

EOC Yes Day



Code Red – FIRE

RESCUE

Remove patients from immediate area

ALARM

Pull fire alarm and call 555

CONTAIN

Close all doors in the area

EXTINGUISH

Attempt to extinguish fire using extinguisher



Code Red – FIRE

How do you use a Fire Extinguisher?

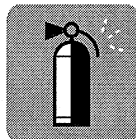
P.A.S.S.

Pull the pin

Aim the nozzle at the base of the fire

Squeeze the handle

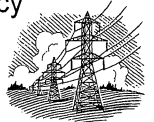
Sweep the nozzle backwards and forwards



Utilities

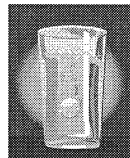


During an interruption of the electrical systems here at O'Connor Hospital you will have power restored through our emergency generators. Generators will energize within 10 seconds of the interruption. Many lights will illuminate, elevators will run, power will be supplied to red outlets. Be sure to have all patient care equipment plugged into red emergency outlets.



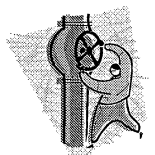
Utilities

In the event we were to loose water here at Watsonville Community Hospital we will provide bottled water through our current bottle water supplier. MOU'S have been implemented to supply larger quantities of water should there be a prolonged interruption of water.



Utilities

For Piped medical gases, Oxygen and Vacuum any interruption should be dealt with by first contacting the engineering department to check on the reason for the interruption and then contacting Respiratory Therapy for obtaining the necessary supplies to keep patients safe.



Code Blue - Medical Emergency

- The assigned Code team members will respond to the location
- ACLS is initiated
- All other personnel stay out of area unless assigned a specific task by a team member

Code Purple – Child Abduction (Pediatric)

- Hospital staff should watch all exits in their area
 - Report suspicious activity by dialing “555”
 - Stay in your location until the code is “all clear”
- The overhead page will state “Code Purple” followed by a number and then a letter M or F.**
- (Code Purple 2F indicates a 2 year old female)
(Note this can also apply to a lost Pediatric visitor)

Code White - Medical Emergency Neonatal

- The assigned Code team members will respond to the scene
- Infant resuscitation is initiated per BLS, NRP or PALS standard of care
- All other personnel stay out of area unless assigned a specific task by a team member

Code Yellow - Bomb Threat

- **Call 555**
- Do not touch or disturb the potential bomb
- If a telephone threat try to determine where the bomb is located, when it's going to explode, what it looks like, the name and gender of person calling
- Listen to any background sounds to help identify the caller
- Refer to Safety section on the intranet and be ready to initiate search
- DO NOT start search procedures until Security arrive
- Code Yellow will not be paged overhead



Code Pink - Infant Abduction

- Hospital staff should watch all exits in their area
- Report suspicious activity by dialing “555”
- Stay in your location until the code is “all clear”

Be on the look-out for someone carrying an infant or a backpack.

Code Gray - Security Assistance

- Call 555 –
State “Code Gray” followed by your name and location.
- If you feel physically threatened
- If you see someone arguing or fighting
- If you feel intimidated



Code Silver Person with Weapon/Hostage

- Seek cover/protection and warn others of the situation
- Call "555" and report "Code Silver" and location
Include: The number of suspects and hostages and the type of weapon(s) involved



Code Triage - Emergency Preparedness

- The major evacuation area is the long-term parking lot behind the garage – marked with a green band painted on a lamp standard
- Shelter in Place – the need to stay inside the hospital during a time of potential exposure to chemical hazards
- Follow the direction of your department supervisor – Stay at volunteer post until notified
- Review the Environment of Care (Emergency Management) Section on the intranet



Code Orange - Hazardous Materials



- Call 555
- Protect the scene
- Security will respond
- Locate Material Safety Data Sheet from the **MSDS intranet connection**
- Be ready to evacuate if needed

ID Badges

All associates must wear their photo identification badge at all times at eye level

- Badges are issued by security upon presentation of a ID Badge form from HR
- Need form from HR for replacement
- Return name badge at termination



We are a non-smoking campus

Exception is:
Designated smoking area -
Outside Employee Health office

Code Triage - Internal/External

- Hospital page will be "Code Triage Internal/External"
- Designated associates will attend the Hospital Command Center to receive incident briefing
- All associates not directly involved with patient care must report to the Labor Pool (DePaul Room)
- Red power failure phones are located in most departments and can only be used in the event the hospital loses normal telephone service lines



When to Call Security

- Assist in locating patient valuables
- If you observe suspicious conduct or behavior on campus
- If you or someone else is the victim of a crime
- If you notice an unsafe condition
- Lost & Found services
- If you feel unsafe while on campus
- If you need an escort



Escort Services

- Available on request
- Should Security be unavailable to provide an escort, try to leave in a group—use the "buddy system"
- Go back inside the facility if you see anyone who appears even remotely suspicious

**Better
safe
than
sorry!**

Contact Information

SECURITY

Available 24/7

x 4402

ENGINEERING

Available M-F

9:00 a.m. – 5:00 p.m.

x2548

After hours dial x3888/6210

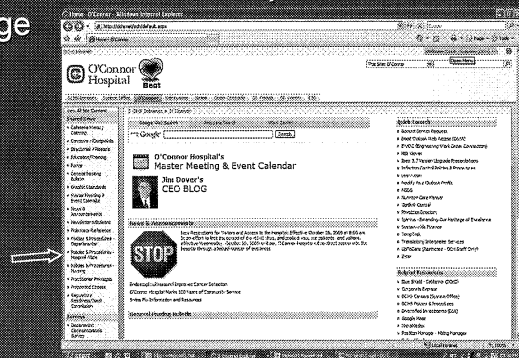
Infection Prevention & Control- or (*Get the rest of the world!!!*) 2012

Suzanne Cistulli BSN, RN, CIC
Director of Infection Prevention & Control



Where are the Policies and Procedures???

- On the O'Connor Hospital Intranet Home Page

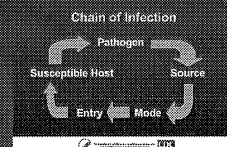


Who is Responsible?

- Dr. Studemeister
- Suzanne Cistulli (ext 2540)
- Bernadette Montalbano (ext. 5877)
- Julie Garcia (ext. 4746)
- And- you!!!

WHAT IS INFECTION PREVENTION AND CONTROL?

"It's identifying and reducing the risks of infections developing or spreading."



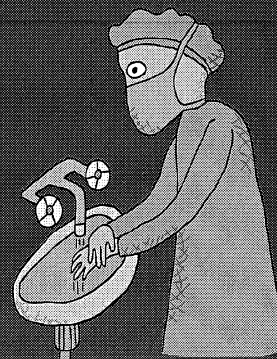
INFECTION PREVENTION AND CONTROL IS NOT JUST A DEPARTMENT- IT IS A TEAM!!!

And YOU are on it!



...for Patient's Safety Sake!!!

- Use STANDARD Precautions on ALL patients!!!
- Practice CDC's Guidelines for hand hygiene
 - Use alcohol-based product
 - 15 seconds with soap
 - No artificial nails
 - *Get the rest of the world!!!*



STANDARD PRECAUTIONS

- Handwashing or *Get it and Get it Right!!!*
 - Before and after:
 - every patient contact
 - performing clean or sterile procedures
 - preparing food, eating, drinking, smoking, applying cosmetics and using the restroom
 - Between
 - tasks at different body sites
 - Between different patients, and

Standard Precautions

- Injury Prevention
 - An estimated 380,000 needlestick/other sharps related injuries occur each year. (1000/day)
 -
 -
 -

Standard Precautions

- Use of gloves, masks, eye protection, caps and gowns

- Whenever there is a risk of blood or body fluid exposure
 - Obtaining specimens
 - Disposing of fluids
 - Suctioning patients
 - Starting or discontinuing IVs



2007- RESPIRATORY HYGIENE - COUGH ETIQUETTE

- Contain Secretions
 - Cover your cough!
 - Cover your sneezes!!
 - And...
 - Don't forget...WASH YOUR HANDS!!!



Standard Precautions

- A collect environment has been found to cause hospital-acquired infections in patients!!
- Patient care equipment - Keep it clean!
 - Clean and disinfect equipment in between patients
 - Use patient specific, digital, rectal thermometers -
 - Do not use items that have dropped on the floor such as linen, dressings, straws etc.



Keep hospital clean
No dust!!!

SAFE INJECTION PRACTICES

- Use aseptic technique
- Swab the injection ports on IV tubings with alcohol
- Single dose vials
- Get it and Get it Right!!!*
- Do not use bags or bottles of IV solution for more than one patient

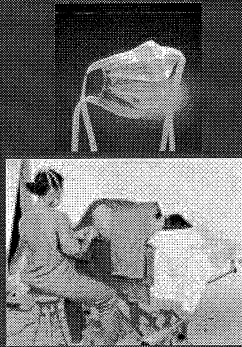


SPINAL PROCEDURES

➤ Wear a mask!!!

➤ Why???

- To protect the patient from getting meningitis from droplets from the people involved in performing the procedure



BBP EXPOSURE CONTROL PLAN

➤ Located on the Intranet in the "Quick Launch"

- Exposure determinations by dept.
- Work practice controls
- Cleaning and decontamination of the work site
- Post exposure evaluation & follow-up
- Hepatitis B vaccination program

TRANSMISSION-BASED PRECAUTIONS

➤ **AIRBORNE (n-95 respirator & door closed)**

- TB
- Chickenpox
- Disseminated Herpes zoster

➤ **DROPLET (regular mask & door open)**

- Neisseria meningitis
- Mycoplasma pneumonia

➤ **CONTACT (Gown & gloves for EVERY room entry!! Door open)**

- MRSA
- VRE
- C. difficile or uncontrolled diarrhea
- Other multidrug resistant organisms (ESBL, Acinetobacter)
- Draining wounds

GEL IN & GEL OUT!!!



What is OPIM???

➤ OPIM means "other potentially infectious material" as defined by the OSHA Bloodborne Pathogen standard:

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Bloodborne Pathogen Standard: Written to protect the HCW against blood & body fluid exposures to:

➤ Which 3 pathogens?

- Hepatitis B
- Hepatitis C
- HIV

HEPATITIS B VIRUS

➤ **HEPATITIS B VIRUS EXPOSURE**

- Hepatitis is much more transmissible than HIV.
- Risk of infection from a single needlestick is 6%-30% (CDC, 1997).
- 50% of the people with HBV infection are unaware that they have the virus.
- Hepatitis B Virus can live for 1 week or longer on dried surfaces

HBV - EPIDEMIOLOGY & TRANSMISSION

➤ Blood & Body Fluids

- Wound exudates
- Semen
- Cervical secretions
- Saliva

➤ Transmission

- Needlesticks
- Body fluid splashes
- Unprotected sex
- IV drug injection with dirty needles
- Mother to baby during birth

EPIDEMIOLOGY & TRANSMISSION - HCV

➤ Blood & body fluids



➤ Transmission

- Needlesticks
- Injection drug use
- Unprotected sex
- Using someone else's toothbrush



Hepatitis B

➤ Incubation period

- 45-160 days (90 average)

➤ Symptoms

- Loss of appetite
- Nausea
- Fatigue
- Jaundice

Or sometimes – no symptoms develop

Hepatitis C

➤ Incubation period

- 14 days – 6 months (6-7 wks)

➤ Symptoms

- Loss of appetite
- Nausea
- Fatigue
- Jaundice

Or – some people have no symptoms

HEPATITIS C VIRUS

➤ Potential Hazard Exposure

- 3.2 million people have Chronic Hepatitis C in the United States.
- A major cause of chronic liver disease.
- The leading reason for liver transplants in the United States.

HIV

➤ Potential Hazard Exposure

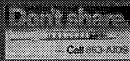
- Risk of HIV infection after needlestick is 1 in 300 or 0.3%
- Risk of HIV infection after mucous membrane exposure is 0.09%.
- The CDC documented 57 cases and 143 possible cases of occupational HIV transmission to US healthcare workers between 1981 and 2010.

EPIDEMIOLOGY AND TRANSMISSION -AIDS

> Blood and Body Fluids

> Transmission

- Sexual contact
- IV drug abuse
- Mother to child



NEEDLE SAFETY

An estimated 385,000 needlestick/other sharps related injuries occur each year in healthcare workers.
(more than 1000/day)

HIV

> Incubation period

- median 12 – 18 months
- Some individuals may go for more than 10 yrs without symptoms

> Symptoms are time dependent

- Fever
- Diarrhea
- Fatigue
- Weight loss
- Joint pain
- Unexplained body rash

BIOHAZARD SYMBOL



PERSONAL PROTECTIVE EQUIPMENT - PPE

- > PPE is required if exposure to blood or body fluids is anticipated and potentially infectious material is anticipated and where occupational exposure remains after institution of engineering and work practice controls

29 CFR 1910.1030 (d)(2)(i)

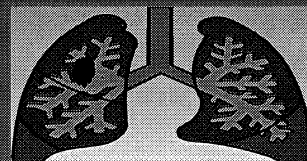
- > WASH YOUR HANDS!!



TUBERCULOSIS

Get the Facts!

“Early recognition and treatment of the undiagnosed case is the most important aspect in the control of TB Transmission.”



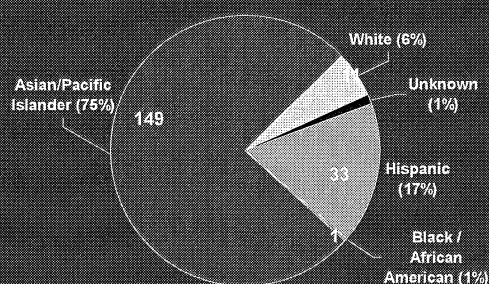
SYMPTOMS OF TB

- Fever, chills
 - Chest pain
 - Productive cough for >3wks
 - Night sweats
 - Unexplained wt loss
 - Appetite loss
 - Fatigue
 - Abnormal chest x-ray
- Foreign born
 - Homeless
 - HIV
 - Elderly with prior history

IMMEDIATE PRECAUTIONARY MEASURES

- Instruct patient to contain cough (Tissues & paper bag)
- Place regular surgical mask on patient
- Place patient in negative air flow room with doors closed and follow TB protocol – do not use the portable HEPA filter- notify Engineering!!!
- Wear N-95 respirator in patient room
- Notify Infection Prevention & Control
- Educate patient and family

TB Cases by Race/Ethnicity in Santa Clara County, 2010 (N = 196)

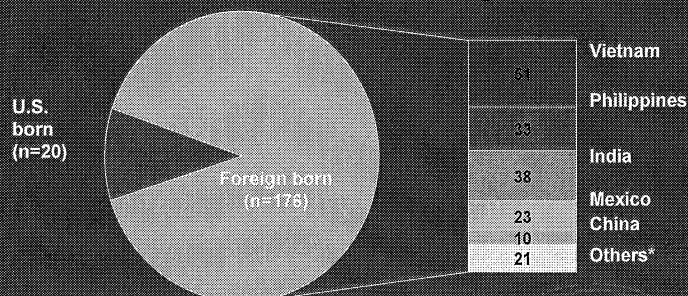


Source: Santa Clara County Public Health Department, 2010

N-95, PAPRs and CAPRS

- When entering a TB isolation room, you must wear an N-95 HEPA filter respirator
- You must be fit tested to wear an N-95 respirator
- PAPRs and CAPRS are both battery operated and blow air away from your face and protect you from breathing in TB and other airborne diseases.

TB Cases by Foreign Country of Origin in Santa Clara County, 2010



Source: Santa Clara County Public Health Department

*Note: 'Others' include Iran (2), Korea (2), Lao Peoples Democratic Republic (2), Nicaragua (2), Nepal (2), and other countries with <2 counts.



N-95 respirator



PAPR



CAPR

When to wear the different types of respirators

- ~~N-95~~ – whenever you enter a negative airflow room
- ~~CAPR or PAPR~~ – whenever you are present during a procedure that makes a patient cough if you think the patient may have TB or other airborne illness:
 - Sputum induction
 - Bronchoscopy
 - Autopsy
 - Intubation

What is a GOTCH form?

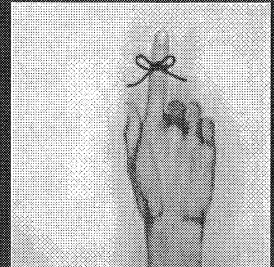
- When a patient is placed on TB medications a special form called the GOTCH form must be completed
- Infection Prevention completes the GOTCH form
- Patient may not be discharged without permission from the County Health Officer.
- Call Infection Prevention – always!!!
- GOTCH in and GOTCH out!

Influenza

- Get your flu shots
- Isolate anyone with influenza-like illness symptoms, even if the Influenza antigen test is negative
 - Fever
 - Cough
 - Body aches
 - Sore throat
 - Vomiting or diarrhea

Oh....

- One last thing!



Patient Room Placement

- Whenever you have a possible TB patient, they must be placed in a negative airflow room.
- The door must be kept tightly closed
- Rule Out TB patients may NOT walk in the hall way – even if they wear a regular mask

Don't forget!!! WASH YOUR HANDS!!!

- 15 full seconds –no exception, with warm water & soap or use the hand sanitizer
- Before and after every patient contact- *"Get in, get out"*
- After contact with blood or body fluids, touching anything soiled or contaminated
- After removing gloves –every time!
- Before preparing medications & IVs
- Between dirty and clean procedures on the same patient
- Before & after eating, applying makeup, preparing food, using the restroom and smoking
- Hand Hygiene is the #1 way to stop the spread of infection

The End

- Questions?
- Call ext. 2540



*... and now it's
Get to the Get Right*

Thank you 😊



Living Our Values

Standards of Performance

Introduction

O'Connor Hospital is committed to providing care and service of the highest quality to meet the expectations of our customers.

We take pride as O'Connor Hospital associates in providing the best quality of care and have set the highest customer service standards for ourselves. Our customers include, but are not limited to, patients and their families, medical staff, co-workers, visitors, vendors, contract staff, volunteers and our generous benefactors.

Following is a description of the fundamental performance standards that have been developed over many years at O'Connor Hospital, standards that provide a common sense understanding of how customers should be treated and represent specific behaviors that all O'Connor Hospital associates (hereafter refers to the following: associates, medical staff, contract staff, volunteers, students/interns) are expected to practice while on duty. These standards flow from our Vincentian Values and reflect the existing duties of O'Connor Hospital associates to our customers and each other. Most of these behaviors are demonstrated instinctively by the conscientious and caring work force at O'Connor Hospital. By incorporating them as standards of performance, we reinforce these behaviors, making it clear they are expected and encouraging associates to be diligent in practicing them. It is our intent that these standards of performance will create an environment that is pleasant, non-threatening and helpful to our patients' healing process.



- 1 -

Our Mission

In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind and spirit. We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.

Our Vincentian Values

Respect
Compassionate Service
Simplicity
Advocacy for the Poor
Inventiveness to Infinity

RESPECT

Recognizing our own value and the value of others.

I will be respectful of colleagues.

- I will...conduct myself as a professional and treat every colleague as a professional, recognizing that we each have an area of expertise.
- I will...consider another's priorities in addition to my own, avoiding last minute requests.
- I will...effectively communicate with patients, coworkers, peers, medical staff and management and be open to other people's suggestions.

- 2 -

- I will...welcome new associates. I will be supportive by offering help and setting an example of the cooperation expected in the workplace.
- I will...not blame, chastise, embarrass, or discipline fellow associates in the presence of others. I will use a respectful tone of voice with my colleagues.
- I will...recognize and acknowledge fellow associates by thanking them for a job well done including utilizing the [Rewards and Recognition Policy](#), when appropriate.

I will actively listen and use positive, appropriate body language when speaking to others.

- I will...avoid interrupting people unnecessarily.
- I will...use "please" and "thank you."
- I will...listen carefully to what others have to say in ways that show them I care. This includes maintaining eye contact, if appropriate, and clarifying messages.

I will protect the privacy of our patients and my co-workers.

- I will...respect patient and associate confidentiality by discussing only with appropriate parties and never discussing patient/ private information or hospital business in public area such as hallways, elevators, lobbies, waiting rooms or the Cafeteria.
- I will...comply with all O'Connor Hospital and [HIPAA policies](#) regarding protected health information (PHI).
- I will...speak to patients and their families regarding their care in private. I will close doors as appropriate. I will close curtains when indicated to keep a distance between others within the same space.
- I will...close curtains or doors during examinations, procedures or when otherwise appropriate. I will explain that this is for the patient's privacy.

I will knock before entering a patient's room.

I will introduce myself by name and position with every patient/family encounter.

I will be accepting and respectful of others' feelings, personal values, beliefs and cultural backgrounds.

I will refrain from participating in demeaning or disrespectful discussions about others.

- I will...not participate in rumors or gossip which could adversely affect patient/customer relations and workplace morale.
- I will...avoid rudeness and sarcasm.

I will not bully in the workplace.

- 3 -

- I will...not talk about others behind their back.
- I will...not participate in practical jokes at the expense of another.
- I will...not intimidate, degrade, offend, or humiliate a fellow associate.
- I will...not participate in any behavior that creates feelings of defenselessness in another and undermines an individual's right to dignity at work.
- I will...not swear or shout in the workplace.

I will be careful not to exclude others by speaking a language that may make them feel isolated or left out.

- I will...follow our policy that states English is the primary language to be spoken except when translating for a patient. ([link to policy-name of policy?](#))

I will deal with fellow associates directly and quickly if there appears to be a misunderstanding.

I will do all I can to reduce the noise within patient care areas.

I will be on time, ready to work and appropriately groomed and dressed.

- I will...dress professionally by following the [dress code \(Policy name?\)](#).
- I will...wear my identification badge on the upper half of my body with my name clearly visible to others at eye level.
- I will...understand the definition of what it means to be on time according to the [time and attendance policy](#), and adhere to it as defined.

I will take pride in our hospital and make sure my workplace is safe, clean and organized.

- I will...pick up immediately after myself; pick up litter, and dispose of it properly; keep departments, patient rooms, and hallways clean and uncluttered.
- I will...return equipment to its proper place, clean and in working order.
- I will...clean minor non-hazardous spills immediately, and contact EVS for major non-hazardous spills.
- I will...be aware of potential chemical hazards; know where to locate [MSDS \(Medical Safety Data Sheets\)](#) on the intranet, and report all hazardous spills immediately by calling 555.
- I will...correct and report any safety violations or accidents.
- I will...value my own safety and that of others. When in doubt, I will ask. I will not take unnecessary risks.
- I will...report all accidents and incidents promptly and accurately to the appropriate person.

- 4 -

- I will...be familiar with, and follow, all safety policies and procedures, both hospital-wide and specifically within my own area.
- I will...protect my back when lifting, pushing, pulling or carrying. I will get help if necessary. I will comply with the Safe Patient Handling Policy.
- I will...be responsible for knowing how to operate equipment necessary for my job, making sure it is in good working order. If it is not in good working order, I will remove from service (labeling appropriately) and submit a work order to Bio-medical or Engineering, whichever is applicable. Both work order request forms are under Quick launch on the right side of the O'Connor intranet home page.
- I will...use personal protective equipment (PPE) when appropriate.
- I will...properly place and store equipment to prevent trips and falls.
- I will...be prepared for emergencies and know the correct and prompt action to take.
- I will...adhere to all infection control policies, including hand washing and "gel in and gel out".
- I will...wash my hands before and after contact with patients.
- I will...educate families and visitors on proper infection control procedures.

I will maintain a non-confrontational environment. I will be aware of potential hostile situations and contact the appropriate resources to diffuse them.

I will park only in designated associate parking spaces, leaving visitor parking spaces for our valued patients and visitors.

I will comply with the phone, email and meeting etiquette standards detailed on pages 10-13.

COMPASSIONATE SERVICE

Providing excellent care with gentleness and kindness.

I will ...approach each patient and associate with compassion and care every day.

I will inform patients and families regularly regarding their plan of care.

I will clarify how patients would prefer to be addressed, when appropriate. If the patient does not identify how they would like to be addressed, I will address them in the way that they introduced themselves or use their last name and the appropriate salutation (Mr., Ms., etc). Examples of unacceptable names for our patients include honey, grandma, grandpa, sweetie, pops, mom, mama, papa, and mamacita.

- I will...greet all people by name, with a positive attitude, making eye contact and using a greeting that is welcoming.

Cooperation is expected of me in the work place. I will be helpful and of service to all patients and associates. It is not appropriate to say "It's not my job" or "That's not my patient." If I am unable to meet a request, I will be responsible for finding someone who can.

- I will...approach every request made of me with a positive attitude and a willingness to serve.
- I will...listen carefully to the needs of others and will be patient and tolerant in responding to these needs. I will demonstrate a willingness to go the extra mile when providing service.
- I will...provide positive, professional, and prompt responses to requests.

I will educate each patient and their family members about the surgery/procedure and the anticipated time frame for it to occur.

- I will...update family members periodically while a patient is undergoing a surgery/procedure.
- I will...take ownership in the service I provide.

I will provide superior customer service by consistently working in a self-directed manner, complete job duties/tasks right the first time, and take initiative to follow through until service is completed.

- If applicable to my position, I will...serve food trays immediately to patients upon delivery, place trays in front of patients and assist with opening containers and cutting food, if needed. I will promptly remove trays after the patient is finished eating.
- I will...take ownership of any problem that customers/patients bring to my attention by handling those things that I can, and taking responsibility for contacting the appropriate O'Connor Hospital department supervisor for things that I cannot resolve. I will remain involved and follow up with the customer or patient to ensure that the issue was resolved. I will utilize the O'Connor Hospital Service Recovery Policy when appropriate.
- I will...collaborate with the other team members so that information can be reinforced by appropriate personnel (multidisciplinary team), and whenever appropriate, provide patients and their families with information regarding tests and procedures.
- I will...provide the proper gown size for patients including pajama bottoms as appropriate.
- If applicable to my position, I will...respond to any unanswered call lights immediately and will follow up with appropriate personnel. If I am passing a room and see an unanswered call light, I will enter the patient room and ask them "How may I help you?" I will not leave the floor until I am sure the message has been conveyed to the proper caregiver or the problem has been resolved to the patient's satisfaction.

I will be supportive of others during difficult times.

I will address the special needs of patients, (i.e., interpreters for non-English speaking patients, amplification devices and TTY phones for the hearing impaired, etc.).

- I will...use easily understood and appropriate language when giving patients information about health, special diets, tests, procedures, medications, etc. I will avoid technical or professional jargon. I will reinforce verbal instructions with teaching sheets or other written material whenever possible.
- I will...explain applicable equipment and instruct patient and family members on how to use it.
- I will be familiar with and follow our Interpreter/translation Policy.

I will create a healing, nurturing and safe environment through my words and actions.

- I will...care for our patients as I would like to be treated, as well as how the patients would like to be treated. I will make the patient comfortable by adjusting the room temperature and offering blankets and pillows, as needed.
- I will...foster a calm, healing atmosphere by keeping noise levels down, offering assistance with turning lights and TV off, and closing patient doors.
- I will...address all aspects of patient hygiene on a daily basis or more frequently as required, (i.e., bathing, hair care, oral care, foot care).
- I will...change bed linens as often as needed to meet individual patient needs.
- I will...maintain patient dignity by keeping the patient covered and providing a robe, second gown, or blanket when the patient is ambulating, in a wheelchair, or being transported.
- I will...maintain patient care areas and nursing stations as designated "quiet zones" by using a low conversational tone of voice and eliminating non-patient related conversations.
- I will...direct family members to appropriate waiting areas to hold discussions.
- As applicable to my position, I will... educate patients and families about Condition H (HELP).

I will anticipate and exceed expectations and the needs of our patients, their families and fellow associates.

- I will...provide for appropriate patient recreational activities, especially long term, isolated or confused patients (i.e., videos, audio books, newspapers, music, trips outside or pet visits).
- I will...let our customers and patients know it is important to meet their needs. If I am unable, I will explain how their needs will be handled and follow through in a timely fashion.
- I will...exceed patient/family expectations by anticipating, identifying and responding to patients' needs (set up for meals, toiletries, transport, etc.) prior to call light activation.
- I will offer refreshments and reading materials to families when appropriate.

I will go out of my way to escort visitors and patients where they need to go.

- I will...be observant. If someone appears to need direction, I will offer to help by assisting them and taking them to their destination or directing them to someone who will be able to assist them.

I will thank patients/ families/ visitors for choosing O'Connor Hospital and demonstrate an attitude of gratitude for the privilege of serving them.

SIMPLICITY

Acting with integrity, clarity and honesty.

I will keep patients and families informed about time delays, and if necessary, offer outpatients the opportunity to schedule another appointment.

- I will...always thank customers for waiting and apologize for any delays.
- I will...communicate and apologize to others when there are delays in service and provide an estimated time of delivery.

I will be honest, truthful and respectful in conversations with others.

- I will...treat everyone with fairness and honesty and keep my promises and commitments.

I will apologize when I make a mistake and be open to feedback to improve my services.

I will thank my fellow associates for their help.

I will support and respect the values of Catholic health care.

I will comply with all O'Connor Hospital and Daughters of Charity Policies and Procedures.

- I will... perform duties in a safe, ethical, and honest manner.
- I will... promptly and appropriately address any potential violations of O'Connor Hospital's standards for business conduct, policies and procedures without fear of retaliation by using our Values Line.

I will use the S.B.A.R. communication format when reporting to medical staff and fellow associates.

- Situation – What is happening now, chief complaints, acute changes?
- Background – What factors led up to this event? Vital signs, pertinent history?
- Assessment – What do you see, what do you think is going on?
- Response – What action do you propose? What do you think I should do?

I will be honest and truthful in my use of the KRONOS timekeeping system, and accurately record my time worked.

- I will...utilize my home department Kronos machine for all time in/out and PTO scans.

ADVOCACY FOR THE POOR

Supporting those who lack resources for a healthy life and full human development.

I will be a patient advocate at all times.

I will uphold the dignity of all patients and fellow associates.

I will be generous in spirit, recognizing the needs of others and advocating for the most vulnerable.

I will maintain a current knowledge of health care and community services available at O'Connor Hospital.

I will be mindful of those who might benefit from our health care and community services and offer references when appropriate.

INVENTIVENESS TO INFINITY

Being continuously resourceful and creative.

I will take action and work to resolve concerns brought to my attention in a responsive and resourceful manner.

- I will...take the first step in providing service without being asked by anticipating, identifying, and resolving issues/challenges in day-to-day activities.
- I will...apply and share new knowledge, skills, and information in the workplace and provide suggestions for new and/or innovative ways of enhancing workgroup relations.

I will approach all situations with a "Yes" attitude.

I will focus on finding solutions instead of complaining or blaming.

I will be flexible and open to change.

I will take responsibility for continual learning, personal and professional growth.

- I will...attend orientation and required education.
- I will...participate in development activities to enhance my performance. I will be responsible for identifying my educational needs and goals.
- As a manager, I will...provide training and development for new and existing staff to ensure that they are able to perform job duties in a competent manner.
- As a preceptor, I will...participate in the orientation and development of associates and serve as a role model, as appropriate. I will assist with socializing new associates to the work environment.

I will be mindful and respectful of organizational resources and finances.

I will support and accept changes that improve the quality of work while minimizing costs and resource consumption.

I will be innovative and continually seek out opportunities for improvement.

- I will...continuously exceed organizational, professional, and customer expectations.
- I will...participate in combined efforts to exceed what can be accomplished individually by willingly making contributions to special projects, team efforts, etc. Cooperation is expected of me in the work place.
- I will...demonstrate flexibility in adapting and responding to patient/customer needs by evaluating existing procedures/protocols for their usefulness and I will suggest improved ways of providing care/doing business.

Phone Etiquette

I will answer the phone within three rings.

I will use a friendly, caring, and sincere tone of voice.

I will smile when I answer the phone, knowing my smile will come through in my voice.

I will identify my department and my name and ask, "How may I help you?"

I will speak slowly and clearly.

I will be a good listener:

- I will...follow through on the caller's request.
- I will...end each call by asking, "Is there anything else I can do for you?"
- I will...thank each person for calling.

When leaving a message, I will keep it short and to the point.

I will place the phone on voicemail only when necessary and will forward my phone to voicemail when I am out.

I will ensure that outgoing messages/greetings on voicemail are "to the point" and reflect the status of my absence and when the call will be returned.

I will return all incoming messages in a timely manner.

When placing a call on hold:

- I will...inform the caller why I need to place them on hold.
- I will...ask the caller if they are able to hold and then wait for a response.
- If the wait is long, I will check back to see if the caller can continue holding. If not, I will ask the caller if I can take a message, and will include name, phone number and the time and date of the call.
- I will...thank the caller for holding and being patient.
- I will...never leave a caller on hold for longer than one minute without checking back with them to give them the status of their call, and ask if they would like to continue to hold.

When transferring a call:

- I will...explain why I am transferring the caller and to whom.
- I will...give the caller the number in the event the call does not transfer.
- I will...introduce the call to the person receiving the transfer.

E-Mail Etiquette

Our Mission and Vincentian Values guide all of our actions, including email communications. Email is an integral part of modern business and is a quick and easy means of communication. Unlike personal emails, the recipients of our work emails are colleagues, supervisors, other associates and customers who expect and deserve professional and respectful communication.

I will...determine if a phone call is a better option than email. I will ask myself if a phone call would solve the issue quicker. I will not use e-mail as an excuse to avoid personal contact.

I will...always include a subject line that conveys content and purpose. A concise and accurate subject line will increase the chances of your email recipient opening your email. Including a subject line will also allow your email recipient to decide how to address your email in the most efficient manner.

I will...know my audience. I will keep from sending "blast" e-mails to OCH Groups that have nothing or very little to do with the majority of the recipients.

I will...refrain from using "reply all" unless it is necessary that everyone see and act upon my response.

I will...use proper English in my email. Abbreviating standard English words is not appropriate in a business email. If I am referring to an acronym (e.g., ICU, AHA, etc.), abbreviations are acceptable.

I will...use proper capitalization and punctuation. There is no reason to use all capital letters in my email, or to omit periods, commas, question marks or other necessary punctuation.

I will...proofread my email before sending. I will make sure I have included all of the

necessary information with correct punctuation and spelling, remembering that Spellcheck is not always reliable.

I will...stay with a standard, 10 - 12-point black font (Times New Roman or Arial for example) **with a white background for my emails.** Graphics and colorful borders are sometimes distracting and take more time to download.

I will...keep my emails concise. I will tell my recipients the purpose of the email and any required response the recipient must perform. I will review my email for any unnecessary information and edit my email accordingly.

I will...summarize long discussions. Instead of continuing to forward a long message string, I will take a minute to summarize the situation for my reader, and delete unneeded headers, graphics and signatures.

I will...remember that E-mail communication can't convey the nuances of verbal communication. In an attempt to infer tone of voice, some people use "☺" faces. This can appear unprofessional. I won't assume that using a smiley face will diffuse a difficult message.

I will...remember that e-mail isn't private. E-mail is considered company property and can be retrieved, examined, and used in a court of law. I will always keep the content of my e-mails professional to avoid embarrassment.

I will... not use our hospital email for personal gain. For example, as a way to sell extra tickets to a game or concert. (Associates in Action activities excluded).

I will...respond to email messages in a timely manner. If I am away from the office or days are booked with meetings or training, I will use Out of Office Assistant to apprise others that there will be a delayed response.

Meeting Etiquette

I will... arrive promptly so our meeting can begin in a timely manner.

I will... put my beepers on vibrate and turn the volume down on my cell phone ringer (or put it on vibrate).

If I need to answer my cell phone, I will... take it out in the hall or away from the others while in the meeting.

I will... leave the room clean and turn off the audiovisual equipment when my meeting is over.

I will...be prepared prior to the start of meeting, and arrive, start, and end meetings on time.

I will...respect others who have booked the same room.

I will...prepare an agenda and stick to it, allowing time for open discussion at the end of meetings.

I will...not engage in side bar conversations.

I will...keep outside distractions to a minimum, (i.e., opening mail, reading reports, cell phones, computers, internal wireless phones and pagers on vibrate, etc).

I will...consider all information confidential unless the meeting members state otherwise.

Service Recovery

When acting to reverse a negative experience, I will utilize the following steps:

Accept

- I will...accept that any individual who feels they have a concern or a complaint is important.
- I will...let the individual know I accept their concern as valid.

Acknowledge

- I will...listen to the complaint and acknowledge each concern expressed.
- I will... make no excuses, and will not place blame on anyone or any department.
- I will...take ownership whether the complaint is about me and my area or not.
- I will...avoid a defensive response. I will not take the complaint personally, and will not argue.
- I will...tell the individual I will work to resolve the complaint. I will not dismiss it.

Apologize

- I will...thank the individual for bringing their complaint to my attention.
- I will...repeat what I heard to confirm my understanding of the complaint.
- I will...apologize for the individual's negative experience, and say to the individual, "I'm sorry that (describe experience). I apologize."

Amend

- I will...communicate my resolution and check for understanding and agreement.
- When several choices may be available to solve the problem, I will let the concerned individual select their choice.
- I will...take the action necessary to resolve the problem. I will ask others to help if necessary.
- I will...ask "Is there anything else I can do for you?"

If I feel a gift might be helpful:

- I will...complete the Service Recovery form.
- I will...select a gift from the gift shop and deliver it to the appropriate person.
- I will...indicate that the gift is a token of my sincere regret for the situation.

Social Media

The health care industry, like many other industries, has embraced the use of Social Media. Social Media sites, including blogs, facilitate communication, education, collaboration with others, community relations and more. The Internet provides a wide array of resources, services, and interconnectivity to O'Connor associates and physicians. However, there are also risks associated with inappropriate Internet access and use which must be addressed through appropriate safeguards, policies and practices, education and training, and appropriate corrective action when necessary.

Social Media are Internet-based communication vehicles for sharing information through a LHM's Intranet and Internet systems. These Social Media sites include but are not limited to various blogs, discussion forums, networks, Wiki sites, podcasting and videocasting, as well as multi-media and news media sites or other user-generated content sites ("Social Media sites").

O'Connor does not prohibit its associates' use of Social Media and blogs for personal and professional use, recognizing that associates have a strong voice in representing the organization, and certain rights under the First Amendment. All O'Connor associates are expected to abide by the code of conduct to which they agreed to upon being hired, and this code of conduct applies to any Internet or Social Media activity. All O'Connor associates are additionally expected to abide by the Daughters of Charity Health System (DCHS) Social

Media Policy that can be found on the DCHS Intranet site under Policies and Procedures. ([Link to policy](#)).

In accordance with the DCHS Social Media Policy:

- I will... comply with all applicable patient privacy policies, regulations, and standards, including HIPAA, and not post any identifiable information on any social media site.
- I will...never utilize personal or professional Social Media and Blogs to share confidential patient, associate or proprietary business information.
- I will...remember that I am legally responsible for my opinions and commentary that I post on any shared or public forum.
- I will...utilize my DCHS e-mail, and network, in a professional, productive and respectful manner.
- I will...abide by the Daughters of Charity Health System (DCHS) Social Media Policy.

Risk Management and Legal Services

Kathy Harlan, Director, ext. 2583
Larel Bondi, R.N. Coord., ext. 2544
Evelyn Rivera, Admin. Asst., ext. 2614



Incident Reporting:

- Access the program through your computer using your password and user id
- Don't assume someone else will report...please report the incident!
- Never refer to an incident report in a patient's medical record
- Before submitting the report assure that all sections have been completed.....
- For assistance contact Larel Bondi in Risk Mgmt. Serv. at ext. 2544



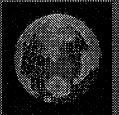
Incident Reporting
An electronic incident report should be filled out when a problem has occurred that could or has caused a serious adverse event including good catch/near misses

Why report? These reports are an essential part of the Patient Safety and Medication Error Reduction efforts.

Examples:

Falls
Informed consent issues
Medication errors
Surgery complications
Delays in treatment
Assaultive behavior

TRANSLATION SERVICES



INTERPRETATION PHONE LOCATED HERE



QUICK AND EASY ACCESS TO
TRAINED MEDICAL INTERPRETERS



For 24-hour assistance call Client Services at 800-451-2038 www.cyracom.com

Translation Services are required to be provided to patients and patient caregivers. Translation Phones are located in PBX or on your unit. **EMPLOYEES-CANNOT TRANSLATE UNLESS CERTIFIED** through the Risk Management Dept. **PLEASE DOCUMENT** that you provided translation services...important! **CONTACTS:** Service Excellence: Yvette Million (ext. 2541) or Risk Manager-Kathy Harlan (ext. 2583)

20 General Incident Types & Definitions

- Adverse Drug Reactions**
 - Unavoidable, unintended consequences of drug therapy.
- Airway Management**
 - Incident related to airway management (i.e. self-extubation)
- Blood/Blood Product**
 - Incident related to the prescribing, processing, dispensing or administration of blood/ blood products.
- Care/Service Coordination**
 - Incident related to the communication or coordination of processes between individuals or departments that are not a contributing factor to another incident type.
- Complaint**
 - Incident related to improving processes, behavior and attitude through sharing negative experiences.
- Diagnosis/Treatment**
 - Incident related to diagnosis or ordering, preparation or performance of a treatment.
- Diagnostic Test**
 - Incident related to ordering, preparation, performance of a treatment.
- Environment**
 - Incident related to the internal or external physical environment.
- Fall**
 - Incident where an individual makes contact with the ground or an object on the way to the ground.
- ID/Documentation/Consent**
 - Incident related to identification, chart documentation of consent, etc.

20 General Incident Types & Definitions

- Infection Control**
 - Incident related to infection control practice and policy (i.e. sharps use, use of ppe, etc.)
- Lab Specimen/ Test**
 - Incident related to ordering, preparation, performance or results of a lab specimen or test.
- Lines/ Tubes**
 - Incident related to the ordering, preparation, insertion or use of a line or tube.
- Maternal/Childbirth**
 - Incident related to pre-natal, delivery or post-partum care of mother and/or child.
- Medication/ Fluid Error**
 - Incident related to prescribing, processing, dispensing or administration of medication or IV.
- Restraints**
 - Incident related to the use of physical or chemical restraint and supportive devices.
- Safety/Security/Conduct**
 - Incident related to the safety and security of an individual, personal belongings or property or the conduct of an individual.
- Skin/ Tissue**
 - Incident related to trauma skin or tissue such as phlebotomy, needles, etc. not resulting from another incident type.
- Surgery/ Procedure**
 - Incident related to ordering, preparation or performance of a surgical procedure or anesthesia.



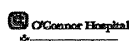
ONLINE INCIDENT REPORTING

"WEB-USER" GUIDE

"Focusing on patient and associate safety through real-time reporting."

HELP LINE
408-947-2512

O'CONNOR HOSPITAL
RISK MANAGEMENT



MEDICAL EQUIPMENT MANAGEMENT

➤ WHEN MEDICAL EQUIPMENT OR A MEDICAL SUPPLY ITEM CAUSES MAJOR INJURY TO A PATIENT... TAKE THE EQUIPMENT OUT OF SERVICE...AND REPORT IT IMMEDIATELY TO RISK MGMT. OR BIO MED.

➤ WHEN USING MEDICAL EQUIPMENT CHECK THE TAG TO ASSURE PREVENTIVE MAINTENANCE IS UP TO DATE.

➤ THE TAG SHOULD INCLUDE THE FOLLOWING INFORMATION:
1. EQUIPMENT IDENTIFICATION NUMBER
2. EQUIPMENT TYPE
3. EQUIPMENT LOCATION
4. EQUIPMENT STATUS
5. EQUIPMENT MAINTENANCE HISTORY
6. EQUIPMENT INSPECTION HISTORY
7. EQUIPMENT REPAIR HISTORY
8. EQUIPMENT DISPOSAL HISTORY

➤ COMPLETE AN INCIDENT REPORT AS SOON AS POSSIBLE AND INCLUDE ALL EQUIPMENT INFORMATION IN THE REPORT (i.e. manufacturer, serial number, model number, etc.)



EMTALA...IT'S THE LAW Who must comply with EMTALA?

- Medicare participating hospitals with a "dedicated emergency department"....O'Connor Hospital
- Licensed by the state as an emergency room or department
- Holds itself out to provide emergency care, or 1/3 of visits in previous calendar year were for emergency care
- "Labor and Delivery unit" may be a "dedicated emergency department".



S.A.F.E. Program Safe and Fall Free Environment

Goal of the SAFE Program

The program was designed to aid in the prevention of patient falls and accidents.

Goals include

- Identifying patients at risk for falls
- Utilizing a standard that alerts nursing and ancillary staff to those patients.

EMTALA: IT'S THE LAW

Under EMTALA, the facility is required to:

- o Provide a medical screening exam to evaluate the emergency condition or determine if the patient is in active labor.
- o Stabilize the patient without regard to the patient's ability to pay.
- o Transfer the patient to another facility if he or she needs care that the facility cannot provide after the patient has been stabilized. A transfer of an unstable patient to another facility is allowed only when an informed patient requests the transfer or a physician certifies that the medical benefits of the transfer outweigh the risks.
- o Document the receiving facility of the arranged transfer has agreed to the transfer and is able to provide the necessary service.
- o The transferring facility should ensure appropriate emergency transportation is provided to the other facility.

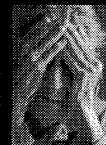


S.A.F.E. PROGRAM **A SAFE AND FALL-FREE** **ENVIRONMENT**

Kathy Peach
Nursing Education
January 2010

Identifiers of Fall Risk

- History of Falling
- Secondary Diagnosis
- Ambulation Aid (crutches, walker, cane)
- IV or IV Access
- Gait Pattern
- Mental Status



S.A.F.E. Program Safe and Fall Free Environment

- If patient is determined to be at moderate or high risk

A purple band is placed on their arm

A falling star is posted outside the door

Kardex marked is with S.A.F.E.



CODE FALLING STAR

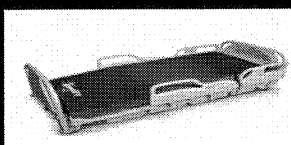
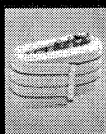
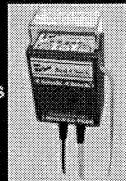
- The goal of the Code Falling Star program is to maintain Patient and Associate Safety with assessment and correct equipment for transfers.
- Code Falling Star (CFS) is a Code to initiate when a inpatient has fallen.
- Dial 555 and request an overhead page announcing a Code Falling Star and the exact location for the overhead page.
- The CFST (Code Falling Star Team) will respond and assist in assessing the patient's condition prior to moving the patient.
- They will assist in organizing information to be communicated to the patient's physician utilizing an SBAR format.
- The team is responsible for choosing the correct equipment for safe transfer of the patient back to bed.
- The CFST consists of: House Supervisor, bedside Nurse, Charge Nurse, Transport Tech, PT/OT, Pharmacist.
- Security will bring the Hover-Jack to the CFS.
- In the event of a catastrophic fall a Code Rapid Response or Code Blue will be called.

All hospital associates should be aware of what these identifiers mean...

- Purple armband
 - Indicates to associates in ancillary departments
 - Don't leave this patient unattended
- Falling Star
- On rounds, our associates will recognize the sign
- Glance in the room and identify if they see something unsafe.
- Patient is unsafe!
 - Notify the nurse immediately. If the patient has fallen they would stay with the patient until the nurse arrives.

How Can You Prevent Falls?

- Gait Belts
- Bed Check Alarm
- Non Skid Slippers
- Low Bed
- Hourly Rounding
- Frequent Toileting
- De Clutter Rooms
- Monitor Orthostatic BP's



2012 Workers Compensation & Injury Reporting



Workers Compensation & Injury Reporting

At the end of this presentation you will be asked the following questions:

- How do you report a work related injury/illness?
- Whose ID and password do you use?
- Who do you notify?
- Where do you go for initial medical evaluation?

Injured at Work?

Associates Responsibilities:

1. **REPORT** the injury/incident to your manager immediately. If your manager is not available, notify the Nursing Supervisor
2. Contact Employee Health at ext 2629
3. Access a computer. At the desktop, click on the confidential Risk Management Icon:



Confidential Risk Mgmt Report.LNK

Injury Reporting

4. Complete an Incident Report (located under *Employee and Employee General Incident Online*) using Risk Monitor Pro Use the Associate's ID (Injured Associate's First Initial and Last Name) and Password (Password)

NOTE: If you are assisting another Associate enter h/e/r data, ALWAYS logon to RM PRO with the injured Associate's ID and password. If you don't know the Associate's, contact Evelyn Rivera at ext 2614

Answer ALL the questions

NOTE: All fields in RED are mandatory

At *Brief Factual Description*: provide specific details (e.g. injury/body part and cause)

Workers Compensation & Injury Reporting

Employee Health is open Monday through Friday
from 7am-3:30pm

During EHS office hours, go to EHS after reporting
a work-related injury

NOTE: Go to the Emergency Dept after hours for Emergencies Only

Additional Information...

- The Associate is **REQUIRED** to keep their manager(s) (and Nurse Staffing Office as appropriate) informed of work status.
- If your injury requires more than first aid, you will receive additional documents and further communication from Workers Compensation carrier, Sedgwick CMS-IVOS
- If you have lost days due to your injury, file for medical leave benefits concurrently.

Workers Compensation & Injury Reporting

Contacts:

Employee Health Department
(408) 947-2629

Rosalie Sheveland, RN
Director, Employee Health Services
(408)-947-2853

Cait Taaffe, RN
W/C Nurse
408-947-3405

Patient Safety

Pamela Brotherton-Sedano, MS, RN
VP, Patient Safety/Corporate Responsibility Officer



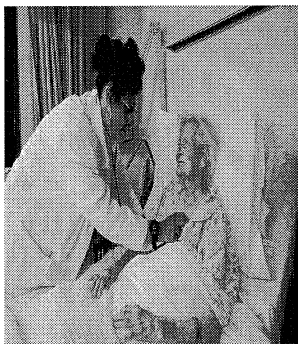
Safe Patient Care



Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from OCH or at the end of an outpatient encounter.

Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.

Safe Patient Care



- Use at least two ways to identify patients (name, MR #, DOB). Never use a patient's room number or diagnosis.
- Read back phone & verbal orders to the person that gave the order. Verbal orders should only be accepted in an emergency. Phone orders are acceptable.
- Quickly get important test results to the right person. Phone physician and document disposition of discussion.

Safe Patient Care

- Educate the patient on the importance of giving their medication list to their primary MD, to update info when med is discontinued, doses are changed, new medications and over-the-counter meds are added and to carry medication info in case of an emergency.
- Do not use unapproved abbreviations :
U,u, IU, MS, MSO₄, MgSO₄, QD, Q.D., qd, q.d., QOD, Q.O.D., qod, q.o.d., trailing zero (x.0mg), lack of leading zero (.x mg)



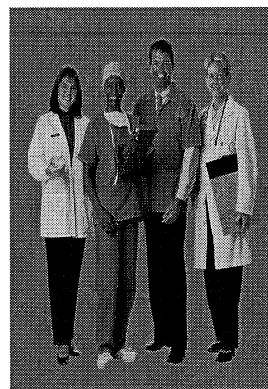
Safe Patient Care

- Before a procedure, label medicines and solutions that are not labeled. For example, label medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Obtain information on the medications the patient is currently taking when admitted to OCH or is seen in an outpatient setting or when the patient is transferred to another unit.
- Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the doctor in order to identify and resolve any discrepancies.



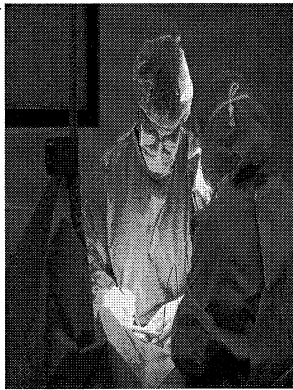
Safe Patient Care

- When giving report always allow for questions and clarification- It is a best practice to give report in front of the patient
- Actively involve the patient and family in all aspects of care and safety
- Use SBAR when communicating with a physician:
 - Situation
 - Background
 - Assessment
 - Recommendation



Safe Patient Care

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
 - always using Boarding Pass
 - Physician to mark the correct place on the patient's body where the surgery is to be done
 - pause before the surgery to make sure that a mistake is not being made
- Reduce the risk of a surgical fire

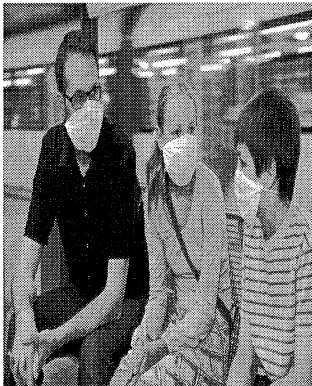


Safe Patient Care

- At a minimum- gel in, gel out or wash hands for 15 seconds every patient, every encounter, all areas, all associates, all physicians
- Prevent risk of infection by using safe practices to treat the part of the body where surgery was done
- Educate patients and families about multi-drug resistant organisms (MDRO's)
- Consistently use evidence based guidelines for inserting and caring for central lines
- Prevent Ventilator Associated Pneumonia
 - Hand hygiene, HOB up 30 degrees,
 - DVT prophylaxis, peptic ulcer disease prophylaxis,
 - Oral hygiene every 4 hours, daily sedation vacation



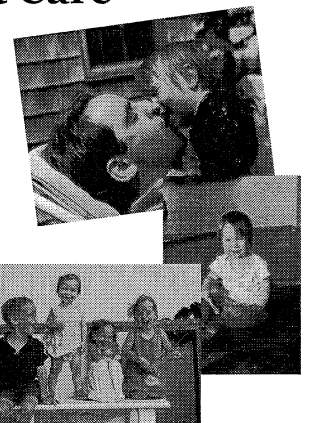
Safe Patient Care



- Improve medication safety
 - No concentrated electrolytes
- Prevent and routinely assess patient's who are at risk for:
 - Developing pressure ulcers
 - Pain
 - Fall risk (activate S.A.F.E. program)
 - Restraints
 - Suicide
- Give vaccine for flu to patients 6 months and older if patient meets protocol (new age requirement) and pneumonia (all year) to at risk population- must meet criteria
- Clinical alarm systems must be audible.

Safe Patient Care

- Empower patients and family members to speak up when they have a concern
- Appreciate the value informed patients and families bring to caregivers
- Teach patient's and family members about Condition H (help).
- Teach them to press their call light and dial x 555 from their room if they become concerned with the patient's condition.
- Inform them that this will activate the Rapid Response Team who will provide immediate help.



Safe Patient Care

- Take extra care with patients who use medications to thin their blood
- Be sure the correct patient gets the correct type of blood when they get a blood transfusion
- Insulin, heparin, chemo AND high risk medications must always be checked by two nurses before administration
- Be aware of medications that look alike and sound alike



Informed Consent

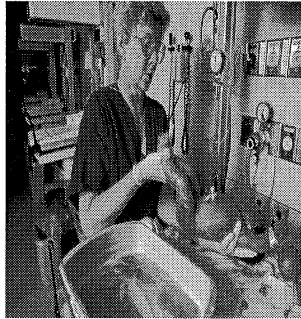
- Purpose – the patient has a right to have all the information necessary to make decisions about their treatment
- It is the patient's physician's responsibility to explain the nature of the treatment, risks, benefits and alternatives to treatment and their risks and to obtain informed consent.



Informed Consent

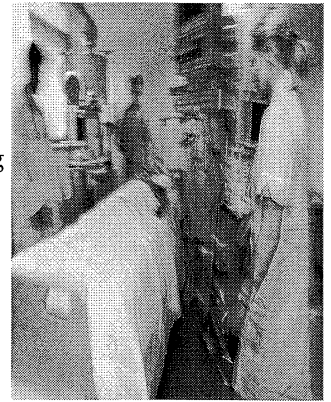
Consent should be obtained for the following:

- Any invasive procedure
- Blood transfusion
- Admission to the hospital
- Delivery of a baby
- Sterilization
- Hysterectomies
- Research on human subjects



Root Cause Analysis

- If a sentinel event or a good catch/near miss occurs, a meeting (root cause analysis/intense review) of all caregivers will be convened to try and determine the following in order to prevent from occurring again:
 - How did it happen?
 - Why did it happen?
- Focuses primarily on processes and systems, not on individual performance.

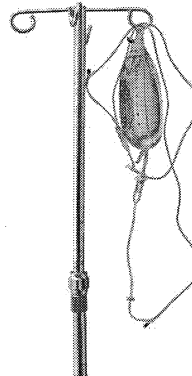


Sentinel Event

A Sentinel event is one of the following:

- Unanticipated death of a full-term infant
- Abduction of a patient
- Unintended retention of a foreign object in an individual after surgery or other procedure
- Hospital acquired infection that causes death
- Discharge of an infant to the wrong family
- Suicide of a patient in the hospital or 72 hours post discharge
- Rape by another patient or staff member

Preservation of Evidence



- If equipment malfunctions, take it out of service, notify your Manager and Biomed (x 2127)
- If a piece of equipment malfunctions and causes a serious adverse event or death, take it out of service, report it to your manager and the Risk Manager (X 2583) immediately

Sentinel Events continued

- Incompatible blood transfusion
- Surgery on the wrong patient or body site
- Unanticipated death or major permanent loss of function
- Death related to fall
- All Sentinel events should be immediately reported to your manager, house supervisor, physician and Administration. If you are uncertain if an incident is a sentinel event, report anyway.
- Fill out an incident report. All sentinel events are reviewed and reported by the Risk Manager or VP of Patient Safety as appropriate to the California Department of Public Health (CDPH) as required by law.

How do you contact the Joint Commission?

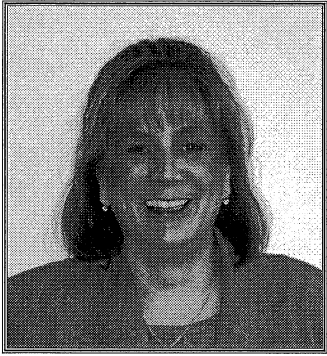
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
phone: (630) 792-5000
<http://www.jointcommission.org>

To report a complaint:

Email: complaint@jointcommission.org
Fax: (630) 792-5636
Mail: c/o Office of Quality Monitoring
Online:
<http://jcwebnoc.jcaho.org/QMSInternet/IncidentEntry.aspx>



Questions



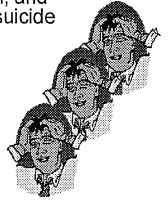
- Thank you for participating in the annual Y.E.S Day training.
- If you have any follow up questions about this presentation, please contact Pamela Brotherton-Sedano at x 2578 or at: pamelabrotherton-sedano@dochs.org

Workplace Violence Prevention



Warning Signs

- Intimidating, harassing, bullying, belligerent, or other inappropriate and aggressive behavior
- Numerous conflicts with customers, co-workers, or supervisors
- Bringing a weapon to the workplace, making inappropriate references to guns, or making idle threats about using a weapon to harm someone
- Statements indicating desperation (over family, financial, and other personal problems) to the point of contemplating suicide
- Direct or veiled threats of harm
- Substance abuse. (Alcohol or Drugs)
- Extreme changes in normal behaviors
- Lack of concern for the safety of others
- Romantic obsession
- Productivity and/or attendance problems



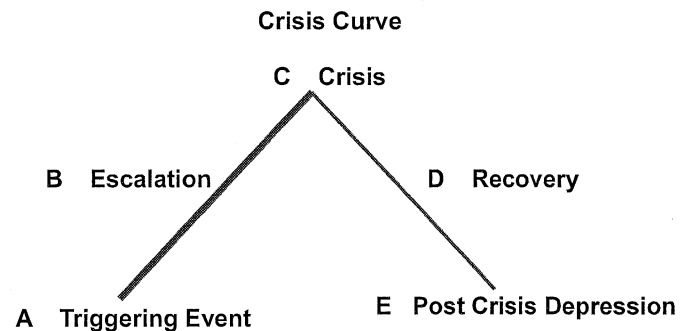
Definition of Violence

Violence in the workplace is defined as any incident of a threat or actual commission of an intentional harmful action against an associate by a co-worker, physician, patient or visitor on Hospital premises.



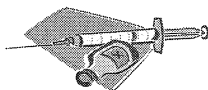
Violence in the workplace also includes any such threat or actual commission of a harmful action if the threat or action is precipitated by something which occurred while the associate was working.

The Assault Cycle



What Causes Violence?

- Factors that can cause workplace violence to erupt include alcohol and drug abuse
- Financial crises related to job loss, gambling, bad investments, or credit-card debt
- Mental illnesses that have a wide variety of causes
- Emotional strain and mental illness lessen a person's ability to cope with difficulties such as family or relationship problems or mistreatment (real or perceived) by others.



Do's For Dealing With Potentially Violent Individuals

- Do project calmness
- Move and speak slowly, quietly, and confidently
- Do listen attentively and encourage the person to talk
- Do let the speaker know that you are interested in what he or she is saying
- Do maintain a relaxed yet attentive posture
- Do acknowledge the person's feelings and indicate that you can see he is upset
- Do ask for small, specific favors such as asking the person to move to a quieter area

Do's

For Dealing With Potentially Violent Individuals

- Do establish ground rules, state the consequences of violent or threatening behavior
- Do employ delaying tactics that give the person time to calm down, for example, offer a glass of water
- Do be reassuring and point out choices
- Do accept criticism, when a complaint might be true, use statements such as, "You're probably right" or "It was my fault"
- If the criticism seems unwarranted, ask clarifying questions
- Do arrange yourself so that your exit is not blocked
- Do make sure there are three to six feet between you and the other person

Counseling/Debriefing Meeting

- The charge nurse or manager should hold a fifteen-minute debriefing meeting immediately after the incident
- During the debriefing the following questions will provide a guideline to initiate discussion and allow the staff to regroup.
 - What event caused the restraint?
 - What event caused the restraint?
 - Was the team leader clearly identified? If so, who?
 - Was limb assignment clear?
 - Was restraint necessary?
 - Were there any injuries to staff members? If so, were they offered medical treatment?
 - Was the appropriate form filled out?
 - What are the staff member's feelings right now?

Don'ts

For Dealing With Potentially Violent Individuals

- Don't make sudden movements that may seem threatening
- Don't speak rapidly, raise your volume, or use an accusatory tone
- Don't reject all demands
- Don't make physical contact, jab your finger at the other person, or use long periods of eye contact
- Don't pose in challenging stances: directly opposite someone, hands on hips, or with arms crossed
- Don't challenge, threaten, or dare the individual
- Never belittle the other person
- Don't criticize or act impatient
- Don't attempt to bargain with a threatening individual
- Don't demand "You need to do this"
- Don't make false statements or promises you cannot keep
- Don't invade the individual's personal space

Conclusion

- As sociological conditions change in San Jose, so must the healthcare professional's attitudes and perceptions regarding societal breakdown, increased stressors and the potential for violent behavior in the workplace.
- We must constantly re-evaluate our current method of operation regarding violence and improve our commitment to safety through continued education and training.

Physical Restraints

- During a crisis episode, it is usually necessary to physically restrain a patient
- Security will work together with nursing to accomplish the goal of safely restraining a patient in as little time as possible
- If there is any question of not reaching this goal, security will call the Police Department, especially if the patient is armed