ALVARADO HOSPITAL

Non- Employee Hospital Orientation Self-Learning Module (Clinical Staff)

Welcome to Alvarado Hospital!
Thank you for joining our great health care team.

Instructions:
1. Read this handout
2. Complete the post-test on pages 19-22
3. Sign/date the Non-Employee Hospital Orientation (Clinical Staff) Certificate of Completion on page 23
4. Turn in the Post-Test and Certificate of Completion to:

Index:

Abuse

Policy Reference: HWP#100, Reporting Suspected Abuse

- All healthcare workers are mandated reporters of domestic violence, child abuse & elder abuse. See hospital policy for specific criteria.
- All staff members are responsible for reporting any witnessed or alleged abuse
- If the incident is witnessed, immediately take measures to protect the resident or patient
  - Remove the resident or patient to a safe place
  - Ask the suspected abuser to leave the area
- If the incident was not witnessed as reported by the resident or patient, take all measures to ensure his/her safety and provide comfort measures before reporting the alleged abuse
- Notify the charge nurse or supervisor of the incident
- When reporting the incident be as detailed as possible
  - Time, location of the incident, witnesses, condition of the resident or patient and any other details which are pertinent to the investigation
- A full physical assessment is to be performed noting any signs of injury
- Make appropriate medical and mental health referrals
- Complete an *Incident Report*
- Immunity from Liability Summary
  - No care custodian, health practitioner or employee of an adult protective services agency or local law enforcement agency shall incur any civil or criminal liability as a result of making a report required or authorized by statue
- Sanctions for a Failure to Report Summary
  - A person who is required to report, but fails to report an instance of abuse which he or she knows to exist or reasonably should know to exist, may be found guilty of a misdemeanor with possible punishment up to six (6) months imprisonment and fines of up to $1,000 or both.

Summary of Abuse Reporting Requirements			
See HWP #100 for reporting details and phone numbers and for criteria for identifying victims of abuse			
Type of Abuse	**Initial Phone Report to**	**Written Report to**	**Report Form**
Child	-Child Protective Services (CPS)	-Mail or fax report to CPS within 36 hours	Child Abuse Report
Elder -Age >65 Dependent Adult -Ages 18-64	-Adult Protective Services (APS) -Aging and Independence Services (AIS)	-Mail to APS within 2 days -Mail to AIS within 2 days	Report of Suspected Dependent/Elder Abuse
Domestic	-Call the police where the abuse took place (see HWP 100)	- Mail to police within 2 days	Domestic Violence and Violent Injury Report

Body Mechanics

Policy Reference: HWP# 117, No Lift Policy/Back Injury Prevention Program

- All staff is expected to practice safe body mechanics. Use of ARJO lift and position assistive equipment is required
- If you need equipment orientation, please ask your staff resource.

Breaks and Lunches

Policy Reference: HRP#504, Meals and rest Periods

- You are allowed a ten (10) minute paid rest period for every 4 hours that you work.
- You are allowed thirty (30) minutes unpaid meal period per 8 hour shift.
- 12 hour shifts are required in certain clinical areas. Please ask your department resource for break and meal period information.
- Rest period and meal breaks may not be combined.

Chain of Command

Policy Reference: NP#116, Chain of Command

- Each unit/department has a charge nurse or supervisor who is responsible for the function of the unit during their shift.
- The Administrative person on call and nursing supervisor is available at all times including nights and weekends.
- Unit managers have 24 hour responsibility for the unit.
- Issues related to medical staff are reported to the charge nurse or department supervisor for follow-up through the chain of command.

Concerns about Safety, Quality or Ethics

- What should you do:
  - First, discuss the issue with your supervisor, manager, and/or director.
  - If the issue is not resolved you may call the Alvarado Hospital ACTION LINE at 1-877-876-7654. You may choose to remain anonymous. If you choose to provide your name, we will keep that information confidential unless, as in the case of certain crimes, a law requires that any name you supply be provided to enforcement officials or court.
  - If you have concerns about safety or quality of care provided in the hospital you may also report these concerns to Joint Commission.
    - Visit http://www.jointcommission.org/ for more information or call 800-994-6610
  - Alvarado Hospital will not take any disciplinary actions because you report safety or quality concerns to Joint Commission or to the Action Line

Core Measures

- The Joint Commission requires accredited hospitals to collect and submit performance data. This requirement was established to improve the safety and quality of care and to support performance improvement in hospitals.

- The Core Measure initiative allows the Joint Commission to review data trends and to work with hospitals as they use the information to improve patient care. At Alvarado Hospital we have chosen as our Core Measures:

  - Acute Myocardial Infarction

  - Community Acquired Pneumonia

  - Congestive Heart Failure

  - CABG/Cardiac Surgery

  - Surgical Care Improvement Project (SCIP)

- Patients with a "core measure" diagnosis have clinical pathways and protocols. Your department resource will provide you with specific information and criteria.

Cultural Diversity

- Alvarado Hospital recognizes the diverse cultural make-up of our local population, and seeks to accommodate each patient's cultural needs
- The Alvarado Hospital Values include:
    - Promoting sensitivity to our diverse cultures by abiding by our values of:
    - Providing excellent and compassionate patient care
    - Being respectful of others
    - Fostering a positive and collaborative culture
- Diversity is a general term for indicating that many people with many differences are present including those with the following differences:

– culture	– ability
– place of birth	– sexual orientation
– Ethnicity	– education **Diversity = Different**
– language	– religion
– Gender	– professions
– Age	– homelessness

- Culture is everything you believe and everything you say and do that identifies you as a member of a group and distinguishes you from other groups
    - We all belong to more than one cultural group
    - Cultures may reflect ethnicity or other sociological factors (occupation, lifestyle)
    - Both individuals and organizations are defined by their culture
- Interpreters:
    - To ensure effective communication and to protect the confidentiality of patient information and privacy, patients are informed that the services of a qualified interpreter are available at no additional charge
    - Only after having been so informed, the patient may choose to rely on a family member or friend in a particular situation
    - A list of employee interpreters is distributed and updated quarterly by Human Resources; Locate employee interpreters from this list
    - Employees fluent in a foreign language may interpret within the scope of their practice

Custody Patients

Policy Reference: HWP#110, Custody Patients
Policy Reference: NP#119, Custody Unit Visitors
- If your assignment requires you to be involved with the care of a custody patient, you must review prior to providing care, specific safety protocols.
- Your department resource will provide you with this information.

Documentation

Policy Reference: HWP#77, Documentation in the Medical record
- Documentation requirements are specific to discipline.
- For areas/departments other than Nursing, please refer to your department resource

Documentation, Nursing

Policy Reference: HWP#7, Interdisciplinary Patient Assessment, Screening, and Reassessment
Policy Reference: HWP#69 & 69.1, Interdisciplinary Plan for Patient Care
- Initial Assessment
    - A complete assessment by a registered nurse shall be conducted on every patient as follows:
    - Critical Care: An initial physical assessment shall be done within 15 minutes of the patient's arrival to the unit.
    - Emergency Room:-Per ED triage policy
    - Medical/Surgical/Telemetry--Within eight hours of admission
    - The Admission Data Base will be completed within 24 hour.
    - Each nursing unit individualizes documentation. Please check with your department resource who will show you the forms for your assignment.
- Reassessment
    - Patients are reassessed every shift or more frequently as their condition dictates
- Nursing Flow Sheet
    - Initiated upon patient admission
- Interdisciplinary Plan of Care
    - Initiated by the RN after completion of the admission assessment.

- All entries on the Interdisciplinary Plan of Care will be initialed on the page where documentation occurs and signature recorded at the end of the document.
- The Interdisciplinary Plan of Care is individualized and based upon actual or potential problems, anticipated length of stay, assessed needs, policies, patient care standards, cultural issues, available resources and will be consistent with other therapies and/or disciplines.
- The Interdisciplinary Plan of Care will be reviewed every shift and updated as patient progress indicates.
- Outcome Notes
  - Enter problem number from Plan of Care that is being addressed, enter date, record time of documentation, enter discipline completing the entry from the Key at bottom of page, enter assessment/data/observation information in the "assessment" column, enter interventions completed in appropriate column.
- Patient and Family Education
  - The RN admitting the patient is responsible for coordinating the education assessment, formulation of the plan, referral to other disciplines and completing the initial "Core Education."
  - Educational needs and barriers to leaning will be assessed upon entry into the clinical setting. Educational interventions and response are documented by all disciplines throughout the hospitalization.

Dress Code
Policy Reference: HRP#406, Appearance and Hygiene
- Employees/students are required to wear identification badges at all times while on duty.
- Employees/students are expected to be professional in appearance. Attire shall be modest, safe, and clean while on duty.
- Employee/student appropriate attire is defined as, but not limited to the following:
  - Artificial nails, nail extenders, silk wraps or other nail overlays, or nail jewelry are not allowed for staff with direct patient contact or contact with patient care supplies and equipment.
  - Fingernails must be kept neatly trimmed, ¼ inch maximum length, and clean.
  - If worn, polish will be light in color and in good repair (i.e. no chips or cracks).
  - As appropriate, hose or socks are required.
  - Closed toe shoes are required. Extreme colors, style, heel height, sandals, beach flip-flops are not acceptable.
  - Department specific dress code may be required.
  - Sportswear such as jeans, denim pants of any colors, stretch pants, legging, shorts, walking shorts, skorts, T-shirts, sweatshirts, sleeveless shirts, bare shoulder or spaghetti strapped blouses, tank tops or sun dresses are not permitted.
  - Clothing must be modest and professional. Sheer, low cut, spandex, clinging, bare or revealing clothing must not be worn. Proper undergarments must be worn at all times.
  - Long hair will be pinned up or tied back.
  - For safety reasons, it is requested that if jewelry is worn, it be conservative. Items such as earrings worn in areas other than the earlobe are considered unprofessional and not allowed.
  - Mustache and/or beards are required to be neatly trimmed.

Electrical Safety
Policy Reference: HWP#26, Medical Devices Reporting Program
- Personnel are responsible for knowing how to operate each piece of electrical equipment before using it.
- All equipment in patient care areas must be approved by the Engineering Department of the hospital.
- Check power plugs and cords before turning on equipment. Any damaged equipment should not be used, tagged with the facility form, and sent for repair.
- If any electrical equipment "looks, smells, or sounds strange", disconnect the plug from power source, tag with facility form and notify engineering.
- Patients are not allowed to use their own electrical appliances unless battery operated.
- The first step to take in the event of an electrical fire or electrical shock is to disconnect the power to the equipment.
- Never handle electrical equipment while in contact with potential grounds—water, faucets, sinks, or wet areas.

Emergency Codes & Basic Staff Response

Policy Reference: Fire, Life, Safety Program Manual
- Emergency numbers:
  - Bio-Medical Services – 5647
  - PBX Operator – 0
  - Plant Operations – 3184
  - Security/Emergency – PBX Operator 555
  - Safety Officer – 4584

Emergency Codes & Basic Staff Response

PROBLEM:	DESCRIPTION:	BASIC RESPONSE:
Fire CODE RED	Fire, Smoke or smell of something burning.	Rescue those in immediate danger (if safe to do so). Activate the alarm (Dial 555 & pull manual alarm). Contain the fire (close doors). Extinguish the fire (if safe to do so). R.A.C.E.
Cardiopulmonary Arrest CODE BLUE	Cardiac arrest in your area.	Follow nursing procedure 901 – initiate CPR; notify Code Blue Team by dialing #555 for the PBX Operator
Abduction CODE PINK	An infant or child is missing or known to be kidnapped.	Check Disaster Manual. Go to the closest exit and watch for anyone with an infant/child that is not being escorted out by a nurse in uniform or with a package that could hold an infant/child.
Person Out of Control CODE GREEN	Person has lost control and has or is in danger of injuring themselves or others.	Protect yourself avoid physical contact, isolate area until help arrives. Attempt to calm individual by talking to them in a sympathetic manner, Dial 555 & report CODE GREEN, your name & location.
Person has a Weapon CODE SILVER	Person may be a danger to themselves or others.	Protect yourself avoid physical contact, isolate area until help arrives. Attempt to calm individual by talking to them in a sympathetic manner, Dial 555 & report CODE SILVER, your name & location
CODE YELLOW	External Disaster	Report to Supervisor, follow instructions in Disaster Manual.
CODE YELLOW	Internal Disaster	Rescue those in immediate danger (if safe to do so). Report to Supervisor for further instructions.
CODE YELLOW	Wait Mode	Follow instructions in Disaster Manual.
CODE YELLOW	Earthquake Significant shaking of building	Duck & Cover-Get under a table, move away from objects likely to fall, protect head.
Evacuation CODE ORANGE	**EVACUATION** Remaining in area may be hazardous to life, health, or safety.	Notify all in area of need to evacuate. Evacuate ambulatory, wheelchair, then bed ridden. Take records if you can safely.
Hazardous Spill Radiation Biological Chemical CODE PURPLE	<u>Incidental Spill:</u> Small spill presenting NO hazard to trained employee or the environment. <u>Emergency Spill:</u> Any spill which may present a hazard to people or the environment or the effects are unknown.	**Trained user:** cleans up spill with appropriate personal protective equipment, decontamination materials. **Not a Trained User:** Isolate the spill area (evacuate). Deny entry to others. Notify your Supervisor. Assist contaminated victims in decontamination process if you can do so safely. Check your Emergency Procedures Manual
BOMB TRHEAT	Notification of a bomb on campus, usually by an outside caller.	Obtain as much information as possible – Where is the bomb, when will it go off, what does it look like, why was it placed, etc.

End of Life Issues
Policy Reference: HWP#34, Withdrawing/Withholding Life Support
Policy Reference: HWP#120, Pain Assessment and Management Standards
- All disciplines must comply with procedures to ensure respectful, responsive care of the dying patient.

Fall Prevention
Policy Reference: HWP#23, Falls Prevention and Resource Policy
- Alvarado Hospital has a fall prevention program to promote patient safety.
- Patients are assessed for fall risk on admission using the Morse Fall Risk Scale and a High Risk for Injury scale.
- Patients are assessed for fall risk each shift thereafter using the Morse Fall Scale.
- Yellow wrist bands are placed on patients identified as high fall risk.
- A yellow door magnet is placed outside the room of patient's who are high fall risk.
- There is also yellow fall precaution sign that is placed in the patient's room.
- The Fall Prevention Policy details the assessment requirements.

Fires
Policy Reference: Fire, Life, Safety Program Manual
- **This fire plan is based on the acronym RACE, which is easy to remember:**
  - **R – Rescue/**Remove those in immediate danger (if safe to do so)
  - **A –** Activate Alarm – dial 555 & pull fire alarm box
  - **C –** Contain/Confine the fire
  - **E –** Extinguish (if it is safe to do so) or evacuate the area if not safe (behind smoke barriers)
- **For use of the fire extinguisher use the acronym PASS:**
  - **P –** Pull the Pin
  - **A –** Aim at the base of the fire
  - **S –** Squeeze the handle
  - **S –** Sweep motion
- Do no use elevators in the event of fire.
- Keep hallways clear (place equipment only on one side of the hallway)
- Do not block exits, fire alarms or prop doors open
- Do not store supplies or boxes on the floor
- Keep items on top shelves at least 18 inches from the ceiling.
- Fires are classified according to the material that is burning. Fire extinguishers are coded to reflect the type of fire they can put out. The classifications are:
  - Class A: Ordinary combustible material, such as paper, cloth, wood and some
  - plastics.
  - Class B: Liquids, oil and gases.
  - Class C: Electrical, such as live energized electrical equipment.
  - Class ABC: Extinguishes all types of fires
It is required that you know the location of the closest fire extinguisher, fire alarm pull, and exits in your work area.

Forensic Services
- Non-employee personnel and/or contract staff receive orientation to the facility as appropriate to their role.

Hazardous Materials
Policy Reference: Fire, Life, Safety Program Manual
- Under the "Right to Know" requirements employees working in a health care environment have a "Right to Know".
  - What chemical hazards exist in the facility.
  - What their exposure potential may be.
  - What precautions have been taken to protect the employee.
  - What "work practice controls" are in place to protect workers.
  - What systems are in place (engineering controls) to limit exposure.
  - What personal protective equipment has been provided.

- The leadership within the organization is required to:
- Establish policies and procedures for the safe use, handling and storage of hazardous substances.
- Orient and train staff on the potential exposure hazards and hospital policy
- Provide engineering controls and personal protective equipment to protect employees.
- Provide work policies & procedures for safe work practices
- Monitor the compliance with use of the above
- Monitor the environment
- Provide material safety data sheets
- Monitor accidents and incidents.

- Employees are responsible to:
  - Understand and comply with hospital polices and procedures related to hazardous material safety.
  - Use the Haz-mat spill kits when handling hazardous substances.
  - Use the Personal protective equipment provided when handling hazardous substances.
  - Report unsafe or hazardous situations.
  - Report and document accidents, incidents, exposures and spills.
  - Understand where to find and how to read Material Safety Data Sheets (MSDS).

HIPAA/Patient Confidentiality
Policy Reference: HWP#108, Privacy Policies
Policy Reference: HWP#5, Release of Patient Information
- All patients are entitled to have their protected medical information remain private.
- To accomplish this:
  - Health information is shared on a need-to-know basis according to hospital policy.
  - All paperwork containing patient information will be placed in the designated bins for proper disposal.
  - IV bags have a perforated label that must be removed prior to disposal.
  - Patient information is not shared with anyone who is not directly involved in the care of the patient.
    - This includes family members not authorized by the patient to receive that information, other staff, and visitors.
  - Please do not hesitate to question anyone attempting to access patient information, reading the patient's paper chart, or attempting to access an electronic record.
  - Report anyone who is attempting to gain information to your department resource immediately.
  - Family members and visitors are not authorized to be in the nurses' stations.
  - No photographs may be taken in the hospital unless associated with medical/surgical related documentation (a signed Consent for Photography must be obtained).
  - Some patients may choose not to release their name on the general census.
    - These patients are referred to as "no information".
    - "No Info" is placed on the census board instead of their name.
    - The designation "occupied" also delineates patients for which no information is provided outside of direct care providers.
    - At no time should information be shared with visitors or over the phone for either of these patient categories.

Infection Control Guidelines
Policy Reference: Infection Control Manual
- These guidelines are intended to protect patients and healthcare providers from potential exposure to communicable disease. The Infection Control Manual provides extensive additional information.
- Two basic tiers or precautions:
  - Standard
  - Transmission based
- Standard precautions are designed to reduce the transmission of bloodborne pathogens.
- Standard precautions apply to:
  - Blood
  - All body fluids, secretions and excretions (except sweat), regardless of whether or not they contain visible blood
  - Non-intact skin
  - Mucus membranes
- Transmission based precautions apply to:
  - Airborne
  - Droplet
  - Contact

Isolation Requirements Quick View

For more information, see the Infection Control Manual, Isolation Policy 101

Type of Isolation →	Standard	Contact	Contact	Airborne	Droplet	Respiratory
Common Pathogens	All Patients	MRSA, VRE Other MDROs	C.difficile	TB	Confirmed Seasonal Flu	H1N1 Flu, All Influenza Like Illness
Gloves	If touching anything contaminated with blood or body fluids	✓	✓		✓	✓
Gown	If expect splashes or sprays	✓	✓		✓	✓
Surgical Mask	If expect splashes or sprays				✓	✓
Goggles/ Face Shield	If expect splashes or sprays					Within 6 ft of patient
N-95 Respirator				✓		If available
Negative Pressure Room				✓		
Room Door Closed				✓		✓
Hand Hygiene	✓	✓	✓ Must use soap & water	✓	✓	✓
Stop Door Sign		CONTACT PRECAUTIONS STOP	CONTACT PRECAUTIONS STOP	AIRBORNE PRECAUTIONS STOP	DROPLET PRECAUTIONS STOP	RESPIRATORY PRECAUTIONS STOP

Isolation Requirements Quick View, Jan 2010

Life Safety Measures

Policy Reference: Fire, Life, Safety Program Manual

- In the event you are directed to conduct a partial or total building evacuation know where your designated evacuation location is on the exterior of the building. The priority of patient evacuation is as follows:
  - 1st, any in immediate danger.
  - 2nd, ambulatory patients.
  - 3rd, semi-ambulatory patients.
  - 4th, non-ambulatory patients

Medication Administration/Do Not Use Abbreviations

Policy Reference: HWP#64, Medication Orders/Administration

- All licensed staff are required to follow the "Six Rights" of medication administration
    Right patient, medication, dose, route, time, and documentation
- Two identifiers are always used prior to administering medication: patient name and medical record number
- Only approved abbreviations may be used. Refer to hospital policy.
- Never use the do not use abbreviations

The Joint Commission — Official "Do Not Use" List[1]

Do Not Use	Potential Problem	Use Instead
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
MSO_4 and $MgSO_4$	Confused for one another	

[1] Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

*Exception: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Mission and Vision

Vision: To continue to strive to achieve high levels of performance in clinical and administrative disciplines so that Alvarado Hospital will be acknowledged as a leading provider of hospital and related services.

Mission:

- To provide high quality and compassionate services to our patients
    To attract and appoint physicians that meet high standards of clinical and professional performance and to provide a responsive environment to enhance
    their practice in the hospital
- To attract and retain the most competent, service-oriented staff and volunteers
- To operate within a culture of teamwork and open communication.
- To maintain our solid clinical foundation while advancing specialty hospital services
- To support and promote activities that advance the knowledge and
- competence of the medical staff and hospital employees

National Patient Safety Goals

- Goal: <u>Improve the accuracy of patient identification:</u>
  - Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures.
  - The patient's room number or physical location is not used as an identifier
  - Label containers used for blood and other specimens in the presence of the patient
  - Before initiating a blood or blood component transfusion:
    - Match the blood or blood component to the order.
    - Match the patient to the blood or blood component.
    - Use a two-person verification process.
    - One individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient.
      - o Policy Reference: HWP#72, Patient Identification
      - o Policy reference: NP# 802, Administration of Blood and Blood products
- Goal: <u>Improve the safety of using medications:</u>
  - Label all medications/medication containers in all settings.
  - Reduce the likelihood of [patient] harm associated with the use of anticoagulant therapy.
    - o Policy reference: NP# 627, Heparin Protocol
    - o Policy Reference: HWP#64, Medication Orders/Administration
- Goal: <u>Reduce the risks of health care associated infections:</u>
  - Use hand hygiene guidelines according to CDC.
  - Educate patients about who are infected or colonized with multi-drug resistant organisms about healthcare associated infection strategies
  - Educate patients about central line-associated blood stream infection prevention
  - We have patient education handouts for multi-drug resistant organisms and central line-associated blood stream infection prevention
    - o Policy Reference: ICP#101, Hand Hygiene
    - o Policy Reference: ICP Manual
- Goal: <u>Accurately and completely reconcile medications across the continuum of care</u>
  - At the time the patient enters the hospital or is admitted, a complete list of the medications the patient is taking at home   (including dose, route, and frequency) is created and documented. The patient and, as needed, the family are involved in creating this list.
  - The medications ordered for the patient while under the care of the hospital are compared to those on the list created at the time of entry to the hospital or admission.
  - When the patient's care is transferred within the hospital (for example, from the ICU to a floor), the current provider(s) informs the receiving provider(s) about the up-to-date reconciled medication list and documents the communication.
  - When the patient leaves the hospital's care, the current list of reconciled medications is provided and explained to the patient and, as needed, the family. This interaction is documented.
    - Policy Reference: HWP# 75, Medication Reconciliation
- Goal: <u>Hospital identifies safety risks inherent in its patient population</u>
  - Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
  - Address the patient's immediate safety needs and most appropriate setting for treatment.
  - When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.
    - o Policy Reference: NP# 206, Suicide Risk Assessment
    - o Policy Reference: NP# 207, Observation of the Suicidal Patient/Management of the Emotionally Ill Patient
- <u>Universal Protocol for preventing wrong site, wrong procedure, wrong person surgery/procedure:</u>
  - Involve the patient in site verification.
  - Mark the site per policy.
  - Prior to the start of procedure call "Time Out" where everyone stops and focuses on the time out process
    - o Policy Reference: HWP#37, Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wong Person Surgery

Organ/Tissue Donation

Policy Reference: NP#104, Organ/Tissue Donation

- All deaths are reportable for possible donation. See hospital policy for specifics.

Pain Management

Policy Reference: HWP#120, Pain Assessment and Management Standards

- All patients are entitled to pain management.
- Please let your department resource know immediately if your patient's pain is not well controlled.
- A variety of 0-10 pain scales are used based on the patient's age and cognitive status.
- Non-pharmaceutical pain management measures such as distraction, music, and relaxation techniques are used in addition to ordered medications.
- Reassessment of pain after intervention is required and must be documented.

Parking Policy:

- Parking is available at no charge in the 2nd and 3rd parking garage levels.
- Please DO NOT park in the first floor of parking garage – this floor is reserved for patients and visitors.

Patient Rights and Responsibilities

Policy Reference: HWP#3, Patient Rights and Responsibilities

- A copy of patient rights and responsibilities is given to all patients and posted in the facility.
- These rights include:
    - Access to Care
    - Advance Directives
    - Communication
    - Complaints and Conflict Resolution
    - Consent
    - Consultation
    - Dying/Grieving Process
    - Ethical Issues
    - Experimental Drugs/Devices/Clinical Trials
    - Hospital Charges
    - Hospital Rules and Regulations
    - Identity
    - Information
    - Pain Management
    - Personal Safety
    - Privacy and confidentiality
    - Refusal or Acceptance of Treatment
    - Respect and Dignity
    - Transfer and Continuity of Care
- Patient responsibilities:
    - Provide accurate, complete information
    - Follow treatment plan; comply with instructions
    - Accept responsibility if treatment refused
    - Financial obligations
    - Follow hospital rules; be considerate of others
- See the Administration Manual for the complete policy and procedure titled: Patient Rights and Responsibility

Patient Satisfaction/Customer Service/Complaints

Policy Reference: HWP#20, Patient and Family Complaint/Grievance Process

- It is the goal of Alvarado Hospital that every patient and customer is completely satisfied with the care and services provided.
- Our customers include patients, visitors, employees, and medical staff. It is our policy to follow up on patient concerns.
- If you should hear a patient or family member voice a concern while at Alvarado Hospital, please notify your department resource immediately so the appropriate action can be take.
- Our approach to customer service is as follows:

AIDET

Acknowledge our Customers
- Make eye contact
- Smile
- Stop what you are doing so your customer knows he/she is important

Introduce Yourself
- Offer greeting
- State your name
- State your department
- Explain how you will be serving them

Duration
- Explain how long before the treatment, procedure, test, process starts.
- Explain how long the activity will last.
- If applicable, explain the post-activity report process.

Explanation
- Explain the treatment, procedure, test or process.
- Explain who is involved providing their care/service.
- If a clinical procedure, explain if the test will cause pain or discomfort, or if post procedure instructions are necessary.
- Solicit and/or offer to answer any questions, concerns.

Thank the customer for choosing Alvarado Hospital

Service Recovery (ACT)
Correcting and recovering when we have failed in service

A: Acknowledge and/or apologize

C: Correct the problem(s) ASAP

T: Thank the customer for raising the issue.

Patient Complaints

Policy Reference: HWP#20, Patient and Family Complaint/Grievance Process

- Patients have the right to register complaints without fear of retribution, to have their complaints investigated and resolved, and be provided with timely follow up.
- It is s important to tell patients that we will try to resolve safety concerns they may have.

- Furthermore, a patient complaint will not compromise continued care or access to care in the future.
- Additionally, patients and families alike have the right to report concerns they may have about safety or quality of care provided in the hospital and may report these concerns to the Joint Commission.
- The *Patient Information Guide* provides the patient/family with phone numbers to call when they have safety concerns

Performance Improvement
Policy Reference: HWP#12, Performance Improvement Plan
- Alvarado Hospital is committed to continuously improving performance and patient care outcomes.
- The medical staff, employees and contracted services participate in identifying opportunities to improve, data collection, multidisciplinary teams and implement actions to sustain improvements.
- The methodology selected by Alvarado Hospital to analyze and improve care/services and processes/outcomes is called the PDCA. It is a four step process
  - Plan
  - Do
  - Check
  - Act

Physicians and Other Licensed Independent Practitioners Identification and Reporting of Impairment
- The goal of identification and reporting of impaired practitioners is to provide safe care and environment for our patients and employees.
- Impaired and disruptive behavior of a licensed independent practitioner can:
  - impact the safety and care of patients
  - endanger the physical safety of hospital employees
- Definition of an impaired practitioner: One who is unable to provide professional services with reasonable skill and safety to patients because of mental illness or deficiency, physical illness, including but not limited to deterioration through the aging process or loss of motor skills; and/or use or abuse of drugs, including alcohol.
- Disruptive behaviors include:
  - threatening or abusive language, including profanity
  - degrading or demeaning remarks
  - threatening or intimidating physical behavior
  - derogatory remarks or inappropriate medical record entries about the quality of care provided by others
- Signs of substance abuse include:
  - slurred speech
  - poor coordination/concentration
  - failure to answer pages
  - dramatic mood swings
  - inappropriate anger
- What should you do if you suspect impairment?
  - Report incident to your supervisor
  - File an incident report
  - Call the ethics hotline
  - Early intervention is the key—reporting may save a life!
- What should you NOT do?
  - Attempt an intervention with the practitioner
  - Ignore it
  - Tolerate physical abuse or threats—call security
  - Allow patient safety to be jeopardized
- What happens after a case is reported:
  - Situation will be evaluated by medical staff leadership
  - Practitioners are referred to an appropriate source for diagnosis, treatment and rehabilitation
  - As appropriate, restrict or suspend clinical privileges
  - All cases are confidential. Focus is assisting practitioners back to health and productivity.

Population Specific Issues
- Healthcare providers are required to relate to their patients in age/population-appropriate ways.

Procedural Sedation
Policy Reference: HWP#67, Procedural Sedation
- Alvarado Hospital provides specific policies for the monitoring of patients receiving moderate sedation by the professional registered nurse and medical staff during diagnostic and therapeutic procedures.
- Policies are available on the nursing unit and clinical department.

Rapid **A**ssessment **T**eam
"R.A.T."

Dial x555 to access the R.A.T. for.....

- **A Concern or worry about a patient**

- **Acute change in Saturation – Oxygen Sat <90% despite oxygen**

- **Acute change in Urinary Output – Urine Output <50 ml in 4 hours**

- **Acute change in Heart Rate – Heart Rate <50 or >120 per minute**

- **Acute change in Blood Pressure – Blood Pressure <90 Systolic or >100 diastolic**

- **Acute Respiratory Distress – Respiratory Rate <8 or >30 per minute, pulmonary edema, audible wheezing**

- **Acute change in Level of Consciousness - Altered Mental and/or Neurological Status**

- **Acute Significant Bleed**

- **Acute Chest Pain**

- **New, Repeated, or Prolonged Seizure**

- **Signs and Symptoms of a Stroke**

- **Failure to respond to treatment for an acute problem/symptom**

- **Patient in distress and physician not responding within 20 minutes**

- **Any concern that does not fit above criteria**
- **Patients and families have the right to call the Rapid Assessment Team directly**

Call early and call often!

Restraints
Policy Reference: HWP#24, Restraints
- Alvarado Hospital promotes the minimal use of restraints.
- Restraint may be the most appropriate means of preventing patient injury but they can also contribute to patient harm.
- Restraints are only applied after all other alternatives have been attempted and found unsuccessful.
- Protocols for restraints are not used: each patient is individually assessed for the need for restraints.
- When an RN applies restraints without an order the RN must immediately call to receive a telephone order.
- When restraints are applied, hospital policy and the manufacturer's directions must be followed.
- Documentation of restraints is to be done on the Restraint Flow Sheet

Safety/Risk Management/Occurrence Reporting
Policy Reference: HWP#22, Incident Reports
Policy Reference: HWP#84, Sentinel Event Reporting and Response
- Report the following to your department resource:
  - Defective or damaged equipment.
  - Injuries to self, staff, visitors, patients.
  - "Sentinel Event" defined as any unexpected occurrence involving death or serious physical or psychological injury.
  - "Near Miss" defined as any process variation which did not affect the outcome, but for which a recurrence caries a serious adverse outcome. "A close call."
  - Hazardous Condition-Any set of circumstances which significantly increases the likelihood of a serious adverse outcome.

Smoking Policy:
Policy Reference: HWP#2, Smoke Free Workplace
- Alvarado Hospital is a no smoking environment.
- Smoking is totally banned on the hospital campus.

Stroke Care
Policy Reference: HWP# 38, Code Stroke

- **As part of your orientation we want you to be familiar with our stroke care process.**

- **First, know the signs and symptoms of a stroke.**
  - Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body)
  - Sudden confusion, trouble speaking or understanding speech
  - Sudden trouble seeing in one or both eyes
  - Sudden trouble walking, dizziness, loss of balance or coordination
  - Sudden severe headache with no known cause

- **If you witness the signs/symptoms of stroke call ☎555 and announce "Code Stroke" and the location.**

- **The Alvarado Hospital stroke team will respond and will assess the patient, contact the on-call neurologist, and ensure that appropriate diagnostic procedures are ordered and completed.**
  - Note the time of the onset of stroke symptoms.
  - The patient's RN should check the patient's glucose level using the AccuChek monitor to rule out hypoglycemia as a cause of the stroke-like symptoms.
  - The stroke team will obtain an order for a CT of the head for stroke to determine if the patient has had an ischemic or hemorrhagic stroke. It is very important that the stroke patient has the CT scan completed within 20 minutes of the Code Stroke announcement.
  - A Lab phlebotomist will draw a stroke panel. This is important, but should not delay the CT scan.
  - All stroke patients are NPO until a dysphagia screen is completed and the patient is safe to take oral fluids, food, and/or medications.

- **Ongoing care of stroke patients:**
  - Pre-printed stroke orders are used in the Emergency Department and for in-patients.
  - We use a clinical pathway to guide the in-patient nursing care of stroke patients.
  - We also have a patient stoke care pathway which is used to explain the nursing and medical care the patient will receive while hospitalized.
  - We have a comprehensive stroke education packet which includes a Stroke Addendum to the Interdisciplinary Patient/Family Education Record. It is important that patient/family education is documented.
  - Prevention of stroke complications including aspiration, pneumonia, falls, deep vein thrombosis, contractures, and skin breakdown, etc. is a top priority. Please assess your patients and provide the necessary care to prevent these and other complications.

Supply Management
- Most items are now stored in material management Pyxis machines. Check with your supervisor access.
- Chargeable central supply items have a sticker attached.
- Remove the sticker and place on the patient's central supply card.

Team Dynamics
- The medical, nursing, and ancillary professional staff of Alvarado Hospital function collaboratively as part of a multi- disciplinary team united in a purpose to achieve positive patient outcomes.

Verbal/Telephone Order Read Back
Policy Reference: HWP#33, Physician Orders
- Verbal and telephone orders will be written on the "Physician's Orders" form.
- Orders will be read back to the physician and noted as such on the physician orders form by placing a check-mark in the box next to "Telephone Order Read Back."
- It is the policy of the facility to discourage verbal orders unless it is under an emergency situation or the physician is surgically scrubbed in and unable to write orders.
- A nurse may not accept verbal orders for chemotherapy.

This page intentionally left blank

Non-Employee Hospital Orientation
Self-Learning Module (Non-Clinical Staff) Post-test

Printed name: _____ **Title:** _____ **Unit:** _____

Score: _____ **A score of 80% is required.**

Questions	Answers: Check best answer
1. The mission of Alvarado Hospital is to ensure 100% patient, physician, and employee satisfaction	☐True ☐False
2. Which are dress code requirements?	☐Employees/students are required to wear identification badges at all times while on duty. ☐Employees/students are expected to be professional in appearance. Attire shall be modest, safe, and clean while on duty. ☐Artificial nails, nail extenders, silk wraps or other nail overlays, or nail jewelry are not allowed for staff with direct patient contact or contact with patient care supplies and equipment. ☐All of the above
3. Employees Haz-mat requirements include:	☐Use the Haz-mat spill kits when handling hazardous substances. ☐Use the personal protective equipment provided when handling hazardous substances. ☐Report unsafe or hazardous situations. ☐Understand where to find and how to read Material Safety Data Sheets (MSDS). ☐All of the above
4. Electrical safety policies include all of the following except:	☐Personnel are responsible for knowing how to operate each piece of electrical equipment before using it. ☐All equipment in patient care areas must be approved by the Engineering Department of the hospital. ☐Patients are allowed to use their own electrical appliances. ☐If any electrical equipment "looks, smells, or sounds strange", disconnect the plug from power source, tag with facility form and notify engineering.
5. In the acronym RACE, the "E" stands for:	☐Exit ☐Extinguish ☐Evacuate ☐Evaluate
6. Fire safety rules include all the following except:	☐Use elevators in the event of fire. ☐Keep hallways clear ☐Do not block exits, fire alarms or prop doors open ☐Do not store supplies or boxes on the floor ☐Keep items on top shelves at least 18 inches from the ceiling.
7. In the event you are directed to conduct a partial or total building evacuation the priority of patient evacuation is as follows: • 1st Any in immediate danger. • 2nd Ambulatory patients. • 3rd Semi-ambulatory patients. • 4th Non-ambulatory patients.	☐True ☐False

Questions	Answers: Check best answer
8. The Alvarado Hospital emergency phone number is:	☐555 ☐5555 ☐911 ☐0
9. A Hazardous Spill (Radiation, Biological, and/or Chemical) is a code:	☐Blue ☐Red ☐Silver ☐Pink ☐Green ☐Orange ☐Purple
10. When a person has lost control and has or is in danger of injuring themselves or others call a code:	☐Blue ☐Red ☐Silver ☐Pink ☐Green ☐Orange ☐Purple
11. If an infant or child is missing or known to be kidnapped call a code:	☐Blue ☐Red ☐Silver ☐Pink ☐Green ☐Orange ☐Purple
12. A cardiac or respiratory arrest is a code:	☐Blue ☐Red ☐Silver ☐Pink ☐Green ☐Orange ☐Purple
13. If you see fire or smoke or smell something burning call a code:	☐Blue ☐Red ☐Silver ☐Pink ☐Green ☐Orange ☐Purple
14. Restraints are only applied after all other alternatives have been attempted and found unsuccessful. Protocols for restraints are not used: each patient is individually assessed for the need for restraints.	☐True ☐False
15. Yellow wrist bands are placed on patients identified as high risk for:	☐Starting a fire ☐Violent behavior ☐Cardiac arrest ☐Falling
16. The use of barrier precautions as needed to prevent contact with blood, body fluids, excretions, secretions, and contaminated items is required by Standard Precautions.	☐True ☐False

Questions	Answers: Check best answer
17. It is not required to wash your hands after removing gloves, since the gloves provide adequate barrier protection from secretions.	☐ True ☐ False
18. All patients are entitled to have their protected medical information remain private. Patient information is not shared with anyone who is not directly involved in the care of the patient. This includes family members not authorized by the patient to receive that information, other staff, and visitors.	☐ True ☐ False
19. Requirements in the reporting and care of domestic violence, child abuse & elder abuse victims include:	☐ All staff members are responsible for reporting any witnessed or alleged abuse ☐ Immediately take measures to protect the resident or patient. Remove the resident or patient to a safe place. Ask the suspected abuser to leave the area ☐ The time, location, witnesses, condition of the resident or patient and any other details which are pertinent to the investigation on the Hospital Incident Report. ☐ Phone report and/or completion of protective services agency form ☐ All of the above
20. An impaired practitioner is one who is unable to provide professional services with reasonable skill and safety to patients because of mental illness or deficiency, physical illness, including but not limited to deterioration through the aging process or loss of motor skills; and/or use or abuse of drugs, including alcohol	☐ True ☐ False
21. Signs of substance abuse include	☐ Poor concentration/coordination ☐ Dramatic mood swings ☐ Inappropriate anger. ☐ All of the above
22. Concerns about safety, quality or ethics can be reported to the Alvarado Hospital ACTION LINE. If you have concerns about safety or quality of care provided in the hospital you may also report these concerns to the Joint Commission by phone or internet.	☐ True ☐ False
23. Alvarado Hospital will not take any disciplinary actions because you report safety or quality concerns to the Joint Commission or to the Action Line	☐ True ☐ False

Questions	Answers: Check best answer
24. The **two** patient identifiers used at Alvarado Hospital are:	☐ Full name ☐ Date of birth ☐ Social Security Number ☐ Medical Record Number
25. The process for preventing wrong site, wrong procedure, wrong person surgery/procedure is called:	☐ Universal Precautions ☐ Universal Studios ☐ Universal Process ☐ Universal Protocol

ALVARADO HOSPITAL

Non- Employee Hospital Orientation Self-Learning Module
Certificate of Completion
(Clinical Staff)

PRINTED Name:	Title:	Department:

Self-Learning Module Content:

- Abuse Reporting
- Breaks/Lunches
- Body Mechanics
- Chain of Command
- Concerns about Safety, Quality or Ethics
- Core Measures
- Cultural Diversity
- Custody Unit
- Documentation/Nursing Documentation
- Dress Code
- Electrical Safety
- Emergency Codes and Basic Staff Response
- End of Life Issues/Care of the Dying Patient

- Fall Prevention
- Fires
- Forensic Services
- Hazardous Materials
- HIPAA/Patient Confidentiality
- Infection Control/Blood borne Pathogens/Isolation Guidelines
- Life Safety Measures
- Medication Administration/Do Not Use Abbreviations
- Mission/Vision
- National Patient Safety Goals
- Organ/Tissue Donation
- Pain Management
- Parking Policy
- Patient Rights and Responsibilities
- Performance Improvement

- Patient Satisfaction/Customer Service/Patient Complaints
- Physicians and Other Licensed Independent Practitioners Identification, Recognition/ Reporting of Impairment
- Population Served Issues
- Procedural Sedation
- Rapid Assessment Team
- Restraints
- Safety/Risk Management/Error Reporting
- Smoking Policy
- Stroke Care
- Supply Management
- Team Dynamics
- Verbal/Telephone Order Read Back

Acknowledgement:

- I understand that I can ask my assigned department resource (supervisor, charge nurse, lead technician/therapist, department manager/director, or designee) for clarification of any of the material contained within this packet.
- I will observe HIPAA & Information Security policies.
- I understand that full text copies of the references policies and procedures followed may be found in the Alvarado Hospital policy and procedure manuals as well as published references available in each work area.
- I have reviewed the contents of the orientation packet and understand it is my responsibility to read Alvarado Hospital policies, procedures and protocols and implement them as written as they pertain to my area and scope of responsibility.
- If I do not comprehend any policy, procedure or protocol, it is my responsibility to immediately acquire understanding or clarification from my department resource.

_____   _____
Signature   **Date**

TEST SCORE _____ % (Passing score is 80%)

Completion validated by:

_____   _____   _____

Printed Name   **Position**   **Signature**