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Welcome to the Health First Student Orientation 2011



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This course requires an understanding of our Health First facilities, mission and vision and the commitments to values. Please reference those materials before proceeding.

This course is a special consolidation of several Health First courses determined to be pertinent to the student working in the clinical environment.



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Abuse, Neglect & Exploitation Mandatory Reporting

- Everyone is responsible for assessing and reporting known or suspected abuse, neglect or exploitation of a protected person
- Reports are to be made to the Department of Children & Families' (DCF) hotline: **1-800-96-ABUSE**
- If abuse / neglect is suspected, a social worker may be contacted for assistance in reviewing your concerns



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Criteria for Identification

In addition to routine screening, be aware of risk indicators. The following are factors that should heighten the clinician's "INDEX OF SUSPICION" regarding possible problems of patient abuse or neglect.

- **Multiple or Bilateral Injuries** - multiple abrasions / contusions / burns to different anatomical sites, also multiple injuries in various stages of healing in unusual places or in clusters
- **Body Map** - many incidents involve injury to face, neck, chest, breast or abdomen. Many accidents involve extremities.

Criteria for Identification - continued

- **Delay of Seeking Help** - substantial time delay between time of injury & request for help
- **Forced Sexual Encounter** - sexual assault by a male intimate (rape) is often another incident of ongoing physical abuse
- **Severity of Injury** - presentation of medically insignificant trauma to the emergency service may indicate that abuse & impending danger is the real emergency

Criteria for Identification - continued

- Behavioral Clues of... / demonstrated by...
 - a patient - overly frightened, disoriented, depressed over a minor injury, minimizing a significant injury
 - a spouse, family member, friend - inappropriately insists on staying with patient
 - an infant or child - cannot be consoled, inappropriate sex play, self-destructive behavior, excessive fear of a parent, other unusual behavior
 - anyone - sudden withdrawal to touch

Criteria for Identification - continued

- **Visual Clues of... / demonstrated by...**

- dry skin
- weight loss
- malnutrition
- dehydration
- hypo-hyperthermia
- poor hygiene



- **OB/GYN** - abused women are more likely to be beaten when pregnant with a higher rate of miscarriage
- **Trauma History** - (may be a key indicator) - records may indicate repeated visits and injuries

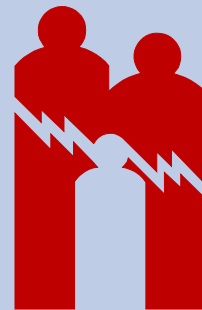
Criteria for Identification - continued

- **Suicide Attempts** - battering is a frequent indicator preceding female suicide attempts, and conversely, women who attempt suicide are likely to have a history of domestic violence
- **Inconsistent Description of Injuries** - symptoms that differ from the description of the cause
- **Vague Indicators** - anxiety, depression, sleeplessness, etc., may suggest a crisis within the family structure
- **Something “not right”** - lack of tangible indicators with a staff sense of inappropriate conditions suggests that a social worker be contacted for assistance

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Domestic Violence - Definition

“any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment or any criminal offense resulting in injury or death of one family or household member by another family or household member”



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Domestic Violence Reporting

Domestic Violence is **ONLY** reported if:

- a gun, knife or other such instrument was used
- violence was committed in the presence of a child, vulnerable elder or disabled person
- the victim requests reporting



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Response to Domestic Violence

- Assist & collaborate with the identification and assessment of victims of domestic violence
- Document signs & symptoms of abuse and evidence of abuse
- Notify a social worker (Case Management Department)
- If appropriate, notify law enforcement where domestic violence occurred
- If appropriate, notify Department of Children & Families' hotline: [1-800-96-ABUSE](tel:1-800-96-ABUSE)

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Biomedical Waste

Examples of biomedical wastes that have the potential for causing infection during handling and disposal include but are not limited to:

- **Absorbent materials** that have been used and are saturated with blood, blood products, body fluids, excretions or secretions contaminated with visible blood and absorbent materials saturated with blood or blood products that have dried



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Examples of Biomedical Waste - continued

- **Non-absorbent disposable devices** that have been contaminated with blood, body fluids, excretions or secretions visibly contaminated with blood, but have not been treated by an approved method
- **Discarded sharps** or any disposable items that could lacerate or penetrate the skin
- **Any solid or liquid waste** which may present a threat of infection to humans such as: tissue or body parts from humans and/or other primates or laboratory waste which contains human disease causing agents

Examples of Biomedical Waste - continued

The following items should be disposed into **red** bag/liner containers:

- Blood and blood products
- Blood bag and tubing
- Body excretions/secretions with visible blood
- Saturated, used absorbent material that is or can be compressed to: DRIP-SPLASH-OR IS CAKED WITH POTENTIAL TO FLAKE
- Non-absorbent disposable devices (non-sharps) that retain visible blood or body fluids on surface
- Other contaminated solid waste from isolation rooms
- Non-liquid tissue and body parts

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Examples of Biomedical Waste - continued

The following items should be disposed into either a large rubber sealed sharps container or a 30 gallon stericycle reusable **red** bag lined collection transport container located in the Soiled Utility Room.

- Suction canisters
- Pleuravacs
- Thoracentesis bottles
- Laboratory wastes

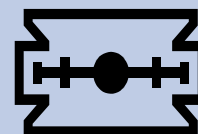
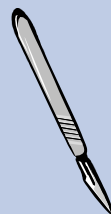


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Examples of Biomedical Waste - continued

The following items should be disposed into **sharps containers**:

- Syringes
- Needles
- Scalpels
- Razors/blades
- Any other type sharps



Examples of NON-Biomedical Waste

The following items should be disposed into regular waste **bag/liners containers:**

Newspapers

Magazines

Junk mail

Paper towels

Tissues

Coffee cups

Wrappers

Food products

Gloves



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Identification and Segregation of Biomedical Waste

- Biomedical waste must be segregated and contained at point of origin, such as a patient's room.
- The waste must then be transported to a common storage area, such as a properly identified soiled utility room, for pick up by Environmental Services or biomedical waste hauler.
- Filled **red** bags and sharps containers must be sealed at the point of origin.



Sharps Containers

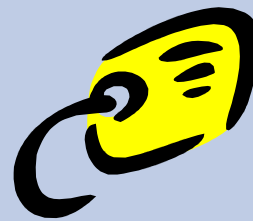
- Sharps containers must be closed when they reach 3/4 of capacity and replaced by environmental services or nursing personnel
- Sharps containers shall be leak-proof, rigid and able to withstand punctures from contained sharps during normal usage and handling. These containers shall be labeled with a biohazard symbol.
- Sharps containers must be secured by wall mounting, use of a secured container such as a "doggie dish" or IV/Phlebotomy tray
- Reusable contaminated sharps/instruments are to be transported in closed, puncture-proof containers

Containment

- Red bags, sharps containers, and outer containers of biomedical waste, when sealed, will not be reopened in this facility.
- Ruptured or leaking packages of biomedical waste should be placed into a larger container without disturbing the original seal.
- Any biomedical waste that is mixed with hazardous waste (i.e., chemical, nuclear) should be treated as hazardous waste.
- Any other solid waste mixed with biomedical waste should be managed as biomedical waste.

Labeling

- Outer biomedical containers such as red bags, corrugated boxes and sharps containers must have the facility's address displayed
- All approved biomedical containers must display the biomedical or biohazard symbol
- Lab specimens must be placed in a biohazard zip-lock bag during transport to the lab



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Storage of Biomedical Waste

- Soiled utility rooms or other areas where biomedical waste is stored prior to pick up are restricted areas, where the general public is not allowed access. Such areas must be labeled as “Soiled Utility Room,” biomedical symbol must be displayed, or warnings must indicate “Restricted Area.”
- All outside storage areas must be locked and inaccessible to the public



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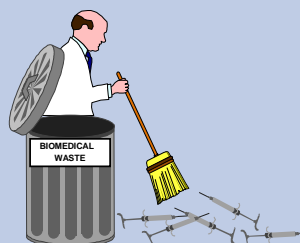
Handling of Soiled Linen

- Always use Standard Precautions
- Wear gloves when carrying linen; carry linen away from body
- Avoid contact with clothing and exposed skin
- Place all used linen, contaminated or not, in hampers close to source and keep hampers closed. *The laundry handles and processes all soiled linens as contaminated.*
- Keep full linen bags closed and place in “soiled” utility room for pick up
- Always wash your hands after handling linen

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Handling Spills / Broken Glass / Sharps

- Always wear protective gloves
- Pick up broken glass, sharps and needles with a brush/dustpan, tongs, or forceps. **DO NOT USE YOUR HANDS.**
- All biomedical spills must be wiped up with disposable towels and discarded into a biomedical waste container. *Don appropriate personal protective equipment (PPEs) to do the task.* Then, disinfect the area with a hospital approved germicide.



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Handling Spills/Broken Glass/Sharps - continued

- If a spill occurs in the pneumatic tube system, notify Plant Operations for proper decontamination
- Clean all work surfaces at the end of your shift or when visibly contaminated
- Never reach into a biomedical waste container to retrieve an object. Empty contents onto a newspaper and search with your eyes.

**DO NOT HANDLE
BIOMEDICAL HAZARDS
DIRECTLY!**

Policy & Record Keeping

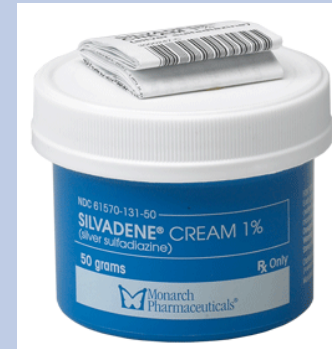
- The Health First Biomedical Waste Plan may be found on the Intranet on the Infection Control Policy & Procedure page.
- All biomedical waste management records will be maintained in the Health First Facility-Specific Biomedical Waste Binder.

Pharmacy Hazardous Waste Items

<u>Pharmacy Items</u>	<u>Code</u>	<u>Container Color</u>	
<i>Arsenic Trioxide</i>	P012, D004	Yellow	UPW
Barium (No Oral Contrast)	D005	Black	UPW
Cadmium	D006	Black	UPW
Chloroform	D022	Black	UPW
Chromium	D007	Black	UPW
Chloral Hydrate (c-IV)	U034	N/A	An empty rinsed cup (or) container of chloral hydrate goes into the trash.
<i>Chlorambucil</i>	U035	Yellow	UPW
<i>Cyclophosphamide</i>	U058	Yellow	UPW
<i>Daunomycin</i>	U059	Yellow	UPW
Dichlorodifluoromethane	U075	Black	UPW
<i>Diethylstilbestrol</i>	U089	Yellow	UPW
Hexachlorophene	U132	Black	UPW
Lindane	U129, D013	Black	UPW
M-Cresol (Levemir, Lantus, Novolin R)	D024	Black	UPW
<i>Melphalan</i>	U150	Yellow	UPW
Mercury	U151, D009	Black	UPW
<i>Mitomycin C</i>	U010	Yellow	UPW
Nicotine (Unused Patches)	P075	Black	UPW
Phenol	U188	Black	UPW
Physostigmine	P204	Black	UPW
Reserpine	U200	Black	UPW
Resorcinol	U201	Black	UPW
Saccharin	U202	Black	UPW
Selenium Sulfide	U205, D010	Black	UPW
Silver (Silvadene, Silver Nitrate Sticks)	D011	Black	UPW
<i>Streptozotocin</i>	U206	Yellow	UPW
Trichloromonofluoromethane	U121	Black	UPW
<i>Uracil Mustard</i>	U237	Yellow	UPW
Warfarin > 0.3%	P001	Black	UPW
Warfarin < 0.3%	U248	Black	UPW

Examples of Hazardous Pharmacy Waste

- Nicotine Patches
- Physostigmine
- Warfarin Tablets (Coumadin)
- Lindane Shampoo
- Levemir Insulin
- Novolin R Insulin
- Lantus Insulin
- Silvadene Cream
- Silver Nitrate Sticks



Environmental Impacts of Pharmacy Waste

Pharmaceuticals have been detected in drinking water in many metropolitan areas across the country.¹



1. In a Green World, Do Pharmaceuticals Muddy the Water? □Decou E., *The Pharmacist* May 2008 pp. 4-8

Environmental Impacts of Pharmacy Waste

In the Potomac River, scientists have found male fish (smallmouth bass) with female sex organs. This occurrence of "intersex" fish has been associated with the presence of pharmaceutical estrogens in the water.¹



1. **Intersex (Testicular Oocytes) in Smallmouth Bass from the Potomac River and Selected Nearby Drainages.** Blazer S., Iwanowicz L., Iwanowicz D., Smith D., Young J., Hedrick J., Foster S., and Reeser S. *Journal of Aquatic Animal Health* Dec. 2007; 19: 242-253

Universal Pharmaceutical Waste

QUESTION: What does the hospital do with these hazardous P-list, U-list and D-list pharmacy items???

ANSWER: There are P-List, U-List and D-List non-chemo pharmacy items that are dispensed for patient care in the hospital. Any unused portion of these items are collected in the hospital in black Universal Pharmacy Waste containers. →



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Black Container Wastes

QUESTION: There are many different P, U and D Listed wastes. How will I know which items to place in the black buckets?

ANSWER: Pharmacy will place a black dot sticker on medication items that should be placed in the black containers.



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Emergency Codes

- **CODE BLUE - Cardiac/Respiratory Arrest**
- **CODE BLUE 13 – Pediatric Cardiac/Respiratory Arrest**
- **CODE PINK – Infant/Pediatric Abduction**
- **CODE WHITE - Hostage**
- **CODE YELLOW - Lockdown**
- **CODE RED - Fire/Smoke**
- **CODE BLACK - Bomb Threat**
- **CODE ORANGE - Hazmat/Bioterrorism**
- **CODE GREY - Violence/Security Alert**
- **CODE GREEN - Mass Casualty/Disaster**
- **CODE PURPLE - Severe Weather**
- **CODE SILVER – Active shooter**

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Fire Academy - Fires at a Health Care Facility

When it comes to fire, a health care facility is like a ship at sea, with no immediate evacuation options. With some patients incapable of movement or slow to evacuate, it is better to keep the fire from the patient than to remove the patient from the fire. Early fire detection, containment, and availability of necessary fire fighting resources must be incorporated into healthcare facility design and operation.

Every health care facility should have a fire response plan that tests and evaluates the efficiency, knowledge and response of associates in reaction to a fire emergency. Such tests should be done so as not to disturb or excite patients.

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Compartmentalization - Defined

The concept of using various building components such as firewalls, doors, and smoke barriers to prevent the spread of fire and smoke and to provide a safe route (egress) to an exit. Areas of a floor separated by smoke barriers, are known as smoke compartments and are so labeled with a small tag, 1" high by 6" long, Smoke compartments allow for the "Defend in Place" Principle which involves the horizontal evacuation or relocation on each floor, if necessary.

SMOKE COMPARTMENT DOOR

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Fire Plan Roles of: Students, Auxiliary / Volunteers, Contractors & Licensed Independent Practitioners (LIPs)

At the fire's point of origin:

- Report any smoke or fire to an associate **or**
- Pull the nearest fire pull station and follow instructions of associates or fire fighters



Away from the fire's point of origin:

- Remain in the unit or department where located until the "all clear" has been given thus providing the notice to resume normal activities

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Fire Plan Roles of: Students, Auxiliary / Volunteers, Contractors & Licensed Independent Practitioners (LIPs)

- Elevators shall not be used during a fire alarm event
- In preparation for building evacuation, follow directions of associates or fire fighters which may be to:
 - Proceed to a nearby fire exit for safe exit from the building (and lessen confusion and the number of people in an area) **or**
 - Request that these individuals assist in directing ambulatory patients and visitors to the next adjacent smoke compartment and remain with them



Hazard Communication

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- Each unit and department has an inventory of the chemicals used in the department.
- It is routinely located in Part II of the Emergency Management Plan.
- Also, the Materials Safety Data Sheet (MSDS) for each chemical is provided.

Hazard Communication cont.

- MSDS's include information pertaining to exposure limits, first aid, composition of the chemical and recommended PPE.
- Please review the chemical inventory and MSDS's in your assigned work area.

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Spill Procedures - Significant Chemical Spills

- Refer to Chemical or Radioactive Spill checklist on Emergency Kardex
- Evacuate and secure the immediate area of spill
- Isolate affected area by closing all doors & windows
- Attend to first aid of persons
 - who may have been splashed
 - or received chemical exposure
- Notify the Haz Mat Team by contacting the Call Center at “88”
- Inform spill team on arrival of exact location, copy of MSDS, name of chemical, volume of spill and actions already taken to minimize spill

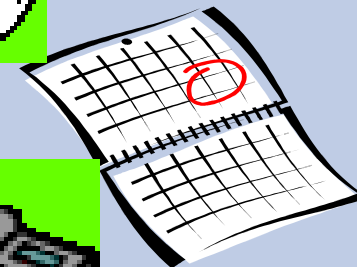
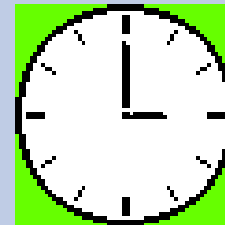
FIRST AID



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For Information Regarding Infection Control ...

- A Health First Infection Control Professional is available 24 hours a day, 7 days a week to answer your questions or concerns
- Contact the Hospital Operator for the Infection Control Professional on-call



Why Wash Your Hands?

- Common everyday activities can result in contamination of hands with organisms or germs that can be transferred to another patient or healthcare worker
- Handwashing is the single most effective means to prevent infection
- Handwashing can significantly reduce infections by removing these organisms or germs
- Glove use does not replace handwashing



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Hand Hygiene Technique

- Alcohol-based hand rub preferred
- Alcohol-based products are more effective, faster acting and are recommended by the Centers for Disease Control and Prevention (CDC)
- Hands should be washed with soap and water at the beginning of a shift, when hands are visibly soiled, or when there is a build-up of alcohol-based hand rub

When to Wash Your Hands

- Always wash your hands or use an alcohol-based hand rub:
 - Before and after each patient contact
 - Before and after eating
 - After removing gloves
 - After coughing or sneezing
 - After using the bathroom
 - Any time they become soiled
- Patients are encouraged to become involved in their own care and may ask if healthcare providers have washed their hands



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through
Prevention

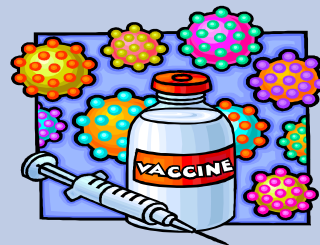
Immunizations for Health Care Workers

- **Hepatitis B Vaccine**

- A safe and effective vaccine is available to protect health care workers from Hepatitis B

- **Flu Vaccine**

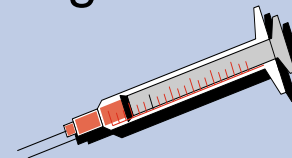
- Best way to prevent the flu is to get the Flu Vaccine each Fall



Exposure Control Plan

- The Plan summarizes policies & procedures for reducing the risk of Significant Exposures
- The Health First Exposure Control Plan is located in the **Infection Control Manual policy IC.02.010** located on the Health First Intranet
- A copy of the OSHA Bloodborne Pathogens Standard is available at

www.osha.gov



Types of Precautions

- **Isolation** Precautions are designed to reduce the risk of transmission of infections to and from patients and healthcare workers
- **Standard** Precautions are a single set of precautions used for the care of all patients, regardless of their presumed infection status
- **Other** precautions to be used in addition to Standard Precautions include **Airborne, Droplet**, and **Contact-Plus** Precautions

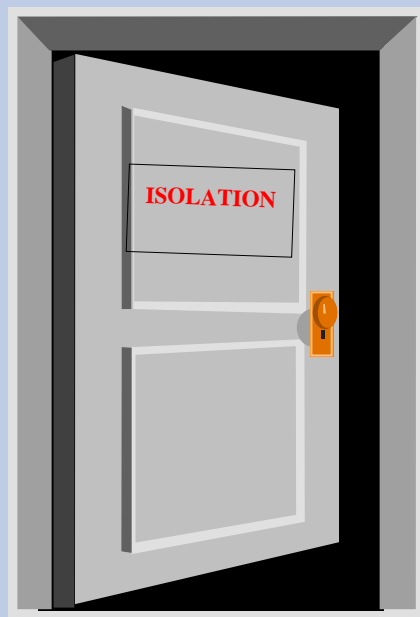
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Standard Precautions

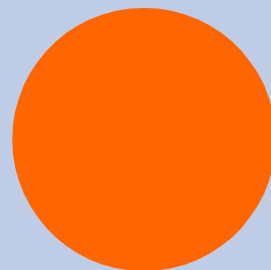
- Handwashing before & after patient contact!!
- Gloves when contact with blood or body fluids may occur
- Gloves for examining abraded or non-intact skin
- Masks & protective eyewear when aerosols possible
- Gowns when spraying or splattering of blood or body fluids may occur

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Transmission-Based Precautions



If a Precaution sign is posted on a patient's door check at nurse's station before entering. Students should not enter Airborne Isolation rooms.



Caring through Prevention

- When healthcare providers think about caring for patients, we consider all the things done every day to help patients get well
- But the greater challenge is to demonstrate our ***Caring through Prevention*** of hospital-acquired infections by practicing good Infection control



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Medical Equipment Overview

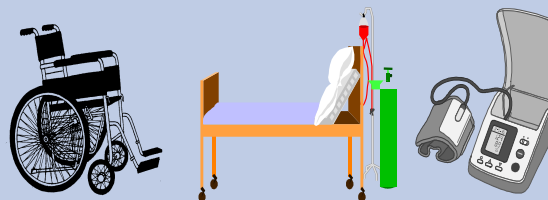
Medical equipment is any piece of equipment that is used for the treatment, diagnosis, monitoring or care of a patient. All medical equipment must be inspected by the Clinical Engineering Department prior to initial use. This includes all purchased, loaner, demo, rental, and physician-owned equipment.

To meet JCAHO's Environment of Care Standards, associates must be able to describe the capabilities, limitations and special applications of medical equipment they typically use. Further, associates must be able to demonstrate the correct operation of such equipment.

Reporting Problems

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- Questions regarding medical equipment or reporting equipment failure, call Clinical Engineering at ext. **45000**
- When reporting a medical equipment problems, please be prepared to provide the following information:
 - Full name & phone extension of person reporting problem
 - Facility, department, location and problem symptoms of equipment
 - Clinical Engineering equipment control number
— (on bright yellow tag with black control number)
 - Response level needed (STAT or routine)



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Reporting Medical Device Failures - Safe Medical Devices Act (SMDA)

Any individual who: witnesses, discovers, or becomes aware of information suggesting a medical device has caused or contributed to death, serious injury, or serious illness of a patient, shall immediately report the incident to their supervisor or department director. The medical device involved, and any accessories used with it, shall be immediately removed from use and impounded. Control and switch settings should not be changed. The device shall remain impounded until either Risk Management or Clinical Engineering can take possession of the device.

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Cell Phone use and medical devices

- Cell phones, can interfere with the operation of medical equipment when turned on and used in close proximity to equipment.
- Patients and visitors should not use cell phones in intensive care or recovery units, or other departments using life support or critical monitoring equipment.
- Associates and physicians who must use cell phones in these areas should never have the cell phone turned on, or in use while they are within 3 feet of any life support, critical monitoring, or infusion devices. If you can reach out and touch the device, you should not have your cell phone on, or in use.

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Health First Patient Safety Plan

The Patient Safety Plan at Health First is focused on Joint Commission's National Patient Safety Goals (NPSG's) and promotes a proactive culture regarding patient safety. In such a culture, associates feel more comfortable and are more likely to report errors, near misses, potential risks, and make recommendations for improvement of patient safety.

While associates are encouraged to talk to their manager about safety concerns, they can also confidentially report safety, both patient and general safety, issues to the **Health First Safety Hotline at 434-S-A-F-E (434-7233)**.



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National Patient Safety Goals

- **Goal:** Use at least two patient identifiers when providing care, treatment and services.
- **Goal:** Eliminate transfusion errors related to patient misidentification
- **Goal:** Report critical results of tests and diagnostic procedures on a timely basis.
- **Goal:** Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural areas.
- **Goal:** Reduce the likelihood of patient harm associated with anticoagulant therapy.
- **Goal:** Comply with either the current Centers for Disease Control (CDC) or the World Health Organization (WHO) hand hygiene guidelines.
- **Goal:** Implement evidenced-based practices to prevent health care-associated infections.
- **Goal:** A process exists for accurately and completely reconciling medications across the continuum of care.
- **Goal:** Identify patients at risk for suicide.

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Goal: Patient Identification

- Use at least two patient identifiers (neither to be room number) whenever providing care, treatment or services.
- This includes medication administration, transfusion of blood and blood components, blood or specimen collection and labeling, treatments, procedures, and registration processes.
- Check two patient identifiers when working with medical record forms and documents for a patient's chart such as lab results, physician orders and progress notes.
- The two identifiers **must be compared** against the MAR, MD order, or patient's medical record.

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Goal: Eliminate Transfusion Errors Related to Patient Misidentification

- Before initiating blood or blood component transfusion:
 - Match the blood or blood component to the order
 - Match the patient to the blood or blood component
 - Use a two-person verification process **or a one-person verification process accompanied by automated identification technology, such as bar coding (New 2011)**
- **Two-person verification process:** One individual conducting the identification verification is qualified to transfuse the blood or blood component. The second individual in the verification process is qualified to participate in the process, as determined by the hospital.

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Goal: Timely Reporting of Critical Test Results and Diagnostic Procedures

- HF has developed and implemented written procedures for managing critical results of tests and procedures (Refer to HF Patient Safety Policy: PS 1.04)
- **Definitions:**
 - **Critical Value/Result:** Values/results that have been determined to be out of the normal range and may be life-threatening
 - **Critical Expected Value:** critical values that will be reported in accordance with the physicians documented medical directive/orders.

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Goal: Timely Reporting of Critical Test Results and Diagnostic Procedures-cont.

- Critical values/results must be communicated to the LIP/PA/ARNP, nursing unit or other patient care area. The sender must confirm that the results have been received.
- All critical values/results/alert values will be reported to the licensed professional responsible for the patients care. (Life threatening findings identified by the interpreting LIP will be directly communicated to the LIP responsible for the patient).
- Verbal or telephone orders of a critical result/value will write the result and read it back to the reporting department and document in the patient's medical record.
- The documentation will be placed in the electronic record/completed critical test/critical value/result sticker will be placed in the physician progress notes.

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Goal: Timely Reporting of Critical Test Results and Diagnostic Procedures-cont.

- If the ordering or primary physician has not been made aware of the critical result nursing staff will ensure notification is made, documented and follow-up orders are written if provided.
- Notification will be done in a timely manner as follows:
 - Immediately call the physician when notified of a critical result/value.
 - If no response within 15 minutes call the physician a second time.
 - If no response within 15 minutes escalate the situation using your facilities chain of command process to ensure that the patient's needs are addressed.
 - Document the physicians' lack of response in the portal as appropriate.

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Goal: Label all Medications, Containers and Solutions in Perioperative & Procedural Settings (both on and off the sterile field)

- Label all medications and solutions not immediately administered
- Labeling needs to occur when the medication/solution is transferred from original package to another container, and as soon as it is prepared
- Verify labels both verbally and visually with two qualified individuals
- Remove all labeled containers on the sterile field and discard at the end of the procedure
- All medications and solutions are reviewed by entering and exiting staff responsible to manage the medications.
- Labels include:
 - Medication name
 - Strength and quantity
 - Diluent volume
 - Preparation date
 - Expiration date (if not used in 24 hours)
 - Expiration time (if less than 24 hours)

(Note: Date and time are not necessary for short procedures as defined by the hospital.)
- Immediately discard all medications or solutions found unlabeled.

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Goal: Reduce the Likelihood of Patient Harm Associated with Anticoagulant therapy

- There is a defined anticoagulation management program individualized to each patient
- To reduce errors, only unit dose, pre-filled syringes and pre-mixed infusion bags are used
- Appropriate protocols are used based on the medication used, condition being treated, & potential for medication interactions
- Baseline and current INR's are available for patients on warfarin to monitor and adjust therapy
- Dietary will access a report listing patients on warfarin therapy to establish food/medication interaction program and education
- Programmable infusion pumps are always used for heparin infusions
- Written policies address baseline and ongoing lab tests required for heparin and LMW Heparin therapy
- The hospital evaluates its anticoagulation safety practices, improves its practices and measures effectiveness of actions taken on a regular basis

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Goal: Reduce the Likelihood of Patient Harm Associated with Anticoagulant therapy - cont.

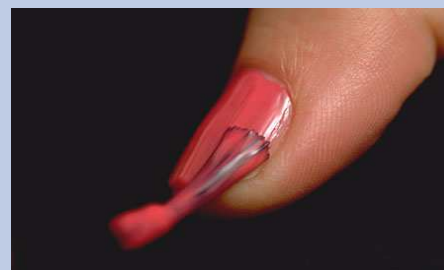
- The hospital provides education regarding anticoagulation therapy to prescribers, staff, patients, & families.
- Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.

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Goal: Hand Hygiene Guidelines

Health First Personal Appearance & Grooming Standards Policy requires that:

- Fingernails are to be kept neat, trimmed and clean
- Nail tips should be no longer than 1/4 inch
- Artificial fingernails, acrylic overlays or extenders are not to be worn when having direct contact with patients



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Goal: Hand Hygiene Guidelines – cont.

Use an alcohol-based hand-rub when hands are not visibly soiled to reduce bacterial counts
(preferred method)

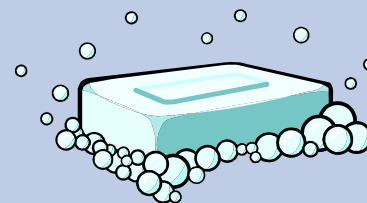
Proper application of alcohol rub:

- Apply rub to dry hands
- Cover all surfaces of hands, including the backs of hands and fingers
- Do not rinse hands
- Allow hands to dry naturally



Wash hands with soap and water when you:

- Develop a build-up of the alcohol-based rub
- Start a new shift
- Observe hands are visibly dirty



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Goal: Hand Hygiene Guidelines – cont. Just Say “Hands”

- In a busy health care setting we sometimes forget to wash our hands or use the hand sanitizer. We all need a reminder now and then. The reminder should be positive, short and non-threatening, **so just say “Hands”**
- **“Hands”** is our new universal sign to signal to others to comply with our hand hygiene policy.
- Everyone at HF should begin to use **“Hands”** to emphasize the importance of hand hygiene.

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Goal: Prevention of Health-Care Associated Infections

- Implement evidence-based practices to prevent healthcare-associated infections due to multi-drug resistant organisms (MDRO's) in acute care hospitals.
- Implement evidence-based practices to prevent central line-associated bloodstream infections.
- Implement best practices for preventing surgical site infections.

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Goal: Prevent Infections Due to Multidrug-resistant Organisms (MDRO's)

- HF Microbiology reports flag MDRO's on the patient report.
- Microbiology will call all MDRO's as Alert Values.
- Patients with MDRO's should be placed on Contact Isolation Precautions.
- Infection Control will maintain an alert system to identify readmitted patients with MDRO's.
- Educate patients/families who are infected or colonized with MDRO's about healthcare associated infection strategies.

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Goal: Prevent Central Line-associated Bloodstream Infections

- Perform hand hygiene before and after inserting, replacing, accessing, repairing or dressing an intravascular catheter.
- Prior to insertion educate patients/families about central line-associated blood stream infection prevention.
- Use full barrier precautions for central line insertion.
- A mask, cap, sterile gown, and sterile gloves are to be worn by **all** healthcare personnel involved in the insertion procedure.
- Use a chlorhexidine-based antiseptic for skin preparation in patients older than two months of age.
- Disinfect catheter hubs, needleless connectors, and injection ports before accessing the catheter.
- Assess the need for continued intravascular access on a daily basis during multidisciplinary rounds.
- Remove catheters as soon as possible when no longer required for care.

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Goal: Prevent Surgical Site Infections

- Control hypothermia.
- Monitor elevated glucose levels.
- Use electric clippers to remove hair from the surgical site.
- Administer preoperative, procedure-specific antibiotics within the appropriate timeframe prior to incision.
- Educate patients/families who are undergoing a surgical procedure about surgical site infection prevention.

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Goal: Accurately and Completely Reconcile Medications

- There is a process for comparing the patient's current list of medications with those ordered while in the hospital
- A complete list of current medications is communicated to the next care provider when the patient is referred or transferred to another facility or service
- When a patient goes home a complete list of medications is provided to the patient or family as appropriate and to the patient's known primary care provider. Maintain original documents for the patient's MR.
- The list of medications is explained to the patient and/or family
- In settings where medications are used minimally or prescribes for a short duration, modified medication reconciliation processes are performed (ED's)

Goal: Identify Patients at Risk for Suicide ^{73 of 104}

- A suicidal patient is identified as anyone verbalizing, attempting or threatening to take his or her life.
- A suicide risk assessment must be completed on patients who present with behavioral, emotional or substance abuse problems
- Patients identified as at risk are put on suicide precautions.
- A patient observer will be with the patient at all times (except in the ICU's where direct monitoring is available). Families **can not** be the patient observer.
- Provide a safe environment:
 - Place patient in a private room near the nurses' station if possible
 - Place patient in a hospital gown and notify security for belongings removal
 - Remove all potentially harmful items from the room (phone cords, electrical cords, call cords, wireless keyboards, plastic trash liners, sharp items, IV tubing not in use, soda cans, any breakable items
 - Notify dietary of suicide precautions to obtain "safe tray"
 - Check the patients mouth after giving medications to make sure they have swallowed them
 - Accompany the patient whenever they leave the room for tests, etc.
 - Leave the door open when the patient is using the bathroom
- An assessment of the environment will be done each shift
- These procedures will be explained to the patient and family

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Encourage Patient's Involvement in their Care as a Patient Safety Strategy

- Encourage patients and families to speak up if they have concerns regarding safety issues.
- Educate patients regarding their plan of care for the day.
- Show/tell patients that you have washed your hands for their safety.
- Explain why it is important to always check two identifiers (name and date of birth).
- HF implemented several initiatives to meet this goal. These include: Ten Patient Safety Commandments, patient information booklets, My Care Connection (Skylight TV), patient safety information on the HF Web Site and public service articles for people in the community.
- The most effective method is to frequently talk to your patient about safety and what they can do to stay safe in the hospital environment.

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Universal Protocol

- **Conduct a **pre-procedure** verification process:**
 - Verify the correct procedure, patient and site
 - Identify items that must be available for the procedure and use a standardized list to verify their availability
 - At a minimum these items include the following
 - Relevant documentation (H&P, consent form, nursing assessment, pre-anesthesia assessment)
 - Labeled diagnostic & radiology test results (images & scans, pathology or biopsy reports) that are properly displayed
 - Required blood products, devices, implants or special equipment
 - Match the items that are to be available to the patient

Universal Protocol

- **Mark the procedure site:**
 - Identify the procedures that require site marking
 - Mark the procedure site before the procedure is performed and if possible actively involve the patient
 - The procedure site is marked by a licensed independent practitioner who is ultimately accountable and will be present when the procedure is performed.
 - The method for marking the site and type of mark is unambiguous and is used consistently throughout the hospital
 - A written, alternative process is in place for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site
 - Refer to the HF Policy (Identification of Surgical Patient, Surgical Procedure and Surgical Site: PS 1.03) for more specific details

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Universal Protocol

- **A time-out is performed before the procedure:**
 - Conduct the time-out immediately before the procedure or incision.
 - The time-out has the following characteristics
 - It is a standardized process defined by the hospital
 - It is initiated by a designated member of the team
 - It involves the immediate members of the procedure team
 - If more than one procedure is being performed on the patient, and the individual performing the procedure changes, perform a time-out before each procedure
 - During the time-out, the team members agree, at a minimum, on the following:
 - Correct patient identity
 - The correct site
 - The procedure to be done
 - Document the completion of the time-out

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Patient safety is Health First's number one priority. Patient safety should become so engrained in the every day culture that it is instinctively incorporated into everything we do.

Every Patient, Every Time.

Remember our motto:



Emergency Medical Treatment and Active Labor Act (EMTALA)

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- Federal “anti-dumping law”
- Ensures patients have public access to emergency services regardless of ability to pay
- Specific obligations on Medicare-participating hospitals
- Medical screen/exam must be done when a request is made for treatment for an emergency medical condition, including active labor
- Must provide stabilizing treatment or appropriate transfer
- Must maintain a physician on-call system to provide available coverage with stabilizing pts

Pain Assessment

What is Pain?

- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage

IASP, 1979, 1994

- Pain is whatever the experiencing person says it is, existing whenever he says it does

McCaffery, 1968, 1999

Common Types of Pain

- Procedural pain
- Post-operative pain
- Osteoarthritis and rheumatoid arthritis
- Neuropathies
- Back pain
- Sickle cell disease
- Cancer pain

Pain Intensity Rating Scales

- Measure intensity only
- Fast, simple to use
- Facilitate tracking over time
- Are not a complete assessment
- Must be followed by comprehensive assessment when pain is present
- Not for comparison between patients

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Managing Pain: The Process

- Screening
- Comprehensive assessment
 - Physical assessment
 - Psychosocial assessment
- Planning and interventions based on assessment
- Reassessment of response to treatment
- Continued screening
- Laboratory and diagnostic tests as appropriate

Best Practice: Pain Screening & Assessment

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- Scheduled, routine screening for pain for everyone
 - Designated minimum frequency
 - Documented in a way that facilitates tracking
 - Levels of pain that trigger assessment & planning
- Comprehensive assessment
- Scheduled reassessment for efficacy
- Plans based on individual assessment

What is a “Tailgater?”

Someone that follows a person into a unit without proper authorization

- What is your responsibility?
 - Challenge the person, inform them that each person must check in.
- What should you always do when entering a locked down unit?
 - Assure that upon entering the door closes and locks behind you.

Tailgating

- Assure that no other individual, for any reason, “tail-gates” behind you and if an individual attempts to tailgate, take appropriate action by addressing the individual or group or enter via another entrance to the unit.
- Report any security related issues (e.g. suspicious persons, circumstances, or events) to your instructor, the charge nurse or unit manager immediately and notify security.

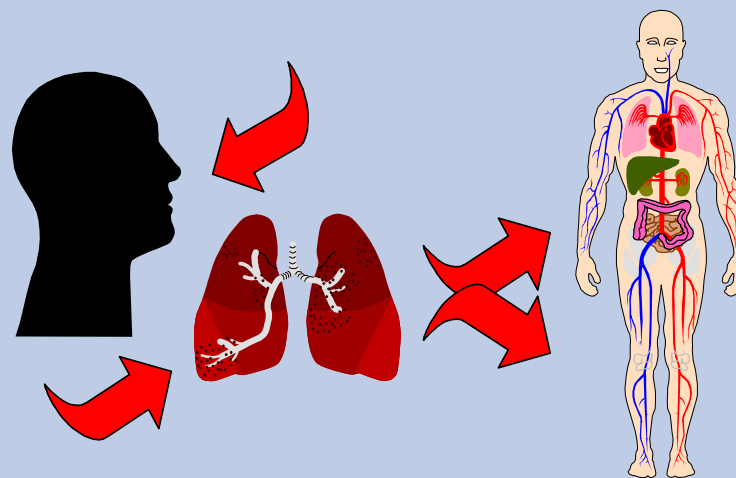
Some General Information

- Be aware of your surroundings and behavior that you believe to be suspicious.
- Know how to contact security in a hurry if needed. Panic buttons, dialing 88 are quick and reliable.

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TB Disease Overview

TB is carried in airborne particles that are produced when people with TB of the lung or larynx sneeze, cough, speak or sing. The infection occurs when droplets are inhaled into the lungs and spread throughout the body.



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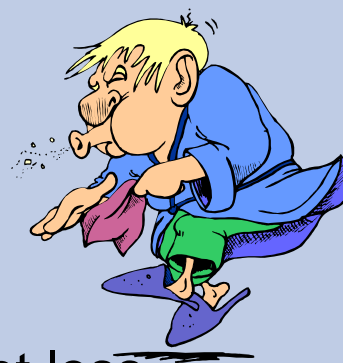
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Disease Overview - continued

- The Purified Protein Derivative (PPD) skin test is NO longer required annually for Health First Associates. An associate may still request a PPD skin test at their annual screening by the Employee Health Nurse at their discretion.
- People with a PPD skin test conversion may be treated with medication to reduce the risk of developing active disease later in life
- Participation in the TB screening program will reduce an individual's risk of developing TB disease

Signs of TB

- Cough lasting three weeks or more
- Night sweats
- Hemoptysis
- Fever/chills
- Loss of appetite
- Tires easily
- Unexplained weight loss



Prevention of Patient TB

Measures to prevent the spread of TB include:

- **IDENTIFY** people who are infectious to help to control the spread of TB. Be on the lookout for TB.
- **ISOLATE** the patient by placing them in a negative pressure room. Cover the patient's nose and mouth with tissues when coughing or sneezing.
- **TREAT** TB using an effective treatment method that should be implemented as soon as possible

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Prevention of Student TB


- Review the TB Control Plan in the Infection Control Manual on the Health First Intranet and comply with work practice controls and methodology
- Report to Employee Health Nurse following a TB exposure, or if you have signs or symptoms of TB
- Students should not care for TB patients or other patients in airborne precautions and/or patients isolated in negative pressure rooms.

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Stroke

Stroke is the third-leading cause of death in the United States and it is the leading cause of disability

If someone you see has signs or symptoms of a stroke, take immediate action, even if they have only one symptom or the symptoms go away.



WALK
(Is their balance off?)

TALK
(Is their speech slurred or face droopy?)

REACH
(Is one side weak or numb?)

SEE
(Is their vision all or partly lost?)

FEEL
(Is their headache severe?)

Even if you only have one symptom or your symptom(s) go away, call 911 and go to the emergency department!

AMERICAN SOCIETY OF NEUROLOGY

American College of Emergency Physicians

American Heart Association

American Stroke Association

Learn and Live.

For more information: 1-888-4STROKE or give5forstroke.org

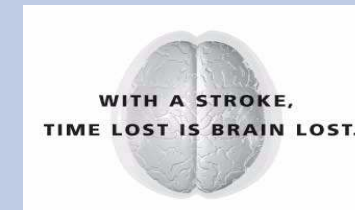
- **Walk - Is their balance off?**
- **Talk - Is their speech slurred or face droopy?**
- **Reach - Is one side weak or numb?**
- **See - Is their vision all or partly lost?**
- **Feel - Is their headache severe?**

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What To Do

Don't wait!

If you see even one of these symptoms, (even if it goes away) do not wait, get help.



1. If you are outside the hospital call 911.
2. If it is a patient, notify the nurse. The nurse will call the Rapid Response Team (RRT)
3. If it is an associate, visitor, or outpatient, help them get to the Emergency Department.

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Needs of the Dying Patient

Dying Patients & their families have unique needs which associates should be prepared to address:

- COMFORT

They have the right to expect continuing medical & nursing care even though the care is palliative and the expected outcome is death. Be attentive to the pain expressed by the patient or perceived by the family. Also be diligent regarding hygiene, positioning and other comfort measures

- DIGNITY

The death experience is an intimate time for patients & families. To the extent possible, provide privacy for the family to be with the patient & to express their grief. Patients & families have a right to expect that the sanctity of the human body will be respected after death.

Reassure them as needed

Needs of the Dying Patient

- PSYCHOSOCIAL/EMOTIONAL NEEDS

Anticipate the fears and confusion of the patient & family, as well as the various stages of grief they may be experiencing. **Respect their feelings** and support them at the stage they are in. Utilize resources as appropriate for the patient/family. Case Management/Social Work may be of great assistance.

- SPIRITUAL NEEDS

The spiritual needs of dying patients & their families are unique. Depending upon their beliefs and community of faith, there may be certain religious rituals that they desire to take place before or after the death. Their community of faith may also be an important source of support. Find out what the patient/family needs/desires are and contact their clergy, one of their faith or the Department of Pastoral Care

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Advanced Directives

For complete information on withdrawal and withholding of life prolonging procedures, please see Health First Policy in Clinical Practice Manual 1.19.

An advance directive is an instruction written in advance, that allows individuals to make future health care decisions about themselves NOW! It provides individuals with the opportunity to accept or refuse medical care in the future. The directive only has a bearing or effect if an individual is unable to communicate their own wishes. It has no bearing while an individual is still able to communicate.



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The Living Will

The Living Will is a written document stating those medical treatments that individuals would accept or refuse if they became:

- *terminally ill*, a condition clarified as caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death,
- *in a persistent vegetative state*, a permanent and irreversible condition of unconsciousness in which there is: a) the absence of voluntary action or cognitive behavior of any kind, b) an inability to communicate or interact purposefully with the environment



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Ethics - Ethical Dilemma

Medically related conflicts arise in every health care organization. Conflict of values interfering with optimum patient care may be an ethical dilemma to be addressed by the Ethics Committee. These can include cultural conflicts about end-of-life decisions, religious beliefs related to care, and/or termination of life support. The committee includes community members, hospital administration, medical staff, nursing, social services, risk management, legal council & clergy.



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Three Functions of Ethics Committee

- Review healthcare cases involving ethical dilemmas and make recommendations for resolution
- Educate itself, members of the hospital community and the public about ethical matters in health care
- Review the hospital's policies and procedures regarding ethics and ensure their compliance with the Health First Mission Statement



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Requesting a Consultation

- Patients, their family, significant other, or any member of the health care team can request a consultation
- To request an ethics consultation, contact HRMC/PBCH Pastoral Care, ext. 47183, CCH Pastoral Care, ext. 22718. After hours and on weekends, the house supervisor.



Diversity

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Cultural

Religious

Personality



Social

Educational

Diversity in the health care setting encompasses many areas including those listed above.

Of course, each of us belongs to many groups. The sense of belonging is vital to our identity. At the same time the profound differences among us culturally must also be acknowledged. We need to balance validation of differences among us and appreciation of the common forces of our humanity.

WHY IS THIS IMPORTANT?

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We serve a community that is rich in its diversity and that diversity is beginning to be reflected in the make up of those working in healthcare as well. Expect to see patients and health care workers from the following groups:

- White, Western European
- African American
- Asian
- Latino
- Native American
- Middle Eastern
- Jewish
- Caribbean Islanders

Recognizing and showing respect for those who are different from you is an *expectation* at Health First. Learn about different people groups and utilize that information to enhance the care you give and strengthen the team you work with.

