

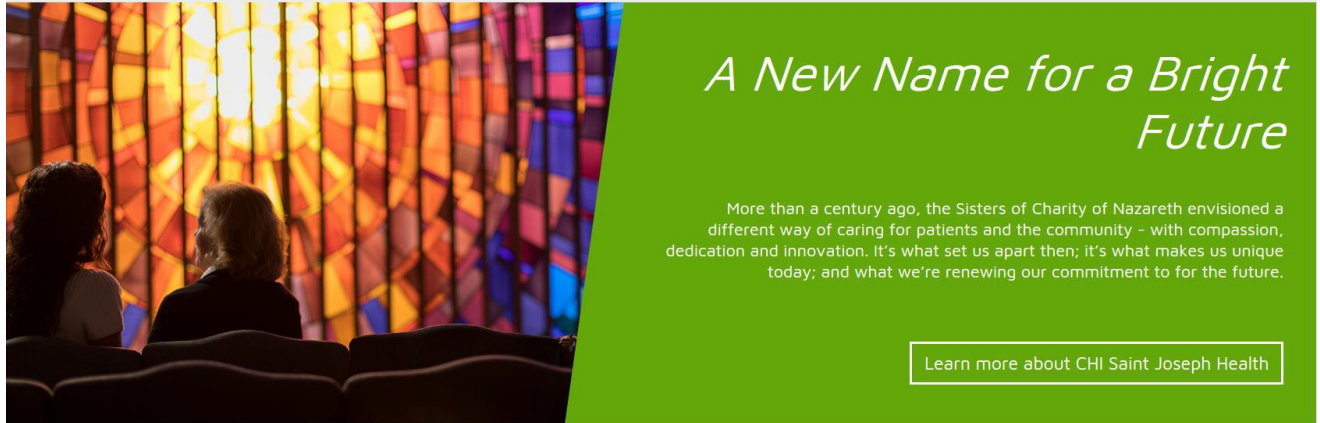


# **Student & Faculty Orientation Handbook**

Revised May 26, 2021

# Welcome

Welcome to CHI Saint Joseph Health. We take great pride in the care we provide our patients and families. Saint Joseph Health embraces students and our role in the education of healthcare professionals as we live out the system vision. Your students are our future. Therefore, we want their experiences here to be such that they gain as many tools as possible for them to become confident and secure in their new roles. Thank you for giving us the opportunity to participate in the development of their future. Please let us know how we can further assist you and your students in order to make the experience as valuable as possible.



## *A New Name for a Bright Future*

More than a century ago, the Sisters of Charity of Nazareth envisioned a different way of caring for patients and the community - with compassion, dedication and innovation. It's what set us apart then; it's what makes us unique today; and what we're renewing our commitment to for the future.

[Learn more about CHI Saint Joseph Health](#)

Dear Clinical Instructors,

Thank you for partnering with CHI Saint Joseph Health for your clinical experience. We are honored to provide this opportunity for you. This packet will provide the information needed to make your clinical experience here a success.

## General Information

The clinical instructor must complete the following steps prior to the end of day one on the unit.

### Faculty Required Forms

- Please return the following forms to the Educational Services office at your clinical site facility at the beginning of every new clinical rotation **before the end of your first clinical day**
  - Online **KBN License or Credentialed Body licensure** validation form
  - Current Copy of **CPR certification**
  - Current **resume or CV**, including history as a Clinical Instructor
  - **Clinical Rotation Form (Appendix A)**
  - **Validation of Acknowledgement of Orientation** completed by the instructor only. This validates that you had the opportunity to review the manual and ask any questions (**Appendix B**)
  - **Confidentiality and Acceptable Use Requirements (Appendix C)**
  - **Confidentiality Agreement (Appendix D)**
  - **Student / Faculty Evaluation (Appendix E)**
  - **Computer and Information Usage Agreement**
    - **SJH/SJE Faculty are given access to the Electronic Medical Record (EMR) as view only.** All returning instructors can continue with current password access. All new instructors can obtain access to the EMR by request to Tracey McFarland or Amanda Pascal. Cerner documentation classes are offered in the Keeneland Health and Education Center Building D 4<sup>th</sup> Floor. Please contact Amanda Pascal at [amandapascal@commonspirit.org](mailto:amandapascal@commonspirit.org); Tracey McFarland at [traceymcfarland@commonspirit.org](mailto:traceymcfarland@commonspirit.org) or Scarlett Burton-Devine at [scarlettdevine@commonspirit.org](mailto:scarlettdevine@commonspirit.org) for scheduling.
- Review the **Our Values and Ethics at Work Reference Guide**. Link is available on the orientation page.
- Review the **Safety Booklet** which begins on page 20, or online at <http://intranet.lexington-ky.catholichealth.net/education/education.asp>

### Contact the Nurse Manager for your Clinical Unit

See Appendix F for Nurse Manager Units and Contact information.

- Provide them with your contact information
- Set up a time with them to familiarize yourself with the unit

- Provide them with a copy of the syllabus for the class or a summary of objectives

### **Orientation:**

Hospital shall provide for the orientation of faculty and students to the hospital's environment, policies, procedures, and rules of conduct and dress, including Ethics at work education. Students and Faculty may also be required to attend all Joint Commission (TJC) and OSHA training on occupational exposure, universal precautions, body mechanics and electrical and fire safety, as well as HIPAA compliance training, that may be required of Hospital's clinical employees and staff.

### **COVID 19 Guidelines**

There are a few guidelines and criteria that CHI Saint Joseph Hospital has disseminated guidelines in reference to student clinical experiences:

- PPE will be provided as needed for students.
- There has to be documentation that students have received specific education and training on the following prior to the start of their clinical experiences.

Colleges and universities will provide documentation to the facility ensuring that students have received education regarding COVID-19:

- Surveillance and Detection
- Isolation, Quarantine, and Containment
- Standard, Contact, and Airborne Precautions
- Proper Handwashing, Cough, and Respiratory Etiquette
- Selection and Appropriate Use of Personal Protective Equipment (PPE), infection prevention practices including PPE donning and doffing-This will need to be provided by the college/or university before students starting.

If you have further questions or concerns, please feel free to contact Tracey McFarland or Amanda Pascal.

### **Student Required Forms**

All forms must be completed and turned in to your clinical faculty, your preceptor or the clinical educator by the end of your first clinical day.

- **Validation of Acknowledgement of Orientation (Appendix B)** completed by student only. This validates that you had the opportunity to review the manual and ask any questions. (Appendix B)
- **Confidentiality and Acceptable Use Requirements (Appendix C)**
- **Confidentiality Agreement (Appendix D)**
- **Student / Faculty Evaluation (Appendix E)**

# STUDENT PRACTICE GUIDELINES

## Student Expectations

- **Students:** Must report off to the nurse caring for the patient at the end of duty and when leaving the floor for any reason. (Refer to Appendix D-“5 P’s handoff tool” provided)
- **PHI:** Will not copy any portion of the patient’s medical record, all documents with protected health information must be placed in the shred bins at the end of the clinical day
- **Electronic Devices:** Personal use of cell phones, computers, and other electronic devices unrelated to clinical expectations are prohibited while on duty, particularly when use may be observed by patient/family members, in the following areas: workstations, halls, elevators, any patient care or diagnostic area (Refer to Personal Electronic Devices policy)
- Students are encouraged to bring only the minimal items into the clinical setting. Students are encouraged to leave valuables, money, backpacks, and books at home. Bring only what is required to successfully complete the clinical

## Dress Code

(Refer to the CHI Saint Joseph Health Dress and Appearance Standards policy)

To convey a professional appearance, clinical instructors and students are expected to follow the CHI Saint Joseph Health and Appearance Standards policy.

- Uniforms
  - Business or business casual attire when not in a clinical setting.
  - Scrubs with or without lab coats as required by your school when in a clinical setting.
  - All clothing must be clean, neat and well fitting.
- Name Badges
  - Nametags must be worn at chest level at all times.
- Shoes
  - Close-toed shoes will be required in patient care areas. Shoes should be clean and in good repair at all times.
- Hairstyles Long hair must be pulled back away from the face. Hair may conform to current fashion but must be neatly groomed and not interfere with patient care or safety. Extreme hairstyles are not permitted.
- Make-up
  - Make-up must be conservatively applied.
- Facial Hair
  - Facial hair must be neatly trimmed and well groomed.
- Jewelry
  - Minimal jewelry, no more than three earrings per ear.
  - Facial and oral jewelry are not acceptable.

- Buttons, badges, pins, which are objectionable because of their size or inappropriate message (such as profane or provocative language, political preferences, or business advertising) are not permitted.
- **Fingernails**
  - Artificial fingernails, nail extenders, nail wraps or other artificial nail components are not to be worn by healthcare workers who provide direct or indirect patient care.
  - This includes acrylic, gel and other nail overlays. If polish is worn, it should be in good condition.
- **Strong scents**
  - Perfume, odor from tobacco products both smoke and smokeless must be avoided, as they may cause allergic reactions for patients, visitors and coworkers.
- **Tattoos**
  - Tattoos should be kept to a minimum and be covered if possible. Large, offensive, and those that depict violence, sexual and/or racial overtones must be kept covered.
- Students are encouraged to bring only the minimal items into the clinical setting. Students are encouraged to leave valuables, money, backpacks, and books at home. Bring only what is required to successfully complete the clinical.

## **Health Requirements**

All clinical instructors and students are required to meet health requirements as outlined for CHI Saint Joseph Health employees. Clinical instructors must be able to provide documentation of up-to-date student vaccinations while in the clinical setting.

- **TB Screening:**
  - Where available, the T-spot/IGRA blood test for evaluation of active or latent tuberculosis may be utilized in place of a 2-step Tuberculin Skin Test (TST).
  - Negative TST within the last twelve months prior to the start of the clinical. If student is a past-reactor, a written statement from a physician that the student does not have active TB is required.
- **Infectious Disease Immunity**
  - Demonstrate immunity to Rubella, Rubeola, Mumps and Varicella. Immunity is demonstrated by either documentation of two MMR vaccines and/or two Varicella vaccines or serum titers.
- **Hepatitis B Vaccine**
  - Hepatitis B vaccine series is recommended, but not required.
- **Influenza Vaccine**
  - Students and faculty who have responsibilities within a patient care facility are required to be vaccinated for influenza annually.

## Nursing Clinical Group Placement Guidelines

### Clinical Group

- Only one clinical group can be on a unit at a time (practicum students excluded)
- Only two clinical groups can be on a unit within a 24-hour period
- If you do not plan to use a unit that was originally requested per the Bluegrass Planning Consortium, please forward that information as soon as possible
- The clinical instructor is responsible for determining student assignments after discussion with nursing staff. An assignment form should be posted on the clinical unit as soon as assignments are made. Students coming in for pre-clinical assessments may do so at a time when there are no other student nurses on the unit.
  - **Nursing Student Assignment Sheet (Appendix F)**
- As a courtesy to patients, please let the patient know that he/she will be having a nursing student with faculty supervision.
- The clinical instructor is expected to be **CONTINUOUSLY AVAILABLE** to **non-precepted undergraduate students** during clinical hours and to provide **DIRECT** supervision for techniques that are unfamiliar to the student.

### Practicum Student Placement

To assist in the accommodation of the high number of requests for nursing practicums, all Nursing Faculty should contact the Education Services Department at the requested facility site. Preceptors will be assigned and the nursing program will be notified through the Clinical Educator Facilitators.

### Precepted Undergraduate Students

Faculty is expected to meet with the student and preceptor on a weekly basis during the semester. Expectations of the faculty for preceptor involvement in the evaluation process should be shared at the first student/faculty/preceptor conference. The faculty member will negotiate availability of the faculty as a resource during student clinical hours with the preceptor, student, and manager of the unit.

### Blood-borne Pathogens

Students who experience needlestick/sharps injuries or exposure to blood and body fluids may seek counseling as appropriate per the student's affiliating agency policy

### Needlestick/Sharps Injury Prevention – Think Safety First

- Always use the safety features provided, including the needless systems
- Always place needles and other sharps in a sharps container immediately



- Never recap needles
- Never place needles in the bed, the trash can or linen
- Never leave needles on tables in the room
- Never overfill sharps container
- Always notify staff immediately of containers that need to be emptied

## **Safety and Security**

Please contact the Security department with any safety or security concerns. You can access a security officer immediately by dialing:

- Flaget - 502-224-4006
- SJB – Dial “0” from within the hospital; Security Extension 6789
- SJH – 859-313-1852
- SJE - 859-967-7055; Security Office – 859-967-5288
- SJE Women’s Hospital – 859-967-7054
- SJJ – 859-887-6770
- SJL - 606-330-5010
- SJM – Dial “0” for the operator, they will radio security
- SJMS – 859-497-5660
- If you are here during the evening or night hours and wish to be escorted to your car, please contact them.

## **Appropriate Behavior**

CHI Saint Joseph Health values all our customers. As a result, sexual harassment and/or abusive language are prohibited. In addition, please refrain from jokes or other behavior that may be offensive to others.

CHI Saint Joseph Health has a procedure for appropriately dealing with problems that may arise in the course of your association with the facility. Consult your instructor for information. As a result, CHI Saint Joseph Health asks that you refrain from openly expressing personal problems, frustrations, or negative comments about your colleagues, instructors, or institution to or in the presence of staff, patients, or visitors.

## **Assignments**

- Patients you are assigned to during your clinical rotation will also be assigned to a CHI Saint Joseph Health clinician
- The clinician will provide you with a patient report if a clinical experience begins after the unit report

## **Health Requirements**

All students are required to meet health requirements as outlined for CHI Saint Joseph Health employees. Clinical instructors must be able to provide documentation of up-to-date student vaccinations while in the clinical setting.



- **TB Screening:**
  - Where available, the T-spot/IGRA blood test for evaluation of active or latent tuberculosis may be utilized in place of a 2-step Tuberculin Skin Test (TST)
  - Negative TST within the last twelve months prior to the start of the clinical. If student is a past-reactor, a written statement from a physician that the student does not have active TB is required
- **Infectious Disease Immunity**
  - Demonstrate immunity to Rubella, Rubeola, Mumps and Varicella. Immunity is demonstrated by either documentation of two MMR vaccines and/or two Varicella vaccines or serum titers
- **Hepatitis B Vaccine**
  - Hepatitis B vaccine series is recommended, but not required
- **Influenza Vaccine**
  - Students and faculty who have responsibilities within a patient care facility are required to be vaccinated for influenza annually
- **COVID Vaccine**
  - COVID vaccine is recommended but not required

## **Patient Rights**

- Right to considerate care that respects the patient's personal value and belief systems
- Right to receive from his/her physician current information concerning his/her diagnosis, treatment, and prognosis in easily understood terms. When it is not medically advisable to give such information to the patient, it should be shared with an appropriate person on his/her behalf. The patient has a right to know the name of the physician responsible for coordinating his/her care
- Right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure or treatment. Except in emergencies, the information should include, at minimum, the specific procedure and/or treatment, the significant risks involved and the expected length of recuperation. When alternatives for care or treatment exist, or when the patient inquires about alternatives, the patient has a right to such information. The patient also has the right to know the name of the person responsible for procedures and/or treatment
- Right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of this action
- Right to formulate advance directives and appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law
- Right to receive every consideration of privacy and confidentiality concerning his/her own medical care and treatment
- Right to expect that all communications and records will be treated as confidential
- Right to expect that CHI Saint Joseph Health will make a reasonable response to the patient's request for services. The hospital will provide evaluation, service, and/or referral as indicated.  
The patient may be transferred to another facility only after he/she receives complete

information and explanation concerning the needs for and the alternatives to a transfer

- Right to obtain information about any relationship of the hospital to other health care and educational institutions which could impact care of the patient. Also, the patient has the right to obtain information concerning any professional relationships among individuals who are providing treatment
- Right to know if there are plans for the hospital to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in research projects
- Right to expect continuity of care and to know in advance what follow-up plans and services will be needed after discharge
- Right to examine and receive an explanation of all his/her bill regardless of the source of payment
- Right to know what rules and regulations apply to patient behavior
- Right to appropriate assessment and management of pain

### **Health Insurance Portability and Accountability Act (HIPAA)**

- A federal law imposed on all health care organizations including hospitals, physician offices, home health agencies, nursing homes, and other providers, as well as health plans and clearinghouses.
  - Requires organizations to take measures to safeguard patient information in every form including written, electronic, and verbal
  - Requires organizations to train workforce on patients' rights to privacy and control over their health information
- What is confidential? (Information about a patient in any form, (written, electronic, or verbal) is *protected health information (PHI)* including:
  - Name
  - Age
  - Date of birth
  - SS#
  - Address
  - Email Address
  - Phone #
  - Medical Record #
  - Admission Date
  - Discharge date
- Protecting Patient Privacy

- Do not look at or access information about a patient unless it's necessary to do your job
- Do not leave medical records lying around
- Do not discuss what you overhear about a patient or share information gained in the course of your clinical with family and friends
- Do not discuss patients outside of the unit in public areas such as elevators, hallways, or cafeterias
- Use treatment and consultation rooms when talking with or about patients and family
- Do not use your computer access privileges to view/obtain information about yourself, your friends, family members, neighbors, church members, etc.
- Do not share information about the patient with their family members or outside agencies unless you are authorized to do so

Dispose of patient information by shredding it or placing it in a locked confidential storage container located in the department

- If you see an individual without identification in a confidential or secure area, do not leave them unattended. Ask if they need assistance and for identification if necessary
- If you are not involved in the care of the patient or the welfare of the family, remove yourself from the area of confidential patient discussions
- Put phone calls on hold (after asking them to please hold) to prevent others from hearing background conversations about other patients
- Knock and pause before entering the patient's room
- Maintain patient's privacy during treatments by:
  - Closing the door or using a protective screen or curtain
  - Ask visitors to step out of the room if exposing the patient
  - Exposing only parts of the body necessary for treatment
  - Provide someone of the same gender to be present at the patient's request
- Remember that inappropriate access or sharing of patient information will result in disciplinary action up to and including termination the clinical assignment

### Overhead Paging Codes

The Hospital uses specific codes to alert staff about hazards or potential hazards in the area and call designated staff to action. These codes are designed to communicate information to those that need it without unduly alarming patients and visitors. Please review the following:

#### **SJH/SJE/SJMS/FMH**

- **Code Red – Fire**
- **Code Blue – Cardiac or Respiratory Arrest of adult or child**
- **Code Green– Ante-partum Emergency mother or child (SJE and FMH)**
- **Code Grey – Uncontrolled Patient**
- **Code Yellow – Internal/External Disaster**

- **Code Orange – Hazard Communication**
- **Code Pink – Missing Child**
- **Code Golden – Missing Adult**
- **Code Silver- Firearm/Active shooter**
- **Code Black- Bomb threat**

Designated people have assigned roles in response to these codes. You are responsible for looking up these policies in our computer manuals and being familiar with your role.

### **Infant/Child Security**

To protect the safety of newborns, it is vital that special care be taken to assure these young patients are released only to the mother or person legally responsible for their care.

An **infant security system** has been installed in the Nursery at SJE, FMH, and SJMS. If you have any questions regarding specifics to this system, please see the Unit Manager for the Mother/Baby Unit. **Be aware that no baby may be transported by anyone not wearing a special pink ID badge (FMH does not have a special pink bracelet. Baby and parents have matching ID's. Also babies do not leave the unit until discharge).** Always be aware that there is a risk of a child being abducted. Be observant of individuals loitering, persons in uniform without appropriate identification, and any other suspicious individual. Question people without proper identification - who they are and why they are on the unit. Direct any suspicions to the Charge Nurse. If you suspect that an infant or child is missing, immediately notify the Charge Nurse. A **Code Pink** overhead page indicates that an infant or child is missing and for all staff to man hallways, stairways and elevators.

### **Resources available online at CHI Saint Joseph Health**

- ClinicalKey for Nursing
  - A clinical search engine that provides resources for evidence-based practice, drug references, patient education, and literature searches, etc.
- Clinical Pharmacology
  - A clinical search engine that provides resources on drugs, drug interactions, clinical calculators, patient education, etc.
- Elsevier Clinical Skills
  - A search engine that provides over 1,400 different clinical skills and procedures with competency management features
  - It is evidence-based
  - Provides educational materials/information for each procedure in the form of videos, illustrations and extended text
- Clinical Tools
  - This area hosts a variety of clinical tools developed by staff nurses at Saint Joseph Health as well as other tools we have found to be helpful in our practice from other colleagues that are willing to share their work through our website resource.

## **We want you to stay with us!!!**

### CHI Saint Joseph Health Employment Opportunities

CHI Saint Joseph Health offers several work-related opportunities while you are in school. Please contact Human Resources at 859-313-1768 for further information.

To support your professional growth, CHI Saint Joseph Health facilitates a professional development program founded on Benner's Model of Novice to Expert. Personal demonstration of differentiated interpersonal clinical and leadership skills earns you an opportunity to advance along a three-level continuum of recognition and compensation. Additionally, we offer a Nurse Residency, Nursing Certification Support and free continuing education (online and workshops). Pursuit of advanced nursing education is supported through Tuition Reimbursement per year.



## Appendix B Acknowledgment of Orientation

I have read the orientation handbook and reviewed the *Our Values and Ethics at Work* electronic booklet at <https://home.catholichealth.net/static-vcm/Inside%20CHI/Mission/Mission%20&%20Values%20Main%20Channel/Corporate%20Responsibility/CommonSpiritStandardsofConductBooklet.pdf> web page and the 2019 *Safety Booklet* information located in the Faculty handbook.

I understand the expectations and I agree to abide by Hospital policy, protocols, and standards of practice during my clinical facilitation at **CHI Saint Joseph Health**.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Program:  LPN  ADN  BSN  MSN  DNP  Other disciplines (Lab, RAD, and Social Work):  
\_\_\_\_\_

Dates/Times on Unit: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

**I have read and understand the CHI Saint Joseph Health Faculty Orientation Handbook that has been given to me in written format. I have had the opportunity to discuss any questions with the manager of the unit/ clinical educators at the facility. All my questions have been answered satisfactorily.**

Orientation to the unit shall be provided by the Unit Manager/ Clinical Educator:

- Introduction to Unit Manager
- Unit Routines & Staff Assignments
- Use of equipment on unit
- Layout of unit (supplies, reference books, fire alarm, extinguisher, evacuation route)
- Teaching Sheets & Electronic Resources
- Resources for Patient Care: Chaplains, Case Managers, and Support Services, Intranet

Date of unit orientation: \_\_\_\_\_ Faculty \_\_\_\_\_ Signature: \_\_\_\_\_

Date of unit orientation: \_\_\_\_\_ Student \_\_\_\_\_ Signature: \_\_\_\_\_

Date of unit orientation: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

**(Practicum Students Only)**

**Total Practicum Hours \_\_\_\_\_ (Practicum Students Only)**

This form must be returned to **CHI Saint Joseph Health** Educational Services Department at the facility of your clinical by the end of the first clinical day.



**Catholic Health Initiatives  
Confidentiality and Acceptable Use Requirements**

**CHI Workforce Notice**

**As a condition of being a member of the CHI Workforce, I understand and affirm the following:**

Catholic Health Initiatives (CHI), including its affiliates and subsidiaries, treats information about CHI's business, patients, residents and their families, and workforce as confidential in accordance with applicable laws and regulations. During the course of my association with CHI, I may access, use or disclose Confidential information.

- CHI Confidential Information means any information, regardless of the format that it is in, (for example, paper, electronic, oral conversations, films, images) about a patient, resident, employee, student, physician, professional staff, other CHI workforce members, or CHI business and financial operations, that is not available to the public. CHI Confidential Information includes information that I may create, access, or obtain on behalf of CHI.
- CHI Confidential Information also includes, but is not limited to, protected health information, billing, payroll, employment records, employee benefits, payment card and cardholder information, trademark, copyright, intellectual property, technical ideas and inventions, written published works, contracts, supplier lists and prices, price schedules, business practices, marketing, or strategy, CHI Confidential Information of third parties for business purposes, or information that is only intended for internal use even if not officially designated as Confidential or Internal Use Only.

Therefore, in the course of my association with CHI, I acknowledge that:

1. I will only use, access, or disclose CHI Confidential Information as needed to perform my assigned responsibilities and in accordance with CHI policies, standards and approved processes. I will use, access, and disclose CHI Confidential Information in such a manner as to prevent unauthorized use or disclosure of such information
2. I understand I am responsible for reading and complying with all CHI Policies and Standards, including CHI Privacy and Information Security Policies and Standards.
3. I understand I am responsible for reading and complying with the information contained in the Information Privacy and Security Practices for Non-Employees Handbook. I may receive this handbook from my CHI Sponsor, and may direct any questions to the CHI Sponsor.
4. I will complete assigned Privacy and Information Security education as outlined in credentialing agreements, business associate agreements, student affiliations agreements, or any other agreement that establishes me as a workforce member. I must produce evidence of completion of required education timely upon request.
5. Confidentiality violations: If I violate CHI Privacy or Information Security policies and standards, or applicable law and regulation, I am subject to discipline under applicable policies, agreements, rules, regulations, bylaws, or any other oversight instrument, including will result in actions up to and including termination of my relationship with CHI.
6. I understand that my obligation to maintain the confidentiality of CHI Confidential Information extends beyond termination of my association with CHI, and I agree that I will not disclose or use CHI Confidential Information for any purpose after my employment or association ends.
7. In my association with CHI, I may be assigned access to CHI systems. I understand that passwords, verification codes, or electronic signature codes assigned to me are the equivalent to my personal signature; and I am responsible and accountable for all actions or entries made and retrievals accessed using my password, verification or electronic signature code regardless of whether it is used by me or by another individual; and I will not share my CHI passwords, verification codes, or electronic signature codes with another individual or make them accessible for others to discover. If a password or code is compromised, I will immediately take steps to change it.
8. In my association with CHI, I may be assigned or use CHI IT Assets. I understand that CHI maintains ownership of CHI IT Assets (e.g., computer workstations, laptops, tablets, smartphones, remote desktops, and similar devices, and removable disk or storage devices, including USB storage devices, external hard drives, writeable CDs/DVDs) and the CHI Confidential Information contained on these CHI IT Assets. Unless authorized, I will not install, download, reconfigure, reverse engineer, copy/duplicate, or remove any software on CHI IT Assets. I understand that I am responsible for preventing unauthorized access to, and use of CHI IT Assets by following established CHI policies, standards, guidelines, and instructions.
9. I will immediately report any Privacy or Security incident involving CHI Confidential information or IT Assets to the designated Privacy or Security officer, or the ITS Service Desk, regardless of how insignificant I may think the incident is. This includes immediately reporting the loss or theft of a CHI IT Asset or other device that contains CHI Confidential Information or can access a CHI network or other CHI system, even if that device is personally-owned.
10. I understand that I do not have, and should not expect any personal privacy rights when using CHI IT Assets or accessing CHI systems.
11. If I use a CHI-issued, a personally-owned, or a third party-provided mobile device (e.g., smartphone, tablet, laptop) to access any CHI network, systems or applications, including CHI Exchange/Outlook (e.g., email, calendars and contacts) I will adhere to all requirements and conditions set forth in CHI Information Security Standard ITS13-S8 Mobile Device Security.

**Print Name  
Sign and Date**

## **Appendix D**

### **Confidentiality Agreement**

Acting in accordance with our core values and standards of conduct, CHI Saint Joseph regards security and confidentiality of data and information about individuals, including patients and residents, their families, medical staff and employees, and business and financial data and information to be of utmost importance. Each employee, student, volunteer, medical and professional staff member, employee or agent of a medical staff member, independent contractor, contractor, vendor or person granted access to CHI Saint Joseph Health data and information agrees to maintain the security and confidentiality of the data and information in the manner described in and Catholic Health Initiatives Information Technology Services policies and procedures and by this Confidentiality Agreement.

In the course of your job, you may have access to protected health information about, patients, clients, residents, employees, medical and professional staff, students or other independent contractors and individuals. In addition, you may have access to business and financial data and information that may include, but is not limited to, information concerning employees, intellectual property, non-public financial contracts, materials of a competitive nature, business practices, payroll and benefits information, billing and personnel records, and technical information such as ideas and inventions (whether this information belongs to CHI Saint Joseph Health or was shared with us in confidence by a third party), that may be received from any source and in any form (i.e., paper, magnetic or optical media, oral conversations, film, etc.). CHI Saint Joseph information and data is hereafter referred to as “protected health information” and/or “confidential information”.

As a condition of continued employment or affiliation with CHI Saint Joseph Health, and to obtain access to any of the above described protected health and/or confidential information, you acknowledge and agree that your access to such information is for the purpose of performing your job, and further, you agree to the following:

- 1) I will look at and use only the protected health information and confidential information I need to care for and treat my patients, clients, residents or other individuals, or to perform my job. I will not look at protected health information or seek other confidential information that I do not need to perform my job for my own personal benefit or profit, for the personal benefit or profit of others, or to satisfy personal curiosity. I will not use my work access privileges to view my own protected health information or the protected health information of my family, friends, or co-workers. I understand that CHI Saint Joseph Health will issue user identification and secured private passwords to access the information and that CHI Saint Joseph Health has the ability and reserves the right to monitor access and use of protected health information and confidential information to determine my compliance with policies and procedures and the terms of this Confidentiality Agreement.
- 2) I will not share protected health information and confidential information with anyone who is not authorized to have access to it. I will not share this information with other persons in casual conversation.
- 3) I will handle protected health information and confidential information maintained in any medium or form, including but not limited to, paper and electronic, diskette or CD, with care to prevent unauthorized use or disclosure of protected health information or other confidential information. I will follow security and confidentiality policies and procedures and take reasonable measures to protect information for which I have responsibility. I will not release, remove or copy protected health information or confidential information for other than what is required in completion of my job duties.
- 4) I will handle protected health information and confidential information with care to prevent unauthorized use or disclosure including the use of e-mail to send information. Because electronic messages may be intercepted by other people, I will not use e-mail to send individually identifiable health information or any confidential information unless authorized by CHI Saint Joseph Health. I will perform only those e-mail transactions for which I have responsibility or authorization or for what is required in completion of my job duties and in accordance with CHI Saint Joseph Health and Catholic Health Initiatives Information Technology Services policies and procedures.
- 5) I will return or dispose of protected health information and confidential information that I no longer need in accordance with the policies and procedures of CHI Saint Joseph Health and Catholic Health Initiatives Information Technology Services.

6) If I am conducting research, I will follow Federal and State regulations and CHI Saint Joseph Health Institutional Review Board (IRB) policies and procedures to maintain the confidentiality and security of protected health information and confidential information.

7) If my responsibilities include disclosing protected health information or confidential information with outside parties including, but not limited to, ambulance drivers, contractors, consultants, home care providers, insurance companies, or research sponsors, I will follow CHI Saint Joseph Health and Catholic Health Initiatives policies and procedures.

8) All passwords, verification codes, or electronic signature codes assigned to me are equivalent to my personal signature:

- I will use my own password, verification or electronic signature code only.
- I will only use my password, verification or electronic signature code in accordance with Saint Joseph Health and Catholic Health Initiatives policies and procedures.
- I will not attempt to learn or use the passwords, verification codes, or electronic signature codes of others.
- I am responsible and accountable for all entries made and retrievals accessed using such passwords or codes regardless of any intentional or negligent act or omission by me.
- I will not use my password, verification or electronic signature code after my employment or affiliation with CHI Saint Joseph Health ends.

9) If I become aware that another person has access to or is using my password, verification or electronic signature code, or if I become aware that another person is using passwords, electronic signature or verification codes improperly, I will immediately notify my manager or the CHI Saint Joseph Health facility HIPAA Security Officer, HIPAA Privacy Officer, local Privacy Coordinator or Corporate Responsibility Officer.

10) I will follow CHI Saint Joseph Health and Catholic Health Initiatives Information Technology Services policies and procedures regarding the access and the use of computers, information systems, intranet, or the internet, including policies and procedures regarding the administrative, physical, and technological safeguards to portable devices that may contain protected health information or confidential information in order to carry out my job responsibilities.

11) I will not copy or download software that is not approved by CHI Saint Joseph Health and Catholic Health Initiatives Information Technology Services.

12) I understand and agree to abide by the obligations of this Confidentiality Agreement and CHI Saint Joseph Health and Catholic Health Initiatives policies and procedures related to Privacy, Information Security, Information Technology and Confidentiality. If I do not follow these requirements, I understand that I may be subject to disciplinary action, up to and including, loss of privileges, being dismissed from my position, and/or termination of contract or affiliation with CHI Saint Joseph Health.

13) I understand that the obligations of this Confidentiality Agreement will survive the termination or expiration of my employment or affiliation with CHI Saint Joseph Health. In the event of any breach of this Confidentiality Agreement, CHI Saint Joseph Health shall be entitled to recover monetary damages or injunction or any and all other remedies available.

By my signature below I am indicating that I have read, understand and agree to adhere to the conditions of this Confidentiality Agreement for continued employment or affiliation with CHI Saint Joseph Health.

Full Name (Print): \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Educational Institution: \_\_\_\_\_

Program: \_\_\_\_\_ Department assignment: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix E**
**Student / Faculty Evaluation (Circle One)**

Name of School Affiliation: \_\_\_\_\_

 Type of Student:  Nursing  PT  Speech  Respiratory  Pharmacy  Other: \_\_\_\_\_

Facility: \_\_\_\_\_ Unit: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

We would like you to evaluate your time spent here in our facility during your clinical rotation. Your input is very important as we continuously strive to improve and enhance the quality of services we provide. Please share your thoughts and suggestions by circling your rating of each item. **Please return this completed evaluation to your clinical area Unit Manager or Education Services at the facility of your clinical experience. Thank you for your feedback.**

**Rating Scale**

N/A = Not Applicable

1 = Poor (Needs Major Revisions)

2 = Fair (Revision Needed)

3 = Good (Could Use Slight Revisions)

4 = Excellent (No Change Suggested)

Learning opportunities were available to help me meet my clinical objectives.	4	3	2	1	N/A
Resources were available to assist me with my learning needs.	4	3	2	1	N/A
Staff displayed professional and caring behaviors.	4	3	2	1	N/A
Opportunities were available to collaborate with different types of health care providers.	4	3	2	1	N/A
Staff members were open to questions and assisted me with problems as needed.	4	3	2	1	N/A
Patient care supplies were available as needed.	4	3	2	1	N/A
Equipment was in good working order.	4	3	2	1	N/A
How would you rate the care here if you were a patient?	4	3	2	1	N/A

If you marked a 2 or less, what could be done to improve this clinical experience? Please list any staff names you would like to recognize

## Student/ Faculty Parking

Parking tags are attached at the end of this faculty handbook. Please put the beginning and ending dates of the clinical rotation on the tag. The tag must be hung from the review mirror or placed in the driver's side window of the dashboard.

### Flaget Memorial Hospital

- Employee/Student is located behind the main hospital in the Employee Parking Lot. You must scan your badge to get into the hospital doors by Materials Management.

### Saint Joseph Berea

- All day shift Berea employees must park in the designated employee parking lot behind the hospital at the bottom of the hill.
  - Employees may park in the upper parking lot, behind the hospital from 4:30pm - 7:30am.
  - 2nd shift employees may park on top of the hill at the beginning of their shift, as long as it begins at 2:30pm or later.
  - All other day shift employees may move their cars up the hill after 4:30pm.

### SJE Campus

- Park in the employee parking lot located off of Blazer Drive in front of the hospital in the lot closest to Richmond Road. Please enter the hospital through the emergency entrance. Security monitors the parking areas and will have unauthorized vehicles towed.

### Saint Joseph Jessamine

- Parking is available in front of the facility in the visitor/patient parking area.

### Saint Joseph London

- Park in the last two rows of employee parking lot. Security monitors the parking lot.

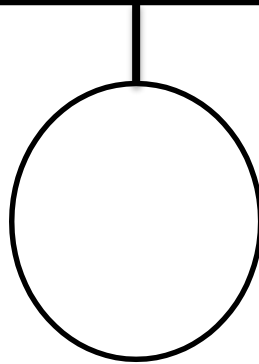
### SJH Main Campus

- **Parking for students and faculty** is located in the **Parking Garage** along Waller Avenue. Please park on the top two levels of the garage. Place your **completed parking tag** on your rearview mirror. Security monitors the parking areas and will have unauthorized vehicles towed.

### SJMS Campus

- Park in the last two rows of the front parking lot closest to the interstate. If that is full, you may move up to the next row. Security monitors the parking lot.

Please cut out parking pass and hang on rear view mirror of car.



CHI Saint Joseph Health

**School Program:**

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Unit:** \_\_\_\_\_

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_





## Appendix G

### Unit/Department Manager Contact List

Facility	Department	Name	E-Mail Address	Phone
FMH	ICU/TCU	Stephanie Brockman	<a href="mailto:Christy.Ashby@commonsprit.org">Christy.Ashby@commonsprit.org</a>	502-350-5204
FMH	Medical Surgical	Page Holt	<a href="mailto:Elizabeth.holt@commonsprit.org">Elizabeth.holt@commonsprit.org</a>	502-350-5234
FMH	ED	Susan Mings	<a href="mailto:Susan.Mings@commonsprit.org">Susan.Mings@commonsprit.org</a>	502-350-5102
FMH	SNU	Unit is closed		
FMH	House Managers	Kami Poole Warder	<a href="mailto:kami.poole-warder@commonsprit.org">kami.poole-warder@commonsprit.org</a>	502-350-5048
FMH	OB/Float Pool	Sara Thompson	<a href="mailto:Sara.Thompson2@commonsprit.org">Sara.Thompson2@commonsprit.org</a>	502-350-5302
FMH	OR/PACU/Pre/Post	Angela Denise Findley	<a href="mailto:Angela.findley@commonsprit.org">Angela.findley@commonsprit.org</a>	502-350-5088
SJB	Acute Care Services ICU & MS	Aaron Morgan	<a href="mailto:rufus.morgan@commonsprit.org">rufus.morgan@commonsprit.org</a>	986-6824
SJB	Cardiopulmonary Services	Kellie Holman	<a href="mailto:Kellie.Holman@commonsprit.org">Kellie.Holman@commonsprit.org</a>	986-6719
SJB	Cardiovascular Center	Rhonda Carl	<a href="mailto:Rhonda.Carl@commonsprit.org">Rhonda.Carl@commonsprit.org</a>	986-6299
SJB	Chaplain Service	Leo Fain	<a href="mailto:Leo.Fain@commonsprit.org">Leo.Fain@commonsprit.org</a>	986-6336
SJB	Emergency Department	Darcy Maupin	<a href="mailto:Darcy.Maupin@commonsprit.org">Darcy.Maupin@commonsprit.org</a>	986-6584
SJB	Employee Health	Gwen Perch	<a href="mailto:Gwen.Perch@commonsprit.org">Gwen.Perch@commonsprit.org</a>	986-6441
SJB	Laboratory	Donna Smith	<a href="mailto:Donna.Smith555@commonsprit.org">Donna.Smith555@commonsprit.org</a>	986-6240
SJB	Pharmacy	Sara Smith	<a href="mailto:Sara.Smith@commonsprit.org">Sara.Smith@commonsprit.org</a>	986-6357
SJB	Physical Therapy	Kimberly Butler	<a href="mailto:Kimberly.Butler@commonsprit.org">Kimberly.Butler@commonsprit.org</a>	986-6725
SJB	Radiology	Amanda Bala	<a href="mailto:Amanda.Bala@commonsprit.org">Amanda.Bala@commonsprit.org</a>	986-6431
SJB	Surgery	Sharon Vancleave	<a href="mailto:Sharon.Vancleave@commonsprit.org">Sharon.Vancleave@commonsprit.org</a>	986-6465
SJE	3 <sup>rd</sup> Tele	Ashley Campbell	<a href="mailto:ashley.campbell@commonsprit.org">ashley.campbell@commonsprit.org</a>	967-5615
SJE	4 <sup>th</sup> M/S	Mary B Keeton	<a href="mailto:Mary.Keeton@commonsprit.org">Mary.Keeton@commonsprit.org</a>	967-5717
SJE	5 <sup>th</sup> -Ortho Specialty	Mary B Keeton	<a href="mailto:Mary.Keeton@commonsprit.org">Mary.Keeton@commonsprit.org</a>	967-5908
SJE	Cath Lab	Armin Rembe	<a href="mailto:Armin.rembe@commonsprit.org">Armin.rembe@commonsprit.org</a>	967-5801
SJE	ED	Missy Hicks	<a href="mailto:Melissa.Hicks508@commonsprit.org">Melissa.Hicks508@commonsprit.org</a>	967-5792
SJE	ICU	Mindy Bentley	<a href="mailto:Mindy.bentley@commonsprit.org">Mindy.bentley@commonsprit.org</a>	967-5691
SJE	NBN/ PP	Joan Morrin	<a href="mailto:Joan.Morrin@commonsprit.org">Joan.Morrin@commonsprit.org</a>	967-5642
SJE	NICU / L&D/ APU			967-5274
SJE	PACU/SDS	Monica Edwards	<a href="mailto:monica.edwards@commonsprit.org">monica.edwards@commonsprit.org</a>	859-200-9681
SJE	OR	Julia Terry	<a href="mailto:julia.terry@commonsprit.org">julia.terry@commonsprit.org</a>	967-5668

SJE	Pharmacy	Marla Whitaker	<a href="mailto:marla.whitaker@commonspirit.org">marla.whitaker@commonspirit.org</a>	967-5576 313-2056
SJE	Endo	Monica Edward	<a href="mailto:monica.edwards@commonspirit.org">monica.edwards@commonspirit.org</a>	859-200-9681
SJE	Radiology	Margaret Brindley	<a href="mailto:margaret.brindley@commonspirit.org">margaret.brindley@commonspirit.org</a>	967-5200
SJH	5B	Patti Hafner	<a href="mailto:patricia.hafner@commonspirit.org">patricia.hafner@commonspirit.org</a>	313-1936
SJH	3 East	Amanda Wilson	<a href="mailto:Amanda.Wilson@commonspirit.org">Amanda.Wilson@commonspirit.org</a>	313-4651
SJH	3A	Tiffany Banks	<a href="mailto:Tiffany.Banks@commonspirit.org">Tiffany.Banks@commonspirit.org</a>	313-2040
SJH	4A	Tiffany Banks	<a href="mailto:Tiffany.Banks@commonspirit.org">Tiffany.Banks@commonspirit.org</a>	313-1946
SJH	4IC	Amanda Wilson	<a href="mailto:Amanda.Wilson@commonspirit.org">Amanda.Wilson@commonspirit.org</a>	313-4651
SJH	5A	Patti Hafner	<a href="mailto:Patricia.hafner@commonspirit.org">Patricia.hafner@commonspirit.org</a>	313-3053
SJH	6 Orthopedic	Bobbie	<a href="mailto:bobbie.cummings@commonspirit.org">bobbie.cummings@commonspirit.org</a>	313-1948
SJH	Cath Lab	John Westmoreland	<a href="mailto:John.westmoreland@commonspirit.org">John.westmoreland@commonspirit.org</a>	313-4251
SJH	CCU	Matthew Garvey	<a href="mailto:Matthew.Garvey@commonspirit.org">Matthew.Garvey@commonspirit.org</a>	313-2469
SJH	CTVU	Connie Charles	<a href="mailto:Connie.charles@sjhlex.org">Connie.charles@sjhlex.org</a>	313-1904
SJH	ED	Missy Hicks	<a href="mailto:Missy.Hicks508@commonspirit.org">Missy.Hicks508@commonspirit.org</a>	313-1176
SJH	ICU-N&S	Sue Nair	<a href="mailto:Sue.Nair@commonspirit.org">Sue.Nair@commonspirit.org</a>	313-1624
SJH	OPS	Amanda Anderson	<a href="mailto:amanda.anderson@commonspirit.org">amanda.anderson@commonspirit.org</a>	313-4512
SJH	OR	Jody Smejkal	<a href="mailto:jodi.smejkal@commonspirit.org">jodi.smejkal@commonspirit.org</a>	313-1586
SJH	OR	Evelynn Fugate	<a href="mailto:evelyn.fugate@commonspirit.org">evelyn.fugate@commonspirit.org</a>	313-2925
SJH	PACU	Amanda Anderson	<a href="mailto:amanda.anderson@commonspirit.org">amanda.anderson@commonspirit.org</a>	313-4512
SJH	ENDO	Amber Keath	<a href="mailto:amber.keath@commonspirit.org">amber.keath@commonspirit.org</a>	313-4598
SJH	Pharmacy	Marla Whitaker	<a href="mailto:mwhitaker@commonspirit.org">mwhitaker@commonspirit.org</a>	313-2056
SJH	Radiology	Cassie Overby	<a href="mailto:overbycj@commonspirit.org">overbycj@commonspirit.org</a>	313-4640
SJH	CCH	Regina Masters	<a href="mailto:reginamasters@commonspirit.org">reginamasters@commonspirit.org</a>	313-3389
SJH &	Respiratory Care	Marlene Riggie	<a href="mailto:marlene.riggie@commonspirit.org">marlene.riggie@commonspirit.org</a>	313-1602
SJJ	ED	Michele Rothermund	<a href="mailto:michelle.rothermund@commonspirit.org">michelle.rothermund@commonspirit.org</a>	887-6760
SJL	Cath Lab	Stacey Faulkner	<a href="mailto:Stacey.faulkner@commonspirit.org">Stacey.faulkner@commonspirit.org</a>	606-330-8006
SJL	ER	Lori Coots	<a href="mailto:lori.coots@commonspirit.org">lori.coots@commonspirit.org</a>	606-330-6145
SJL	ICU	Kelly Helton	<a href="mailto:kelly.helton@commonspirit.org">kelly.helton@commonspirit.org</a>	606-330-6286
SJL	Lab	Stan Davis	<a href="mailto:Stanley.davis@commonspirit.org">Stanley.davis@commonspirit.org</a>	606-330-6962
SJL	Med/Surg	Anna Secrest	<a href="mailto:Anna.secrest@commonspirit.org">Anna.secrest@commonspirit.org</a>	606-330-6446
SJL	OB	Beth Hill-Karbowski	<a href="mailto:Elizabeth.hill-karbowski@commonspirit.org">Elizabeth.hill-karbowski@commonspirit.org</a>	606-330-6343
SJL	OPUS/Endo	Tina Nelson	<a href="mailto:Tina.nelson@commonspirit.org">Tina.nelson@commonspirit.org</a>	606-330-6928
SJL	OPSV	Teresa Bruner	<a href="mailto:teresa.bruner@commonspirit.org">teresa.bruner@commonspirit.org</a>	606-330-6742
SJL	OR	Larry Pierce	<a href="mailto:lpierce501@sj-london.org">lpierce501@sj-london.org</a>	606-330-6906
SJL	PCU	Pam Huff	<a href="mailto:pamela.huff@commonspirit.org">pamela.huff@commonspirit.org</a>	606-330-5264
SJL	Radiology	Barb Cunagin	<a href="mailto:barbara.cunagin@commonspirit.org">barbara.cunagin@commonspirit.org</a>	606-330-6726

SJMS	ED	Brandy Jeffries	<a href="mailto:brandy.jeffries@commonspirit.org">brandy.jeffries@commonspirit.org</a>	497-5710
SJMS	Laboratory	Interim-Raelee Morris	<a href="mailto:raelee.morris@commonspirit.org">raelee.morris@commonspirit.org</a>	497-5320

SJMS	Med-Surg, ICU, WCS, PICU	Lesly Arrasmith	<a href="mailto:Lesly.Arrasmith@CommonSpirit.org">Lesly.Arrasmith@CommonSpirit.org</a>	497-5013
SJMS	OR/PACU/SDS	Lisa Peck	<a href="mailto:lisa.peck@commonspirit.org">lisa.peck@commonspirit.org</a>	497-5370
SJMS	Pharmacy	Shah, Mukesh	<a href="mailto:mukesh.shah@commonspirit.org">mukesh.shah@commonspirit.org</a>	497-5401
SJMS	Radiology	Tim Damron	<a href="mailto:tim.damron@commonspirit.org">tim.damron@commonspirit.org</a>	497-5445
SJMS	Respiratory	Robinson, Jarrett	<a href="mailto:jarrett.robinson@commonspirit.org">jarrett.robinson@commonspirit.org</a>	497-5570

### Clinical Educator List

Location	Department	Name	E-Mail Address	Phone
SJH	Educational Services Director	Jenifer Smith	<a href="mailto:JenniferSmith3@commonspirit.org">JenniferSmith3@commonspirit.org</a>	313-1950
SJB	Clinical Educator	Scott Treadway	<a href="mailto:Dean.Treadway@commonspirit.org">Dean.Treadway@commonspirit.org</a>	859-986-6430
Flaget	Clinical Educator	Marguerite Reed	<a href="mailto:Marguerite.reed@commonspirit.org">Marguerite.reed@commonspirit.org</a>	502-350-5052
SJE	Women's Care	Brandi Ritchie	<a href="mailto:Brandi.rithchie@commonspirit.org">Brandi.rithchie@commonspirit.org</a>	967-5125
SJE	M/S, Ortho, ICU, Tele	Amanda Pascal	<a href="mailto:Amanda.pascal@commonspirit.org">Amanda.pascal@commonspirit.org</a>	967-5270
SJE	OR, OPS, PAT, PACU ENDO, SPD	Sherri Noland	<a href="mailto:Sherri.noland@commonspirit.org">Sherri.noland@commonspirit.org</a>	313-4643
SJE, SJH	Continuing Care	Diana Brook Gross	<a href="mailto:Diana.gross@commonspirit.org">Diana.gross@commonspirit.org</a>	859-313-4878
SJH,	ED	Liz Morris	<a href="mailto:Elizabeth.Morris503@commonspirit.org">Elizabeth.Morris503@commonspirit.org</a>	313-4935
SJE, SJJ	ED	Justin Elliott	<a href="mailto:Justin.Elliott@commonspirit.org">Justin.Elliott@commonspirit.org</a>	313-4935
SJH	2E, 3E, 4IC, Dialysis	Debra Howard	<a href="mailto:Debra.howard@commonspirit.org">Debra.howard@commonspirit.org</a>	313-3089
SJH	OR, OPS, PAT, PACU ENDO, SPD	Sherri Noland	<a href="mailto:Sherri.noland@commonspirit.org">Sherri.noland@commonspirit.org</a>	313-4643
SJH	3A, 4A, 5A, 6	Tracey McFarland	<a href="mailto:Tracey.mcfarland@commonspirit.org">Tracey.mcfarland@commonspirit.org</a>	313-2257
SJH	ICU N&S, CCU,	Katherine (Katie) Disney	<a href="mailto:Katherine.disney@commonspirit.org">Katherine.disney@commonspirit.org</a>	313-2226
SJL	Clinical Educator	Karin De La Pena	<a href="mailto:Karin.Delapena@commonspirit.org">Karin.Delapena@commonspirit.org</a>	330-6565
SJMS	Clinical Educator	Jenny Strode	<a href="mailto:jennifer.strode@commonspirit.org">jennifer.strode@commonspirit.org</a>	497-5044

# CLINICAL RESOURCES

## RAPID RESPONSE TEAM (RRT)

Does your patient need a second set of eyes?

### When to call

#### When to call (Activation Criteria):

##### Respiratory Distress

- RR < 8 or > 30
- O<sub>2</sub> Sat < 90%, despite increasing O<sub>2</sub> requirements

##### Acute Change in Vital Signs

- HR < 45 - > 130
- SBP < 90 - > 190
- DBP > 110
- VS change 20% from baseline



##### Other Warning Signs

Acute bleeding

Acute change in capillary refill > 2 sec with evidence of decreased tissue perfusion

Acute change in LOC: Glasgow Coma scale decrease 2 or more from previous assessment (consider recent narcotic/sedative administration; hypo/hyperglycemia)

Acute Mental Status changes

Agitation or delirium

Chest Pain

Failure to respond to treatment

Seizures (new, repeated, or prolonged)

Signs and symptoms of stroke

Uncontrolled pain

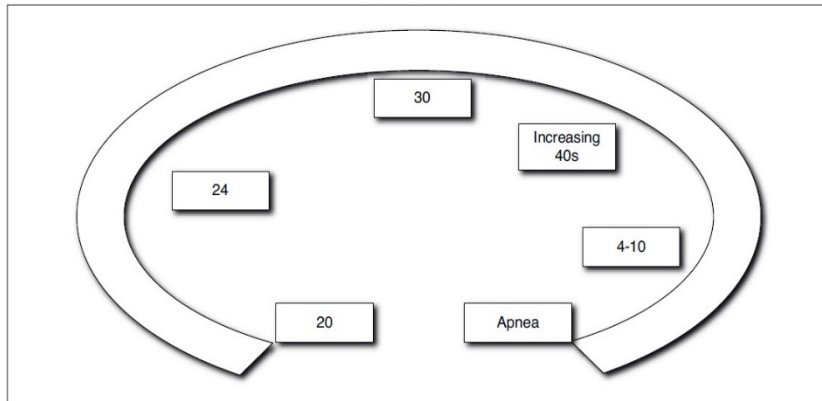
Uncomfortable with patient's situation or MEWS > 5

Review the Tables for:

- Methods to Activate
- Methods to Document
- SBAR Communication
- Modified Early Warning Score

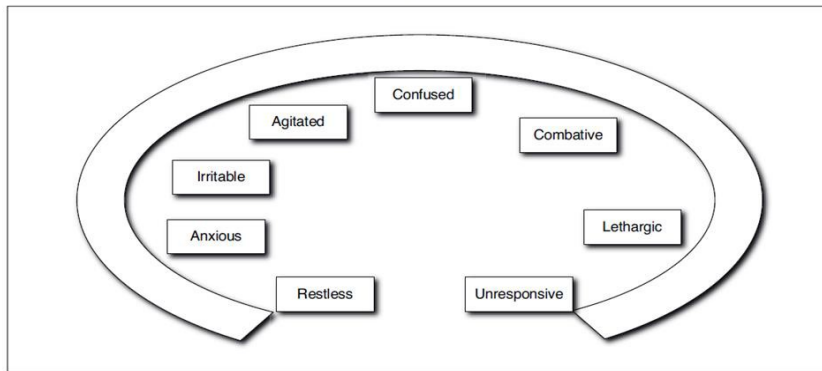
## Adult Deterioration Bell Curves

Respiratory Bell Curve



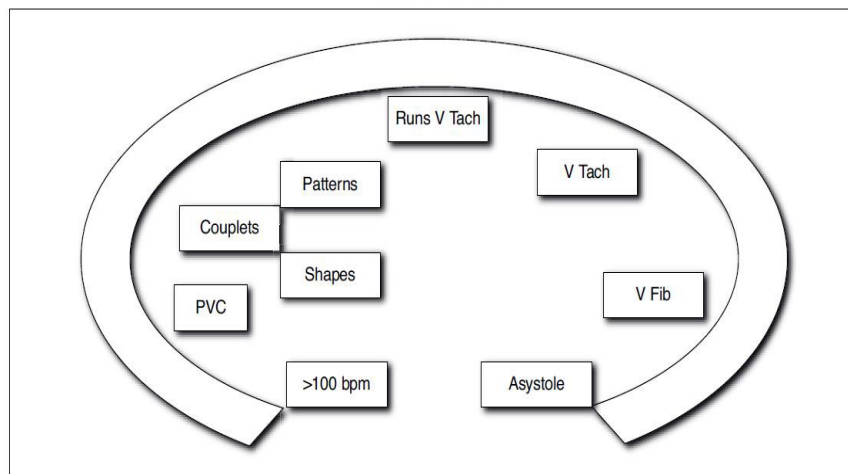
Sources: Dellinger et al. 2012; Dennison 2013

Neurologic Bell Curve



Sources: Dennison, 2013; Schubert, 2012

Cardiac Bell Curve



Sources: Dennison, 2013; Huff, 2011

Note: V Tach = ventricular tachycardia; V-Fib = ventricular fibrillation

Huff, J. (2011). *Exercises in arrhythmia interpretation* (6<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins; Dellinger, R., Levy, M., Rhodes, A., Annane, D., Gerlach, H., Opal, S., ...Moreno, R. (2012). Surviving sepsis campaign: International guidelines for management of severe sepsis and septic shock. *Critical Care Medicine Journal*, 41(2), 580-636. Schubert, C. (2012). Effect of simulation on nursing knowledge and critical thinking in failure to rescue events. *The Journal of Continuing Education*, 43(10): 467-471. Dennison, R. (2013). *Pass CCRN!* (4<sup>th</sup> ed.). St. Louis, MO: Mosby

<b>RAPID RESPONSE TEAM (RRT)</b>			
<b>RRT Team Members</b>	<b>Methods To Activate</b>	<b>Methods To Document</b>	<b>SBAR Communication</b>
<p><b>SJH Rapid Response Team</b></p> <p>Critical Care Nurse Respiratory Therapist</p> <p>--or--</p> <p>Nurse Practitioner Respiratory Therapist</p> <p><b>SJMS Rapid Response Team</b></p> <p><b>Rapid Response Team Members:</b></p> <p>House Manager ED Nurse ED Physician Resp Therapist</p> <p><b>Rapid Response Team (RRT) members are skilled in:</b></p> <p>ACLS Critical care experience Experts in rapid assessment and intervention</p> <p><b>Why use an RRT?</b></p> <p>RRT has been shown to decrease</p> <ul style="list-style-type: none"> <li>• number of codes</li> <li>• ICU admissions from floor</li> <li>• patient deaths</li> </ul>	<p><b>Call operator to activate the Rapid Response Team and give patient location</b></p> <p>Tell RRT what is happening and how they can assist</p> <p>RRT will assist with assessment and management of pt and pt's nurse will be responsible for calling MD, meds and interventions unless they require specialized skills</p> <p>Initial RRT interventions may include:</p> <ul style="list-style-type: none"> <li>• Rapid physical assessment</li> <li>• O2 Sat</li> <li>• EKG monitoring</li> <li>• VS monitoring</li> </ul> <p>Begin SBAR for MD communication</p> <p>RRT can use Critical Care Standing Orders if indicated</p>	<p>SBAR completed and MD notified if appropriate</p> <p>RRT interventions documented on RRT forms</p> <p>A nurse's note and appropriate patient care flow sheets will document patient status leading to activation of the RRT. Followed by "See <i>Rapid Response notes for interventions.</i>"</p> <p>The RRT nurse will complete the RRT progress note/standing order sheet.</p>	<p><b>Purpose of SBAR: Provides clear, concise, pertinent information to MD</b></p> <p><b>Situation:</b></p> <p>Reason for initiation of RRT: Acute change in: Resp status Vital signs Cardiac status Mental status Other</p> <p><b>Background:</b></p> <p>Admission diagnosis Past medical history Allergies Surgery/Procedures</p> <p><b>Assessment:</b></p> <p>VS, O2 sat, Fio2, Abnormal lab results, EKG, recent CXR, pertinent physical exam</p> <p><b>Recommendations/Response</b></p> <p>Recommendations - to suggest to MD and or orders from MD</p> <p>Response - Patient condition in response to interventions</p>

# Modified Early Warning Score (MEWS)

**Overview:** Evidence indicates that hospitalized patients exhibit abnormal physiologic data several hours before a catastrophic event. Staff nurses need to identify critically ill patients before their clinical condition deteriorates.

**Purpose:** MEWS is an evidence-based, simple method of using routine physiologic measurements (vital signs) to identify patients at-risk for clinical deterioration, irrespective of their location.

**Objectives:** MEWS increases awareness of at-risk patients and promotes early activation of resources (charge nurse, RRT, experienced staff nurse) to decrease the number of codes occurring on the Medical-Surgical and Telemetry units.

Modified Early Warning Score (MEWS)							
Score	3	2	1	0	1	2	3
Central Nervous System (CNS)- Level of Consciousness		Confused or agitated		Alert	Drowsy/ Respond <del>to pain</del> newly confused	Respond to pain	Unresponsive
Respiratory Rate (breaths/min)		<8		9-14	15-20	21-29	>30
Heart Rate (Beats/min)		<40	41-50	51-100	101-110	111-129	>130
Systolic Blood Pressure (mmHg)	<70	71-80	81-100	101-199		>200	
Temperature (F)		<95.0°		95.1°-101.2°		>101.3°	

**Process:**

1. Identify if the patient is a DNR, Comfort Care or Hospice Patient
2. Each vital sign parameter will be scored 0 to 3
3. Total all five parameters for the MEWS score
4. Follow the action algorithm based on the total score. *Nurses may notify the RRT for any score at their discretion.*
5. Calculate the MEWS:
  - Within the first 4 hours of the start of the shift
  - With any admission to the unit
  - If previous MEWS score recommends increasing frequency of vital signs

MEWS Action Algorithm	
<b>MEWS</b>	Inpatients Action (EXCLUDES DNR, Comfort Care /Hospice Patients) <b>*Note: Nurses may notify RRT for any score at their discretion.</b>
<b>0-2</b>	Continue routine/ordered monitoring
<b>3</b>	Increase VS frequency to every 4 hours X 3; Calculate the MEWS each time. Inform charge nurse.
<b>4</b>	At first reading, inform charge nurse to assess patient. Increase VS frequency to every 1 hour X 3; include pulse oximetry-Calculate MEWS each time. Strict I & O – call if UOP <100mL/4 hrs; if Foley catheter present, observe UOP< 30 mL/hr. If score is 4 at change of shift, re-evaluate to determine if this score is patient’s baseline.
<b>5</b>	<b>Call RRT.</b> Increase VS frequency to every 1 hour include pulse oximetry-Calculate MEWS each time. Strict I & O – call if UOP <100mL/4 hrs; if Foley catheter present, observe UOP< 30 mL/hr. Inform physician. If patient remains “5” for three consecutive readings, request order for possible transfer to higher level of care. Is end-of-life discussion with patient/family indicated?
<b>&gt;6</b>	<b>Call RRT and physician stat.</b> Recommend transfer to higher level of care. Is end-of-life discussion with patient/family indicated?

References: Maupin, J.M., Roth, D.J. & Krapes, J.M. “Use of the Modified Early Warning Score Decreases Code Blue Events” (Dec 2009). *The Joint Commission Journal on Quality and Patient Safety*. Vol 35(12) p. 598-603  
 Rees, R.E. “Early Warning Scores”. (2003) Update in Anesthesia (issue 17; Article 10) Adapted (new material added to CNS-Level of Consciousness line) from Subbe, C.P. et al: (Oct. 2001). Validation of a modified early warning score in medical admissions. *QJM*. 94:521-526.



## TYPES OF ISOLATION

INFECTION TYPE	STANDARD	CONTACT	CONTACT PLUS	CONTACT CONTAINMENT	AIRBORNE	DROPLET
COVID-19	X	X	X <i>Double Clean required at discharge or room transfer</i>	X Contain waste while transporting COVID-19. Place trash in red bag then place in Regulated Medical Waste container (grey container/RMW cardboard container). When filled, the trash will be sealed and transported to Central	X Intubation must be done in a negative pressure room	
MRSA	X	X				
VRE	X	X				
Clostridium Difficile	X		X			
Multi-Drug Resistant Organisms (MRDOs), including, but not limited to: ESBL's, CRO's, CRE's, KPC's, MDR Acinetobacter Baumannii	X			X <i>Double clean required at discharge or room transfer</i>		
Influenza	X					X
Bacterial Meningitis	X					X
Active or Suspected TB					X	
Measles	X				X	
SARS	X	X			X	X
Rubella	X					X
Shingles: Open, draining, disseminated	X	X			X	
Varicella (chickenpox)	X				X	
Scabies	X	X				
Bed Bugs	X	X				
Lice	X	X				

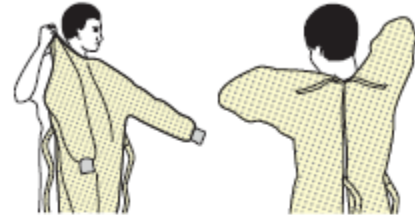
# How to Don and Doff PPE

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



05290672-C

## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

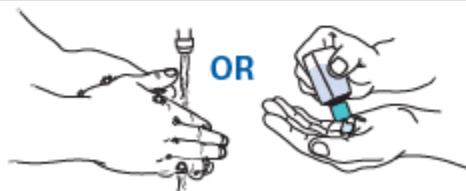


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



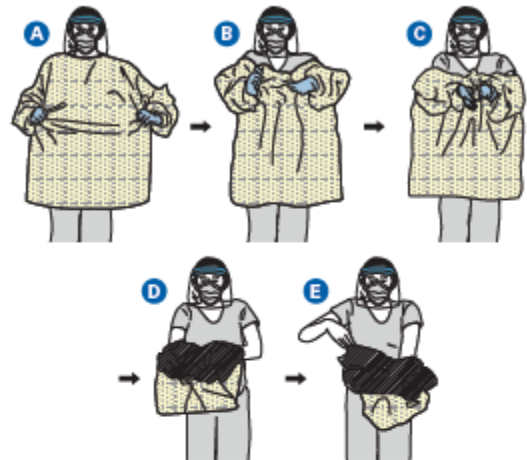
05250072-E

## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

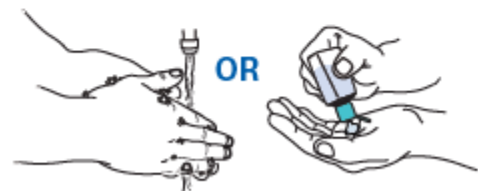


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



CG20072-E



## SafetyFirst: 5Ps for Patient Handoffs

Did you know that patient handoffs are one of the most high-risk situations in health care?

Making patient handoffs safe and seamless is easier when we learn and adopt the 5Ps for patient handoffs: Patient or project, Plan, Purpose, Problems and Precautions. Here's how it works:

- **Patient or project**
  - What will you be handing off? *Mr. Campbell, who just had knee replacement surgery, is being moved from surgery to the medical-surgical floor.*
- **Plan**
  - What needs to happen next?
- **Purpose of the plan**
  - What is the desired end state? How will you help make sure that the patient handoff is complete and critical information about the patient communicated?
- **Problems**
  - What do you know about the patient that is different, unusual or complicated about this patient? For example: *Mr. Campbell is a diabetic and has been struggling lately to keep his blood sugar levels under control.*
- **Precautions**
  - What could be expected to be different, unusual or complicated about this patient?

Safe patient handoffs use direct communication between current and future care providers and occur as close as possible – timely – to the transfer of care. Minimizing outside interruptions and using other safety behaviors such as repeat-backs and read-backs and asking clarifying questions also lead to safer patient handoffs.



***WELCOME ABOARD!***

CHI Saint Joseph Health is committed to a Safe and Healthy Environment. Your personal safety and the safety of patients and visitors are dependent on YOUR knowledge of Safety Plans, Policies, and Procedures.



This manual is located on the Intranet and will provide you with a helpful overview of key safety policies. Be prepared and review the safety practices for YOUR departmental role.

# 2021 Safety Booklet-Table of Contents

	<b>Page Number</b>
Service Standards	37
Error Prevention Tool Kit	38
Environment of Care	39
Fire Safety	39
Bomb Threat	40
Disaster Plan	41
Tornado and Dangerous Weather	41
Hazardous Materials	42
Hazardous communications	42
MSDS Sheets	43
Pharmaceutical Waste Management	43
Bioterrorism Plan	45
Emergency Preparedness	45
Out of control behavior	45
Management of suspicious behavior	46
Removal of weapons	47
Active Shooter/armed intruder	47
Electrical / Utilities Management	47
Oxygen Safety	47
Hyperbaric oxygen safety	48
Communications plan	48
Reporting Mechanisms	49
Safe Medical Devices Act	49
Sentinel Events	50
Law Enforcement or Protective Custody	50
Clinical Patient Safety	51
Fall Prevention	51
Abuse and Neglect	53
Latex Allergy	54
Infection Control	55
Language Services for Low English Proficiency	60
MRI Safety	61
CHI Saint Joseph Health Medication Safety Topics	62
Adverse Drug Reactions	62
Medication Errors	62
Dangerous Abbreviations and the Appropriate Terms	63
Look alike/sound alike medication safety	63
High Alert Medications	64
Medication Reconciliation	64
Clinical Associate Review Only	65
Sleep Apnea in the Hospital Environment	65
Barrier Precautions	67
Universal Protocol	68
Organ and Tissue Donation & Procurement	69
Quality and Performance Improvement	69
National Patient Safety Goals	70
National Performance Core Measures	70
Chest Pain Accreditation	72
Stroke is an Emergency	77
TJC Reporting of Quality/Safety Concerns	78
Impaired Physicians and LIPS	78

# Service Excellence

## I am Saint Joseph Hospital Service Standards

I will... always present a professional appearance by following our **dress code** and **personal hygiene** standards

I will... always offer communication that focuses on our guests by using **AIDET** (**Acknowledge** the situation, **Introduce** self and role, **Duration** explained as relates to involved timeframe, **Explanation** is what the guest can expect from our services, **Thank you** is always important, especially when dealing with service failures).

I will... always answer telephone with name, department, and **“How may I help you?”**

I will... always practice **active listening** to all guests, which means listening and **repeating back** what I have heard while maintaining eye contact.

I will... always keep safety first by **voicing safety concerns**, and reporting **“good catches”**

I will... always speak in a **positive manner** about my hospital, physicians, teammates, and support services.

I will... always assume responsibility and an **“I’ll take care of it”** attitude, and immediately seek additional help when needed.

I will... always **go the extra mile** and take the initiative to address patient and family member needs and desires.

I will... always **take ownership** and **pride** in the space that I work, patients under my care, and every other person and area that I touch.

I will... always **address the heart** of every patient concern without defensive words, attitude, or blaming others.

I will... always spare a **smile** for guests and teammates.

I will... always **show appreciation** to our customers and team mates by saying, “thank you.” “Thank you for choosing Saint Joseph Hospital.”

I will... always remember that **I am Saint Joseph Hospital**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



# Error Prevention Tool Kit

## Expectations and Techniques

**Expectation:** Clear & Complete Communications  
*I am responsible for professional, accurate, clear and timely verbal, written, and electronic communication.*

**Techniques:**



Include the "5Ps" as part of standardized structured hand-off process when transferring & sharing patient care or other work responsibilities  
 (Patient, Project, Plan, Purpose, Problems, Precautions)



Use SBAR to communicate issues or concerns requiring action  
 (Situation, Background, Assessment, Recommendation)



Use Repeat-Backs and Read-Backs with 1 or 2 Clarifying Questions



Document legibly and accurately

**Expectation:** Personal, Patient & Team Safety  
*I will demonstrate an open, personal and team (200%) commitment to safety.*



**Technique:** Practice Team Member Checking and Team Member Coaching using ARCC  
 (Ask a question, Request a change, voice a Concern, Invoke Chain of Command)

**Expectation:** Have A Questioning Attitude  
*I will "think it through," and ensure that my actions are the best.*



**Technique:** Stop and resolve when questions arise (Validate & Verify)

**Expectation:** Pay Attention To Detail  
*I focus on the details at hand to avoid unintended errors.*



**Technique:** Practice Self-Checking with STAR  
 (Stop, Think, Act, Review)

**SafetyFirst**  
*Excellence Every Day*

+ CATHOLIC HEALTH INITIATIVES®

# Environment of Care

## FIRE SAFETY

### CHI Saint Joseph is a Non-Smoking Organization

#### Equipment

- *Extension cords should be used only in an emergency. Use only cords from Plant Operations, labeled "FOR EMERGENCY USE."*
- Only the red electrical outlets will work during an electrical outage. It is very important that all LIFESAVING EQUIPMENT (example – ventilator) is plugged into a red electrical outlet.

#### General Fire Safety

- Keep combustibles – paper, linens, and clothing--away from heat-producing devices.

#### To Prepare for Fire Safety, Know the Location of:

- Fire alarms and fire extinguishers in your work area
- Medical gases/oxygen shut-off valves
- Proper exits for evacuation plan (floor plans posted on units).
- Your unit fire zones (the area between two sets of fire doors).
- Automatic fire doors will close when the fire alarm is pulled. The metal FIRE ZONE doors contain both smoke and fire, and provide a longer length of time to save lives.
- In addition to the fire doors, all other doors to offices and patient rooms are to be closed for additional protection and fire/smoke containment. Never block the fire doors or prop open.

#### In the event of a fire, remember R-A-C-E: (Badge):

- *Rescue people who are in immediate danger by moving them away from area.*
- *Alarm, Pull the alarm and call the in house emergency number. Tell the operator "Code RED" and location.*
- *Contain the fire. Close all doors. Reassure patients who stay in their rooms.*
- *Extinguish/Evacuate. Fight the fire only if it is small and contained, like a wastebasket fire. Use the right fire extinguisher and evacuate as instructed.*

#### To use a fire extinguisher, think P-A-S-S (Badge):

Pull the pin. Twist the pin to break the plastic tie.

Aim at the base of the fire.

Squeeze the trigger.

Sweep from side to side continuing to aim at the base of fire.

#### REMEMBER:

- **Hospital Emergency Numbers: 1111 @ SJH/SJE/SJJ, 66 @ SJB, 0 @ SJMS, 799 @ SJL, 999#@ Flaget**

#### **Know the locations of alarms, exits, medical gas/oxygen shutoff valves, and identify doors that divide the fire zones in your work area.**

In the clinical setting, Respiratory Therapy is responsible for turning off medical gas/oxygen shut off valves in the event of a fire.

#### **Policy Stat: Code Red**

## **BOMB THREAT PLAN**

The Bomb Threat Plan is activated upon notification of a bomb on site, usually by a call from outside the hospital. FBI reports have indicated that U.S. hospitals are a specific terrorist target for explosives.

### **If you are the person answering the phone and receiving the bomb threat:**

Remain calm – keep your voice under control. Do not transfer the call and get as much information as possible. DO NOT take any action that might cause panic among patients, employees or visitors.

The Person receiving the bomb threat should take the following actions:

1. Remain calm and handle the call as routinely as possible. DO NOT take any action that might cause panic among patients, employees or visitors.
2. Do not transfer the call.
3. Prolong the conversation as long as possible. Ask the caller the specific location of the bomb, what time the bomb will go off, and /or what type of bomb it is.
4. Be alert for distinguishing background noises such as music, voices, aircraft, church bells, etc.
5. Note distinguishing voice characteristics such as sex, approximate age, accent, speech impediments, etc.
6. Note if the caller indicated knowledge of the hospital by his/her description of locations, etc.
7. Write down any notes that will help you remember the above information.
8. Do not hang up on the caller; let the caller hang up first.
9. Notify the switchboard immediately upon completing the call.

Employees should be prepared to help the fire department search for anything unusual that might be a bomb. The search begins upon direction of the House Administrator or Administrator-on-call.

- DO NOT TOUCH OR MOVE ANY DEVICE
- DO NOT CHANGE POSITION OF SWITCHES (On to off, etc.)
- DO NOT USE CELL PHONES, RADIOS, AND BEEPERS.

All employees are to be familiar with the search technique. Instruction to begin search is at the direction of the of the Administrator on-call (or designee) in collaboration with local law enforcement authorities.

- *The search technique includes mentally dividing rooms in quadrants and looking ground to ceiling.*
- *After searching the room, the door will be closed and tagged to prevent entering the same room*

**Policy Stat: Bomb Threat Plan - Code Black**

## **DISASTER PLAN**

**Definition** – A man-made or naturally occurring event that poses a threat to life or property

### **Concept**

A disaster (Internal or External) is where the number of casualties is greater than the hospital's normal capabilities. A disaster may also be declared if normal operating resources cannot manage the magnitude of the incident.

The disaster plan is designed to prepare the hospital for two types of action:

**Expansion** – movement of patients and equipment within the Hospital to increase the capacity  
**Evacuation** – discharge of patients to homes or other facilities so that casualty care can be provided.

Hospital Incident Command System (HICS) will be utilized for all disasters. The System may be expanded or contracted depending on circumstances.

Upon notification of a potential disaster the switchboard Operator will announce over the PA system, "**Attention all hospital personnel, CODE YELLOW STAND BY External**" (repeated). Or "**Attention all hospital personnel, CODE YELLOW STAND BY Internal**" (repeated)

The Administrator On-Call or House Administrator will instruct the switch board operator to announce over the PA system,

**"Attention all Hospital Personnel, CODE YELLOW Complete Internal"** (repeated).

Or

**"Attention all Hospital Personnel, CODE YELLOW Complete External"** (repeated).

All employees are responsible for understanding their duties when a disaster has been called.

Contact your leader for your facility's personnel pool location. When the disaster is over, the Command Center will instruct the operator to announce, "Code Yellow: All-clear: Disaster terminated"

*Policy STAT: Code Yellow – Disaster Plan*

## **TORNADO AND DANGEROUS WEATHER**

A Tornado Watch is when conditions are favorable for a tornado to develop.

A Tornado Warning is when an actual tornado has been seen.

**ATTENTION all hospital personnel, a tornado warning has been issued for \_\_\_\_\_ county. Please be alert for further weather announcements.** This announcement will be overhead paged.

### **What to do:**

- Remain calm and act quickly. Time is critical
- All patients should be moved as far away from windows as is feasibly possible and covered with blankets for extra safety.
- Visitors and ambulatory patients should move immediately to any interior room DO NOT USE BREEZEWAYS. Close all doors completely and stay away from windows. **If you can see outside, you are not safe.**
- No one should leave the building or make personal phone calls during a tornado warning.
- All employees should remain in central, inside hallways.

- At the end of Dangerous Weather Alert the operator will repeatedly announce “Tornado Watch or Warning All Clear”

**Policy Stat: Tornado Plan**

**HAZARDOUS MATERIALS**

**Code Orange** is the plan for the safe treatment of patients who are coming to the hospital after exposure to a hazardous substance such as a chemical agent, biological agent, or other disease-causing substance in the environment that poses a threat to health, life, or environment.

**Keep 3 to 5 feet from a contaminated patient**

Exposure to Hazardous Materials may be made through touching, breathing, or swallowing a hazardous substance. The hospital has a special team, which has been trained to deal with hazardous spills--the HazMat Hospital Team! Contact your leader for the location of the Emergency Operations Center and decontamination site.

*WHAT TO DO:*

- If a patient is in need of evaluation or decontamination, call the in house emergency and say that you have a Code Orange.
- The Operator notifies the House Administrator, Emergency Department, Security.
- Once directed, the operator will announce “Code Orange” repeatedly.
- When the Code Orange is completed, the operator will announce: **“Code Orange – All Clear”** over the intercom system.

***Responsibilities of ALL staff:***

- *Obtain as much information as possible regarding the hazardous material.*
- *Do not walk through any spilled materials.*
- *Do not become exposed during contact with the patient.*
- *Do not attempt to give care unless you are trained and equipped with the appropriate Personal Protective Equipment (PPE).*

Do not go to the area if you are not a trained member of the HazMat team.

*Policy Stat: Hazardous Materials Incident - Code Orange*

**HAZARD COMMUNICATIONS**

Know the Risks of Hazardous Materials:

- *Hazardous materials can cause fires or explosions*

***When a chemical is inhaled, eaten, or splashed on your skin or in your eyes, it can seriously harm your health. Headaches, nausea, decreased mental alertness, impaired motor coordination, and other problems are possible effects.***

Chemicals are used throughout the facility:

- Anti-cancer drugs can actually cause cancer and other serious health problems in nurses and pharmacists who mix them.
- Housekeepers who clean up spills and remove waste can become ill if they do not follow appropriate directions.

Chemicals come in all forms-solids, liquids, gases, vapors, fumes, and mists.

**The HazCom Program is an OSHA approved plan for the safe management of hazardous materials and waste in CHI Saint Joseph Health facilities:**

- Inventory and identification of hazardous material
- Container Labeling
- Material Safety Data Sheets (MSDS)

**ONLINE MATERIAL SAFETY DATA SHEETS (MSDS):** Detailed information about chemical hazards, control, management and exposure treatment

### **Handling Hazardous Spills:**

- Mark and isolate the areas of the spill so that other employees do not disturb it. Paper towels may be placed over the spill to stop it from spreading.
- Stop traffic.
- If you are splashed on your skin or in your eyes, flush the chemical off of you.
- Flush exposed area copiously with water.
- Eyewash facilities are located in high-risk areas.
- Use IV fluids or any sink/shower immediately to rinse off dangerous chemicals.

**Call Security to report the spill and they will contact housekeeping to assist.**  
*Intranet Homepage>Get It Done>MSDS Online > Choose the MSDS online search button at the bottom left of the page > enter the chemical name or manufacture*

### **AFTER EXPOSURE TO HAZARDOUS MATERIALS:**

- Immediately wash the affected area with soap and water or flush eyes.
- Notify your manager or House Supervisor and notify Employee Health.
- After a needle stick go to lab, and/or notify the House Administrator. Have your blood drawn per protocol with the name and location of the source.
- Complete paper work in the lab and an Employee Injury/Illness Report on Intranet.
- The Employee Injury/Illness Report will go to Employee Health.
- It is NECESSARY to go to Employee Health or the House Administrator immediately after the above steps are completed.

*Intranet Homepage>Get It Done>Injury/Illness*

### **Pharmaceutical Waste Management**

*Pharmaceutical Waste>Intranet>PolicyStat>Pharmaceutical Waste*



Blue containers will be utilized for non-hazardous waste and for non-coded waste. Approximately 90+/- %of all pharmaceutical waste will go into this container: partial IVs (place in zip lock bag), tubing attached to IV, unused tablets and capsules, partial vials, sponges soaked in liquid meds (place in zip lock bag), topical ointments (capped).

Black containers will be utilized for: Hazardous Compatible Code (BKC), Acutely Hazardous Code (PBKC) – unused or partial medication and packaging.

Black 2-gallon sharps containers will be used for Non-Compatible (SP) Syringes and ampules with medication (hazardous or non-hazardous) left over (partial, unused) that *are not considered* a controlled substance.

Empty IVs, vials and syringes will continue to be disposed of in the regular waste stream.

Non-medicated electrolyte solutions and plain IV medications can still be discarded through the drain. This includes saline, dextrose, potassium, electrolytes and lactated ringer's.

Aerosols, inhalers and any non-compatible items will be returned to the pharmacy for waste.

Sort Codes (BKC, PBKC, SP, SPC and SPO) will be utilized to emphasize proper segregation of hazardous pharmaceutical waste drugs. The sort code options will be *attached to the formulary item to appear on the medication administration record and on the AcuDose formulary item.*

Stericycle technicians will transfer the pharmaceutical waste receptacles to the central hazardous waste storage area. Environmental services employees will serve as back-up to transfer the full waste receptacles.

Chemotherapy waste will be segregated into the regulated waste stream. Sharps, vials, ampules and all medication bags will be discarded in the yellow cytotoxic waste receptacles. Protective apparel will be discarded into a waste receptacle with a red bag liner. When these waste receptacles are full, they will be closed and tagged with a "Regulated Waste Stream" sticker. Environmental Services will be notified for a pick-up of these receptacles.

- Controlled Substance Waste shall be handled as follows: Tablets/Capsules – waste should be flushed and witnessed by a second nurse. Waste documentation should be done in the automated dispensing device with the witness.
- Oral liquids– waste should be flushed and witnessed by a second nurse. Waste documentation should be done in the automated dispensing device with the witness.
- Patch – waste should be flushed and witnessed by a second nurse. Waste documentation should be done in the automated dispensing device with the witness.
- Injectable – waste should be disposed of in sink drain and witnessed by a second nurse. Waste documentation should be done in the automated dispensing device with the witness.

## **BIOTERRORISM PLAN**

If a bioterrorism event is suspected, the hospital and local emergency systems are activated immediately. The House Administrator and Administrator On-Call will initiate the appropriate plans. Some or all of the Emergency Disaster Preparedness Plans could go into effect if a bioterrorism event occurs.

### **Policy Stat: Biological Event/Bioterrorism Incident Management Plan**

## **EMERGENCY PREPAREDNESS**

- Hospital Incident Command Systems (HICS) provides training to the Executive Team, Directors, Managers and Supervisors. HICS provides a consistent approach during an emergency or disaster to organize and utilize resources to respond to the disaster. Furthermore, the structure promotes unified command during disasters when multiple hospitals and community agencies are involved in the response. Your manager will be sharing your particular role how to respond in various disaster situations. Knowledge of your own department functions will be critical to the successful response in any disaster.
- **BIOLOGICAL EVENT/BIOTERRORISM PLAN:**
  - A Biological Event / Bioterrorism Incident occurs when there is an influx of infectious patients or a suspected terrorist incident. If an event is suspected, the hospital and local emergency systems would be activated and the House Administrator and Administrator On-Call will initiate the appropriate plans. Some or all of the Emergency Disaster Preparedness Plans could go into effect if a bioterrorism event occurs
- CHI Saint Joseph Health takes an "**all hazards approach.**" This means that regardless of the cause of mass illness (referred to as pandemic) of any group of patients, the policy addresses the response of the hospitals for the following:
  - Patient placement and issues related to isolation (cohort or quarantine)
  - Patient care with emphasis on access to appropriate pharmaceuticals to treat large influx of patients.
  - Treatment/prophylaxis if indicated for employees and allied staff.
  - This policy is one that would be deployed e.g. if there were a pandemic flu outbreak.
- Did you know the only safe approach to hazardous materials or situations is to keep patients and staff AWAY from the situation? Next step would be to "contain" the material by contacting appropriate resources for assistance.
- Emergency Preparedness policies are combined for CHI Saint Joseph Health: Each policy outlines facility specific roles but in general allows the facilities to respond to disasters with a consistent approach. This will facilitate the response by employees and managers who work at more than one facility.

### **Policy Stat: Biological Event/Bioterrorism Incident Management Plan**

## **OUT OF CONTROL BEHAVIOR**

Employees, visitors or others demonstrating out of control behavior are the responsibility of CHI Saint Joseph Health security and local law enforcement. The Code Grey Team normally consists of the House Administrator, Clinical Manager, nursing staff, security personnel, maintenance, physical therapy, and other hospital employees who have completed



Non-Violent Physical Crisis Management training. The House Administrator, charge nurse, Clinical Manager or Unit Manager for the unit calling the Code Grey leads the team.

- To call for employee assistance, call the hospital emergency number and announce the location of the Code Grey
- The operator will give an overhead alert of the assistance-needed location
- Members Certified in Non-violent Physical Crisis Management will respond to provide assistance
- The team leader will be the first House Administrator or supervisor who is trained in Non-Violent Physical Crisis Management
- The team leader assumes responsibility for the code and staff intervention
- Responding staff takes direction from the team leader and remain on the scene until dismissed by the team leader.

**Patient Rights:**

- Employees are expected to uphold respect for patients, maintain dignity, and to make every effort to protect their rights to privacy and confidentiality.

**Post-Crisis Processing**

- The team leader will process the code and the team response with code participants.
- Once the crisis is resolved, staff will attempt to explain and process events with patients and involved family or others.

**Documentation:**

Documentation about the incident will be entered in the patient record, objectively describing precipitating events, staff response, and outcome to the patient. A variance report is submitted by the patient’s assigned nurse to the risk manager.

**Policy Stat: Code Gray – Behavior Management**

**MANAGEMENT OF SUSPICIOUS BEHAVIOR**

Any CHI Saint Joseph Health employee who in good faith has reason to believe an individual(s) poses a threat to the hospital or campus shall contact CHI Saint Joseph Health security immediately.

**PURPOSE**

The use of false credentials to gain entry into hospitals constitutes a potential threat to healthcare facilities. Hospitals could be selected as targets for possible criminal break-ins or terrorist attacks.

- If a hospital is successfully compromised, potential consequences are:
  - Loss of service that they provide during times of crises
  - Damage or loss of storage for drugs and antidotes
  - Loss of public trust

**Policy Stat: Suspicious Activity – Management of**

**Threat to Staff Reporting Process:**

- Date and time of incident
- Name/Unit receiving threat
- Description of caller
- Nature of threat (using exact quotations whenever possible)

**Policy Stat: Threat to Staff**

## **REMOVAL OF WEAPONS**

**PURPOSE:** To provide guidelines for the detection, control, and removal of weapons from hospital property. This policy is implemented to provide a safe environment for CHI Saint Joseph Health patients, visitors, and employees. The policy of CHI Saint Joseph Health is that no one shall be in possession of a weapon (concealed or otherwise) while on hospital property. Signs to that effect are prominently displayed. A limited exception to this general policy is made for police or law enforcement officials with proper ID and only when reasonably necessary in the discharge of their official duties.

### **Policy Stat: Weapons**

## **ACTIVE SHOOTER/ARMED INTRUDER**

**PURPOSE:** For purposes of this policy an **active shooter/ armed intruder** is defined as a person(s) who appears to be actively engaged in killing or attempting to kill or severely injure person(s) in the hospital or on the hospital campus. In most cases active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases active shooters use other weapons and/or improvised explosive devices to cause additional victims and act as an impediment and emergency responders. These improvised explosive devices may detonate immediately, have delayed detonation fuses, or detonate on contact

Call #1111 (SJE, SJH, SJJ); #9999 (Flaget); #0 (SJMS) and quickly describe the emergency situation, having the potential for extreme violence. The operator will announce **CODE silver and location**. Announcement will be repeated 3 times

### **Policy Stat: Active Shooter/Armed Intruder Response Code Silver**

## **ELECTRICAL / UTILITIES MANAGEMENT**

***Electrical Power:*** *If there is an electrical power failure, the emergency generator or its backup should kick in. Only the RED OUTLETS will be operational. Plug all life support equipment into the RED outlets.*

### **Elevators Out of Service:**

- Use carry teams to move critical patients - Use stairwells - Use runners for supplies.

### **Nurse Call System Failure:**

- Notify Plant Operations
- Use bedside patient telephone, if available
- Move patients close to nurse's station
- Use manual bells for patients to call staff
- Assign a detail staff to check on patients frequently

### ***Policy Stat: Utility System Failure – General Guidelines, Electrical System Failure***

## **OXYGEN SAFETY**

**PLEASE NOTE:** The only cylinder gas tank that you should find in patient care areas is oxygen. You may encounter helium tanks in critical care and the operating room. If you find any other tank gas, please call Respiratory Care immediately.

### **Handling of Oxygen Cylinders:**

- Avoid dragging or sliding cylinders, even for short distances. Cylinders should be moved by using a suitable hand cart or truck. An approved oxygen holder attached to a bed may also be used.
- Never drop cylinders or permit them to strike each other violently.

### **Storage of Oxygen Cylinders:**

- **ALWAYS store oxygen in a secure, upright position.**
- Always secure in a rack, a stand, or attached to a cart.
- Never leave cylinders unsecured on a bed, stretcher or under a bed or stretcher.

### **Safety Considerations:**

- Keep cylinders protected from excessive temperatures by storing them away from radiators or other sources of heat.

## **HYPERBARIC OXYGEN SAFETY**

**Hyperbaric Oxygen (HBO)** is a treatment where the patient breathes **100% oxygen** in the altered environment of a pressure higher than sea level. HBO treatments are utilized either as a primary mode of treatment or as an adjunct to other measures. Patients receive HBO for treatment of difficult to heal wounds.

A major goal is to provide a safe environment for patients and staff at all times when the hyperbaric chamber is in operation. Daily checklists prior to HBO treatments ensure patient safety. Access to the wound center is restricted to enhance security further.

Patients receive extensive instruction as to the importance of compliance with safety instructions. A nurse or respiratory therapist attends the patient and monitors them at all times. A wound center physician is always supervising a patient while he or she is receiving HBO treatment.

## **COMMUNICATIONS PLAN**

In the event of a telephone outage, phones will not be working correctly, if at all. The on-duty communications supervisor will evaluate the problem and report the estimated length of time the phones will be out to the House Administrator. Should a "COMMUNICATIONS DISASTER" be declared, several options for continuing communication may be available.

### **Internal Failure:**

If the INTERNAL TELEPHONE SWITCH FAILS, some internal telephones will not be working. If the phone company lines are working, but there is a problem with the hospital phone lines. Try the following options:

- CIVIL DEFENSE RADIO is located within the Emergency Department. This system uses the Fire Department frequency and can communicate with the Fire Department dispatcher
- OVERHEAD PAGING SYSTEM - There is a microphone located at the switchboard that activates the hospital paging system.
- SECURITY AND/OR PLANT OPERATIONS RADIOS
- RUNNERS – Housekeeping personnel are used to set up a runner system. The dispatch point will be the switchboard
- BEEPER SYSTEM – There is a direct emergency switch located in the Communication Department to activate the beeper system. You must contact the Hospital Operator to have someone beeped

- PBS # 1(yellow dot) or PBX #2(green dot) telephone. The operator will announce which system is operational. Only those numbers listed under the system working are used for internal and external calls.
- The Operator will announce over the PA system when all telephones are operational

### **External Failure:**

If the external phone company lines are out of order, the internal hospital switch may be working. Options if this happens are: Cellular phones, Civil defense radios, Runners, Internal calls

### **Policy Stat: Telephone Systems Failure**

## **Reporting Mechanisms**

### **SAFE MEDICAL DEVICES ACT**

This law is meant to protect patients and employees from medical devices or products that may potentially cause serious injury, illness, or death by promptly reporting incidents to the FDA.

#### **What to do:**

- In a patient care incident, remove the equipment or supply.
- Stabilize and treat the patient.
- Notify the physician.
- Notify the Risk Manager (or House Administrator after hours).
- Complete a variance report with the identifying serial numbers or equipment numbers.
- Follow the specific procedure for drugs, supplies or equipment according to what is involved in the event.

**Drug Failure** – Retain all packaging, syringes, inserts, serial numbers, and disposable accessories. Notify the Pharmacy via a variance report and deliver the item to the pharmacy. (Example of drug failure: Unit dose packaging received for your patient is empty, or AddVantage product that will not activate.)

**Supply Failure** – Remove the item from use; retain all packaging and disposable accessories, place in a biohazard bag and deliver to the office of Risk Manager. (Example: After placing the patient to hemovac suction you note the hemovac drain will not maintain suction. You note the drain appears to be defective.)

**Equipment Failure-** Attach and complete a variance report and a red “defective sticker”, remove the equipment from service and sequester. Leave the equipment set-up as it was when the incident occurred. Do not disconnect the electrical supply and save all items connected to the equipment when the event occurred (fluids, tubing, etc). **Notify Clinical Engineering (Biomed) Department immediately that equipment was involved in a patient incident.** (Example of equipment failure: Pump (IV, PCA) fails on free flow protection, administering too much medication to patient or underflows by not administering the proper dose to patient).

**Intranet>Get it Done>Biomed**

## **SENTINEL EVENTS**

A Sentinel Event is an unplanned event that has resulted in an unexpected death or major permanent loss of function unrelated to the patient's illness or underlying condition.

### ***SOME EXAMPLES OF SENTINEL EVENTS:***

- Object left in patient after surgery; surgery on wrong patient/wrong body part
- Severe neonatal hyperbilirubinemia
- Patient rape
- Child abduction or discharge to the wrong family

*If you feel that a Sentinel Event or “near miss” has occurred, please notify Administration, Risk Manager, or House Administrator IMMEDIATELY.*

*Your leader will provide the number for the Risk Management Hotline.*

*Policy STAT: Disclosure of Unanticipated Outcomes, Adverse Patient Event Communication*

## **Law Enforcement or Protective Custody**

***The purpose of the forensic policy is to provide safety guidelines for the care of patients under law enforcement or protective custody, i.e. prisoners, mentally disabled residents***

*What to do:*

- ***Admitting notifies the House Administrator when a patient requires law enforcement or protective custody.***
- The House Administrator will notify the Security Officer on duty.
- The ED charge nurse will notify the House Administrator, Security as needed for administrative, or Code Grey situations respectively.
- All guarded patients are admitted to a private room.
- Hospital personnel shall perform their assigned duties in the provision of care for the prisoner.
- Staff shall not socialize with issues beyond the patient's personal healthcare needs.
- The House Administrator will provide the Law Enforcement Officer with a copy of the written “Guidelines for Law Enforcement and Protective Custody Personnel” (posted on the intranet – Administrative Policy).

**The officer assigned to custody of the patient shall remain with the patient at all times.** Hospital Security Officers and all hospital employees will not accept responsibility for a law enforcement officer or protective custody provider who leaves his post for personal reasons or breaks.

**Policy STAT: Patients under Law Enforcement or Protective Custody**



# Clinical Patient Safety

## Why is Fall & Injury Reduction so Important?

- Falls are among the leading causes of death in all people ages 65 or older. *Patient falls are among the most common occurrences reported in hospitals.* Of those who fall, as many as half may suffer moderate to severe injuries that reduce mobility and independence and increase the risk of premature death.
- Fall r/t injuries are one of the hospital-acquired conditions that Centers for Medicare and Medicaid Services no longer pays for.

<p><u>Why do Patients Fall? Fall Risks – Multifactorial</u></p>	<ul style="list-style-type: none"> <li>• Increased Age</li> <li>• Previous Fall(s)</li> <li>• Gait Changes (trips &amp; stumble)</li> <li>• Feet not picked up as high</li> <li>• Impaired muscular control</li> <li>• Slowed reflexes</li> <li>• Inability to recover from a trip or unexpected step</li> <li>• Fatigue</li> <li>• Sleep deprivation</li> <li>• Dementia or forgetfulness</li> <li>• Residual effects of stroke</li> <li>• Dehydration</li> <li>• Low blood pressure</li> <li>• Medications</li> <li>• Environmental Factors</li> <li>• Unfamiliar Surroundings</li> <li>• Sensory changes (hearing/ visual)</li> <li>• Low blood sugar</li> </ul>
<p><u>Additional Factors related to a Patient's Risk of Falling and Injuries</u></p>	<ul style="list-style-type: none"> <li>• <u>Intrinsic risk factors.</u> <ul style="list-style-type: none"> <li>• <b>Medical History</b> – Nurse reviews medical history for physiologic alterations that increase the risk for falling: <i>impaired memory and cognition, osteoporosis, osteoarthritis, decreased hearing, decreased night vision, cataracts or glaucoma, orthostatic hypotension, decreased balance, slowed nervous system response, history of stroke or parkinsonism, incontinence, and decreased energy or fatigue.</i></li> <li>• <b>High Risk Medications</b> - Medications that cause drowsiness, dizziness, hypotension, Parkinsonian effects, ataxia/gait disturbances or vision disturbances may increase a patients risk for falling. Medications that cause osteoporosis or reduced bone mineral density may increase the risk of fracture with a fall Medications that cause increased risk for bleeding can increase the risk of cerebral hemorrhage with a fall</li> </ul> </li> <li>• <u>Extrinsic risk factors</u> that may pose a threat to safety (e.g., improperly lighted room, obstructed walkway, clutter of supplies and equipment).</li> </ul>
<p><u>When are patients assessed for injury risk identification and MFS?</u></p>	<ul style="list-style-type: none"> <li>• On Admission</li> <li>• Daily in all adult inpatient care units</li> <li>• With any change in patient's condition</li> <li>• Change in level of care</li> <li>• Returning to the nursing unit following a procedure</li> <li>• After a fall event</li> </ul>

## ABCs of Injury Risk Identification - Identification are at most risk for injury if they sustain a fall.

- **A = Age** - Individuals who are at least or > 85 years old and/ or frail due to clinical condition.
  - **B = Bones** - Patients with bone conditions, including osteoporosis, a previous fracture, prolonged steroid use of metastatic bone cancer.
  - **C = Coagulation** - Patients with bleeding disorders, either through use of anticoagulants or an underlying clinical condition.
  - **s = Surgery** - Post-surgical patients, especially patients who have had a recent lower limb amputation or recent major abdominal or thoracic surgery.



### Morse Fall Scale

#### 1. History of falling; immediate or within 3 months

No - 0

Yes - 25

#### 2. Secondary Diagnosis

No - 0

Yes - 15

#### 3. Ambulatory Aid

Bed rest/ nurse assist - 0

Crutches/ cane/ walker - 15

Furniture - 30

#### 4. Intravenous therapy/ Intravenous Access

No - 0

Yes - 20

#### 5. Gait/ Transferring

Normal/ bed rest/ immobile - 0

Weak - 10

Impaired - 20

#### 6. Mental Status

Orientated to own ability - 0

Overestimates/ Forgets limitations (cognitive impairment) - 15

**Risk Level:    Low - 0-44            High - > 44 – Implement High Fall Risk Interventions**

### Fall & Injury Reduction Interventions

Universal Fall Precautions – to be used with ALL patients regardless of age, diagnosis, etc.

- Bed/ Chair/ Stretcher is in lowest position and brakes locked
- Call light/ phone/ personal items within reach
- Non-skid footwear on
- Room is free of clutter
- Remind patient to call out when needing to get up

### High Fall & Injury Risk Include:

- Universal Fall Precautions
- Falling Star Magnet to identify patients at increased risk
- Fall & Injury Reduction Education with patient & family
- Elimination Needs Met (Rounding hourly)
- “Stay with Me” – assist mobility and cognitively impaired individuals to BR and stay within arm’s length at all times
- Bedside Commode (Consider for patients with mobility impairments Exiting Alarm (Consider for cognitively impaired, receiving high risk medications, and post procedure)
- Floor Cushions (mats): Consider for cognitively impaired and me

# **PROVISION FOR ABUSE AND NEGLECT**

## **Types of Abuse / Neglect**

- Physical Abuse
- Elder Abuse
- Self or Caretaker Neglect
- Partner Abuse
- Psychological Abuse
- Exploitation
- Child Abuse

## **Signs of Abuse, Neglect, or Exploitation:**

- Appearance of previous fractures
- Forced or coerced sexual relations
- Hunger, malnourishment, or dehydration
- Mismanagement of resources by caretaker
- Inappropriate/inadequate clothes
- Unexplained bruising and/or bruising at different stages of healing (dark and light colors of blue, green, brown, yellow)
- Fear of partner or caretaker
- Hunger, malnourishment, or dehydration
- Poor hygiene
- Inadequate explanation of injury cause
- Physical signs do not match medical history

## **Police Notification; Cabinet for Health and Family Services Notification**

### **Sexual Assault Victims:**

1. Kentucky law says other than three specific scenarios; we must have authorization from the patient before we notify law enforcement.
2. All employees should not report the sexual assaults to police unless the victim agrees to do so.
3. We are required to report to the Cabinet for Children and Family Services sexual assaults related to child abuse, spouse abuse, or abuse of an adult who is not able to care for them self. All other patients we must have authorization from in order to report to law enforcement.

**Child abuse, neglect or dependency**, including sexual assault must be reported to law enforcement or Kentucky State Police, the cabinet (Cabinet for Health and Family Services), the Commonwealth's attorney or County attorney.

**Spouse abuse** must be reported to the Cabinet for Health and Family Services (Social Services). In order to report to police, you must obtain the patient's authorization to do so.

**Abuse of adults with disabilities** (unable to care for themselves and may need protective services) - must be reported to Cabinet for Health and Family Services (Social Services). In order to report to police, you must obtain the patient's authorization to do so.

### **Fayette County Ordinance**

In addition to the above information, Fayette County has passed a local law requiring reporting in selected situations. This ordinance applies only to those facilities physically located in Fayette County. Please refer to the policy in PolicyStat for the complete list.

### **Duties of Non-Nursing Personnel**

- Page the House Administrator and inform him/her of your concerns. The House Administrator will make all the necessary reports

## **Reporting Process – Nursing Personnel**

1. A Suspected Abuse/Neglect, Dependency, Exploitation Reporting Form (MR-512) must be completed in its entirety on any patient suspected to be a victim of abuse or neglect. This form can be found within your department or refer to the House Administrator for assistance. This is the responsibility of the primary caregiver in collaboration with the House Administrator.
2. The Administrator and Director of Nursing are notified at the time the incident is recognized.
3. The complete reporting process, including contact departments and phone numbers are listed in PolicyStat (ID#854299)



4. For an adult that is mentally or physically disabled and not capable of protecting him or herself, contact the Adult Protective Services office before any disposition is made for the patient (before being released).
5. **All cases involving minors (less than 18 years of age) require immediate notification to the Child Protection number (1-800-752-6200).**
6. All information about referrals and involvement of outside agencies must be documented in the patient's medical record.

### **Sexual Assault: Reporting and Treatment Process**

1. The responsibility for notification lies with the hospital staff member who learns of the incident. The House Administrator is notified at the time the incident is recognized.
2. A Suspected Abuse/Neglect Reporting form (MR-512) must be completed in its entirety on any patient (**child or dependent adult**) suspected to be a victim. The original copy is placed in the patient's medical record. The second copy is to be sent to the Case Management Coordinator.
3. Further information is located in PolicyStat (name of policy listed at the bottom of this section).

**Please refer to the policy for complete and up to date information.**

**PolicyStat: Policy title - Identification, Assessment, Reporting and Investigation of Suspected/Alleged Victims of Abuse, Neglect, or Exploitation. Policy ID#854299**

### **LATEX ALLERGY**

Latex is a natural rubber product made from the milky sap of the rubber tree. Latex can cause minor skin irritations or SEVERE allergic reaction of our employees and patients.

#### **Individuals at HIGH RISK for Latex Allergy include:**

- Patients who have multiple operations.
- Children with spina bifida who require numerous surgeries and need urinary catheterization.
- Individuals with breathing allergies such as hay fever or asthma, and who have multiple allergies.
- Individuals with certain food allergies:
  - Avocado, apple, celery, carrot, papaya, kiwi, banana, melon, tomato, potato, chestnut.
- Symptoms can appear FAST and SEVERE when a person is experiencing a life-threatening anaphylactic shock (SEVERE ALLERGIC REACTION).
- Swollen eyelids, lips, and face/swelling or "tightening" of the throat.
- Reaction can occur after direct contact to a latex product or from inhaling latex particles.
- Anaphylactic shock (MOST SEVERE REACTION) is not common and is seldom the first sign of latex allergy.

**Other allergic reactions to latex can include:** Skin rash, itching, hives, swollen red skin, tears, burning eyes, shortness of breath, dizziness, fainting, stomach pain, nausea, and diarrhea.

**Latex Products and Labeling:** The US Food and Drug Administration (**FDA**) requires ALL medical devices containing natural rubber latex to be labeled.

#### **Treatment of Latex Allergy Anaphylactic Shock (SEVERE REACTION):**

- The onset of a SEVERE reaction that is life-threatening will usually occur 20 to 60 minutes after exposure to latex:
- Symptoms will continue to worsen and will include a drop in blood pressure, rash, difficulty breathing. Without treatment, the individual will DIE.
- Immediately stop or remove the latex contact.
- Give a shot of epinephrine.
- Maintain airway with 100% oxygen.

- Do not leave the victim, call for assistance.
- Arrange for immediate transfer to Emergency Department if an associate, visitor, volunteer, etc is the victim:

A “Latex Free” Cart is available for all patients with latex allergies. A latex cart can be obtained by calling Central Distribution.

An OR “Latex Free” cart is available to the OR and PACU where the latex sensitive patient is having the surgical procedure done.

**Policy STAT: Latex Allergy: Management of Patients with a known Latex Allergy, or Patients at High Risk for Reactions to Latex**



**INFECTION CONTROL**

**Blood-borne Pathogen Control Plan, Policy Stat:**

Prevention of blood borne pathogen exposures is the responsibility of all healthcare providers. The routine use of hospital standard precautions and work practice and engineering controls, such as personal protective equipment and sharp safety products ensure your safety.

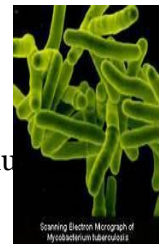
- Perform Hand Hygiene before and after each contact with patient or patient’s environment (see CHI Saint Joseph Health Hand Hygiene Policy in PolicyStat for additional information)
- Use Standard Precautions for all patients (see Policy Stat Isolation: Standard and Transmission Based Precautions)
- Use sharps safety products properly and place all sharps in the sharps containers
- Place medical waste in labeled red bags and contain when transporting
- Wear personal protective equipment (PPE) such as gloves, gown, and eye protection when there is a possibility of exposure to blood or any body fluids: remove prior to leaving area and perform hand hygiene
- Do not eat-drink-or apply lipstick/lip balm in areas when there is a possibility of exposure to blood or body fluids
- Handle soiled linen with care to prevent personal or environmental contamination
- Clean all patient care equipment between uses and patient environment regularly
- Contain and clean up any spill immediately
- Complete your Hepatitis B virus immunizations

**Tuberculosis Control Plan, Policy Stat:**

The TB control plan applies to all healthcare settings of CHI Saint Joseph Health. Mycobacterium Tuberculosis causes tuberculosis that is spread through inhalation of droplet nuclei.

TB Transmission Prevention Requirements:

1. Prompt Detection
  - All patients with suspected or confirmed active tuberculosis shall be placed in airborne infection isolation rooms (AII) as soon as possible or instructed on respiratory hygiene-cough etiquette
  - Airborne infection isolation rooms meet AIA guidelines for negative pressure and exhaust. Monitors for each room allow all entering to ensure appropriate conditions are in place. **Doors are to be closed when in use.**
  - Airborne precautions signs, outlining precaution steps, including PPE are posted on the isolation room door when in use
  - Particulate filter respirators certified by NIOSH, N-95 masks are provided to healthcare workers. **Be sure to complete your Fit Testing each year as required.**
  - Transport of patients with tuberculosis shall be kept to a minimum. During necessary transport, the patient shall be fitted with a surgical mask.
  - Infection Control coordinates activities with outside agencies regarding tuberculosis cases



2. Screening and evaluation of Healthcare Personnel at Risk for TB disease or exposure to *M. tuberculosis*

- All hospital workers with direct patient contact or who work in the laboratory are skin tested for tuberculosis regularly based on CHI Saint Joseph Health risk assessment results. **Be sure to complete your PPD skin test each year as required.**

**Hand Hygiene, PolicyStat:**

Hand hygiene is the single most effective deterrent to the spread of infection. Hand hygiene includes hand washing, alcohol based hand cleansers, and the care of the skin, hands and nails. Partnering with our patients and families is encouraged to enhance hand hygiene performance and increase the safety of our patients.

Healthcare workers will perform hand hygiene as follows:

A. Soap and water

- Should be used primarily and whenever hands are visibly soiled or contaminated with blood or body fluids. Washing with soap and water requires a process that includes wetting the hands, applying soap with friction for at least 15 to 20 seconds, rinsing with water, and patting dry with clean paper towels.
- Before Eating
- After personal use of the toilet
- After contact with stool, after caring for patients with *Bacillus anthracis*, *Clostridium difficile*, or active diarrhea

B. Alcohol-based Hand Sanitizer

- Should be used if hands are not visibly soiled. Apply the appropriate amount (see manufacturer's recommendations) in the palm of the hand and rub hands to coat all surfaces. Rub until dry.

C. Non-oil or petroleum based hand lotions or creams

- May be used by healthcare providers to minimize the occurrence of skin irritation.

D. In addition, hand hygiene must be performed:

- Upon arrival at work, leaving and returning to work area
- Before and after any direct patient contact
- After contact with patient environment or equipment (Bedrail, bedside table, bedside commode, etc.)
- When moving from a dirty patient care task to a clean task
- Before caring for patients with severe neutropenia, or immune suppression
- Prior to invasive procedure
- Before and after eating, drinking, or smoking
- Before and after gloves are used

**Other Aspects of Hand Hygiene:**

- Gloves should be used as an adjunct to, not a substitute for, hand hygiene.
- Gloves should be changed after patient care activities or procedures.
- Change gloves during patient care if moving from a contaminated body site to a clean body site. Perform hand hygiene.
- Remove gloves after patient care activity or procedure.
- Hands should be cleaned or decontaminated when gloves are removed and the hand-contaminating activity is completed.
- Disposable gloves are used only once and should not be washed for reuse.
- Keep natural nail tips neatly groomed and trimmed to 1/4 inch in length.
- Do not wear artificial fingernails or extenders when having direct contact with patients.



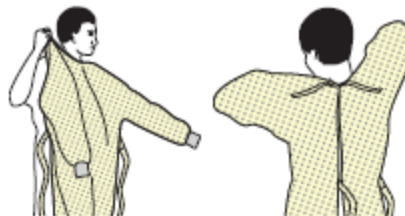
## DON and DOFFING PPE

### SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

#### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



#### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



#### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



#### 4. GLOVES

- Extend to cover wrist of isolation gown



### USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



CG250672-C

# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

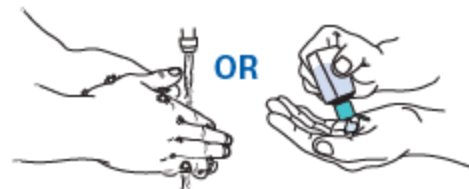


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



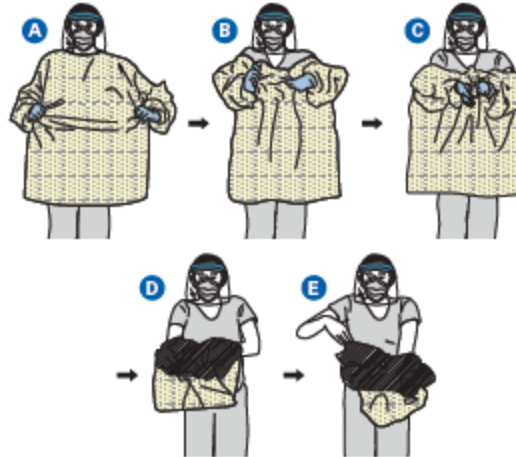
CG250672-C

## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

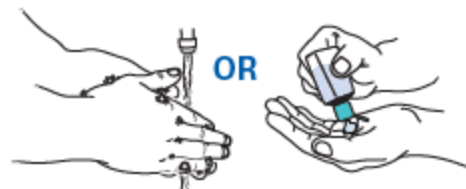


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



CS250072-E



## **Provision of Services for Limited-English Proficient (LEP), Deaf/Hard of Hearing, and Blind/Visually Impaired Individuals,**

### **PolicyStat:**

As a federal fund recipient under the Title VI of the Civil Rights Act of 1964, Executive Order 13166 and TJC Standard **RC.02.01.01**, **CHI Saint Joseph Health** is required to offer limited English-proficient patient **and** their families free and qualified language services. Once a patient/family member is identified as needing an interpreter, they are presented with a form that explains their right to a free, qualified/licensed interpreter. They are free to choose an interpreter of their own as long as the person is 18 years of age or older. The hospital is responsible for the quality of that interpretation and employees should feel free to call interpretative services as needed. **Only under emergency circumstances should a child under the age of 18 be used.**

When a limited-English proficient or deaf/hard-of-hearing patient presents for registration, the following procedure should be followed:

- The Patient Access Registrar will determine the primary language of the patient, by using CyraCom phone services, if the patient does not present with an English-speaking representative.
  - The Registrar will ask the Patient "In what language do you prefer to receive your health care?" through the English interpreter present and/or through the CyraCom phone services, using the patient primary language.
  - If the answer is other than English, the patient will be asked in his or her preferred language "Do you want a trained medical interpreter available to you?"
- If the Patient refuses the hospital language services, the registrar will have the patient sign the Services for Limited-English Proficient Patients and/or Services for Deaf/Hearing Impaired Waiver Form, available in (English and Spanish), which explains these services are free of charge, and if they use the services of another person they must be at least 18 years of age, etc.
- All patients whose preferred language is other than English and have requested hospital language services, a (Blue) Interpreter Needed Form with the language identified will be placed along with their paperwork.
- If the Patient preferred language is other than English, the registrar will be required to place a (Blue) dot on the patient's ID band, identifying the preferred language. (Using the Language Abbreviation listing).
- The Registrar must contact Interpretive Services to obtain the appropriate language interpretive service for the patient.
- All Waiver Forms will need to be scanned in Cerner scanning system under the Consent for Treatment folder. Original copies will be attached to the patient paper work.
- With Telephone Interpretive Services, routine issues can be dealt with in a matter of minutes and it may be the only way when it comes to less common languages
- With Telephone Interpretive Services you have immediate access to an interpreter
- Face to Face interpretation is more economical when it comes to teaching situations that will last one hour or more
- On-site interpreters may be more appropriate when dealing with cultural issues or in circumstances that are sensitive in nature such as worsening medical conditions, end-of-life care and decision-making, and fetal demise.

## **SERVICES**

- For Medical Interpretation in Spanish: Call Dot Kerr, Ext. 1510, Beeper 599, Monday – Friday from 9 a.m. – 5 p.m.
- After hours and for all other languages refer to the Language Line Services at 1-800-874-9426.

### **FOR FLAGET ONLY:**

- Language Services – FMH calls the following
- Over The Phone Primary: 1-844-350-0198
- Over the Phone Backup: 1-877-274-9745 Access code 1004655
- Face to Face: 1-859-313-4556 (Dot Kerr)

## **MRI SAFETY: THE MAGNET IS ALWAYS ON**

- The MRI magnet effects medical equipment within the patient's body. No one with a pacemaker or other internal device is allowed to enter the restricted magnetic area.
- No one is to enter the MRI area without approval of MRI trained personnel.
- No metal objects are permitted to be in, or on, a person when entering the restricted magnetic field area.
- Only oxygen tanks, regulators, wheelchairs, IV poles, stretchers, and fire extinguishers that are MRI safe and are labeled with MRI Safe stickers are permitted in the MRI area.
- All patients must have an informed consent signed prior to entering the MRI scan area
- Employees should be aware of foil-backed medication patches that could result in a burn during MRI.
- Magnetic strips such as those found on credit cards and employee badges will be erased if taken into an MRI scan room.
- Certain equipment (e.g. buffing machines, chest tube stands, clip boards/patient charts, hairpins, hearing aids, identification badges, keys, medical gas cylinders, mops, nail clippers and nail files, pulse oximeters, pacemakers, pagers, paper clips, pens, and pencils, IV poles, shrapnel, sandbags with metal filings, steel shoes, stethoscopes, scissors, staples, tools, vacuum cleaners, watches, housecleaning carts or mop buckets, gurneys, oxygen cylinders, prosthetic limbs, wheelchairs, anesthesia carts) can cause a potential for injury resulting in death if taken into an MRI scan room.
- If a Code Blue occurs while the patient is in the MRI Scan, the patient will be transported to the MRI holding area prior to announcing a CODE BLUE.



# **CHI Saint Joseph Health Medication Safety Topics**

## **Adverse drug reactions (ADR) (Refer to Policystat)**

An adverse drug reaction is not considered a medication error. The definition of an adverse drug reaction is any unintended response, an undesired response or excessive response to a medicine that requires discontinuing the medicine, changing the medication therapy, modifying the dose, admission to a hospital, prolonged stay in a health care facility or supportive treatment.

- Reportable ADR
  - A significant, serious, or unexpected reaction to a drug which is not typical (in kind or degree) of most patients who receive the same drug. These reactions require immediate intervention and a change in patient management.
- Non-Reportable ADR
  - An unintended but generally anticipated reaction to a drug which is relatively minor in nature and degree. Such reactions occur in a significant percentage of persons who receive the drug but are considered to be acceptable in view of the therapeutic benefit gained from use of the drug.
- ADR Reporting
  - Any physician or hospital employee responsible for ordering, dispensing or administering medications who suspects a reportable adverse drug reaction should take the following actions:
    - promote the safety and comfort of the patient
    - inform attending physician (if applicable)
    - document in patient's chart
    - report an ADR using either:
      - a variance report located on the **CHI Saint Joseph Health** intranet
      - call pharmacy and give patient's name, computer number and suspected ADR.

## **Medication Errors (Refer to Policystat)**

A **medication error** is any event that resulted in or may have resulted in or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Medication errors will be reported and trends noted via the performance improvement activities of the organization as part of the **CHI Saint Joseph Health** Quality Improvement processes and quality control monitoring.

### **Medication Error Reporting:**

- Medication errors, as defined above, are to be documented in the Incident Reporting Information System (IRIS), located on the hospital intranet homepage. Only the **FACTS** of the incident are to be reported. **CHI Saint Joseph Health** fosters a non-punitive reporting system.
- The attending physician is to be notified (within a reasonable amount of time), normally by the incident reporter or designee.
- As with any medication administered, medications administered in error are to be documented on the patient's medication administration record (MAR).
- Medication error(s) reported through IRIS will be forwarded to the appropriate department director(s) for evaluation.

### **Common Sources of Medication Errors:**

- Unavailable patient information prior to dispensing or administering a drug (lab values, allergies, etc.)
- Unavailable drug information (written resources)
- Miscommunication of drug orders (similar names, use of zeros, inappropriate abbreviations, poor handwriting)
- Problems with labeling, packaging
- Drug standardization, storage (stocking multiple concentrations of the same drug, look-a-like containers)
- Drug device use and monitoring (lack of standardization in drug delivery devices, unsafe equipment)
- Environmental stress (distractions, noise during transcription or dispensing, too long shifts)
- Limited staff education (on problem prone drugs)
- Limited patient education
- High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error.

### **Dangerous Abbreviations and the Appropriate Terms:**

To minimize the potential for error and to maximize patient safety, the following list of dangerous abbreviations and phrases are not to be used in any form of clinical documentation in the patient medical record:

Dangerous Abbreviation	Appropriate Term
U	Unit
IU	International Unit
QD	Daily or Every Day
QOD	Every Other Day
Trailing Zero (X.0 mg)	No Zero After a Decimal Point
No Leading Zero (.X mg)	Use Zero Before a Decimal Point
MS and MSO <sub>4</sub>	Morphine or Morphine Sulfate
MgSO <sub>4</sub>	Magnesium or Magnesium Sulfate
Ug (Microgram)	Use mcg
TIW	Three Times Weekly
Cc	ml

### **Look Alike/Sound Alike Medication Safety (Refer to Policystat)**

Pharmacy will review annually a list of look-alike/sound-alike drugs used within the organization and will take action to prevent errors involving the interchange of these drugs.

Annual review will include the following:

- Look-alike/sound-alike drug combinations currently on the organizational listing
- Look-alike/sound-alike drug combinations to be added to the organizational listing
- Specific actions to prevent errors involving the interchange of these drugs, including but not limited to:
  - Computer strategy
  - Storage strategy
  - Prescribing strategy
  - Formulary strategy
  - Nursing strategy

- *New “Sound-alike Look-alike” medications may be added to this as identified through the Failure Mode and Effects Analysis formulary procedure conducted by the CHI Saint Joseph Health Pharmacy and Therapeutics Committee.*

### **High-Alert Medications (Refer to Polycystat)**

Drugs that bear a heightened risk of causing significant patient harm when they are used in error. Class/Categories of “High Alert Medications” that may result in death or serious injury including specific medications of concern:

Adrenergic agonists, IV (e.g. epinephrine)	Inotropic medication, IV (e.g. digoxin)
Adrenergic antagonists, IV (e.g. propranolol)	Liposomal forms of drugs
Anesthetic agents, general, inhaled and IV	Moderate sedation agents, IV (e.g. midazolam)
Cardioplegic solutions	Methotrexate, oral (non-oncologic use)
Chemotherapeutic agents, parenteral and oral	Narcotics/Opiates, IV and oral
Colchicine injection	Neuromuscular blocking agents
Concentrated Electrolytes (potassium chloride, potassium phosphate, sodium phosphate)	Oxytocin
Dextrose, hypertonic, 20% or greater	Sodium Chloride solutions, conc. > 0.9%
Dialysis solutions for Continuous Renal Replacement Therapy	Thrombolytics/Fibrinolytics, IV
Epidural or intrathecal medications	Tikosyn
Glycoprotein IIb/IIIa inhibitors	Total Parenteral Nutrition solutions
Heparin and Low Molecular Weight Heparins	Warfarin
Hypoglycemics, oral and Insulin IV and SQ	

*New “High-Alert” medications may be added to this as identified through the Failure Mode and Effects Analysis formulary procedure conducted by the Pharmacy and Therapeutics Committee*

### **Restricting availability of “high-risk” medications**

The availability of “high-risk” medications is restricted. There is a heightened awareness and appropriate safeguard policies are followed in the ordering, storage and administration of the identified “high-risk” medications.

### **Medication Reconciliation**

Medication reconciliation is performed to clarify any discrepancies between the patient’s actual medications and the most recent record of prescribed medications. This will allow the physician to review the information and order the appropriate medications and dosages for patients on admission to CHI Saint Joseph Health.

This process will also reduce adverse drug events (ADE) and potential adverse drug events (PADE), which may cause harm or potential harm to patients. The admission medication reconciliation process will be completed by the nurse and will be used to perform medication reconciliation. Medication reconciliation is an interdisciplinary process between the patient, physician, pharmacy and nursing designed to decrease ADEs and PADEs on all nursing units and provide the most therapeutic outcome for the patients.

The medication history may be obtained and validated from the patient and/or family member who are present at the time of admission. The nurse taking the admitting history should determine if they are reliable historians. If the patient or family is able to provide accurate data, the nurse will document this information.

# Clinical Associate Review Only

## SLEEP APNEA IN THE HOSPITAL ENVIRONMENT

- Hospitalized, surgical and procedural patients are high higher risk than the general population for sleep apnea.
  - General population – 10% risk, higher in some geographic locations
  - Hospital population – up to 8 times higher, particularly with heart failure patients
- Patients at risk for sleep apnea may have obstructive apnea, central apnea or hypoventilation.
- Hospitalized patients are at *high risk for morbidity and mortality* due to airway compromise while sleeping.
- Recovery periods from surgery and other procedures may be longer for patients with sleep apnea.
- Anesthesia, sedatives, hypnotics and opioid analgesics increase the risk of preventable *serious safety events* in patients with sleep apnea.

### Screening for Risk

- Screen for sleep apnea upon admission or presentation to surgical or procedural areas.
- Complete age-appropriate screening tool or risk indicators during nursing assessment.
- Document screening results on the Admission History form in Cerner.

	<p><b><u>SLEEP APNEA – S.T.O.P.</u></b></p> <p><b><u>Screening Tool</u></b></p> <p><input type="checkbox"/> <b>S</b>nores loudly</p> <p><input type="checkbox"/> Excessively <b>T</b>ired or fatigued when awake</p> <p><input type="checkbox"/> <b>O</b>bserved apnea</p> <p><input type="checkbox"/> High Blood <b>P</b>ressure - treated or untreated</p> <p><b>Score:</b> 0 1 2 3 4 (circle one)</p>	<p>Initiate <i>Sleep Apnea Protocol</i> for high risk when:</p> <p><input type="checkbox"/> S.T.O.P. score is 2 or higher</p> <p><input type="checkbox"/> Previous diagnosis of OSA or uses CPAP device at home</p> <p><input type="checkbox"/> Other _____</p>
<b>Adults</b>		

	<p><b><u>SLEEP APNEA RISK INDICATORS – PEDIATRIC</u></b></p> <p>Initiate Pediatric Sleep Apnea Protocol for any of the following (check all that apply):</p> <p><input type="checkbox"/> Witnessed apnea not otherwise managed by a respiratory care protocol</p> <p><input type="checkbox"/> Sensitivity to opioids or sedatives with diminished level of consciousness</p> <p><input type="checkbox"/> Hypoxia – SpO2 consistently less than 95%</p> <p><input type="checkbox"/> Prior diagnosis of sleep apnea</p> <p><input type="checkbox"/> BMI &gt; 29</p> <p><input type="checkbox"/> Other:</p>
<b>Children</b>	

## **Initiating Sleep Apnea Protocol - Nursing**

### Adults

- S.T.O.P. score of 2 or higher on Admission History documentation
- Put “At Risk” label on chart
- Notify physician of risk and obtain order for protocol
- Initiate and follow protocol

### Children

- Patient meets any Sleep Apnea Risk Indicator on Admission History documentation
- Put “At Risk” label on chart
- Notify physician of risk and obtain order for protocol
- Initiate and follow protocol

## **Initiating Respiratory Care Sleep Apnea Protocol – Respiratory Care**

### Adults and Children when indicated by Sleep Apnea Protocol (nursing protocol)

- Respiratory therapist evaluates patient and notifies physician **if** positive air pressure (PAP) therapy is indicated and obtains order for protocol
- Respiratory therapist initiates PAP therapy according to age-appropriate protocol
- Respiratory therapist assesses patient each shift, adjusting PAP therapy as necessary

## **Discharging Patients with Risk of Sleep Apnea**

- Schedule sleep medicine evaluation and/or sleep study with Saint Joseph Sleep Wellness Center or sleep professional of patient’s choice.

## **Understanding Sleep Apnea**

**Obstructive Sleep Apnea (OSA)** occurs when the airway is partially or completely blocked intermittently during sleep – day or night. This occurs when the tongue base and other soft tissue of the upper airway relax during sleep falling into the airway. Patients arouse or awaken from sleep apnea causing poor sleep. In the hospital setting, this can often lead to respiratory arrest or even death when the patient takes sedating medications such as opioid analgesics, some anti-emetics and other central nervous system (CNS) depressing medications. Post-operative anesthesia effect worsens sleep apnea for up to 72 hours after anesthesia is discontinued.

## **Understanding the Importance of Post-Discharge Sleep Medicine Evaluation**

Many patients identified as being at risk for sleep apnea while admitted, undergoing surgery or undergoing a procedure do not actively follow-up with their physician regarding sleep apnea. This is a significant health risk as patients with untreated sleep apnea develop hypertension and may develop other cardiovascular disease, diabetes and stroke along with other significant health issues.

With so many risk factors attributed to untreated sleep apnea, we are compelled, by our commitment to zero preventable serious safety events and our mission to build healthier communities, to facilitate easy access to post-discharge evaluation of patients with untreated sleep apnea. Our Sleep Apnea Protocols address this with visual cues to the attending physician to order post-discharge evaluations. Contact numbers for local CHI Saint Joseph Hospital Sleep Wellness Centers are listed on the protocols.

## **BARRIER PRECAUTIONS**

### **Isolation: Standard and Transmission Based Precautions per Policy Stat**

To provide a safe environment for the patients, employees, medical staff, healthcare personnel (HCP), visitors and other customers by reducing the transmission of pathogenic microorganisms, healthcare employee infections, control outbreaks and endemic infections.

Personal Protective Equipment - specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard, and are not considered to be personal protective equipment.

Safety Device- a needle-less sharp or a needle device used for withdrawing body fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Standard Precautions - the routine and consistent use of appropriate barrier protection to prevent skin and mucous membrane transmission of microorganisms resulting from contact with blood and body fluids, and as part of the practice of general hygiene. All human blood and potentially infectious body fluids are treated as if known to be infectious for bloodborne pathogens (HIV, HBV, etc.).

Sterilize - the use of a physical or chemical procedure to destroy all microorganisms.

Universal Precautions - a system recommended by the CDC in 1987 which is designed to prevent needle stick injuries, recommend PPE use, and adjunct disease-specific or category specific isolation systems for the prevention of transmission of or exposure to bloodborne pathogens. Blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV, HCV and other bloodborne pathogens.

The HICPAC Guidelines for Isolation Precautions provides recommendations for preventing the transmission of infectious and potentially infectious microorganisms in healthcare settings by combining aspects of universal precautions, body substance isolation, OSHA Bloodborne Pathogen Regulations and CDC isolation guidelines into a system that is epidemiologically sound, recognizes the importance of all body fluids, secretion, and excretions in the transmission of nosocomial pathogens, has precautions for infections transmitted by the airborne, droplet, and contact routes of transmission.

- Airborne - Airborne precautions are designed to reduce the risk of airborne transmission of infectious organisms or particles less than 5 microns in size by utilizing special air handling, ventilation and respirators.
- Droplet - Droplet precautions are used for patients known or suspected to have serious illnesses transmitted by large particle droplets (larger than 5µm in size) containing microorganisms.
- Contact - Contact precautions are used for specific patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces or patient-care items in the patients environment. Gloves and gowns will be used as a barrier to reduce the transmission of potentially infectious microorganisms.

- Empiric - Empiric use of airborne, droplet, and contact precautions is necessary for patients with certain clinical syndromes and conditions that have a high risk of epidemiology significant organisms.

**Transport of patients on Transmission based precautions:** Limiting the movement and transport of patients on transmission based precautions and ensuring that such patients leave their rooms only for essential purposes reduces the opportunity for transmission of microorganisms.

**Signage:** Signs will be placed when transmission based precautions are in place. The Contact, Droplet and Airborne signs will be used as indicated to inform all HCP taking care of the patient of the need for precautions. Patient, family and visitor education regarding precautions and the proper use of personal protective equipment will be provided.

## **UNIVERSAL PROTOCOL**

Performing wrong site, wrong procedure, and wrong person must be prevented. Active involvement and effective communication among all members of the surgical team is vital for success. To the extent possible, the patient (or legally designated representative) should be involved in the process. Consistent implementation of a standardized approach is most effective. A requirement for site marking should focus on cases involving right/left distinction, multiple structures (finger, toes) or levels (spine).

The universal protocol should be applicable or adaptable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room.

### **Pre-operative verification process:**

- Ensuring that all relevant documentation and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with the patient's expectations and with the team's understanding of the intended patient, procedure, site and as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure.
- Marking the operative site. Identify unambiguously the intended site of incision or insertion. The intended site must be marked so that the mark will be visible after the patient has been prepped and draped.
- **"Time Out"** Performed immediately before starting the procedure in an effort to conduct a final verification of the correct patient, procedure, and site and as applicable, implants.

Active communication among all members of the surgical/procedure team, consistently initiated by a designated member of the team is vital. The procedure is not started until all questions or concerns are resolved. Active communication does not mean that all members are expected to repeat the same information, but may signal their agreement by a brief oral acknowledgement, nod or some other gesture. Absence of a response SHOULD NOT be interpreted as agreement.

Even when only one person is performing a procedure, a brief pause to confirm the correct patient, procedure and site is appropriate. Verification with others who would not otherwise be involved with the procedure is not necessary.

Participation of the patient in a “time out” should be encouraged although due to the fact that a “time out” must be performed in the location where the procedure is being performed this may not always be possible. For example, participation by the patient is not expected when the patient is being anesthetized. The “time out” may precede induction of anesthesia or may occur after the patient is anesthetized.

### **P&P Seeker: Correct Site and Time Out Universal Protocol**

## **ORGAN & TISSUE DONATION & PROCUREMENT**

CHI SAINT JOSEPH HEALTH embraces a commitment to our guiding principles associated with the delivery of patient care and the protection of patient and family rights. In keeping this commitment, the needs and rights of every patient and family will remain paramount throughout the organization’s compliance with state and federal laws and TJC guidelines specific to organ, tissue, and eye donation. These laws require hospitals to consider every death as a potential organ or tissue donation. All families are to be given the opportunity to donate.

### **Policy Stat: Organ/Tissue Donation and Procurement**

## ***QUALITY AND PERFORMANCE IMPROVEMENT***

It is everyone’s goal to continuously improve and find ways to improve our services. The model that we use is known as Aim – PDSA.

As a new employee, it is our hope that you will be bringing new ideas for improvement to us! Please share your ideas with us. You have “fresh” eyes and can see areas of improvement that long-term employees may no longer be able to recognized.

### **Aim: What are we trying to accomplish?**

**Maybe it is better pain control, less patient falls, less wrong orders, less wrong meal trays, less wait times, less back injuries, etc.**

- Is the aim clear?
- Is the aim specific?
- Does the aim describe the system and processes to be improved?
- What is the approach?

### **Measure: How will we know that a change is an improvement? Not every change is an improvement.**

- What is the metric that will be used? Measurements should be:
  - Easy to get
  - Balanced (cost, quality, satisfaction, core values )
  - Simple
  - Specific
  - Able to plot over time
  - Use Sampling
  - Qualitative and Quantitative



**Change: It is important to “sample” or “pilot” change. When quick decisions are made about process changes and not based on reality, we will often not really make an improvement.**

- Go see – follow the change
- Observe one cycle of the process to be improved. What steps are observed, who, what, when, where....
- Map out the current process
- Engage the individuals who are a part of the process in the mapping exercise
- What has been learned during this experience?
- Are there opportunities for improvements in the process?
- Go for the easiest change!

**Remember this....”every process produces the outcome which it was designed to produce.” It is not about people not performing well, it is about the process design! The majority of employees want to do good work and take pride in the work that they do.**

### **Plan – Do – Study – Act**

**Plan – List the tasks needed to set up the test of change.**

- **Who**
- **When**
- **Where**
- **What will be the measures?**

**Do – Perform the process change and describe what actually happened when you performed the test**

**Study – Describe the measured results and how they compared to your predictions.**

**Act – Describe modifications to the plan to be made for the next cycle based on what was learned.**

It is important to include team members who are closest to the work, they are known as “stakeholders.” They will be affected by process changes. Don’t forget that stakeholders may be both internal and external groups.

### **NATIONAL PATIENT SAFETY GOALS (NPSG)**

***The purpose of the NPSG is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert- based solutions to these problems. The NPSGs are derived primarily from informal recommendations made in the Joint Commission’s safety newsletter, Sentinel Event Alert. The sentinel event database, which contains identified aggregate information on sentinel events reported to the Joint Commission, is the primary, but not the sole, source of the information from which the Alerts, as well as the NPSG’s are derived.***

### **NATIONAL PERFORMANCE CORE MEASURES**

**What are they?**

- TJC standardized measurement sets
- Relate to a disease or process of care
- Designed to permit comparisons using evidence-based measures

**2017/2018 Performance Measure Reporting Requirements  
Chart Abstracted (CA)- for those with paper or hybrid EHRs and Electronic  
Clinical Quality Measures (eCQM)**

Set Measure ID	Measure name
<b>eAMI-8a</b>	Primary PCI Received Within 90 Minutes of Hospital Arrival
<b>eCAC-3</b>	Home Management Plan of Care Document Given to Patient/Caregiver
<b>ED-1 eED-1</b>	Median Time from ED Arrival to ED Departure for Admitted ED Patients
<b>ED-2 eED-2</b>	Admit Decision Time to ED Departure Time for Admitted Patients
<b>IMM-2</b>	Influenza Immunization
<b>eSTK-2</b>	Discharged on Antithrombotic Therapy
<b>eSTK-3</b>	Anticoagulation Therapy for Atrial Fibrillation/Flutter
<b>eSTK-5</b>	Antithrombotic Therapy by the End of Hospital Day Two
<b>eSTK-6</b>	Discharged on Statin Medication
<b>eVTE-1</b>	Venous Thromboembolism Prophylaxis
<b>eVTE-2</b>	Intensive Care Unit Venous Thromboembolism Prophylaxis
<b>VTE-6</b>	Incidence of Potentially Preventable Venous Thromboembolism
<b>PC-01 ePC-01</b>	Elective Delivery
<b>PC-02</b>	Cesarean Birth
<b>PC-03</b>	Antenatal Steroids
<b>PC-04</b>	Health Care-Associated Bloodstream Infections in Newborns
<b>PC-05 ePC-05</b>	Exclusive Breast Milk Feeding

# Chest Pain Accreditation

CHI Saint Joseph Health is the first system in Kentucky to have all facilities become accredited Chest Pain Centers. With this accreditation comes an ongoing effort to educate staff on Acute Coronary Syndrome (ACS) and Acute Myocardial Infarction (AMI) as it relates to pathophysiology, early diagnosis, treatment, and symptoms. With this education and information you will be better prepared to inform your patients, families, and visitors, about these heart-related conditions.

## The Impact of Heart Disease

According to the American Heart Association (Heart Disease and Stroke Statistics-2009 Update) acute myocardial infarction (AMI or Heart Attack) is the leading cause of death in the adult population in the United States for both men and women.

It takes the life of one out of every five people. Every 34 seconds an American has a heart attack, that's about 1.1 million Americans every year. Recent advancements in the treatment of AMI have greatly reduced its mortality and morbidity, but successful treatments are time dependent and necessitate rapid initiation. For good outcomes, the patient must quickly recognize the signs and symptoms of an AMI and the physician must quickly diagnose the AMI and initiate treatment.

## The History of Chest Pain Centers



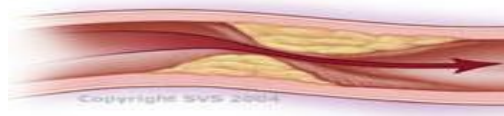
The concept of Chest Pain Centers in community hospitals was presented in the late 1980s as a strategy to reduce heart attack deaths through the rapid treatment of patients with acute myocardial infarction. Since then, they have evolved to include safe, cost-effective management of low risk patients presenting with acute chest pain.

## Goals of a Chest Pain Centers

Significantly reduce the time it takes for a patient experiencing symptoms of a possible heart attack to see a physician, thus reducing the time to treatment during the critical early stages, when treatments are most effective.

## What is a Heart Attack?

Let's talk more about AMI and/or heart attacks in depth. Each day an average heart "beats" 100,000 times and pumps about 2,000 gallons of blood. The heart is supplied blood through its coronary arteries. With coronary heart disease (CHD), plaque and fatty substances build up inside the walls of the arteries. The plaque also attracts blood components, which stick to the artery wall. Called atherosclerosis, the process develops gradually, over many years. It can even begin with childhood.



The fatty buildup or plaque can lead to the formation of a blood clot. The clot reduces blood flow. This cycle of fatty buildup and clot formation causes the coronary arteries to narrow.

When too little blood reaches the heart, the condition is called ischemia. With ischemia, angina (chest pain) may occur. The pain can vary in episodes and be mild and intermittent, or more pronounced and steady. It can even be severe enough to cause normal activities to be difficult. Approximately 9 million people in the United States suffer from angina each year according to the American Heart Association. The same inadequate blood supply also may cause no symptoms, a condition called silent ischemia.

If a blood clot suddenly cuts off most or all the blood supply to the heart, a heart attack results. Cells in the heart that do not receive enough oxygen-carrying blood begin to die. The more time that goes by without treatment to restore blood flow, the more irreversible damage is done to the heart.

### Risk Factors:

Heart attacks strike both men and women. Because of risk factors some people are more likely than others to have a heart attack. Risk factors are behaviors or conditions that increase the chance of a disease. Some risk factors for heart attacks are beyond your control, but most can be adjusted to help you lower your risk of having a first-or repeat-heart attack. Those factors are:

#### Factors you CANNOT control:

- Pre-existing coronary heart diseases, including a previous heart attack, a prior angioplasty or bypass surgery, or angina
- Age-In men, the risk increases after age 45; in women, the risk increases after age 55
- Family history of early heart disease-a father or brother diagnosed before age 55; or a mother or sister diagnosed before the age 65

#### Factors you CAN control:

- Smoking
- High blood pressure
- High cholesterol
- Overweight and obesity
- Physical inactivity
- Diabetes

Risk factors multiply each other's effects. So, it is very important to prevent or control risk factors that can be modified. If you have one or more of these risk factors, see your healthcare provider as soon as possible.



## Warning Signs

Now that you know how a heart attack occurs and what your risk factors are, let's learn about warning signs and early diagnosis of a heart attack.

A heart attack is a frightening event, and you probably do not want to think about it. But, if you learn the signs of a heart attack and what steps to take, you can save a life—maybe your own. Many people think a heart attack is sudden and intense, like in the movies, where a person clutches their chest and falls over. The truth is that many heart attacks start slowly, as a mild pain or discomfort. Many people may not know what is wrong if they feel this symptom.

Symptoms may come and go. Even those who have had a heart attack may not recognize their symptoms, because each heart attack can be different in presentation.

These are the warning signs of a heart attack: (referenced from Act in Time to Heart Attack Signs, [www.nhlbi.nih.gov/actintime/aha/what.htm](http://www.nhlbi.nih.gov/actintime/aha/what.htm))

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes, or goes away and comes back. The discomfort can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas of the upper body.** Can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath.** Often comes along with chest discomfort. But it also can occur before chest discomfort.



- **Other symptoms.** May include breaking out in a cold sweat, nausea, or light-headedness.

**Learn the signs- but also remember: Even if you are not sure it is a heart attack, you should still have it checked out. Fast action can save lives-maybe your own.**

## Women and Heart Attacks

Knowing that heart disease is the number one killer of men and women, there are differences in how women and men respond to a heart attack. If you're a woman, you may not believe you're as vulnerable to a heart attack as men – but you are. Women account for nearly half of all heart attack deaths. Women are also less likely than men to believe they are having a heart attack and more likely to delay in seeking emergency treatment.

Women tend to be about 10 years older than men when they have a heart attack. They are more likely to have other conditions, such as diabetes, high blood pressure, and congestive heart failure – making it that much more important to get proper treatment fast.

Women should learn the heart attack warning signs as mentioned above, i.e. pain, discomfort in your chest, shortness of breath, nausea, etc. The most common heart attack symptom for men and women is chest pain or discomfort. Yet women are somewhat more likely than men to experience some of the other common symptoms, like shortness of breath, nausea/vomiting, and back or jaw pain.

**REMEMBER, minutes matter!!!**  
**If you feel any heart attack symptoms**  
**do not delay. Do not wait for more than a few minutes –**  
**5 minutes at most – to call 911.**



### Denial and Uncertainty

Often a person's expectation of a heart attack is uncertainty or denial, they don't know what to expect or do. As a result, people often take a wait-and-see approach instead of seeking care at once. This even happens to people who have already had a heart attack. They may not recognize the symptoms, because their next heart attack can have entirely different symptoms. Learn the warning signs; seek an evaluation and treatment if you experience any signs.

### Treatment

Now that you know how a heart attack can occur, risk factors, warning signs, how gender play a part, and when to get treatment, let's talk about treatment.

Treatments for a heart attack work to open the blocked artery to restore blood flow as fast as possible to prevent or limit damage to the heart muscle, and to lessen the chance of a repeat heart attack. The main treatments are angioplasty, a stent placement, or thrombolytic ("clot busting") therapy. To be most effective in saving heart muscle and your life, these treatments must be given fast – **WITHIN 1 HOUR** of the start of heart attack symptoms.

Beside thrombolytics or clot-busting drugs, other medications also are used to treat a heart attack and ischemia, as well as to ease chest pain. These drugs include aspirin, nitrates, such as nitroglycerin, and beta blockers.

- **Aspirin.** Aspirin is now given to all patients who arrive at the hospital emergency department with a suspected heart attack. Aspirin acts to thin the blood and lessen the size of a blood clot during a heart attack.
- **Nitrates, including nitroglycerin.** This relaxes blood vessels and stops chest pain.
- **Beta blockers.** These reduce nerve impulses to the heart and blood vessels. This makes the heart beat more slowly and with less force.

## Planning

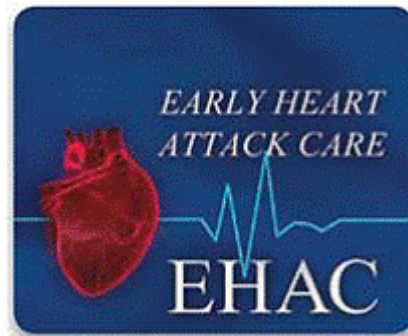
The last step you need to take is, develop a plan, a heart attack survival plan. You now know most the ins-and-outs of a heart attack and/or acute coronary syndrome. Developing this plan will help save time and could save your life or a patient's life. To plan ahead:

- Learn the heart attack warning signs.
- Think through what you would do if you had heart attack symptoms. Decide what you would do if it happened at home, in the middle of the night, at work, or at another place or situation that might need advance planning.
- Decide who would care for any dependents in an emergency.
- Talk to your family and friends about the heart attack warning signs and the importance of acting fast by calling 911 after a few minutes -5 at the most- if those signs persist.
- Explain benefits of calling 911, instead of getting to the hospital by car.
- Talk to your health care provider about your heart attack risk and what you can do to reduce them.
- Talk to your doctor about what you should do if you experience any heart attack symptoms.
- Gather important information to take along with you to the hospital like insurance cards, medication list, medical history, allergies, etc.



Reference: National Heart Lung and Blood Institute (2012). *What is a heart attack?* Retrieved from <http://www.nhlbi.nih.gov/health/health-topics/topics/heartattack/>

# Early Heart Attack Care



Be Heart Smart and become a Heart Attack Deputy by knowing the early warning signs and key actions. Log onto: <http://www.deputyheartattack.org> to take this short course that could save you or your family's life

# STROKE is an EMERGENCY

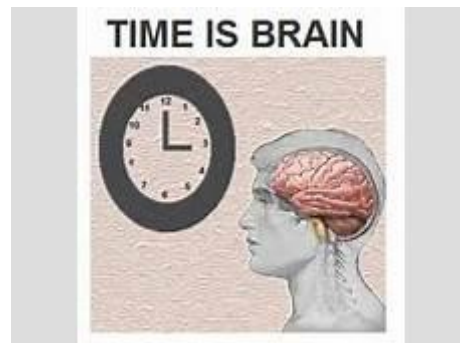
## Every Minute Counts

### ACT F.A.S.T.!

<b>F</b> ACE	<ul style="list-style-type: none"> <li>• Facial Droop</li> <li>• Uneven smile</li> </ul>
<b>A</b> RM	<ul style="list-style-type: none"> <li>• Arm numbness</li> <li>• Arm weakness</li> </ul>
<b>S</b> PEECH	<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Difficulty speaking or understanding</li> </ul>
<b>T</b> IME	<ul style="list-style-type: none"> <li>• Outside of hospital: Call 911 and get to a hospital immediately</li> <li>• In hospital: call 1111 to activate the RRT</li> </ul>

### STROKE risk factors

- High Blood pressure
- High cholesterol
- Heart Disease
- Diabetes
- Smoking
- Heavy alcohol use
- Physical inactivity and obesity
- Atrial fibrillation (irregular heartbeat)
- Family history of stroke



www.peopleint.wordpress

### Stroke contact:

Central and Eastern Market-Brandi Jefferies [brandijefferies@sjhlex.org](mailto:brandijefferies@sjhlex.org)



# **TJC REPORTING OF QUALITY/SAFETY CONCERNS**

The Joint Commission wants to know if you have a complaint about the quality of care at any Joint Commission accredited organization. Complaints may be submitted by mail, fax, or email. Summarize issues into 1-2 pages and include the name, street address, city, and state of the healthcare organization. The Joint Commission policy forbids accredited organizations from taking retaliatory actions against employees for having reported quality of care concerns to the Joint Commission. To report a complaint or concern to the Joint Commission:

Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Fax: Office of Quality Monitoring (630) 792-5636

Mail: Office of Quality Monitoring – The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Il. 60181

For complaint questions: (800) 994-6610

## **Impaired Physicians and LIPs**

TJC requires that medical staff implement a process to identify and manage matters of individual health for licensed independent practitioners that is separate from actions taken for disciplinary purposes. Physician impairment is very costly, including potential patient harm, increase of medical errors resulting in expensive litigation, and the negative image of health care organizations in the public's mind.

CHI Saint Joseph Health has an obligation to protect patients from harm. If you feel that a physician or licensed independent practitioner is impaired, notify the House Administrator so the proper steps can be taken in a confidential manner.