



THE COLORS OF SAFETY

ACROSS THE CONTINUUM OF CARE

Name: _____

Title: _____

Facility: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

**1. Did your organization color-code for each of these alert conditions prior to this initiative?
If so, what color?**

Do Not Resuscitate: Yes No Color _____

Allergy: Yes No Color _____

Fall Risk: Yes No Color _____

2. Prior to this initiative, did you orient your staff about color-coding for alert conditions?

Yes No

If yes:

Approximately how much time does it typically take for you to orient your in-house employees about color-coding? _____

Approximately how much time does it typically take for you to orient agency or temporary staff about color-coding? _____



3. Have you experienced any adverse events that resulted from incorrect color-coding of alert conditions?

Yes No

How many in the last year? _____ Last 2 years? _____

Describe the type of events:

4. If you have begun implementation of the initiative, where are you in this process?

_____ Fully implemented. _____ Partially implemented.

Please explain:

_____ Have not begun implementation. Target date for implementation is _____.

5. What methods are you using to color-code?

_____ Wristband on the patient/resident

Stickers:

_____ on patient's/resident's personal medical records

_____ on patient's/resident's medical record binders

_____ on patient's/resident's door

_____ over the patient's/resident's bed

_____ Other. Please explain:

6. If you are using wristbands, what vendor are you currently purchasing from?

7. Do you have formal policies and procedures in place for color-coding alert conditions in general and/or for *The Colors of Safety Across the Continuum of Care* initiative?

Yes No

If you answered "yes," please attach your policies and procedures to this questionnaire.

8. When you admit a patient/resident to your facility from another care setting, do you remove the wristband(s) that the patient/resident is wearing?

Yes No

9. When you discharge/transfer a patient/resident back to another care setting, do you remove the wristband(s) the patient/resident is wearing before that patient leaves your facility?

Yes No

10. Has your organization experienced any challenges to implementing *The Colors of Safety Across the Continuum of Care* initiative (e.g., staff education, vendor selection, other)?

Yes No

If yes, please explain:

11. Our organization agrees to be listed as part of *The Colors of Safety Across the Continuum of Care* initiative on GNYHA-CCLC promotional materials that may be shared outside of GNYHA-CCLC (e.g., with NYS DOH and other health care organizations).

Yes No

If you are submitting documents via e-mail, please send to Kelly Donohue at donohue@cclcnyc.org or by facsimile to (212) 258-5331.