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# Student General Orientation



DELRAY MEDICAL CENTER | GOOD SAMARITAN MEDICAL CENTER  
PALM BEACH CHILDREN'S HOSPITAL | PALM BEACH GARDENS MEDICAL CENTER  
ST. MARY'S MEDICAL CENTER | WEST BOCA MEDICAL CENTER

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**PALM BEACH HEALTH NETWORK**  
 DELRAY MEDICAL CENTER | GOOD SAMARITAN MEDICAL CENTER  
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## Welcome to the Palm Beach Health Network!

Dear Student,

We welcome you to Tenet and the Palm Beach Health Network. It is our goal that this student orientation/experience will be a valuable and rewarding one and that your rotation to the clinical areas will be pleasant.

The Professional Development and Education Department, in cooperation with leaders and staff from each hospital, developed an orientation program that will allow you to integrate into your area with ease.

## Tenet Policy

This orientation manual has been prepared to provide an overview of basic Tenet policies and practices.

**Please refer to the policies/practices in this orientation manual in**

**conjunction with the most up-to-date policies applicable to the facility(s) and department(s) where you will be working.**

Tenet Policy and Procedure Manuals are online at each facility. You can ask your preceptor about policies when needed.

# Tenet Mission

To provide quality, compassionate care in the communities we serve.

## Tenet Vision Statement

Tenet will distinguish itself as a leader in redefining health care delivery and will be recognized for the passion of its people and partners in providing quality innovative care to the patients it serves in each community.

## Our Tenet Values

At Tenet Healthcare, our actions and behaviors define who we are, what we stand for and what we **CARE** about:

- **C**ompassion and respect for others and each other, supporting our communities and advocating for our patients
- **A**cting with integrity and the highest ethical standards — always
- **R**esults delivered through accountability and transparency
- **E**mbracing inclusiveness for all people in our workplace and in the communities we serve

## Tenet Performance Measurements

**SERVICE** Together, striving to create a facility where patients choose to receive their healthcare and employees, physicians and students want to work.

**QUALITY** Our Commitment to Quality is to improve the quality, safety and productivity of our care delivery by using evidence-based practices to achieve exceptional clinical outcomes.

**PEOPLE** Tenet is committed to creating a culture that develops, recognizes, and satisfies the people on whom we rely to create the best clinical outcomes and the best service experiences for our customers.

**COST** Tenet will realize bottom-line results leading to more operating income and resources and strong financial performance.

**GROWTH** With a goal to be the "hospital of choice", Tenet is committed to expanding the capacity to serve and meet the healthcare needs of our communities.



## Tobacco-Free Campus

It is the policy of Tenet to provide a safe, healthful and comfortable environment for all employees, patients, visitors, students, physicians and vendors by prohibiting the use of tobacco products in the workplace. Tenet believes that a tobacco-free policy is consistent with our leadership role in the healthcare field and contributes to wellness and productivity. Tenet serves as a model for our community in the area of promoting the good health of our staff and influencing public attitudes about tobacco products.

Employees, students, patients, visitors, physicians and vendors are prohibited from using tobacco products on or in all Tenet designated buildings, owned or leased properties, Tenet owned or leased vehicles and Tenet adjacent grounds, including parking lots (with the exception of a designated patio area). Employees, students, patients, visitors, physicians and vendors may not use tobacco products in their own or others' vehicles when the vehicles are on Tenet property.

## Patient and Family Experience

### Guiding Principles for a Culture of Service:

- Puts emphasis on providing an excellent customer service experience for our patients, physicians, employees and students.
- Ensures that quality service is embedded in the work we do each day to ensure quality care is the outcome of each service decision.
- Enables our employees to build the capability they need to become superior service providers.
- Is observable, measureable and teachable to enable a distinctive service experience.
- Is designed to create a place where patients choose to receive their healthcare, and physicians, employees and students want to work.

Our service culture is a key component that can differentiate our hospital and facility from others in the marketplace.

### Defining Service Excellence

Service Excellence:

- Is a **philosophy** that values caring and respectful behavior towards all customers.
- Is an **attitude** where all feel and act accountable for creating a workplace atmosphere that is beneficial to all.
- Is a **value** that drives people, systems, and strategies to meet the needs and exceed the expectations of all customers.



- Focuses on understanding and **responding to the needs** of customers by listening intently to their voices.
- Seeks to provide the highest levels of superior quality **as the customer defines it.**

- Is a **process**, not a program, and needs to be nurtured or it will fade. It is a long-term customer-centered way of doing business with excellence as its highest goal.

## Defining Service Excellence

- Service excellence is defined by the patient's individual perception
- Every person and every department influences the patient's perception. We are all responsible for Patient Experience Excellence.
- Service excellence is defined by how we make the patient feel
- How successful we are at making the patient feel valued, respected and engaged in their care.
- How well we connect on an individual basis with the patient in a manner that reduces their anxiety and addresses their emotional needs.

## Take Pride in Your Work and Your Workplace

### Take the Initiative

- Pick up trash
  - It's everyone's job to keep the hospital clean
- Escort visitors to their destinations
  - Greet people in the hallway, help them find their destination
- Put your signature on the service you deliver.
  - Be a role model
  - Show you care
  - Connect with your eyes, ears, hands and heart
  - Contribute your ideas to leaders

Each of us owns the responsibility and opportunity to create an exceptional experience with every interaction we have with physicians, patients, students and employees. It takes a concerted effort and a commitment. *The responsibility for that commitment begins with YOU!*

## AIDET

AIDET is a combination of five behaviors to use in every patient/staff interaction to anticipate, meet, increase clear communication and exceed expectations of patients and their families. AIDET is used to help decrease anxiety in patients and their families and to improve patient outcomes and satisfaction.

<b>A</b>	<b>Acknowledge</b>	It only takes 3 seconds to make a first impression & we want your first impression to be a positive interaction with each patient or visitor. Greet the patient by their name. Make eye contact, smile and acknowledge the patient, family and/or friends in the room.
<b>I</b>	<b>Introduce</b>	Introduce yourself with your name, role, professional certification and experience.
<b>D</b>	<b>Duration</b>	Help to manage a patient's expectations related to the time you will be in the room, for tests or when they can expect to see their provider. If it is not possible to provide a time or duration, let the patient know when you will be able to update them on the progress or next steps they can anticipate.
<b>E</b>	<b>Explanation</b>	Explain step-by-step what to expect next, answer questions and let the patient know how to contact you, such as a call button.
<b>T</b>	<b>Thank You</b>	Thank the patient, visitor or family for their time and for choosing the hospital or being there to support their friend or family member.

## Tenet Ethics and Compliance

Ethics and compliance in healthcare can be complex but Tenet's commitment is not. As Martin Luther King, Jr. said "The time is always right to do **what is right.**" Individuals and organizations serving as vendors or contractors to Tenet have an obligation to act with complete integrity when representing Tenet. Integrity is the basis of every individual's reputation, and it is the basis of Tenet's reputation as a healthcare leader.



These Standards of Conduct reflect Tenet's basic values. These basic values are to:

- Meet the needs of each and every patient whose care is our primary purpose and mission
- Maintain and enhance cooperative relationships with affiliated physicians to better serve the health care needs of our communities
- Forge strong partnerships with those who share our values
- Achieve standards of excellence which become the benchmark of industry practices
- Use innovation and creativity to identify and solve problems
- Apply quality management and leadership principles to foster continued development
- Treat each other, our patients, and our business partners with respect and dignity
- Hold integrity and honesty as our most important principles, uphold ethical standards at all times and comply with all applicable rules and regulations
- Achieve competitive return for our investors
- Strive for improvement day-in and day-out in everything we do

### When situations seem gray:

- E**valuate your facts for accuracy
- T**hink about the impact of your decision
- H**andle your decision as if it was going to be reported to the news
- I**dentify the potential consequences of your decision before you take action
- C**onsider if your decision is setting a precedent
- S**top if you are in doubt

## Sexual and Unlawful Harassment

We are committed to providing a work environment free from discrimination and unlawful harassment. Actions, words, jokes or comments based on an individual's sex, race, ethnicity, age, religion, sexual orientation or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

## Violence in the Workplace

Your safety and security are of vital importance. Acts or threats of physical violence, including intimidation, harassment and/or coercion which involve or affect the company, or which occur on company property, will **NOT** be tolerated from anyone. The prohibition against threats and acts of violence applies to all persons involved in the operation of Tenet and its facilities, including, but not limited to company personnel, contract and temporary workers and anyone else on company property.

## Contacting Tenet's Ethics Program

Those who observe instances of improper or illegal conduct are responsible for reporting what they observe. Ordinarily, the best option is to report your concern to a local resource such as your Instructor, the unit Supervisor, or Human Resources representative. You also have the option of anonymously calling Tenet's Ethics Action Line for appropriate concerns. Retaliation against those who make reports of improper conduct locally or by calling the Ethics Action Line is strictly prohibited.

Additional information about Tenet's Ethics Program can be obtained by contacting the Ethics Action Line by phone, mail or fax.

**Phone:** Ethics Action Line  
800-8-ETHICS (1-800-838-4427)

**Mail:** Ethics and Compliance Department  
Tenet Healthcare Corporation  
Headquarters Office  
14201 Dallas Pkwy.  
Dallas, TX 75254

**Fax:** 463-893-6341

**The Ethics Action Line is staffed 24 hours a day, 7 days a week, 365 days a year.**

## Clinical Quality

Nationally, hospitals are challenged to find ways to deliver more cost-effective and higher quality services to their patient population. Tenet Healthcare seeks to meet this challenge by focusing on the following key components:

### Evidence-Based Medicine

Tenet utilizes monitoring systems that focus on the identification and dissemination of best practices to all members of our healthcare delivery teams. The purpose is to promote professional society-endorsed processes of care that improve patient outcomes by reducing mortality and complications and improve the patient's functional status.

#### The targeted indicators for Clinical Quality are:

- Heart attack/Acute myocardial infarction (AMI)
- Pneumonia (PN)
- Heart failure (HF)
- Prevention of surgical complications and surgical infections (SCIP)
- Coronary artery bypass graft and valve replacement
- Bariatric surgery
- Infection control and prevention of hospital acquired infections

In response to the Affordable Care Act (ACA) and Value-Based Purchasing (VBP), Tenet hospitals are also focusing on reducing 30-day avoidable readmissions for:

- Heart attack/Acute myocardial infarction (AMI)
- Heart Failure
- Pneumonia

### Patient Safety

Tenet hospitals are early members of the Institute for Healthcare Improvement (IHI) 100K Lives Campaign and as a result they have adopted some key initiatives, such as "bundles" to prevent Ventilator Associated Pneumonia (VAP), infections related to Foley catheters (referred to as CAUTI's) and Central Venous Catheters (referred to as CLABSI's). These "bundles," which are a composite of interventions, are incorporated into the daily operations of patient care. The goal is to promote a culture of safety throughout the organization.



## Patient flow and capacity management

Tenet hospitals evaluate and implement systems to prevent delays and blocks in high flow areas such as the Emergency Department and Operating Rooms.

## Utilization Review and Management

The Case Management departments at each hospital use InterQual® criteria to assess the appropriateness of a patient's level of care, inpatient admission and continued stay.

## Performance Improvement

Performance Improvement is the ongoing study of functions and processes to achieve desired outcomes or goals and to better meet the needs of those receiving services. This process can be specific to a department, procedure or individual facility and may include:

- ongoing measurement of our strengths and opportunities for improvement
- continuous review to improve our processes
- decisions that are based on facts
- goals that are specific and may involve:
  - High risk, low volume, new, problem prone
  - PDCA = Plan, Do, Check, Act

Some examples of Performance Improvement projects include:

- Adverse Drug Reactions (ADR), Events or Errors
- Staffing Effectiveness
- Root Cause Analysis (RCA)
- Resuscitation Outcomes
- Patient Perception of Safety/Care/Staffing
- Moderate Sedation
- Restraints Review
- Falls
- Core Measures for ORYX
- Documentation of Blood Administration
- Venous thromboembolism (VTE)
- Medication Reconciliation
- Transfusion Reactions

## General Safety Guidelines

As part of minimizing or preventing potential safety hazards, the following guidelines have been established:

- Never block aisles or exits with boxes, chairs, etc., even temporarily
- NO RUNNING!
- Traffic passes to the right
- Approach corners and corridor intersections cautiously, using the overhead mirrors to avoid collisions
- Push vehicles, carts, stretchers, etc., SLOWLY. See your way ahead
- Push vehicles, carts, stretchers, etc., from the end (not the sides) to avoid injuring your fingers. Keep patient hands inside and away from the bed rails
- Transport patient feet first. If you have an assistant helping, have them guide the foot area of the bed
- Never leave a patient unattended
- Please see the Tenet policy "Safe Patient Handling" for specific guidelines related to patient and staff safety with mobility and transfers
- Discard disposable items in the proper containers
- DO NOT eat or drink in the work area
- Wipe up spills immediately
- Use lids for food and beverages
- Observe "No Smoking" rules
- Be alert to potential safety hazards and report them to your Supervisor
- Never wedge a door open using a door wedge or other object

**Remember:** It is everyone's responsibility to maintain a safe work environment for our patients, visitors and coworkers, and prevention and/ or prompt recognition of potential safety hazards are the key. When in doubt, check it out! Bring all identified potential safety hazards to the attention of your instructor, the department director or Supervisor. In case of emergencies, take prompt action without delay by activating the Emergency Code System according to the facility's policy and procedure.

Dial in-house emergency codes according to the facility's policy and procedures to report most types of codes (unless otherwise noted on list). By dialing the in-house emergency code, you have a direct line to the Operator and should be prepared to provide the following information:

- Type of code
- Location of code
- Your name and location

**Always try to remain calm and know how to access the emergency system.** Proceed with appropriate interventions as outlined in the Policy and Procedure Manual.

# eSRM – Electronic Safety and Risk Management Adverse Event / Error Reporting System

Any hospital employee who witnesses, discovers or has direct involvement in and/or knowledge of a Reportable Event must complete an Event Report. As a student, notify an employee to complete the report.

The Event Report must:

- be submitted as soon as possible; preferably before leaving the hospital at the end of the work shift
- be limited to factual statements (who, what, when, where, how) related to the Reportable Event and any interventions taken
- not include speculation, admit to or attempt to assign blame, liability or causation or include opinions of any kind
- not be referenced in the medical record
- reflect all pertinent medical facts related to the reportable event
- be accurate
- include the proper date and time of the event

If the individual submitting the Event Report desires to discuss additional aspects of the event, that individual can contact the Patient Safety Officer at the facility.

## Emergency Codes

Emergency codes have been standardized within each of Tenet's facilities. It is your responsibility to know the general emergency responses and the department specific responsibilities in emergency situations. Check with your Supervisor for the specific departmental responsibilities and responses. Access and familiarize yourself with the facility's policy and procedure. The following are the most common codes currently established:

### Facility-Specific Emergency Codes

- **Dial 55** at Delray Medical Center & West Boca Medical Center
- **Dial 77** at Good Samaritan Medical Center & St. Mary's Medical Center
- **Dial 3333** at Palm Beach Gardens Medical Center

### Fire Safety – Environment of Care EOC - Life Safety

Most fires start small and if not managed, get progressively out of control. Fire prevention is the first line of defense. The second line of defense is to control the fire from spreading. Buildings may be built of steel and concrete but their contents are not. The facility is designed to contain fires within fire compartments, which have special fire doors. The intent of the fire doors is to prevent the spread of fire from one fire compartment to another.

### Tips for Fire Prevention

Good housekeeping helps prevent fire. When rubbish and other combustible materials are disposed of properly and not piled in corners or fire doorway, or exits, there is much less fuel for a fire to burn. The same is true for paint-soaked or oily rags. Store them in covered fire safe containers.

Flammable liquids should be stored only in labeled safety cans that are kept in a safe storage locker or room. Keep only a one-day supply of flammable liquid at your workstation. If necessary, return all such materials to their proper storage area at the end of the shift.

**CODE RED** – Fire Code  
Remember R.A.C.E. and P.A.S.S.

**Rescue** the patient and all those in the affected area.

**Alert** the facility by locating the nearest alarm pull station and pulling the lever. Then, dial the In-house emergency number to report the fire and the location.

**Contain** the fire by closing the door(s) of the affected area.

**Extinguish** the fire using the appropriate extinguisher using “PASS” technique, or evacuate. Leave the facility in an orderly fashion.

**Pull** the locking pin.

**Aim** the extinguisher at the base of the flames.

**Squeeze** the handle levers.

**Sweep** the extinguisher from side to side.

Staff should always know the locations of the nearest fire extinguishers and fire alarm pull stations in their assigned work areas.

**Fire Prevention Instructions:**

- Be aware of how to turn the room oxygen off and who is permitted to turn off the main oxygen valve on the unit
- Be sure that visitors and patients **SEE** and **OBEY** caution signs when oxygen is in use
- If you observe any condition that appears to be hazardous, report it promptly to your Supervisor
- Learn the evacuation route for your area
- Keep evacuation exits free from obstructions. Do not wedge doors open.
  - Keep smoke/fire doors free of obstructions. Do not wedge doors open

**During a Fire Code:**

- Do not use elevators or pass through closed doors
- Clear hallways and close doors to patient rooms

Code Red	Fire/Smoke
Code Blue	Cardiopulmonary Arrest – Adult
Code Blue Pediatric	Cardiopulmonary Arrest – Pediatric
Code Pink	Infant/Child Abduction
Code Orange	Hazardous Materials
Code Green	Internal/External Disaster – Mass Casualty
Code Silver	Armed Assailant/Hostage Situation
Code Black	Bomb Threat
Code Gray	Behavioral Assistance
Code Rescue	Medical Emergency – Adult Visitor <i>(not used at PBGMC)</i>
Code Rescue Pediatric	Medical Emergency – Pediatric Visitor <i>(not used at PBGMC)</i>
Rapid Response	Sudden Change in Adult Patient Status <i>(used for all sudden changes in status for patients, visitors and employees at PBGMC)</i>
Rapid Response Pediatric	Sudden Change in Pediatric Patient Status
Trauma Alert	Trauma Emergency
OB Alert	OB Emergency
Code Stroke	Stroke Emergency
Code FAST	At a <b>Comprehensive Stroke Center</b> , Assemble Interventional Team for Treatment  At a <b>Primary Stroke Center</b> , Prepare Patient for Transport to Comprehensive Center

- Listen to the page for the affected area and be prepared to evacuate

## CODE BLACK – Bomb Threat

When receiving a bomb threat you should try and get as much information as possible.

### When you receive a call:

1. Record the time of the call
2. Ask when the bomb will explode/detonate
3. Ask the type of bomb and where it is located
4. Listen for background noise (street, voices, animals, bells, whistles, etc.)
5. Try and find out where the call is coming from
6. Try to evaluate the caller's voice (fear, excitement, taped, well-spoken)
7. Get a description of the package
8. Try to keep the caller on the line if possible
9. Have someone call the operator on another line to alert Security
10. Overhead paging will NOT be used

Follow procedure as directed by your immediate Supervisor.

## CODE ORANGE – Hazardous Material Spill Chemical/Hazard Communication Program

Tenet has designed a Hazard Communication Program according to Occupational Safety and Health Administration (OSHA) standards. The "**Right to Know**" law states that every worker has the right to be informed about hazardous substances and trained in working with them.

You may encounter physical and health hazards during your employment. Be advised that every department may have potentially hazardous substances such as mercury, toner, chemotherapy, radiation and/or gases. Gases include oxygen, ethylene oxide, and anesthesia. If handled incorrectly or a leakage occurs, there can be serious health problems.

It is your responsibility to understand what the risks are and to follow policy guidelines to protect yourself, coworkers, patients and visitors. Because of the changing nature of our workplace, new substances may be introduced; current substances may be replaced or eliminated. Contact the unit manager for more information.



### Examples of chemicals that are health hazards include:

- Carcinogens
- Toxic agents
- Reproductive toxins
- Irritants
- Corrosives

### Chemical Spill

- **Minor Spill** - A spill in which the staff has the confidence to clean it up and has identified the material. Clean up procedure – refer to facility policy and procedure
- **Major Spill** - A life threatening condition has occurred and requires the assistance of emergency personnel. A major spill can be considered if it is more than 2.0 liters; the spill material is unknown, highly toxic, bio-hazardous, radioactive or flammable
- **Clean up Procedure** - Refer to facility policy and procedure

## Material Safety Data Sheet (MSDS)

Material Safety Data Sheet (MSDS) is the cornerstone of the Hazard Communication Program. The MSDS sheets provide information about chemical substances within a product, safe handling procedures, first aid measures and procedures to be taken when the product is accidentally spilled or released. The MSDS allows an evaluation of the potential physical and health hazard of the chemical being considered or presently used within the facility. By evaluating the MSDS of several chemicals, it may be possible to select a less hazardous substitute. MSDS information is available online for your review. Please refer to your facility guidelines for additional alternate location information.

## CODE PINK – Infant/Child Abduction Code

- Dial in-house emergency access according to facility's policy and procedures to report the abduction of an infant or child
- All staff is responsible for sealing off the building, exits, elevators, fire doors and stairwells
- No one is allowed to leave the building until the code is canceled
- Be on alert for anyone carrying a package or bag large enough to hold an infant or child

## Electrical Safety

- Remove all damaged or broken equipment from work area. Inform Plant Operations/Engineering of the need for equipment repair
- Staff or patients may not touch outside electrical equipment until it is checked and approved by Plant Operations/Engineering
- Keep hands dry when operating electrical equipment
- Frequently inspect cords, plugs, switches, sockets and outlets for damage
- Do not pull plugs out by the wire
- Report electrical safety issues to your Supervisor immediately
- Three prong plugs ensure grounding; do not use 2 prong plugs
- Use red outlets for any life support equipment.
  - This outlet provides emergency power in the event of an electrical outage

## Utilities Management

Every employee is expected to be able to identify the utilities used in the facility and actions to be taken in situations when utility systems fail. Follow procedures as directed by your Supervisor in the event of a utility failure. Students, contact the unit supervisor.

Common utilities are: electrical power, fire alarm system, medical gases, medical vacuum, nurse call system, sewer system, steam system, telephones, water, ventilation, heating systems, and computer systems.

## Medical Equipment Management/Equipment Maintenance

**Biomedical equipment** are devices and equipment used in diagnostics, treatment and care of patients. Examples are CT scanners, patient beds and electronic thermometers.

**Medical devices** are pieces of patient care equipment, which are not powered by electricity such as walkers, wheelchairs and lifts.

- To prevent patient injury, and to ensure safety for patients, the biomedical engineers must routinely inspect all biomedical equipment
- All equipment is inspected and tagged. The tag indicates the date the equipment was inspected and the expiration date.
- Equipment with expiration dates should not be used and should immediately be taken out of service. Report equipment with expired dates to your Supervisor so a re-inspection can be scheduled.
- Medical devices should be inspected prior to use with each patient. In the event that a device malfunctions, the following action should be taken:
  - Attend to the patient if injury occurred
  - Remove the device immediately
  - Label equipment and place it where it won't be used. Follow your facility's protocol.
  - Notify your Supervisor
  - Complete an Incident Report/eSRM
  - Risk Management should be notified as soon as possible
    - o The Risk Manager must investigate all biomedical or medical device incidents and complete a report that is sent to the FDA. This is a legal reporting requirement.
  - 
  -

- If patient harm of any level/type has occurred due to a device, that device is NOT to be turned over to Biomed but to be turned over to the Risk Manager.

## Radiation & MRI Safety

Exposure to radiation can increase the risk of cancer. Therefore, it is important to protect against exposure. The three key factors for limiting exposure are:

- Time** Minimize the amount of time that you are exposed
- Distance** Maximize your distance from the radiation source
- Shielding** Use appropriate shielding to absorb the energy or radioactive particles

The goal is to keep your radiation exposure **As Low as Reasonably Achievable (ALARA)**.

A Magnetic Resonance Imaging System (MRI) is not an inherent biological hazard; however, hazards can arise when certain items enter the MRI system.

- Ferromagnetic objects are attracted to the magnetic field at the center of the MRI system and can become dangerous projectiles
- Electronic devices that enter the magnetic field of the MRI system can malfunction due to interference
- Metal implants or wires can conduct electrical currents resulting in burns

MRI safety is largely a matter of ensuring that potentially hazardous items stay outside the MRI field. Therefore:

- Control access to the magnetic field
- Post signs outside the magnetic field, warning of the projectile effect and the danger of metallic objects from clothing and pockets before entering the magnetic field
- Thoroughly screen patients prior to MRI to ensure they do not have MRI unsafe implants or embedded objects
- To prevent burns, properly position patients for MRI so that electrically conductive loops are not formed
- Use equipment approved for MRI
- Restrict access to the MRI suite



## Security

As part of maintaining a safe work environment, be security conscious. This includes personal property security and hospital property security. All staff have the responsibility to secure their personal property as well as the property of the hospital and others. Employees are encouraged to secure their belongings in locked cabinets, lockers, or desk drawers. Students are encouraged not to bring personal items to the hospital. There is not a secure area available for student items.

- Leave valuable personal items at home, do not leave them in your car
- All patient valuables should be identified and documented during the patient admission process, encourage patients to send valuables home with a family member or secure them in the hospital safe. (An Incident Report must be completed in any case of missing patient property)
- Park in designated lots only
- When leaving work during off-scheduled hours, seek security escort to your vehicle
- Immediately report any potential security hazards to your Supervisor or Security
- In cases of impending personal security (threats), dial the emergency number provided by your facility and follow your facilities protocol.

### Facility Security:

- Always wear your facility ID/student ID in a visible location above your waist
- Visitors should have a visitor badge and vendors are to wear a vendor badge
- Enter and leave through designated entrances/exits

- Instruct visitors to use the main entrance and check in at the information desk or



- designated area
- Immediately report missing hospital property to your Supervisor or Security and complete an Incident Report
- If you observe or suspect that a theft was committed, report your observations. Whenever possible, efforts will be made to recover losses and seek the appropriate criminal/civil remedies against the individual(s) who committed the theft

### Fire Arms/Dangerous Weapons

- Do not bring onto hospital property a handgun, rifle or other dangerous weapon. This includes weapons stored in personal vehicles.
- Patients in possession of dangerous weapons shall be asked to surrender them for safekeeping; firearms shall be turned over to law enforcement for safekeeping.
- Visitors shall be asked to remove weapons from the property; failure to do so could be grounds for notifying law enforcement and removal from the hospital premises.

- The policy does not prohibit the carrying of weapons by active duty law enforcement personnel while they are on the premises during the course of their jobs.

### Handling and Disposing of Illegal Substances:

- The hospital prohibits the presence of illegal substances and drug paraphernalia.
- If you find these substances call Security.
- Handling of these items should be minimized; Do not touch, smell or taste the substance.
- Security will investigate how the item was brought into the hospital and complete an incident report.
- All illegal substances will be turned over to local law enforcement for disposal.

## Patient's Rights and Responsibilities

It is the policy of Tenet to respect patient's rights to treatment and service subject to the hospital's capability, mission, applicable regulations and Conditions of Participation. Please see Policy "Patient's Rights."

### Advance Directives

Advance directives are documents which state a person's choices about medical treatment or name someone to make decisions about their medical treatment, if they cannot make their own decisions. These documents are called advance directives because they are signed in advance to let health care providers know what a person's wishes are concerning medical treatment.

#### There are several versions of advance directives:

- living wills
- directive to physicians and family or surrogate
- medical power of attorney
- a mental health treatment declaration
- out of hospital do not resuscitate order

Patients may have one or more of these documents. Any patients seeking or receiving healthcare are to be asked if they have an advanced directive and if they do not—they are to be offered information on advanced directives. The hospital has preprinted information for patients that can be distributed as needed.

## Language Interpretation and Translation

Language access services are provided by professional interpreters and translators

- Language translation services are available by phone and/or video
- Sign language interpreters are available

We must inquire about the patient's preferred language, especially when communicated critical information about:

- Medical treatment
- Procedures
- Informed consent
- Instructions
- Discharge teaching

### Privacy

A patient's right to privacy involves the confidentiality of information related to the patient and bodily privacy of the patient.

### Informed Consent

This is the process for getting permission before conducting a healthcare intervention on a person, or for disclosing personal information.

A healthcare provider may ask a patient to consent to receive therapy before providing it.

## Patient Grievances and Complaints

When a patient, visitor or customer voices a complaint or concern:

- Stop what you are doing
- Look the person in the eye
- Listen intently
- Apologize
- Own the problem until it is resolved
  - You may be able to correct the situation or you may need to refer to someone who can
  - Assume responsibility for making sure it's not ignored
  - Follow up, be sure to keep the patient, visitor, or customer in the loop

There are many venues for patients/ family members to share care concerns:



- Go to [www.jointcommission.org](http://www.jointcommission.org) for general information about the Joint Commission
  - Contact Joint Commission Customer Support by calling 630-792-5000, faxing to 630-792-5005 or emailing [customerservice@jointcommission.org](mailto:customerservice@jointcommission.org)
  - For complaints about a healthcare organization call 800-994-6610 or visit [http://www.jointcommission.org/report\\_a\\_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx)
- They can contact their healthcare provider
- Let the charge nurse know so an Incident Report in eSRM can be entered
  - An investigation will be completed by the Risk Manager
  - A letter will be sent to the patient both letting them know when the investigation as started as well as when it has been completed
- They can contact their insurance provider, State Department of Health or Medicare

If you know a patient has concerns or is unhappy, always notify your charge nurse and/or nursing Supervisor. **Meeting the patient's needs and service recovery is the goal.**

## EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) serves to provide structure to the proper examination, treatment and transfer of Emergency Department patients regardless of their ability to pay.

EMTALA requires a hospital to provide an appropriate medical screening examination (MSE) to any person who comes to the hospital Emergency Department and requests treatment or an examination for a medical condition. If the examination reveals an emergency medical condition, the hospital must also provide either necessary stabilizing treatment or an appropriate transfer to another medical facility.

Any hospital that violates EMTALA may have their Medicare participation terminated and may be subject to civil monetary penalties.

## Information Management and Confidentiality

Information Management is a vital part of providing quality patient care. Information is utilized to measure, access and improve patient care and services.

### Confidential Information

Inappropriate use of corporate or facility-generated information is prohibited. Confidentiality of information is the responsibility of each individual.

Any information obtained and voluntarily disclosed to unauthorized sources, which may be potentially harmful to the interests of Tenet Healthcare, or the facility and its customers are considered confidential.

### Some examples of confidential information are:

- Patient Information
- Clinical Protocols
- Customer Lists
- Forms
- Policies and Procedures
- Hospital Reports
- Internal Publications
- Financial Information
- Employee Data
- Meeting Minutes

### Handling of Confidential Information

- **Collection:** Confidential hospital information retrieved or collected for any purpose must be done in an area of limited access to unauthorized personnel.
- **Release:** Review of patient records will be limited to members of the Medical Staff directly involved with the patient's care and Health Information Department. Inappropriate use of hospital information is prohibited. This includes forms, tools, patient information and financial information.
- **Media:** The Director of Business Development or designee will release information concerning the hospital or specific patients to the media.
- **Transfers:** Upon transfer of a patient to another facility, copies of medical records will be sent with the patient for continuity of care.
- **Law Enforcement:** When a law enforcement official requesting information has been properly identified, the hospital representative will provide all reasonable assistance in providing the information regarding the circumstances of the patient's visit.
- **Medical Examiner/Coroner:** Information is released without a patient's permission.
- **Students:** All information relating to confidentiality applies to students within the facility
- **Attorneys:** *With proper authorization*, attorneys may be permitted to examine a patient's record and request copies of the record. The Health Information Director shall review the attorney's request of such reviews excluding reviews of auto accidents and worker's compensation claims.
- **Employees** are held accountable for keeping hospital information confidential. This includes refraining from break-time discussions of patients and related topics. A patient's care and condition are not to be discussed with any non-involved professional or with others inside or outside the facility.
- **Solicitation** and distribution of literature on Tenet property is NOT permitted.

# The Health Insurance Portability & Accountability Act (HIPAA)

## This law basically calls for:

- improved efficiency in healthcare delivery by standardizing electronic data interchange
- protection of confidentiality and security of health data through setting and enforcing standards

Congress passed the bill in 1996 and it went into effect April 14, 2003. It requires that all facilities maintain confidentiality and privacy for every patient, and only those with a need to know should have access to their medical records.

Tenet has developed policies and procedures for compliance with HIPAA that are global; however, each facility will also have specific procedures that address the issues of confidentiality and security of patient information such as:

- Computer workstation security
- Dissemination of information within Tenet and to outside entities
- Disposal of hard copy information
- Storage of hard copy and computer media

View Hospital's Privacy and Information program on eTenet at [portal.etenet.com/departments/PrivacySecurity/Pages/Information\\_Privacy\\_Security\\_Compliance.aspx](http://portal.etenet.com/departments/PrivacySecurity/Pages/Information_Privacy_Security_Compliance.aspx),

Follow procedures as directed by your immediate Supervisor or contact the Hospital Compliance Officer/Privacy Officer.

## Ergonomics and Body Mechanics

Proper body mechanics and good posture play a very important role in the management and prevention of low back injury. Most prolonged back pains are due to mechanical forces on your spine and associated tissues. Good posture minimizes these factors by holding your spine in proper alignment, thus giving your body a solid foundation from which to work. Back problems are rarely the result of one incident or injury, but are caused from life-long habits.

### Common Causes of Poor Posture or Back Strain

- Poor lifting technique
- Pregnancy
- Out of shape
- Attempting to lift excessive weight
- Moving your body incorrectly

### Effects of Poor Posture

- Increased risk of pressure on the nerves due to degeneration of spinal structures
- Poor mechanical leverage for muscles and structures when lifting or doing heavy work
- Abnormal curves in your low back leading to compensating abnormal curves in your neck and vice versa

### Good Posture

Good posture is the alignment of each segment of the spinal column into natural curves that are the correct size for you. Since both an excessive arch and a decreased arch in your back can cause low back pain, it is important to prevent both.

Your head should be centered between your shoulders, shoulders should be over your hips, and hips and pelvis should be held at mid-point (not tipped forward or backward).

### Tips for Safe Lifting

- When reaching down, support your upper body with one arm
- Always stay close to the load without leaning forward
- Push rather than pull whenever possible
- When bending, kneel on one knee. Bend your knees and hips, not your back
- When leaning forward, move your whole body, not just arms
- Never reach above shoulder level, use a step or ladder
- Use available assistive devices when applicable **USE THE LIFT EQUIPMENT PROVIDED BY YOUR FACILITY.**

### Practice Correct Body Mechanics

- Keep head high, chin tucked in and back arched
- Keep weight close to the body and stand upright
- Use a diagonal lift to get the weight in close
- Maintain a wide, balanced base of support
- Team work for heavy loads
- Pivot with your feet, do not twist
- Carry the load in the front
- Interrupt or change stressful positions frequently

### Overhead Lifting

- Make the loads lighter

- Give yourself a wide base of support
- Always use a ladder or a step stool, not a box or a chair

**Remember:** Protect your lower back by maintaining its natural curve at all times. Lift correctly and safely to avoid injury.



## Waste Management



DRAIN IN SINK



IV maintenance fluids, including:

- Saline
- Dextrose
- Electrolytes

*Remove Protected Health Information from bag & then dispose of bag and tubing in the regular trash.*



REGULAR WASTE



Clear or Black Bags

Following items, **unless saturated with blood:**

- Trash/wrappers
- Dressings or bandages
- Chux/underpads
- Diapers
- Empty foley bags and other drainage bags
- Empty IV bags and tubing (non-chemotherapy only)
- Disposable patient items
- Gloves

The following body fluids and excretions **without visible blood** are NOT considered biomedical waste:

- Saliva
- Sweat
- Tears
- Urine
- Feces
- Nasal secretions
- Ostomy drainage
- Serous drainage from drains



BIOHAZARDOUS WASTE



Red Bags, Red Containers, or Bags / Containers with Biohazard Symbols

Including, but not limited to:

- Blood, plasma or other blood products
- Any bodily fluid with visible blood
- Fixed or unfixed tissue or body organs
- Amniotic, pleural, lymphatic, vaginal, pericardial, synovial peritoneal or cerebrospinal fluids
- Breast milk
- Placenta
- Semen
- Suction canister liners with visible blood
- Blood tubing and bags
- Hemovac/pleurovac
- Contaminated waste from isolation patients
- Soaked/dripping, bloody dressings

If the following fluids are **blood tinged**, they can be disposed of in the toilet:

- Urine
- Saliva
- Tears
- Feces
- Sweat
- Nasal secretions
- Ostomy drainage
- Serous drainage from drains



SHARPS WASTE



Red Sharps Containers, marked with Biohazard Symbol

Including, but not limited to:

- All syringes (including clean syringes & saline flushes)
- Needles and suture needles
- Blood collection needles
- Glass blood collection tubes
- Spent or expired plastic blood collection tubes and blood culture bottles
- Used plastic culture plates, swabs or other microbiology specimens
- Lancets
- Scalpels
- IV spikes not contained in an IV bag
- Wires from diagnostic procedures
- Chem 8+ i-STAT

# Pharmaceutical Waste Management



Only when there is medication left in a vial, syringe, ampoule, IV bag, tablets/capsules and medicated creams.

Do **NOT** dispose of empty items, regular trash, controlled substances, or plain IV solutions.

**No protected health information.**

**Pharmaceutical Sharps Containers** should be used for:

- Syringe (with meds)
- Ampoules (with meds)
- Glass vials (with meds)

**Pharmaceutical Non-Sharps Containers** would be used for:

- Partial IV bags
- Bulk chemotherapy (w/damped tubing)
- Tablets/Capsules
- Medicated Creams

*If labeled **Special Disposal Required**, place in a clear plastic bag and return to Pharmacy,*

Put the following items in the CsRX® Container:

- **IVs** – Drain the liquid from the IV into the container
- **Syringes** – Expunge contents into container and place empty syringe into sharps container
- **Vials and Ampoules** – Draw out remaining contents and expunge into container. Follow hospital policy for disposing of vials and ampoules.
- **Patches** – Drop through vertical slot
- **Pills, Tablets and Capsules** – Drop through middle hole

## Infection Control

### Purpose

To provide for both the health and safety of patients, visitors, students, volunteers, medical staff, employees and contract staff by establishing effective measures to identify and prevent the risk of disease acquisition and transmission.

### Procedure

The transmission of infectious agents requires three elements: an infectious agent, a susceptible host, and a mode of transmission for the agent. To cover the different ways infectious agents may be spread, four different isolation categories are used. The categories are Standard Precautions, Contact Precautions, Droplet Precautions and Airborne Precautions.

### Standard Precautions

Standard Precautions are mandated infection prevention practices that apply to ALL patients, regardless of suspected or confirmed infection status and regardless of the setting (inpatient, emergency room, x-ray, laboratory or surgical outpatient). These practices include: hand hygiene, use of gloves, gown, mask, eye protection or face shield (personal protective equipment, PPE). Standard Precautions are used for every patient and the other three categories, referred to as Transmission Based Precautions, are used, in addition to Standard Precautions for patients with documented or suspected infection or colonization of highly transmissible pathogens that require additional precautions to prevent transmission.

## Hand Hygiene

- Hand Hygiene is the MOST IMPORTANT method of controlling hospital acquired infections (HAI's). If hands are visibly soiled, contaminated with proteinaceous material, and/or visibly soiled with blood or body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water. If hands are not visibly soiled decontaminate hands with an alcohol-based rub
- Perform hand hygiene: Before having direct contact with patient or patient's environment (when entering patient's room); after contact with blood or other body fluids; when moving from a contaminated-body site to a clean-body site during patient care; after contact with inanimate objects in the immediate vicinity of the patient; after removing gloves; when leaving the patient's immediate environment; before and after eating; and after using the restroom.
- When hands are contaminated with bacterial spores, such as C.difficile or Bacillus anthrax, soap and water is utilized instead of alcohol rub to physically remove the spores from the hands. Soap and water is also the preferred method of hand hygiene when leaving a restroom.

## Hand Hygiene Technique

### 1. Soap and Water

- a. Wet hands
- b. Apply enough soap to cover all hand surfaces
- c. Use friction to rub hands together for at least 20 seconds, covering all surfaces of the hands and wrists.
- d. Rinse thoroughly and dry
- e. Use paper towel to turn off faucet and open the door



### 2. Alcohol Rub

- a. Apply product to one hand
- b. Use friction to rub hands together, covering all surfaces of the hands and wrists
- c. Hands should stay "wet" for at least 10 – 15 seconds

## Gloves

- Wear gloves as needed and when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes or non-intact skin could occur
- Change gloves during patient care if the hands will move from a contaminated body-site (e.g. perineal area) to a clean body-site (e.g. face). Wash hands before and after donning gloves

## Gown or Apron

- Wear a gown to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluid, secretions, or excretion is anticipated
- Gowns may be required for patients in isolation precautions

## Eye Protection or Face Shield

- Use appropriate mask, goggles or face shield to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and/ or excretions
- Any time you will be within 3 ft. of a patient that is coughing (and the patient is not wearing a mask) the healthcare worker should wear a mask
- When removing the mask remember the front of the mask is contaminated and should not be touched, grasp only the bottom then the top tie/elastic to remove and discard the mask
- Masks may be required for patients in isolation precautions

## Transmission-Based Precautions

In addition to Standard Precautions, use Transmission Based Precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to prevent transmission. Some patients may require more than one type of Transmission Based Precaution, for example, a patient with Chickenpox would require both Airborne and Contact Precautions.

**Droplet:** Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets (i.e. large particle droplets >5µ in size like Pertussis or N. Meningitidis) that are generated by a patient who is coughing, sneezing or talking

- The patient should be placed in a private room
- All healthcare workers must wear a mask when entering the room

**Airborne:** Use Airborne Precautions for patients known or suspected to be infected with infectious agents transmitted person by the airborne route (e.g. Tuberculosis, Chickenpox)

- These patients require a special private room, an airborne infection isolation room (AIIR). These rooms are checked daily to be sure negative airflow is maintained
- All healthcare workers must wear a mask when entering the room. The type of mask needed depends on the disease, for example, Tuberculosis requires wearing an N95 respirator whereas Chickenpox requires wearing a surgical mask
- Only employees that complete special training for the N95 mask can enter an isolation room of a potential Tuberculosis patient
- Students – typically will not be assigned this type of patient

## Contact Precautions

- Use Contact Precautions for patients with known or suspected infections that can spread by direct or indirect contact with the patient or the patient's environment
- Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environment contamination and risk of transmission
- The patient should be placed in a private room.
- All healthcare workers must wear a gown and gloves when caring for these patients
- Auxiliary Staff or other volunteers are not allowed in patient isolation rooms

## Responsibilities

- a. Report the signs and symptoms of patient infections to the attending physician, Charge Nurse, Case Management and Infection Prevention
- b. Wear gloves for any contact with blood, body fluids, mucous membranes or non-intact skin of all patients
- c. Wear appropriate type of gloves when performing any clean or sterile procedure
- d. Wear masks and protective eyewear during procedures that are likely to generate droplets of blood or body fluids
- e. Wear gowns during procedures that are likely to generate splashes of blood or body fluids
- f. Wear appropriate PPE based on the type of task/isolation
- g. Use dedicated patient equipment whenever possible (i.e. blood pressure cuff, stethoscope)
- h. Use care when handling any patient care item

- i. If you feel ill while at work, report to your Supervisor
- j. Inform Employee Health and Infection Prevention of any infection you have which may affect patients, visitors or other employees (i.e. fever, rash)
- k. Dispose of contaminated items properly. Do not recap needles.
- l. **ALWAYS** practice good hand hygiene

## Bloodborne Pathogens & Multiple-Drug Resistant Organisms (MDRO)

Bloodborne pathogens are micro-organisms present in human blood that are capable of causing infectious disease in humans. Bloodborne diseases that you may be exposed to on the job include: Hepatitis B Virus (HBV); Hepatitis C Virus (HCV); Human Immunodeficiency Virus (HIV/AIDS); Cytomegalovirus (CMV); and Syphilis. These diseases can be transmitted to healthcare workers through exposure to infected human blood, serum, semen, vaginal secretions, cerebrospinal fluid, vitreous fluid, synovial fluid pleural fluid, pericardial fluid, amniotic fluid, and saliva during dental procedures, and urine or any other body fluid visibly contaminated with blood. The most significant exposures are Hepatitis B, Hepatitis C and HIV/AIDS.

If your job leads to the possibility of exposure to any Bloodborne pathogen the hospital will provide, at no cost to you, the appropriate personal protective equipment (PPE).

### Hepatitis

- Hepatitis B is an infectious inflammatory illness of the liver caused by the Hepatitis B virus, originally known as "serum hepatitis." The virus is transmitted by exposure to infectious blood or body fluids such as semen and vaginal fluids. Chronic hepatitis B may cause severe liver damage B that is offered free to all healthcare workers. Contact your school for more details.
- 
- Hepatitis C (HCV) also attacks the liver and causes inflammation. The virus is transmitted the same as Hepatitis B, by blood and some body fluids. Most people infected with Hepatitis C virus have no symptoms and don't know they have the infection until liver damage shows up sometimes years later. Currently there is no vaccine available for Hepatitis C leading to cirrhosis or liver cancer. The Hepatitis B virus is 50

100 times more infectious than HIV. There is a vaccine available for Hepatitis

### HIV/AIDS

Acquired immune deficiency syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). The illness alters the immune system, making people much more vulnerable to infections and diseases.

- HIV is transmitted by exposure to infectious blood or body fluids
- Currently this is no vaccine or cure for HIV/AIDS
- There are treatments that can slow the course of the disease, allowing some infected people to live a long and relatively healthy life

### Transmission

Bloodborne pathogens are transmitted usually by accidental injury from a sharp object contaminated with infectious material (i.e. blood). Sharps include needles, scalpels, broken glass, exposed ends of dental wires, or anything that can pierce, puncture or cut your skin.

Open cuts, nicks and abrasions as well as mucous membranes of your mouth, nose and eyes can provide an entry way for bloodborne pathogens. Indirect transmission can occur by touching a contaminated item and then transferring the infection by touching your mouth, nose, eyes or open skin.

### In case of blood/body fluid exposure:

1. Wash the area immediately
2. Needle sticks – wash the wound with soap and water
3. Body Fluid splash inside nose/mouth – flush with water only
4. Eye exposure – irrigate with water for at least 5 minutes. Eye wash stations are located throughout the facility
5. Immediately inform your Supervisor
6. Complete an Occurrence Report/eSRM
7. Report to your Instructor/School and notify Employee Health or the Nursing Supervisor on off shifts or weekends
8. Follow up with Employee Health as directed



### Reportable Diseases

Direct caregivers should keep the Infection Control Department informed of any patient admitted with a communicable disease. Sharing this information helps ensure that the hospital complies with State reporting requirements for certain communicable diseases.

### Influenza Management

Reduce the risk of contracting and spreading the flu:

- Employees and students are encouraged to have a flu vaccine annually
- Non vaccinated workers must wear a face mask at all times (except in the break room and the cafeteria) from November – March
- Sick workers are to stay home to prevent exposure to our patients and other workers
- Ensure good hand hygiene and cough etiquette
- Keep the workplace clean

### Diagnosis – Early signs of the Flu

1. Sudden or excessive fatigue.
2. Body aches and chills.
3. Cough. A persistent dry cough
4. Sore throat
5. Fever.
6. Gastrointestinal problems

## Transmission

Influenza virus may be transmitted among humans in three ways: (1) by direct contact with infected individuals; (2) by contact with contaminated objects (doorknobs); and (3) by inhalation of virus-laden aerosols.

## Tuberculosis Management

Tuberculosis (TB) is spread from person to person through airborne particles and primarily affects the lungs, but it can affect organs in the central nervous system, lymphatic system and circulatory system. TB is a major cause of illness and death worldwide, causing the death of almost 2 million people each year.

Patients who have multi-drug resistant TB can remain infectious for prolonged periods, which increases the risk for nosocomial and/or occupational transmission of TB.

### The primary emphasis of TB infection control is to achieve these three goals:

1. The use of administrative measures such as airborne precautions and sputum collection for Acid-fast Bacillus (AFB)
2. The use of engineering controls such as negative pressure airflow and monitoring airflow
3. The use of personal respiratory protective equipment such as HEPA Filter respirators (N95 masks)

### What you can do:

- Screen patients for signs and symptoms of active TB on initial encounter in the Emergency Department
- Promptly initiate TB precautions in outpatient areas. Place patients in separate waiting areas or isolation rooms and give mask and tissues with instructions
- Promptly isolate inpatients to negative airflow rooms
- Perform radiological and bacteriologic evaluations of patients
- Administer treatment as ordered and follow appropriate criteria for discontinuing isolation

If you have any questions regarding Infection Prevention policies or procedures, notify your immediate Supervisor who will contact the Infection Prevention Department.

## Following orientation, you should be able to answer the following Infection Control questions:

- What is your role in preventing infections?
- How are infections identified?
- What type of infections do you see in your work area?
- What steps do you take to prevent infections?
- What is your responsibility if you observe someone using improper techniques?
- How do you encourage your patients or visitors to wash their hands?
- How do you protect yourself from contacting an infectious disease while caring for your patients?

## Pain Management

Pain Management is a team effort that allows the patient to be as comfortable and free of pain as possible. The team consists of the patient, family, provider, Nurse, Physical Therapist, Pharmacist, Clergy and Social Worker. Pain management means the nurse should be able to:

- Assess each patient's pain
- Use pain relief methods effectively
- Educate patients and family
- Reduce barriers to effective pain management

Patient input plays a crucial role in pain management. As a professional working within the Tenet Health System, you are expected to educate your patient about his/her responsibilities as part of the health care team. These responsibilities are to include:

- Discussing with the physician and nurse what to expect regarding pain and pain management, and discussing pain relief options with them
- Working with the physician and nurse to develop a pain management plan
- Asking for pain relief when pain first begins
- Assisting in the assessment of their pain
- Informing the physician or nurse if pain is not relieved
- Discussing with the physician or nurse any concerns about taking pain medications

**The Patient also has rights** related to pain management. Inform them they have the right to:

- information about pain and pain relief measures
- a staff committed to pain prevention and management
- a prompt response to reports of pain
- have their reports of pain be viewed as credible



The patient shall be moved to a safe place. The allegation will be promptly investigated by the Director and Human Resources.

## Assessment of Pain

Pain Assessment measures the amount of pain the person is experiencing and the effect it is having on the person as a whole. The Joint Commission (TJC) states that every patient be assessed for the presence of pain on his entry to any health care facility or office/ ambulatory setting.

The initial screening questions regarding pain need to determine if the patient is in pain now or has been in the last few weeks or months. If the patient answers affirmatively, examine the pain site and then further questions must be addressed. The hospitals use special pain assessment tools for cognitively impaired individuals, pediatrics and neonates.

## Recognizing Signs of Abuse and Neglect

Abuse is defined as any willful act or threatened act that result in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's/adult's physical, mental, emotional health to be significantly impaired. Abuse of a child/adult includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

## Child Reporting

Any person who knows, or has reason to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall report immediately such knowledge or suspicion to the central abuse hotline.

## Adult Reporting

Any person, who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the hotline.

## Refer to Policy

"Reporting of Allegations of Patient Neglect or Mental Physical or Sexual Abuse or Assault During Admission."

## Reporting Alleged Incidents of Abuse by Hospital Staff

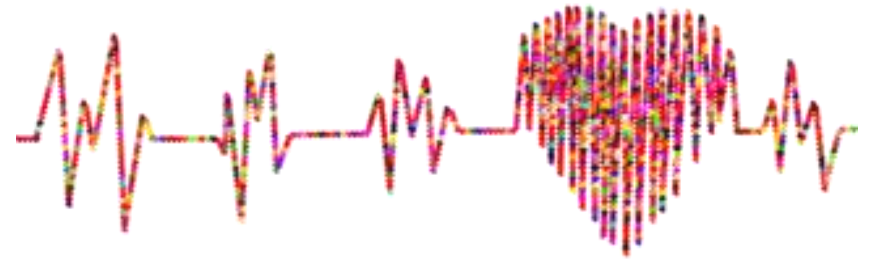
If an incident of abuse is suspected, report this to your Instructor and unit Supervisor. The hospital will take immediate measures to protect the patient.

## Change in Patient's Condition

Changes in patient condition or test results that warrant intervention should be reported timely to the provider.

Those changes include:

- Vital signs, heart arrhythmias, breathing
- Neurological status
- Intake and output
- Bleeding
  - Adverse drug reactions
  - Infection
  - Swelling
  - Unrelieved pain
  - Abnormal test results
- When the primary provider is not available, the on call provider should be notified.
- If the provider does not respond, notify your Supervisor
  - If you are still unable to contact the provider within 30-minutes, the Chain of Command (see page 33) should be initiated.



## Recognizing Acute Coronary Symptoms

Some Tenet Facilities are Certified Chest Pain Centers, accredited by the Society of Chest Pain Centers. The Society sees the designation as a HOSPITAL WIDE function; to improve timely, quality care for cardiac patients. 85% of heart damage occurs within the first two hours of a heart attack. “Early Heart Attack Care” (EHAC) means knowing the subtle danger signs of a heart attack and acting upon them immediately – BEFORE HEART DAMAGE OCCURS.

### “Classic” Signs:

- Chest discomfort: Uncomfortable pressure, squeezing, fullness or pain
- Shortness of breath: May occur with or without chest discomfort

### Atypical Signs & Symptoms:

- Many patients - notably females, elderly and those with diabetes DO NOT exhibit classic chest pain
- They may complain of less severe “discomfort” or have no pain at all
- Instead, many feel shortness of breath, dizziness, fatigue or nausea and vomiting

If a patient or visitor collapses or complains of chest pain, dial the emergency code for your facility and report a Rapid Response Team. Don’t forget to include your location!

## Recognizing Stroke Symptoms

Two million brain cells die every minute during stroke, increasing risk of permanent brain damage, disability or death. Recognizing symptoms and acting FAST and dialing your emergency number can save a life and limit disabilities. TIME IS BRAIN!

### BE FAST can help you remember stroke signs/symptoms:

<b>B</b>	<b>Balance off/dizzy</b>	Ask the person if they are experiencing sudden loss of balance or coordination.
<b>E</b>	<b>Eyes</b>	Ask the person if they have experience sudden blurred vision, double vision or persistent vision trouble.
<b>F</b>	<b>Facial drooping</b>	Ask the person to smile. If the face droops on one side, that is a sign of a stroke.
<b>A</b>	<b>Arm weakness</b>	Ask the person to raise both arms. If they cannot hold one arm up, that is a sign of a stroke.
<b>S</b>	<b>Speech Difficulty</b>	Ask the person to say a few easy words. If they talk like they are drunk (slurred speech) or you cannot understand what they are trying to say, that is a sign of a stroke.
<b>T</b>	<b>Time to call</b>	Time is very important. Call your hospital emergency number immediately.

Note the time when any stroke symptoms first appear

- SUDDEN numbness or weakness of face, arm or leg - especially on one side of the body.
- SUDDEN confusion, trouble speaking or understanding.
- SUDDEN trouble seeing in one or both eyes.
- SUDDEN trouble walking, dizziness, loss of balance or coordination.
- SUDDEN severe headache with no known cause

There is a medication that could be given within 4 hours of onset of a new stroke.

## Rapid Response Teams

Research shows that virtually all critical inpatient events and unexpected deaths are preceded by warning signs for an average of 6.5 hours. Tenet hospitals have rapid response teams in place which can be **summoned by anyone** when they recognize early warning signs of decline where intervention may be needed and the physician is not available. Staff nurses are expected to communicate vital information to the Rapid Response team using the SBAR communication structure. Dial the emergency code number for your facility and state which code should be paged overhead along with the location of the event.

Reasons for calling a Rapid Response may include, but are not limited to:

- **Staff concern** – general concern or change in appearance for a patient, visitor/family member or employee
- **Respiratory concerns** – changes in rate (faster/slower), shortness of breath, change in skin color, or a drop in oxygen saturation
- **Cardiovascular concerns** – changes in rate (faster/slower) or a change in cardiac rhythm, changes in blood pressure (increase/decrease), chest pain, jaw/arm pain or numbness
- **Neurological status changes** – lethargic, altered mental status, weakness or difficulty speaking/walking
- **Diabetic emergency** – low blood sugar, high blood sugar or altered mental status
- **Unexplained bleeding**
- **Unexplained agitation**
- **Signs of stroke**
- **Positive sepsis screen** (if applicable to your facility)



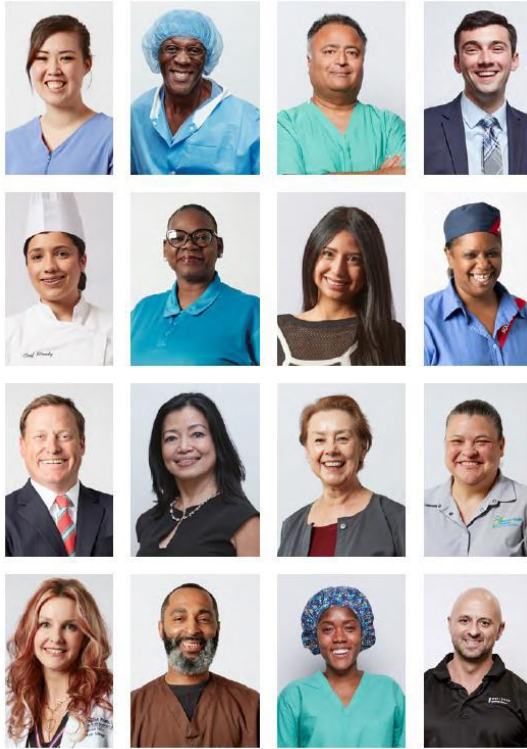
## End of Life Care

## Death & Dying

The hospital is committed to providing care for patients who have an advanced disease process that would not benefit from advanced treatments and therapies. The goal is to provide the best quality of life through relief of suffering and symptom control, with comfort being of primary importance.

## Care provided should be individualized:

- Advance Directives are honored for each patient
- Remember, End of Life-Palliative Care neither hastens nor prolongs the dying process; it merely provides comfort and support. This care includes:
  - pain and symptom management
  - cultural, social and spiritual issues
  - grief, loss and bereavement
  - family education and involvement
  - ethical/legal issues
  - multidisciplinary collaborative practice



## Organ Donation

The Uniform Anatomical Gift Act (UAGA) was enacted in 1970 by all 50 states. The act legally provides anyone above the age of 18 with the right to indicate willingness to become a donor at the time of their death. The act authorizes the next of kin to donate and protects the healthcare professional from liability related to the donation process. UAGA ensures that families of potential donors are made aware they have an option to donate organs or tissue and an option to decline to donate.

## Consent Process

The healthcare team should understand the decision to donate an organ is highly personal and emotional one. It is made under stressful conditions thus the discussion should take place in non-threatening, private environment. The topic should not be discussed at the patient's bedside, in the waiting area or in open public places. It is important to provide discretion and sensitivity with respect to the circumstances, views and beliefs of the families of potential donors.

## Information Families Need to Know:

- **There is no cost to the family or to the patient's estate for the donation of organs or tissue.**
- **There is no deformity associated with donation.** A patient can donate a bone, tissues, eyes and organs and still have an open casket funeral without any type of visible deformity.
- **The patient will not feel any pain.** After death has occurred the patient is physiologically incapable of feeling pain.
- **The organ procurement is not a quick process.** The entire process for the evaluation and surgical procurement of organs can take 8–30+ hours.
- **The family will receive non-identifying information about the recipients and their transplants.** This information can include data such as sex, age, city of residence and social information when available. The donor family will receive this information in a letter sent to them by the Organ Procurement Organizations (OPO) within several weeks of transplant.
- **Organ donation is accepted by most of the major religions in this country.** Organ donation is generally accepted by the Catholic Church, Protestant faiths, Jewish faiths, Jehovah Witnesses, Christian Scientists and the Muslim faith.

## Cultural Diversity

Developing cultural competency involves looking at health from several perspectives. The first step is to examine your own cultural beliefs and practices and to develop self-awareness.

### Learn about and consider the patient's beliefs regarding:

- maintaining health
- cause of current illness
- treatment options
- use of medication
- role of family in patient care
- role of community in patient care
- demonstrating respect

- food preferences
- religious practices
- view of disability and/or death

Remember, communication is key!

Be aware of language and communication styles that will effectively allow the provision of appropriate, culturally sensitive care.

- Enhance your sensitivity to cultural differences.
- Provide a safe environment for exploring how perceptions and stereotyping limit our ability to communicate.
- Examine old wives' tales
- Help peers to understand that one's differences do not equate to being "inferior" or "less than."

## Culture: How it Influences Our Behavior and Expectations

### Communication: Verbal and Non-Verbal

Respect for the patient is communicated by a kind and attentive approach where the patient can be heard. The feeling of "being heard" is powerful. An attitude of flexibility and interest can bridge barriers imposed by cultural differences. Encourage patients to communicate cultural interpretations of illness and healthcare.

### Personal Space

Personal space is the area that surrounds a person – including the space and the objects within the area. We all have our own perceptions of personal space and can become angry or frightened when we believe our "personal space" is invaded or threatened.

- To help patients from feeling invaded or threatened you should:
  - Proceed slowly
  - Explain what you plan to do
  - Ask permission to enter their personal space

### Social Organization

Social organization includes relationships with family and health care providers. Cultural behaviors are learned by internalization of values from families, religious groups, schools, etc. It is important for the health care provider to understand the patterns of cultural behavior particularly around the following life events:

- Birth
- Death
- Child-bearing and child rearing
- Illness

These patterns of cultural behavior include such alternative health services as:

- Folk remedies
- Holistic health care
- Spiritual interventions

We must remember that patients' beliefs may be valid for them, and may influence their health care behavior and choices.

## Perception of Time

Health care providers must have an understanding of how people with diverse cultural backgrounds and beliefs view time:

- With past-oriented individuals – they are predominately influenced by things that have happened in the past and are very influenced by past traditions.
- Present-oriented patients do not always respond to long-term health promotion activities, such as smoking cessation and lowering cholesterol levels. It will be important to assess these individuals and carefully determine the best approach to care.
- With future-oriented individuals, it is important to:
  - Talk about events in relation to the future
  - Adhere to the schedule for planned events

# Cultural Sensitivity Tool

The following chart was developed to assist healthcare workers to provide culturally sensitive care to all individuals who enter our facility. These are broad generalizations and should not be used to stereotype any individuals.

Culture / Language	Belief Practices	Nutritional Preferences	Communication Awareness	Patient Care/ Handling of Death
<b>American / English</b>	<ul style="list-style-type: none"> <li>- Christian and Jewish beliefs are prominent</li> <li>- Many others exist in smaller numbers. Family-oriented</li> </ul>	<ul style="list-style-type: none"> <li>- Beef, chicken, potatoes, vegetables; fast foods, ethnic foods</li> </ul>	<ul style="list-style-type: none"> <li>- Talkative, shake hands, not much touching during conversation</li> <li>- Prefer to gather information for decision-making</li> <li>- Some hugging and kissing, mainly between women</li> </ul>	<ul style="list-style-type: none"> <li>- Family members and friends visit in small groups</li> <li>- Expect high quality care</li> </ul>
<b>Hispanic (American) / English</b>	<ul style="list-style-type: none"> <li>- Catholic with Protestant minority</li> <li>- Santeria which can include animal sacrifice</li> <li>- May use faith healer - "Curandero"</li> </ul>	<ul style="list-style-type: none"> <li>- Cuban bread, café con leche, Cuban coffee; roast pork, black beans and rice; plantains, yucca, chicken and rice</li> </ul>	<ul style="list-style-type: none"> <li>- Some may have a tendency to be loud when having a discussion</li> <li>- Use their hands for emphasis and credibility, and prefer strong eye contact</li> </ul>	<ul style="list-style-type: none"> <li>- Culture requires visiting the sick; extended family supports the immediate family. It is an insult to the patient if there is not a large family/friend presence</li> </ul>
<b>Jewish</b> Many from Eastern European countries / English, Hebrew and Yiddish. <b>Three basic groups:</b> Orthodox (most strict), Conservative and Reform (least strict).	<ul style="list-style-type: none"> <li>- Israel is the holy land.</li> <li>- Sabbath is from sundown on Friday to sundown on Saturday</li> <li>- It is customary to invite other families in for Friday evening Sabbath dinner</li> </ul>	<ul style="list-style-type: none"> <li>- Orthodox and some Conservatives maintain a Kosher diet. Kosher food is prepared according to Jewish law under Rabbinical supervision</li> <li>- Eating of unclean animals is forbidden</li> <li>- Blood and animal fats are taboo (blood is synonymous with life)</li> <li>- Do not mix meat with dairy products</li> </ul>	<ul style="list-style-type: none"> <li>- Orthodox men do not touch women, except for their wives</li> <li>- Touch only for hands-on care</li> <li>- Very talkative and known for their friendliness</li> </ul>	<ul style="list-style-type: none"> <li>- Stoic and authoritative</li> <li>- Appreciate family accommodation</li> <li>- Jewish law demands that they seek complete medical care</li> <li>- Donor transplants are not acceptable to Orthodox Jews, but are to Conservative and Reform</li> <li>- Death: Cremation is discouraged</li> <li>- Autopsy is permitted in less strict groups. Orthodox believe that entire body, tissues, organs, amputated limbs and blood sponges need to be available to family for burial. Do not cross hands in postmortem care</li> </ul>

Culture / Language	Belief Practices	Nutritional Preferences	Communication Awareness	Patient Care/ Handling of Death
<b>Jamaican /</b> English, Patois (broken English)	<ul style="list-style-type: none"> <li>- Christian beliefs dominate (Catholic, Baptist and Anglican)</li> <li>- Some Rastafarian influence</li> </ul>	<ul style="list-style-type: none"> <li>- Beef, goat, rice and peas, chicken, vegetables, fish and lots of spices</li> <li>- Some avoid eating pork and pork products because of religious beliefs</li> </ul>	<ul style="list-style-type: none"> <li>- Respect for elders is encouraged</li> <li>- Reserved. Avoid hugging and showing affection in public</li> <li>- Curious and tend to ask a lot of questions</li> </ul>	<ul style="list-style-type: none"> <li>- Will try some home remedies before seeking medical help</li> <li>- Like to be completely informed before procedures. Respectful of physician's opinion</li> <li>- Can be reluctant to admit they are in pain</li> <li>- May not adhere to a fixed schedule</li> </ul>
<b>Haitian /</b> Creole; French is taught in schools	<ul style="list-style-type: none"> <li>- Catholic and Protestant</li> <li>- Voodoo is practiced</li> <li>- Large social gap exists between wealthy and poor citizens</li> </ul>	<ul style="list-style-type: none"> <li>- Large breakfast and lunch</li> <li>- Light dinner. Rice, fried pork, grilled and red beans. Herbs and cloves</li> </ul>	<ul style="list-style-type: none"> <li>- Quiet and polite. Value touch and eye contact</li> </ul>	<ul style="list-style-type: none"> <li>- Obedient to physician and nurse, but hesitant to ask questions</li> <li>- View use of oxygen as indication of severe illness</li> <li>- Occasionally share prescriptions and home remedies</li> </ul>
<b>Filipino /</b> Most speak or understand English. Many dialects spoken	<ul style="list-style-type: none"> <li>- Most are Catholic. Some areas predominantly Muslim</li> <li>- Many Christian religions spreading</li> <li>- Friendly and open to foreigners</li> </ul>	<ul style="list-style-type: none"> <li>- Rice is main staple in most areas</li> <li>- Baked or fried pork, beef, fish and chicken are prevalent</li> <li>- Local vegetables and edible roots and sweet potatoes</li> <li>- Clear rice noodles (panzhit) and rolls of fried batter around vegetables and meat (lumpia) are favorites</li> </ul>	<ul style="list-style-type: none"> <li>- Place a lot of emphasis on family and each person's happiness</li> <li>- Consider extended family members as close family and "you must treat the entire family tree"</li> <li>- Patients may internalize their pain and suffer silently because they fear that they will be a nuisance to the nurse</li> </ul>	<ul style="list-style-type: none"> <li>- When a family member dies, black clothes are worn - except wear white to a child's funeral</li> <li>- Catholicism teaches that only the soul goes to heaven, and it may be good to help others by donating organs</li> <li>- All euthanasia is considered killing except among the more educated in which passive euthanasia may be acceptable</li> </ul>



Culture / Language	Belief Practices	Nutritional Preferences	Communication Awareness	Patient Care/ Handling of Death
<b>India /</b> English, Hindi <b>Pakistan /</b> English, Urdu, Sindi <b>Bangladesh /</b> Bengali <b>Sri Lanka /</b> Sinhala, Tamil <b>Nepal /</b> Nepali	<ul style="list-style-type: none"> <li>- Hindus, Sikhs, Muslims predominantly</li> <li>- Sikh's are enjoined not to cut their hair or shave their beard</li> <li>- Ayurvedic medicine practiced by many Hindus, Sikhs and some Muslims</li> </ul>	<ul style="list-style-type: none"> <li>- Hindus will not generally eat meat or fish; some may not eat eggs</li> <li>- Muslims will not eat pork</li> <li>- Ayurvedic medicine</li> <li>- See food in two classifications: hot and cold. <i>Hot</i> (meat, fish, eggs, yogurt, honey, nuts) is given for "cold" fever/surgery and <i>Cold</i> (milk, butter, cheese, fruits, vegetables) is given for "hot" pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>- Direct eye contact may be seen as rude or disrespectful</li> <li>- Silence may indicate acceptance. Nodding may mean "no", sideways shaking may mean "yes"</li> <li>- Males should avoid shaking hands with females unless she offers hand</li> <li>- Husbands may answer for wife</li> <li>- Generally stoic</li> </ul>	<ul style="list-style-type: none"> <li>- Muslims may not want narcotics except for extreme pain</li> <li>- May prefer same-sex caregivers (modesty)</li> <li>- Family members often take over ADL's</li> <li>- May not want to sign consents – consider Healthcare professional as authority</li> <li>- Father or eldest son has decision-making power, but tend to consult other family</li> <li>- May prefer to have fatal diagnosis (Dx) given to family member who decides how much to tell patient</li> </ul>
<b>Chinese /</b> Many dialects spoken; one written language	<ul style="list-style-type: none"> <li>- Religions: Taoism, Buddhism, Islam, and Christianity</li> <li>- Harmonious relationship with nature and others; loyalty to family, friends and government</li> <li>- Public debate of conflicting views is not encouraged</li> <li>- Accommodating, not confrontational</li> <li>- Modesty, self-control, self-reliance and self-restraint</li> <li>- Hierarchical structure for interpersonal and family interactions</li> </ul>	<ul style="list-style-type: none"> <li>- Belief in theory of "yin" (cold) and "yang" (hot). No food with "yin" when they are sick (e.g., cold desserts, salad)</li> <li>- Often lactose-intolerant</li> <li>- Soy sauce, MSG and preserved foods</li> <li>- Diet consisting of chicken, fish, vegetables and rice. Tofu (bean curd) can be prepared in various ways</li> </ul>	<ul style="list-style-type: none"> <li>- Quiet, polite and unassertive</li> <li>- Suppress feelings of anxiety, fear, depression and pain</li> <li>- Touching sometimes seen as offensive or impolite</li> <li>- Emphasize loyalty and tradition. Self-expression and individualism are discouraged</li> <li>- One's head is sacred</li> </ul>	<ul style="list-style-type: none"> <li>- Women uncomfortable with exams by male physicians</li> <li>- May not adhere to fixed schedule</li> <li>- May fear medical institutions</li> <li>- Use a combination of herbal and Western medicine at the same time</li> <li>- Traditional: acupuncture, herbal medicine, massage, skin scraping and cupping</li> <li>- Alcohol may cause flushing</li> <li>- Mental illness may carry a stigma</li> </ul>

# Team Dynamics

Teamwork is essential in providing high quality patient care and customer service. All staff members are an important part of the team whether they provide direct patient care or support those who do.

## Key Characteristics for Teamwork/Team Behavior

### Communication

- Share information so that all team members have common access
- Openness to opinions and expertise of all members of the team
- Honest and open communication; strong listening skills
- Capacity for empathy for both internal and external customers

### Cooperation/Collaboration

- Willingness to participate as a member of the team and contribute ideas
- Willingness to assist others in getting the job done
- Willingness to seek out challenges and to work with others to overcome them
- Strives to achieve smooth working relationships and supports group decisions

### Clear Roles

- Understands the roles of all team members and the needs of each discipline
- Practice behaviors that are supportive of all members of the team

### Commitment

- To yourself, other members of the team and to our patients & visitors
- Willingness to work with others to promote positive outcomes

### Flexibility and Creativity

- Willingness to seek out and utilize other’s viewpoints
- Willingness to tap into others’ innovative and creative strengths
- Willingness to learn new skills and share with others

## Positive Team Dynamics

The key characteristics for teamwork and team behavior result in:

- Positive Team Dynamic
- Increased satisfaction, effort, performance and retention
- Increased patient and family satisfaction, improved outcomes and patient safety
- Increased physician satisfaction and confidence in our service



## Chain of Command

Provide professional clinical staff and health care practitioners with appropriate direction for the prompt handling of patient care issues (inpatients and outpatients). Formal line of communication for staff members who have concerns that a prescribed treatment plan (or the lack thereof), or medical decision might adversely affect the welfare of a patient.

1. Licensed Clinical Staff and Medical Staff are responsible to cooperate in their mutual efforts to ensure delivery of patient care of the highest quality in accordance with established hospital policies and procedures, and in accordance with regulatory standards.
2. Patient care concerns/issues include, but are not limited to the following:  
Life threatening concerns to patients; potential for complications jeopardizing the safety of patients, family or employees; acts that might constitute the unauthorized practice of medicine; or falsification or alterations of records.

## Clinical Alarms

- Alarms are to be set to activate at the appropriate setting for each patient.
- The alarms are to be audible in regard to distance and competing noise
- The alarm is not to be bypassed, shut off, adjusted or silenced
- Employees are to respond immediately to patient alarms
- Students are to notify the nurse immediately
- Clinical alarms refer to all patient monitoring and patient equipment alarms, including:
  - Cardiac monitor
  - Fetal monitor
  - IV pump
  - Ventilator
  - Apnea monitors
  - Pulse ox
  - Emergency alarms

## Joint Commission National Patient Safety Goals

The following Joint Commission (JC) content was obtained from the JC public website:

*The purpose of the Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based consensus to solutions to these problems; the goals generally focus on system-wide solutions, wherever possible.*

Any quality of care or safety concerns should be reported to your immediate Supervisor, department director, to your Risk Manager or use the Chain of Command. If you are uncomfortable with that, you have the right to report it directly to the state agency or to the JC.

- References/Resources
  - <https://www.jointcommission.org/>
  - [https://www.jointcommission.org/report\\_a\\_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx)
- Access and follow the facility's policy and procedure for meeting the above National Patient Safety Goals

- The list of "Do Not Use" abbreviations can be found in the Patient Care Service online Manual Policy & Procedure "Pharmacy – Avoiding Medication Errors related to Dangerous Abbreviations."

**Remember: patient safety is everyone's responsibility.**

Hospital National Patient Safety Goals	
The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.	
<b>Identify patients correctly</b>	
NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
NPSG.01.03.01	Make sure that the correct patient gets the correct blood when they get a blood transfusion.
<b>Improve staff communication</b>	
NPSG.02.03.01	Get important test results to the right staff person on time.
<b>Use medicines safely</b>	
NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
<b>Use alarms safely</b>	
NPSG.06.01.01	Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
<b>Prevent infection</b>	
NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
NPSG.07.03.01	Use proven guidelines to prevent infections that are difficult to treat.
NPSG.07.04.01	Use proven guidelines to prevent infection of the blood from central lines.
NPSG.07.05.01	Use proven guidelines to prevent infection after surgery.
NPSG.07.06.01	Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.
<b>Identify patient safety risks</b>	
NPSG.15.01.01	Reduce the risk for suicide.
<b>Prevent mistakes in surgery</b>	
UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.
This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at <a href="http://www.jointcommission.org">www.jointcommission.org</a> .	

## Patient Safety

The nation has become focused on the quality of health care and patient safety - how did this focus occur? In 1998 the Institute of Medicine (IOM) working under the Academy of Sciences, initiated several reports for the Quality of Healthcare in America Project. Their study was result of both congressional and public media attention on the negative effects of hospital stays and untoward effects.

Extrapolation of the data estimates that of 33.6 million admissions to hospitals in 1997, between 44,000 – 98,000 deaths resulted from adverse events, making it the leading cause of death ahead of car crashes, breast cancer and AIDS. Not all, but a sizable number of adverse events are the result of medical error. Careful planning can help influence and prevent these medical errors from happening.

### Why People Make Mistakes

- Fatigue – more likely to make mistakes if tired
- Illegibility – guessing at orders that are not clearly written
- Inattention/Distracted – diverts attention to problem at hand
- Communication gaps – lack of, misinterpretation or using words with several meanings
- Familiarity causing “blindness” – trying to solve new problem with old solution
- Unfamiliar situations or new problems
- Equipment design flaws
- Poor working conditions
- Mislabeling/Instructions – many labels for different medications come in same color

While people do make mistakes, it is a system failure, not blame of individuals which must be the focus. We should review the processes and factors that surrounded the unfortunate event. We must change the culture and not look to blame the individual.

### Hindsight Bias

Hindsight bias is the phenomenon where it seems obvious how an error happened *after* the fact. However, before the error occurred it was not obvious that the process or system was error prone. Hindsight bias is the primary obstacle to accident analysis and understanding, thus jeopardizing an organization’s ability to uncover other areas for potential accidents. It narrows the focus without considering the whole picture, including all of the

environmental, emotional, and political and system issues surround the event.

### Tools for Prevention and Analysis

In the scientific process of error reduction and prevention there are two models that examine the study of incidents and patient safety. The first model is applied before an error occurs and is designed to prevent errors by examining the processes to determine failure points and risks. The one identified by The Joint Commission is “Failure Mode and Effects Analysis (FMEA). FMEA is a proactive approach which emphasizes prevention of errors or events. This hazard analysis works on planning and designing processes with tools to prevent failure.

The second model is applied after an event occurs and is designed to determine the multiple factors that most contributed to the event. This is done so that corrective action can be taken to remedy the causes to prevent the event from happening to another patient. The approach used for this process is called “Root Cause Analysis” (RCA).



## Process Changes to Consider

- **Simplify** – Reduce the number of steps and hands-offs
- **Standardize** – Limit unneeded variety in drugs, equipment, supplies, polices & processes
- **Reduce reliance on memory** – Design processes with automatic prompts
- **Checklists** – Use tools as reminders to ensure complete accurate actions
- **Eliminate look a-like and sound a-like drugs** and/or take special precautions with packaging, location and alerts
- **Training** – Train all staff on patient safety, error analysis techniques and tools and process improvement
- **Increase Communication and feedback** – Use feedback to modify or correct error-prone behaviors
- **Teamwork** – Use teams to provide both content experts, process experts and provide multiple perspectives in problem identification and solutions
- **Environmental Adjustments** – Identify factors in the environment that may contribute to errors and then modify or correct them
- **Adjusting work schedules** – Identify factors in schedules that may contribute to errors and then modify or correct them

## Color Coded Wristband Information

Every patient will have a white wristband created on admission with their name and bar code imprinted. These bands are used for patient identification.

On initial patient assessment by the RN, other color coded wristbands may be applied to the patient's wrists. Some facilities may use colored charms attached to the arm band instead of individual bands. **Colors may vary by facility – please refer to facility-specific policy on wristbands:**

- **Purple band** Patients with a "Do Not Resuscitate" order
- **Green band** Patients that may have a latex allergy
- **Red band** Patients that have allergies
- **Orange band** Patients that refuse the transmission of blood products specific to the facility- refer to the facilities policy and procedures. This may also be a name alert identification color.
- **Yellow band** Patients with a moderate or high risk of falling
- **Blue band** SUICIDE RISK – specific to the facility-refer to the facilities policy and procedures
- **Blood bank bands** Indicate blood bank has been drawn and helps staff to identify department





## Acute Medication Safety

The Institute of Medicine (IOM) study estimates that as many as 7,000 patients die each year as result of medication errors which are the most common type of hospital error.

Medication errors can be categorized into four categories: ordering/prescribing, dispensing, administration and monitoring. Almost 80% of medication errors can be classified as ordering/prescribing or administration errors. To ensure medication safety the processes should include:

- **Ordering/prescribing** - All important patient information should be available including age, sex, current medications, diagnoses, comorbidities, concurrently occurring conditions, laboratory values, and allergies and past sensitivities. As appropriate to the patient, weight and height, pregnancy and lactation status, and other information required by the hospital for safe medication management.
- **Administration**
  - Drug indications
  - Precautions
  - Contraindications
  - Potential adverse reactions
  - Interactions and proper methods of administration

- **The "10 Rights"** -

- RIGHT patient
- RIGHT drug
- RIGHT dose
- RIGHT route
- RIGHT time
- RIGHT documentation
- RIGHT education
- RIGHT assessment
- RIGHT evaluation
- RIGHT to refuse

Educate your patients about their role in taking medications, indications and side effects, and patient understanding.

## Adverse Drug Reaction (ADR)

Definition: Any noxious, unintended and undesired effect of a drug, which occurs at doses used in humans for prophylaxis, diagnosis or therapy. Any ADR must be reported in eSRM online. See Patient Care Manual: "Adverse Reaction to Drugs."

## Procedural and Surgical Safety

The patient and family must be involved in the surgical process and consent. An informed patient is a safe patient. The following guidelines should be adhered to:

- Verify consent(s) with physician's order (and Operating Room schedule when applicable).
- Verify surgical site/side is marked "YES" by surgeon or designee prior to procedure.
- Relevant images and results are displayed accordingly.
- A "Time Out" is performed by the OR Team/Procedure Team/everyone present in the room in order to verify all information. Refer to Administrative Policy: "Universal Protocol."

## Fall Reduction

All caregivers face the problem of patient falls. Falls are a major cause of injury and death among the elderly. The best remedy for falls is to take measures to prevent them, which include:

- Assessment of patient risk of falling
- Identify and correct potential environmental dangers
- Patient and family education
- Continuous monitoring
- Implementation of patient specific plan for safety
- Patients with a moderate or high fall risk are identified with a yellow arm band

Each facility has a falls prevention program in place Refer to Patient Care Manual: "Fall Prevention" Policy.

## Restraints

Alternatives to restraints should always be attempted prior to use. There should always be a physician order that states: reason for restraint, time limitation, type of restraint, and early release. These orders must always be signed and dated appropriately. The patient should be assessed, reassessed according to policy and procedure and also based on the type of restraint. Restrained patients need to have their restraints taken off and their skin checked according to protocol. Also check that food and fluids are offered and allow bathroom use every two hours. This must be documented as per the facility policy and procedure. The nurse should be knowledgeable regarding the Patient Care Manual policy: "Restraint & Seclusion."

## Oxygen Safety

### Oxygen Outage

Most units have emergency oxygen cylinders for use in case of loss of wall oxygen pressure. If this occurs:

1. Contact Engineering/Plants Ops then Respiratory to restore oxygen pressure.
2. Notify the Charge Nurse and Supervisor of the Emergency Department. Try to conserve oxygen, using as little as possible.

### Oxygen Cylinder Safety

Medical gas cylinders (oxygen, nitrous oxide, compressed air, etc.) can be dangerous if not restrained by a chain or stand.

- If a cylinder falls and the nozzle cracks, it can be propelled through walls like a rocket.
  - Secure all cylinders, empty or full, at all times.
  - Only one tank can be secured by a strap or a chain.
- Do NOT:
  - Use cylinders to hold open doors.
  - Place cylinders on the bed beside a patient.
  - Lay any cylinder flat on its side.
  - Send non-aluminum cylinders to MRI.

## Suicide Precautions

At a minimum, all patients age five years or older entering the Emergency Department for care or are admitted to the hospital who present with a behavioral health related complaint or shows sign/symptoms of being a self-harm risk will be screened using the Columbia Suicide Severity Rating scale.

A “yes” answer to any of the questions puts the patient at risk of suicide and will require further assessment by a qualified mental health provider to determine the patient’s level of risk. The assessment completed by the qualified mental health provider will determine the interventions and monitoring necessary to maintain patient safety. Until the patient receives his or her in-depth assessment, performed by the qualified mental health provider, the nursing staff will place the patient on Suicide Precautions; a sitter will be assigned and observations documented following the “Suicide Risk Assessment” Policy.

## The Role of Risk Management

Risk Management programs assist organizations in designing systems to prevent and control adverse effects. Healthcare Risk Managers are concerned with the prevention of patient injury and loss prevention for the organization. These programs are intended to minimize adverse effects of losses on human, physical and financial assets through the identification of potential system issues. Risk Management collects and analyzes data, determines opportunities for improvement and preventive measures are then identified and implemented. The data is also evaluated for trends.

## Sentinel & Adverse Events

- **Medical errors** signal the need for immediate investigation and response; these events must be followed by a Root Cause Analysis (RCA) to identify the processes that contributed to the event and a Performance Improvement analysis to prevent the event from occurring again.
- **Sentinel Events** are unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or risk thereof” includes any process variation for which a recurrence would carry a significant chance of serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response.
- **“Near Miss”** is used to describe any process variation that did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome. Such a near miss falls within the scope of the definition of a sentinel event, but outside the scope of those sentinel events that are subject to review by the Joint Commission under its Sentinel Event Policy.
- **Root Cause Analysis (RCA)** is a process for identifying the basic or causal factor(s) that underlies variation in performance, including the occurrence or possible occurrence of a sentinel event. Root cause is the most fundamental reason for the failure or inefficiency of a process.
- **Incident/eSRM Reports** are used to report ANY unusual occurrences that are unexpected. Incident Reports are completed when any individual, such as a patient, visitor or student experiences an adverse occurrence. The Incident/eSRM Report must be completed as soon as possible after the occurrence. Hospitals have a responsibility to report an adverse event or untoward incident in which the healthcare provider had control. An incident is defined as any occurrence, accident, or event that is not anticipated and has the potential to result in injury, or has caused injury or that is not consistent with the expected operation of the hospital. These events require incident reports be submitted by Risk Management to the State within 5 days of the incident. “Near Misses” should be reported in the same process.
- **Disclosure:** Patients and families are entitled to honest, open, and compassionate explanations of how the event occurred, the remedies provided and the long and short-term effects. This information is provided by the physician but if the physician is not able, the Risk Manager will provide. The nurse should review and be familiar with the facility’s policy and procedures on Disclosure.



# Downtime Protocols – Interruption to Information Processes

Each clinical department has protocols for downtime.

- Nursing
- Pharmacy
- Laboratory
- Imaging
- Nutrition
- Respiratory
- Diagnostic Services
- Rehabilitation

Protocols for a planned downtime may include preprinting documents to ensure there is sufficient quantity in the department. Depending on the length of the downtime, documentation may be kept on paper or documentation may be entered into the system.

- **Read Only** – For planned downtime events, users will be able to access the Cerner Millennium read only database by logging on with their current Cerner credentials from any PC that has Cerner access. No updates/entries can be made during the downtime since this is a READ ONLY view.

Unplanned downtime protocols are available as well. Speak to your Supervisor for details.

## Human Resources

### Personal Appearance and Hygiene

Every employee and students reflect the overall image of the facility in the eyes of our patients, visitors and those individuals with whom we conduct business. It is therefore essential that every employee and student present a clean and neat appearance and dress according to the requirements of their position. Each department may have its own specific dress code within these guidelines to supplement these standards. All employees are to be aware and conscientious of their personal hygiene, neatness of attire and cleanliness of apparel at all times.

### Dress Code Policy (including, but not limited to):

- a. Artificial nails, nail tips, and nail jewelry are prohibited for ALL healthcare providers and workers engaged in direct, "hands on" patient care and / or who may touch a patient or items a patient may use, including paperwork.
- b. Nails must be kept short (less than a 1/4 inch long) to medium length (no longer than the size of the cotton tip of a "Q-tip").
- c. Nail polish, if worn, must be of a clear or a light color and free of cracks or chips. Dark colors and chipped nail polish is not permissible.
- d. ID badges must be worn at all times, above the waist with photo, name and title facing forward.
- e. Hair color must be natural or natural looking.
- f. Tattoos should be covered, facial, tongue and other visible body piercings are not permitted while on duty unless worn as a required or expected practice within the employee's religion.
- g. Clothing is not to be tight, excessively baggy, sit low or reveal undergarments. Only plain or Tenet sweatshirts are permitted, no tank tops, halter tops, or leggings.

For the complete Dress Code, refer to the policy

### Personal Phone Calls and Cell Calls

Employees and students should limit use of facility telephones for personal calls, and, except in emergencies, should not be called to the telephone for personal calls while on duty.

Personal calls or texting during work time should be limited to a minimum and for emergencies.

### Prohibited Activities

The following activities are prohibited while on hospital premises or while engaged in company business:

- The manufacture, possession, use, sale, distribution, dispensation, receipt, or transportation of any drug other than those activities required of an employee to complete job-related duties
- Our hospitals are on a Tobacco-free campus. Employees smoking on campus are subject to disciplinary action.
- The consumption of alcoholic beverages
- Being under the influence of alcohol or drugs during working hours or while on facility business, except for prescription medication taken as authorized
- Performing duties while under the influence of alcohol or drugs whether on or off facility premises, except for prescription medication taken as authorized

## Solicitation and Distribution Guidelines

**Employees and Students may not distribute literature or printed materials of any kind, sell merchandise, solicit financial contributions, or solicit for any cause during working time.**

### Guidelines

- Persons not employed by Tenet may not solicit or distribute literature for any purpose on the premises of Tenet, including building interiors, parking lots, driveways, or any other Tenet Facility property. The prohibition does not apply to approved charitable activities or Tenet sponsored activities including those directly related to our benefit employee package.
- Individuals who are not Tenet employees may not solicit any employees, nor distribute literature, for any purpose during their working time or the working time of the employee being solicited. Working time means the period of time scheduled for the performance of job duties, not including meal times, break-times or other periods when the employees are properly not engaged in performing their work tasks.
- Solicitation and/or distribution of literature is always prohibited in the immediate patient care areas, including, without limitation: patient rooms, operating and recovery rooms, nurse's stations, rooms where patients receive treatment (Emergency, Radiology, Radiation Oncology, and other therapy rooms), corridors adjacent to patient rooms, sitting rooms on patient floors, or open locker areas visible to patient care areas.

## Open Door and Fair Treatment Process

The Hospital continually strives for a productive working environment that integrates challenges, opportunities, and personal respect. If you have a problem, you should seek an informal resolution whenever possible.

The Open Door Policy is designed to encourage employees to openly express their problems, concerns and opinions on any issue related to their employment. However, there are formal steps available to you to resolve any issues that you are unable to resolve on your own. The Fair Treatment process includes five (5) steps:

- Supervisor
- Department Head
- Administration
- FTP Committee
- Final and Binding Arbitration

**Information concerning an employee complaint is to be held in strict confidence.** Supervisors, department heads, and other members of management who investigate a complaint may discuss it only with those individuals who have a need to know or who are needed to supply necessary background information or advice.

## Drug-Free Workplace

While on facility premises and while conducting business-related activities off facility premises, you may not use, possess, distribute, sell or be under the influence of drugs or alcohol or engage in the unlawful distribution, manufacture, dispensing, possession or use of illegal drugs.

The problem of impairment is complex. A proposed working definition is any practitioner who is unable to render care with reasonable skill and safety to patients because of mental illness or deficiency; physical illness, including but not limited to deterioration through the aging process or loss of motor skills; and or excessive use or abuse of substances.

### Some behavioral signs of substance abuse include:

- Difficulty meeting schedules or deadlines
- Dramatic mood swings
- Odor of alcohol
- Slurred speech
- Poor hygiene
- Poor coordination
- Isolation from others
- Frequent or unexpected absences
- Family problems
- Denial
- Unresponsiveness to pages or calls
- Inappropriate anger
- Financial problems

Sometimes disruptive behavior is displayed in the form of offensive language, demeaning remarks, making inappropriate entries in the medical record and or creating a hostile work environment. This type of behavior should not be ignored due to the obvious impact on both the workplace and patient safety.

If any individual working in the Hospital has a reasonable suspicion that any practitioner inclusive of staff, allied health professionals or physicians is impaired, the individual should report their concerns to their immediate supervisor. The Hospital has policies and procedures in place to address such issues.

## Student Health

To identify health issues early and minimize the risk of exposure to others, employees must contact their student health office or medical provider in the following situations.

- You suspect you have one of the following communicable diseases
  - Covid - 19
  - Group A Streptococcus
  - Herpes Simplex, orofacial or whitlow
  - Pediculosis lice
  - Conjunctivitis (pink eye)
  - Scabies
  - Skin/soft tissue infections (MRSA, Ring Worm)
  - Other notifiable conditions including Rabies, Hand/Foot/Mouth, Diphtheria, Meningococcal disease
- You suspect you have or have been exposed to one of the following communicable diseases
  - Hepatitis
  - HIV
  - Influenza
  - COVID-19
  - Measles, Mumps, Rubella
  - Meningococcal Disease
  - Pertussis Whooping Cough
  - Tuberculosis
  - Varicella (shingles or chickenpox)
  - Other medical conditions that are subject to a public health threat
- Report all on the job injuries to your instructor and nursing supervisor
- An incident report must be completed before the end of the shift
- If injuries require physician interventions (not life threatening) report to the emergency department or your medical provider
- Blood and body fluid exposure/life threatening injuries are sent to the ER by the Supervisor
- Your school can provide information about student related injuries

## Nursing student may NOT perform the following:

1. Nursing students **may not perform** the following:
  - a. Prepare or administer Chemotherapy
  - b. Prepare or administer Neuromuscular blocking agents
  - c. Hang TPN
  - d. Accept verbal or telephone orders from a physician
  - e. Administer IV push medications except may flush line with saline under direct supervision.
  - f. Administer any medication without being observed by the preceptor or instructor and staff nurse.