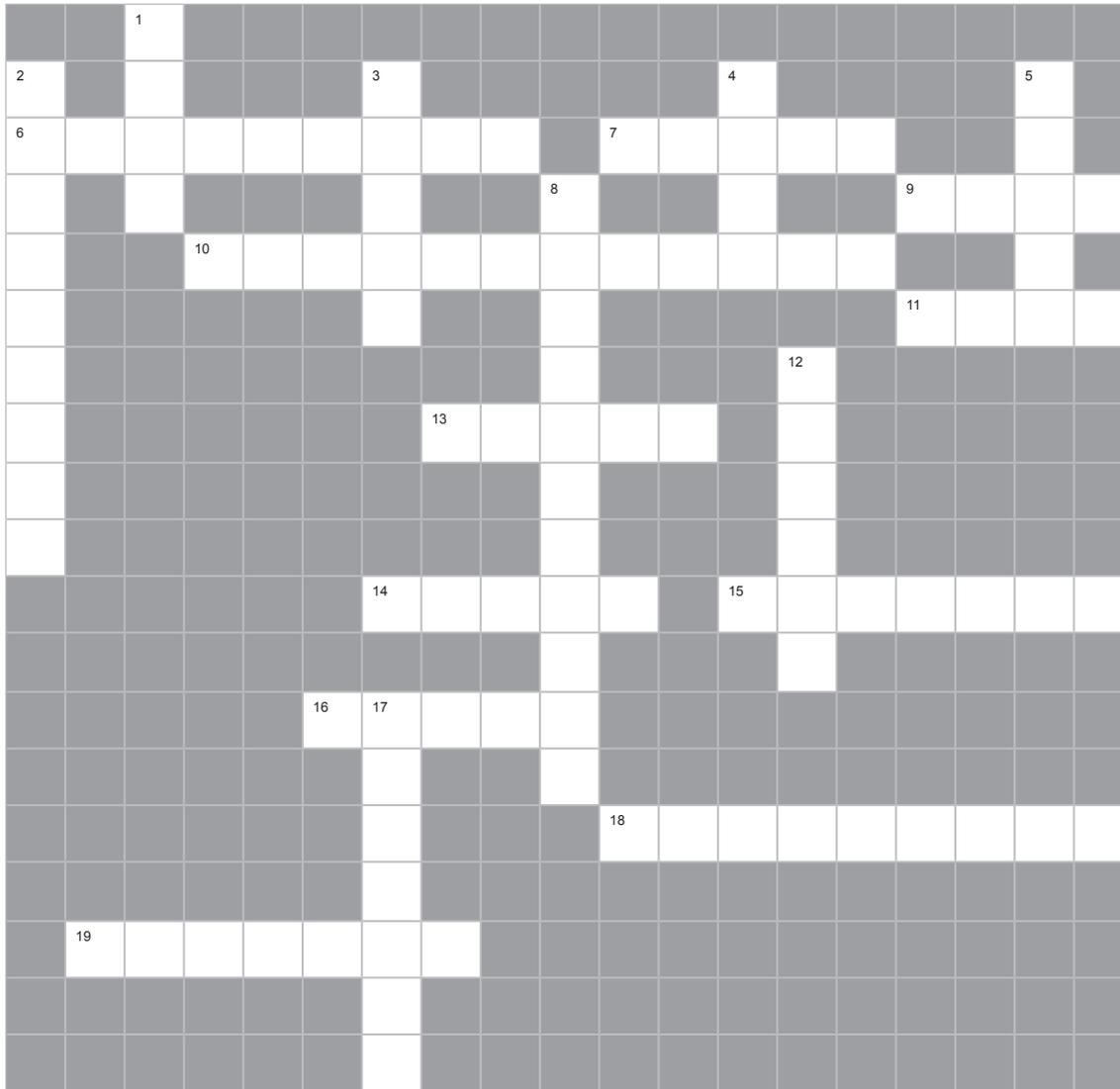
The environment in which care is provided will be inspected by two surveyors. They will look for blocked emergency items, improper storage equipment, and clutter that may affect the safety of patients, staff and visitors. They will also look to see that we are inspecting certain pieces of equipment.

Here are potential problem areas to be aware of:

- Items cannot be closer than 18 inches from a **sprinkler**.
  - Items that cannot be blocked:
    - **Fire** extinguishers
    - Fire **alarm** pull stations
    - Electrical panels
    - Medical gas shutoff valves
  - **Dirty** items in clean storage areas.
  - **Clean** items in dirty storage areas.
  - Boxes on the **floor**.
  - **Laundry** chutes that are not locked.
  - Overfilled dirty linen carts.
  - **Linen** cart not covered.
  - Equipment in hallways:
    - **Commodes** and scales
    - Beds, cribs, **stretchers** and wheelchairs
    - Recliners, geri chairs
    - IV pumps charging
    - Supply carts
    - **Isolation** carts not being used for a specific patient
    - **Chairs** in the hallway for staff to sit while working at computers
    - Excess computers on wheels
  - **Oxygen tanks** not in holders.
  - Doors that do not close properly.
  - Storage room doors propped open.
  - No expired supplies.
  - No **gloves** or other items on rails.
  - No sterile/clean items stored under **sink**.
  - Stained **ceiling** tiles.
  - Only items that are in use every 30 minutes are allowed in hallways. An exception exists for emergency (Code **Cart**) items.
    - Placing items on one side of the hall looks nice. *It does not change the 30-minute rule.*
- Items that must have completed inspection tags:
- Code Cart daily inspection.
  - **Refrigerator** and freezer daily temperature inspection.
  - Blanket warmer **temperature** inspection.

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## Clear the Clutter Crossword Puzzle



### ACROSS

6. water sprayer
7. furniture for sitting
9. container for gases
10. icebox
11. washbasin
13. washed
14. soiled
15. top of a room
16. bottom of a room
18. gurney
19. toilet

### DOWN

1. blaze
2. infection prevention precaution
3. warning
4. set of drawers for storage
5. sheets and towels
8. hot and cold
12. hand coverings
17. dirty linens

— Answers in upcoming issue.

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