Student Orientation

Welcome to Riverside Community Hospital

As you join Team RCH, you will be collaborating with us to provide quality care to our patients. We have developed this package to be your working reference as you orient to your new responsibilities.
Introduction & Instructions

• It is the policy of Riverside Community Hospital (RCH) that all team members, nursing faculty, and nursing students participate in a mandatory orientation program.

• This presentation, viewed in its entirety, will ensure that you are prepared to participate in clinical experiences at RCH.

• Nursing Faculty will print the *Student Forms Packet*.

• Nursing Students, return completed documents to your nursing faculty.
Program Objectives

After reviewing the content of this program, the learner will be able to:

1. State the mission of RCH and the vision for Patient Care Services.
2. Describe role in relation to general safety in the workplace, including fire safety and security.
3. Strictly follow proper hand hygiene procedures and other infection control measures.
4. Practice standards of service excellence.
5. Actively participate in maintaining a quite environment for the benefit of our patients.
6. Describe role in protecting patient information.
Mission
RCH is “Committed to Providing Compassionate Care and Improving the Overall Health of our Community”

Vision
“Leading with Innovation and Serving with Compassion”
Our Services...

We are a 373 licensed bed, acute care hospital. Some of our services include:

- Level II Trauma Center
- Level IIIc Neonatal Intensive Care Unit (NICU)
- STEMI Receiving Center
- Cardiac Cath Lab (CCL)
- Open-heart surgery & Heart Care Rehabilitation Program (HCR)
- Transplant Unit (kidney & pancreas)
- Observation Unit (OBS Unit)
- Breast Center
- Radiology Oncology Center
- Center of Excellence for Bariatric Surgery
- Certified Primary Stroke Center
- Neurointervention
ACTII – Service Philosophy

• **Attitude**... be positive, smile, maintain eye contact, listen, show concern...

• **Communication**... be courteous, introduce yourself, ask your patients how they would like to be addressed, use a quite tone of voice...

• **Teamwork**... dress professionally, treat your peers with respect, don’t blame others, work as a team...

• **Initiative**... take ownership, offer solutions, follow through on your commitments...

• **Integrity**... always do the right thing, uphold confidentiality, knock on the door before entering...
Ethics and Compliance

• The Ethics Committee helps resolve conflicts of opinions as they relate to issues such as end-of-life issues or risk/benefits of treatment plans.

• Any staff member, patient, or visitor can access the Ethics Committee by calling Social Services or Patient Care Services.

• We follow the HCA Code of Conduct, which guides our daily activities within appropriate ethical and legal standards.

• We all have the responsibility to report any activity that appears to violate applicable laws, rules, regulations, or standards.
“Linking to Tradition…the Path to Healthy Conduct”

The purpose of our Code of Conduct is to provide guidance in carrying out our daily activities within appropriate ethical and legal standards. The Code can help you make the right decisions at the right times and remove doubt about questionable situations.

The Code of Conduct is…one part of our Ethics and Compliance Program. The Program elements include:

- Setting Standards
- Communication and Awareness
- Measuring Program Effectiveness
- Organizational Structure
Code of Conduct

- HCA’s Mission and Values expected by the Code of Conduct:
  - Respect
  - Dignity
  - Kindness
  - Compassion

- The Code of Conduct asks you to:
  - Identify how our actions impact a patient’s perception of care provided by our facility.
  - List actions we can take to provide best-in-class service and promote a positive, caring patient experience.
  - Begin to look at situations through a patient’s eyes.
Patient Bill of Rights...

- Receive considerate & respectful care.
- Know the name of the physician and other healthcare providers.
- Receive information about diagnosis and course of treatment.
- Decision making regarding medical care, treatment, and refusal of treatment.
- Appropriate assessment & management of pain.
- Confidential treatment of all communications & records pertaining to hospital stay.
- Be free to exercise rights without regard to sex, age, medical condition, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, or martial status or the source of payment for care.
- Right to file a grievance if dissatisfied with care.
Patient Responsibilities...

- Provide accurate & complete medical information.
- Follow the treatment plan recommended by the primary physician responsible for their care.
- Responsible for his/her actions should treatment be refused.
- Responsible for financial obligations for health care.
- Follow hospital Rules & Regulations.
- Be considerate of the right’s of other patient’s and hospital personnel.
Patient Privacy & Protection

- Federal law mandates that an individual’s health information is properly protected while allowing the flow of information needed to provide care.
- **Everyone** is responsible for protecting a patient’s health information - even YOU!
- If you share Protected Health Information (PHI) to someone who does not need to know it, you have violated a patient’s confidentiality and broken the law. *This includes information in any form; written, spoken, on computer, texting, Facebook or any other means of written or electronic communication (including taking picture with your cell phone).*
- Before looking at a patient’s health information, ask the question “**Do I need to know this to do my job?**” If the answer is no, STOP! If the answer is yes, use only the information you need to do your job.
- If you spot someone breaking the rules, report him or her either to your Instructor or the Unit Charge Nurse.
- If you see patient information in an open trash container, notify the Charge Nurse. It should be placed in a special container for disposal.
Individually Identifiable Information:

- Name, address, zip code
- Names of relatives or employers
- Birth date
- Telephone or fax numbers
- Fax Numbers
- E-mail address
- Social security or health plan number
- Medical record or account number
- Health plan beneficiary number
- Reason for hospitalization, types of treatment
- Certificate or license number
- Any vehicle or device serial number
- Web Universal Resource Locator (URL)
- Internet Protocol (IP) address number
- Finger or voice prints
- **Photographic images**
- Any other unique identifying number or code
- Past hospitalization visit information
How YOU can protect patient information...

- Do not write patient names on boards that can be viewed by the public.
- Secure notebooks, logs, test results, patient labels, or anything with patient information on it from public view.
- Log off computers when done to avoid having someone else access patient information using your ID.
- DO NOT leave charts open or any patient information on the top of a cart, counter, or anywhere it can be seen by others.
- **Do not make any copies of any part of the patient’s record!**
- Do not discuss patient information in public places. That includes elevators, cafeteria, public restrooms, gift shop, and other areas.
Handling Requests for Information

- RCH has specific verification processes in place to ensure patient information is shared only with authorized individuals.

- If a family member, friend, or a caller asks you for information regarding one of our patients, refer them to the unit secretary or the charge nurse.
Personal Electronic Devices

- Limit personal calls to emergencies only.
- Use of recording features **strictly prohibited** (sound or images).
- **DO NOT** use personal electronic devices to take pictures of patients or patient records for **ANY** reason.
- **DO NOT** use personal electronic devices to send patient information to a doctor’s phone, email, or office (even at his/her request).
Reporting Concerns

Each individual has a “personal obligation to report” concerns. We must take responsibility for our own actions and be responsible to report violations of laws, rules, regulations, standards, or this code.

Resolve issues first at a local level:
- Instructor (Supervisor/Manager)
- Human Resources
- Other Manager
- Ethic Compliance Officer x *83150

Escalate a serious issue that does not appear to be resolved after initial reporting.

Corporate Ethics Line: 800-455-1996

There is NO retribution for reporting concerns!
RISK IDENTIFICATION

An incident/event that is not consistent with the routine care of a patient, routine operation of the facility, policy and procedure, or standard of care needs to be reported.

Incidents/events do not require harm to be reported. An event that could have caused harm to a patient/visitor should be reported.

Events could include falls, burns, medications issues, equipment malfunctions, patient/family complaints, pressure ulcers, lost/damaged patient property, visitor falls, etc.

If you identify a potential reportable issue, contact your Instructor who will notify the Unit Charge Nurse or Unit Manager.
What Constitutes Abuse or Neglect?

- **Physical Abuse**...intentional contact (hitting, kicking, shoving, etc.) corporal punishment, injury which cannot be explained and is suspicious due to extent or location, the number of injuries at one time, or the frequency over time.

- **Psychological Abuse**...taunting, name calling, using threatening words or gestures.

- **Sexual Abuse**...inappropriate touching, indecent exposure, sexual assault, taking or distributing sexually explicit pictures, voyeurism or other sexual exploitation. All sexual contact between a Custodian and a service recipient is sexual abuse, unless the Custodian is also a person receiving services.

- **Neglect** ...failure to provide supervision, or adequate food, clothing, shelter, health care; or access to an educational entitlement.

- **Deliberate misuse of restraint or seclusion**...use of these interventions with excessive force, as a punishment or for the convenience of staff.

- **Controlled Substances**...using, administering or providing any controlled substance contrary to law.

- **Aversive conditioning**...unpleasant physical stimulus used to modify behavior without person-specific legal authorization.

- **Obstruction**...interfering with the discovery, reporting or investigation of abuse/neglect, falsifying records or intentionally making false statements.
Mandatory Reporting

By law, all hospital employees are mandated to report suspected:

- Dependent Adult Abuse
- Child Abuse
- Domestic Violence

When in doubt, report it!

If you observe/suspect abuse, notify your Instructor immediately.
General Safety Practices

- RCH has open visiting hours.
- Children under age 14 are discouraged from visiting; when a child does visit, time should be limited to 10-15 minutes and under adult supervision (not by the patient).
- During the flu season special restrictions apply and Liaison approval is needed.
- All visitors must sign in at the desk in the front lobby and receive a Visitor Pass (a colored wrist band – different color every day). A special pass is required if they are going to a secured area (Pediatrics or Mother/Baby).
- Notify the Charge Nurse if a visitor does not have the appropriate Pass.
- Public Safety must be notified when a visitor has been involved in an accident.
- Escorts are available to go to any part of the campus or parking lots 24 hours a day, 7 days a week for visitors or staff.
- Call boxes are located in the parking structure to report emergency situations. Look for the blue lighted box.
Prevent Slips, Trips, & Falls...

Slips, trips, and falls in the workplace cause injuries and deaths every year.

- Wear slip-resistant shoes.
- Walk – do not run.
- Keep the floors clean and dry – wipe up spills immediately!
- Post safety signs around slip hazards such as wet floors.
Protect your Back!

**Lifting:**
- Slide objects as close as possible before lifting.
- Test before lifting; ask for help if heavy.
- Tighten stomach muscles without holding breath.
- Use smooth movements; do not jerk.
- Distribute load evenly.
- Do not bend, use your legs to lift.
- Do not twist at the waist.

**Lifting & Transferring Patients:**
- Use devices to help with patient lifts and transfers.
- Always ask for assistance.
- If the task will expose the patient or any caregiver to an unacceptable risk of injury, contact your Instructor or the Unit Charge Nurse.
RCH is committed to a safe workplace

To keep the workplace safe from violence...

- Recognize aggressive behavior and warning signs (verbal/physical threats, refusing to follow policies, intimidation, destruction of property, a weapon, etc.).
- Respond appropriately to the level of aggression. *Remain calm* to prevent escalating the situation.
- **Report all unsafe situations immediately by calling a CODE GRAY *84911.**
- Move bystanders to a safe location.
- Wait for police to deal with weapons (Code Silver).
RCH is committed to a workplace that is free from harassment or discrimination.

- Policy HR 155 prohibits harassment in **ANY** form -- visual, verbal, physical, or sexual; based on race, color, religion, national origin, or age.
- Harassment is any behavior that creates a hostile or offensive work environment. It may come in the form of jokes, innuendoes, printed material, emails/texts, unwelcome advances, etc.
- Harassment may occur regardless of whether the behavior was intended to harass.

*If you observe or experience this type of behavior, contact your Instructor or the Unit Manager.*
Emergency Codes

• **Call *84911 for all codes.**

• The PBX Operator will announce the “Code” and the building.

• Do not use the elevators in that building.

• **Follow the lead of the staff nurses/charge nurse or manager on your unit whenever a code is called.**

• The Operator will announce when the code has been cleared and normal activities may resume.
Emergency/Disaster Preparedness

When a disaster occurs (an internal or external disaster), a CODE TRIAGE is announced by the Operator and the Hospital’s Disaster Plan is put into motion.

You should:
• Know the Unit evacuation plan.
• Continue to care for your patients.
• *Follow any additional instructions from the Unit Charge Nurse/Manager and your Instructor.*

Plan ahead…create a family disaster plan!
This infant-child protection system helps to provide a safe and secure environment for our newborn and pediatric patients.

Electronic arm bands trigger an alarm when the patient is taken beyond the designated boundaries of the sensors. The alarm is also triggered when an attempt is made to remove the band.

When the alarm is set off, an automatic Code Purple (Child) or Code Pink (Infant) is announced overhead.

*When these codes are called, team up with a staff member to monitor hallways and stairwells.*

*DO NOT attempt to stop any suspect(s) -- call 84911 to report the suspect’s description, location, and direction.*
Infant Security:  
*The “Typical” Abductor*

- Female of “childbearing” age (range now 12 to 53), often overweight.
- Most likely compulsive; most often relies on manipulation, lying, and deception.
- Frequently indicates she has lost a baby or is incapable of having one.
- Often married or cohabitating; companion’s desire for a child or the abductor’s desire to provide her companion with “his” child may be the motivation for the abduction takes place.
Infant Security:  
*The “Typical” Abductor*

• Usually lives in the community where the abduction takes place.
• Frequently initially visits nursery and maternity units at more than one healthcare facility prior to the abduction; asks detailed questions about procedures and the maternity floor layout; frequently uses a fire-exit stairwell for her escape; may also try to abduct from the home setting.
• Usually plans the abduction, but does not necessarily target a specific infant; frequently seizes any opportunity that is present.
• Frequently impersonates a nurse or other allied healthcare personnel.
Prevention of Infant/Pediatric Abduction...

**THERE IS NO GUARANTEE AN ABDUCTOR WILL FIT THE DESCRIPTION!**

- The best deterrent to abduction is a constant staff awareness of person(s) within the area.
- Staff should tactfully challenge anyone who attracts their attention or appears to be suspicious in nature especially if that person(s) is carrying a basket or a blanket.
- Newborns have been known to be abducted by being placed in gym bags, large paper sacks, or by being bundled in a blanket.
Infant/Pediatric Abduction Activation...

• If abduction occurs, Maternal Child staff will notify PBX (x 84911) and indicate a “Code Pink” (infant 12 months or younger) or “Code Purple” (child over the age of 12 months).

• In the case of a Code Purple the first number refers to the age of the child and second refers to the floor. “Code Purple…4, 3rd floor” (4 indicates the age of the missing child).
Procedure for responding to an Infant/Pediatric Abduction...

- Each department has specific responsibilities during an Infant/Pediatric abduction based on their location in the hospital.
- All departments/employees will cover exits/stairwells, and/or elevators located near their department or the employee’s location at the time the alarm is activated.
Fire safety is a responsibility we all share.

Here are some guidelines to keep in mind:

• Keep fire exit doors and exit access corridors clear of equipment and clutter.
• Know the location of the following in your work area:
  Fire alarm pull box stations
  Fire extinguisher(s)
  Means of egress
• All team members and students participate in fire drills.
RACE & PASS

In the event of fire, RACE:

• **R**emove those in immediate danger of fire; call aloud the facility fire code phrase.
• **A**ctivate the fire alarm.
• **C**onfine the fire.
• **E**xtinguish fire with proper extinguisher if safe to do so.

When using a fire extinguisher, PASS:

• **P**ull the pin.
• **A**im low (base of fire), stand 6 to 8 feet from fire.
• **S**queeze the handle.
• **S**weep from side to side.
Electrical Safety

*Only operate electrical equipment that has been pre-approved for use by RCH Engineering Department.*

Before using any electrical equipment…

- Perform visual inspection of electrical equipment before each use – patient equipment should be labeled with the last date of inspection + the date for the next inspection.
- Visually check that wall outlets are in good condition.
- Electrical equipment located in patient areas must be grounded (3-prong plug) and UL-approved.
- Electrical equipment located in non-patient areas must be UL-approved.
- Remove any defective equipment from the work area and notify the Unit Charge Nurse.
Radiation Safety...

Exposure to radiation can increase the risk of cancer, therefore it is important to protect against exposure.

The three key factors for limiting exposure are:

• **TIME**: Minimize the amount of time that you are exposed.

• **DISTANCE**: Maximize your distance from the radiation source.

• **SHEILDING**: Use appropriate shielding to absorb the energy of radioactive particles.

The goal is to keep radiation exposure **As Low As Reasonably Achievable** (ALARA).
Hazardous Materials, Waste, & Chemicals

**Hazardous Materials** - any biological (i.e., infectious material, sharps, etc.), chemical (toxic, corrosive, flammable, etc.), or radioactive substance that has negative health and/or environmental implications.

**Hazardous Wastes** - any hazardous chemicals, drugs, or other materials deemed hazardous by the U.S. Environmental Protection Agency (EPA). Hazardous Chemicals include toxic, corrosive, flammable, and reactive agents.

**Precautions for handling all of the above:**

- Ensure that all containers have labels indicating contents and associated hazards/warnings.
- Do NOT open/use any containers that do not have the appropriate label and associated warnings.
- Use Personal Protective Equipment (PPE) to protect self and others from unnecessary exposures or contamination. PPE includes: gloves, mask, goggles, respirator, etc.
- If you have been exposed or become aware of a spill, notify your Instructor or the Charge Nurse *immediately*. DO NOT attempt to clean it up yourself.
### Riverside Community Hospital Waste Stream Summary

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<tbody>
<tr>
<td>(Blue Bag—it is shredded)</td>
<td>(Clear Bag)</td>
<td>(Down the drain)</td>
<td>(Red Bag)</td>
<td>(Red Container)</td>
<td>(White container w/ Purple lid)</td>
<td>(Yellow Container)</td>
</tr>
<tr>
<td>[Image of locked bin]</td>
<td>[Image of clear bag]</td>
<td>[Image of sink]</td>
<td>[Image of biohazardous waste]</td>
<td>[Image of sharps needle]</td>
<td>[Image of pharmacy waste]</td>
<td>[Image of chemotherapy waste]</td>
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#### Confidential Paper Trash (Locked Bins)
- Any papers, labels, scratch paper, forms, or other documents that have any patient information on them.
- Any business paperwork confidential to RCH.
- Confidential patient information is anything that can identify a patient. Examples include, but are not limited to, patient name, address, phone number, date of birth, social security number, and/or medical record number.

#### Regular Waste
- Paper, Trash, Wrappers
- Non bloody Dressings
- Chux / Diapers / periads
- Gloves
- Disposable respiratory circuits & equipment
- Bath basins, cups, toothbrushes, etc (personal care items)
- Empty irrigation bottles
- Most empty bottles and vials
- Most empty IVs
- No Drugs
- No P-waste containers (RCRA)

#### Sewer System
- IV’s
  - Dextrose
  - Saline
  - Sterile Water
  - Lactated Ringer’s
  - K salts
  - Ca salts
  - Mg salts
- NO OTHER DRUGS

#### Biohazardous Waste (Red Bag)
- Blood Tubing, Bags
- Hemovacs, Pleurevacs
- Soaked/Dripping Bloody Dressings
- Intact Glass or Plastic Bottles with Blood or Other Body Fluids inside
- Suction canisters or suction tubing with Blood or other Body Fluids inside
- All sharps (except for RCRA)
  - Needles
  - Syringes
  - Scalpels
  - Razor blades
  - Clips & Staples
  - Disposable:
    - Scissors
    - Forceps
    - Staple removers
- All syringes, tubexes, carpjects or those with trace (non-pourable) amount of medication
- All Disposable Items Soaked or Dripping with Blood or Other Body Fluids
- Urinary catheters, Foley or other drainage bags that cannot be completely emptied
- Peripads that are saturated & dripping

#### Sharps Waste (Red Container)
- All sharps (except for RCRA)
  - Needles
  - Syringes
  - Scalpels
  - Razor blades
  - Clips & Staples
  - Disposable:
    - Scissors
    - Forceps
    - Staple removers
- All syringes, tubexes, carpjects or those with trace (non-pourable) amount of medication
- Bio-Hazardous drugs
- Trocars, introducers, guide wires, disposable sharps from procedures, specimen or bloo sy devices in endoscopy, etc. (Use large volume sharps container if needed)

#### Non-Hazardous Pharmacy Waste
- Return Unopened, Unused / Expired Meds to Pharmacy
- No Sharps!!!
- No Biohazardous drugs
- All non-hazardous pharmaceutical waste
- Controlled Substances

#### Chemotherapy Waste
- Bulk, partial chemo vials, IV soln mixed with chemo
- All supplies used to make & administer chemo medication
  - Empty vials & ampules
  - Empty syringes & Needles
  - Empty IV’s
  - Gloves
  - Gowns
  - Tubing
  - Wipes
  - Packaging
- Return all unused and/or unopened Chemotherapy to Pharmacy
- P-listed drug packaging & containers
  - U-listed
  - D-listed t toxic
  - Ignitable
  - Bulk Chemo
  - Haz/Chemo spill clean up
  - Pharm E Haz
  - AEROSOL ONLY RCRA BINS
  - Ignitable Aerosols
  - Pressurized Aerosols

*Federal Resource Conservation & Recovery Act*

**Questions? Please call:**
- Infection Control: 3482
- EVS: 3134
- Pharmacy: 3484
- Safety Office: 3140

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**Cactus Sinks – Disposal of Narcotic Waste**

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**Riverside Community Hospital**
All medical waste bags must be tied in a single knot for proper shipment.

A single knot will ensure that liquids will not leak out if inverted. To do this, close bag by twisting and hand-tying into a single knot.

*This is a requirement of the Department of Transportation.*
Healthcare-Associated Infections (HAIs)

**HAI is an infection acquired in the hospital or after treatment.**

Many HAIs are related to invasive procedures like catheterizations and IVs.

Best practices for preventing HAIs are:

- Clean environment
- Clean equipment
- Precautions: *airborne, droplet, & contact*
- Personal protective equipment
- Personal responsibility

- **AND…** Good Hand Hygiene!
Infection Control...Breaking the Chain

**CHAIN OF INFECTION**

- **MICROORGANISM**
  - bacteria, virus, fungi, parasite

- **SUSCEPTIBLE HOST**
  - immunocompromised, very young age, elderly people, people with chronic disease, post-operative individual

- **RESERVOIR/SOURCE**
  - human, water, air, medical equipment

- **PORT OF ENTRY**
  - mucosa lining, open wound, respiratory tract, urinary tract

- **PORT OF EXIT**
  - secretion, excretion, droplets

- **MEANS OF TRANSPORT**
  - contact (direct/indirect), in the air, by vector
When to decontaminate your Hands...

- Prior to entry into a patient room.
- After contact with a body fluid, mucous membranes, non-intact skin or wounds as long as hands are not visibly soiled.
- If moving from a contaminated body site to a clean body site during patient care.
- After contact with inanimate objects (including medical equipment) in the patient’s room.
- Before giving medication or performing a procedure (such as urinary catheter insertion).
- Before donning gloves.
- After exiting patient’s room.
Hand Hygiene

Hands should be washed or decontaminated before and after each direct patient contact!

**Soap & Water**
- Remove rings, jewelry, and watches.
- Pre-wet hands with water.
- Use an appropriate amount of soap.
- Rub all surfaces of the hands and wrists for 15 seconds.
- Rinse thoroughly under running water.
- Dry hands with a disposable towel.

**Waterless Hand Sanitizer**
- Remove rings.
- Wave a hand under the automatic dispenser (one in each patient room and through the unit).
- Rub all surfaces of the hands and wrists until the hands are dry.
Environmental Hygiene

• Clean, disinfect, or sterilize medical equipment after each use.
• Use the disinfecting wipes available in the department to clean stethoscopes, non-disposable BP cuffs, etc. between uses - **should remain visibly wet for 1 minute** to kill the germs.
• Dispose safely of clinical waste.
• Follow appropriate guidelines for kitchen and food hygiene.

To prevent cross contamination between patients **all patient equipment will be cleaned** and checked between patient uses.

All clean patient equipment will come up from the Sterile Processing Department (SPD) with a white adhesive band attached to it that says, “Clean”. Take the adhesive band off prior to patient use.

**SPD Equipment** - includes (but is not limited to) IV pumps, wound vaks, CPM machines, SCDs, PCA pumps, Gomco pumps etc.,

**NON-SPD Equipment** – includes but not limited to – gurneys, wheelchairs, blood pressure cuffs/machines, thermometers, blood glucose machines, etc.
INFECTION PREVENTION ISOLATION SIGNS: Read before you enter!

**AIRBORNE ISOLATION**
For diseases such as suspect or active TB, Measles, Chickenpox.
Must be in a negative pressure room with door closed.
Wash or use hand sanitizer prior to entry.
If Chickenpox/measles, know your immune status - if not immune.... Do Not Enter!
Staff must wear N95 or PAPR.
A SURGICAL/procedural mask should be worn by the patient during transport for exams/procedures. Notify receiving department prior.
Visitors wear surgical/procedural masks.

**CONTACT +PLUS+ ISOLATION**
For active/suspect C-Diff.
No mask needed!
Wash or use hand sanitizer prior to donning PPE.
Gowns and gloves required to enter room.
Handwashing prior to exiting room should be with SOAP and WATER.
All equipment must be cleaned with bleach wipes (orange top).
Notify receiving department if patient scheduled for test/procedure prior to transport.

**DROPLET ISOLATION**
For diseases such as active/suspect Influenza, mumps or meningococcal meningitis.
Wash or use hand sanitizer prior to donning PPE.
Surgical/isolation mask, gowns and gloves required to enter room.
A SURGICAL/procedural mask must be worn by the patient during transport for testing/procedures. Notify receiving department prior to transport.

**CONTACT ISOLATION**
For diseases such as Scabies or rash of unknown origin, CRE, MDR-Acinetobacter etc.
No mask needed!
Wash or use hand sanitizer prior to donning PPE.
Gowns and gloves required to enter room.
Notify receiving department if patient scheduled for test/procedure prior to transport.

**PROTECTIVE ISOLATION**
For neutropenic or new solid organ transplant patients.
Wash or use hand sanitizer prior to donning PPE.
Surgical/isolation mask and gloves required to enter room.
A SURGICAL/procedural mask must be worn by the patient during transport for testing/procedures.
Notify receiving department if patient scheduled for test/procedure prior to transport.
Standard Precautions

Standard Precautions should be used in the care of **ALL** patients, regardless of their diagnosis.

Health care providers should utilize judgment at all time to determine when, and what kind of barriers are required (RCH Policy IC 202).

Protective Barriers to infection (Standard Precautions) include the correct use of:

- Hand washing
- Gloves
- Mask
- Face Shield
- Gowns
- Shoe covers

- And the implementation of good environmental hygiene practices.
Blood-borne diseases are spread from person to person as a result of unprotected exposure to:
- Infected blood
- Other bodily fluids
- Non-intact skin
- Most body tissue

Important blood-borne diseases include:
- HIV infection/AIDS
- Hepatitis B
- Hepatitis C

The Blood-borne Pathogens Standard (BPS) helps protect workers from exposure to HIV and other blood-borne pathogens.

Blood-borne Pathogens Standards
- Cover any worker who might come in contact with blood or other potentially infectious materials (OPIM) as part of his or her job.
- Requires employers to take certain steps to help protect these workers.

One of the key parts of Blood-borne Pathogens Standards is the use of Standard Precautions.
Contact Precautions

Contact precautions are used to prevent the direct or indirect person to person contact spread of diseases such as Hepatitis A, C-Diff. diarrhea, Salmonella/Shigella, Scabies, RSV, Impetigo, and others.

- *This form of transmission is the most important and the most common cause of HAIs.*
- Patients are isolated in private rooms or co-horted -- C Diff (with active diarrhea), open and draining wounds uncontained by dressings, Salmonella/Shigella, RSV, Scabies/Lice, Hepatitis A.
- Healthcare staff must don a gown & gloves (a mask, if needed) when entering a room on Contact Precautions.
- Transport should be limited as much as possible.
- Non-critical equipment should be dedicated to a single patient.
- Equipment must be cleaned and disinfected between patients.
Airborne precautions are used to prevent the spread of airborne diseases such as Chicken Pox, Measles, tuberculosis (TB) and possibly SARS and Smallpox.

- Patients are placed in private, isolation rooms with special ventilation systems.
- Healthcare staff must wear an N95 mask whenever entering the patient room.
- Patient transport is limited when possible; patient wears a mask when being transported out of the room.
Droplet Precautions...

Droplet precautions are used to prevent the transmission of large respiratory droplets that become airborne via talking, coughing, or sneezing. These infected droplets can travel up to six feet in air and contaminate others via the air or contaminated surfaces. Disease such as Mumps, Rubella (German Measles), Influenza, and many others can be transmitted in this way.

- Use Contact Precautions – gown & gloves.
- **Always** wear a mask.
Needle-stick Prevention...

- RCH has a no recapping policy (needles/sharps). If recapping is unavoidable, use the one-handed method to replace the cap.
- Replace or report any needle container that is filled 2/3rds or more.
- Contaminated needles and other contaminated sharps should not be bent or recapped.
- Shearing or breaking of contaminated needles is prohibited.
- **Report any needle-stick incidents immediately to your Instructor. You and the Instructor will need to report within ONE HOUR to the Employee Health Nurse or Shift Liaison (Supervisor) after hours.**
PERSONAL PROTECTIVE EQUIPMENT...is NOT optional...

• Personal Protective Equipment (PPE)
  - must be provided!
  - must be used!

PPE includes gloves, masks, gowns, eye-shields, lead aprons, thyroid shields (for Radiology), etc. You must wear this PPE according to hospital policy to protect yourself from harm.
Personal Responsibility
As a healthcare worker, you have personal responsibility for infection control in this facility.

- Maintain immunity to vaccine-preventable diseases (Hepatitis B, Measles, Varicella, and Mumps).
- Get your annual flu shot.
- Stay home when you are sick.
- Wash your hands.
- Wear your personal protective gear.
- Clean your stethoscope between patients.
- Report all unprotected exposures immediately, such as splashes or needle-sticks.

If you are not vaccinated for influenza, you will be required to wear a mask while in patient care areas during flu season.
Latex Allergy...

Latex allergy means sensitivity to contact with a certain protein in latex and has become more and more common. Most reactions to latex are mild, but some can be life threatening.

• If a patient has a latex allergy, a special latex-free supply cart is available by calling the OR Supply Technician.

• If you have a latex allergy, notify your Instructor and use non-latex gloves only.
Our Hospital Volunteers...

(Blue Tops and White Pants)

• Assist discharge patients.
• Answer phones & call lights.
• Relay patient messages.
• Assist with filing, coping, clerical tasks.
• Assist in transporting patient belongings.
• Feed patients.
• Provide reading material.
• Assist patients with ordering their meals.

• Entertain patients with music, songs, or magic tricks.
• Provide fresh water, beverage, and blankets under the supervision of nursing staff.
• Greeting, directing, and escorting visitors.
(Navy Polo Shirt & Khaki Pants)

Our second volunteer program is The Clinical Care Extender Program designed for pre-nursing & pre-med students. They attend a 4 day class and assist with:

- Assist in transport of patients
- Assist in repositioning of patients in bed
- Assist the patient to the restroom
- Assist the unit secretary with paperwork, answer phone, etc.
- Know the location of supplies
- Help maintenance of patient room & restocking linens
- Distribute food trays to patients
- Assist nursing staff to provide patient care including bathing, shaving, brushing teeth, feeding, changing patients, and bedpans
- Assist hospital staff and physician as requested
- Take discharged patient charts to medical records
- Refill water for patients with nurse’s permission
In 2016, a partnership with UCR School of Medicine was formed to train Medical Students & Internal Medicine Residents.

There are residencies in Internal Medicine, Emergency Medicine, OB/GYN, Family Practice and Transition Year.

Medical Students from UCR & LLU work along side the Residents.

Resident Physicians provide patient care under the supervision of attending physicians who are UCR faculty in the residency program.

Treat them as you would any physician.
Case Management, Social Services & Chaplain Services...

- **Case Managers** are RNs that monitor the patient’s hospital course and assist with discharge planning.
- **Social Workers** assist patient/families with psychosocial issues related to hospitalization and illness.
- **The Hospital Chaplain** (interdenominational) is full time and available during the day. An on-call Chaplain is available after hours through the Operator.

In addition:
- Advanced Directive forms are available through these groups.
- One Legacy is our end of life partner in decisions regarding tissue and organ donation.
2017 National Patient Safety Goals

1. Identify patients correctly.
2. Improve staff communication.
3. Use medication safely.
4. Use alarms safely.
5. Prevent infection.
6. Identify patient safety risks
7. Prevent mistakes in surgery.
Cores Measures:
A National Quality Initiative

Mandated by Medicare/Medicaid Services and The Joint Commission, these initiatives monitor specific hospital clinical processes and how well hospitals provide recommended evidence-based, best practice patient care.

**RCH Core Measure Sets:**
- Sepsis
- Perinatal Care (PC)
- Stroke (STK)
- Venous Thromboembolism (VTE)
- Global Immunizations (IMM)
- Emergency Department (ED) Throughput for Admitted Patients
- Outpatient...AMI, ED Pain Management, and STK

**RCH Best Practice:**
- Acute Myocardial Infarction (AMI)
- Heart Failure (HF)
- Pneumonia (PN)
- Child Asthma
- Surgical Care Improvement Project (SCIP)
- Outpatient Surgery
Sepsis… it’s one of our top diagnoses

It is the body’s reaction to an infection: bacterial, viral, fungal, etc.

Research has shown that the best way to treat sepsis is to recognize it early and treat it quickly!

You can help us by looking for…

- Altered level of consciousness
- Increased heart rate
- Decreased blood pressure
- Fever
- Decreased urine output
- Elevated white blood cell count
- Elevated Lactate (blood level >2)

Report your findings to the patient’s RN
Cultural Diversity

Culture often determines:

- health practices.
- religious beliefs and practices.
- response to illness, injury, and pain.
- communication.
- nutrition.

In order to provide high-quality care to all our patients, we must:

- first attempt to understand their beliefs and customs; integrate them into care whenever possible.
- be able to communicate with them.
- respect their wishes.
Patient Care...
Patient Care Services
Vision

The professional nursing practice at Riverside Community Hospital strives for excellence in the delivery of patient care. This is accomplished through professional collaboration and teamwork while partnering with our community.
Nursing Units & Special Departments

**Basement:**
- Heart Care Institute
- Nuclear Medicine, MRI, Respiratory Therapy, & Central Supply

**1st Floor:**
- Emergency Department
- GI Lab
- Lab, Radiology, Rehab Services & Pharmacy
- UCR Residency Program

**2nd Floor:**
- OR & PACU
- L&D, Women’s/Children’s, & NICU
- Medical/Surgical Floor
- Transplant Unit

**3rd Floor:**
- M/S
- Cardiovascular Unit (CVU)
- Pediatrics

**4th Floor:**
- Surgical ICU
- Critical Care, PCU, and Telemetry/Step-down

**5th Floor:**
- Surgical Floor

**6th Floor:**
- Virtual Patient Observation Office

- **These locations may change as remodeling occurs & as other areas open in the new tower.**
New “G” Tower – Open Fall 2017

First Floor:
• Lobby
• Cafeteria
  • Conf Room

Second Floor:
(not open at this time)

Third Floor:
(not open at this time)

Fourth Floor:
• MICU

Fifth Floor:
• M/S Ortho

Sixth Floor:
• Tele
• Neuro
Improving Patient Centered Treatment

Patients are selected at random to complete a post-discharge survey. Survey results are submitted quarterly to the Centers for Medicare & Medicaid (CMS) and the results are published on the internet (www.hospitalcompare.hhs.gov) allowing patients to compare hospitals in their community on how patients perceive the care and service they have received.

*RCH strives to provide the best patient experience possible through excellent patient care and service.*

By providing a level of care that meets patients’ expectations means our patients feel cared for and cared about, no matter what area of our organization is working with them.

**The survey measures eight categories:**
- Communication with nurses
- Communication with doctors
- The responsiveness of hospital staff
- The cleanliness of the hospital environment
- The quietness of the hospital environment
- Pain management
- Communication about medication
- Providing effective, clear discharge information
You CAN make a difference…

Although all eight categories are important to the patient, three of them have the greatest impact on a patient’s experience!

The three categories that produce the greatest impact are:

• Communication with nurses
• Cleanliness
• Pain management

Why do you think these categories have the greatest impact on a patient’s experience?

• Nurses have the most contact with patients.
• Patients don’t always know who the nurse is; anyone in a uniform might be perceived as a nurse.
• Lack of communication increases anxiety.
• If the room is not clean the patient may wonder what else is not clean.
• Fear of infection from unsanitary conditions.
• No one wants to be in pain.
• Uncontrolled pain increases patient anxiety.
What actions can you take to positively impact patient satisfaction?

“AIDET” at RCH

Knock as you enter a patient’s room, then...

- **A** = Acknowledge the patient by name/how they wish to be addressed.
- **I** = Introduce yourself.
- **D** = Duration of time (time you will spend with the patient, the plan for the day, hourly rounding, reasons for delays, possible length of treatments/procedures, etc.).
- **E** = Explain (why you are here/what you will be doing, new medications, etc.).
- **T** = Thank You…*Always end with, “Is there anything else I can do for you? I have the time.”
HCA’s Caring Model

- Introduce yourself to the patient and discuss your role in his/her care that day.
- Always call the patient by his/her preferred name (how they want to be addressed).
- Sit eye level at the patient’s bedside.
- Use touch appropriately (a handshake or a touch on the arm); be aware some may not feel comfortable with touch aside from patient care/treatment.
- TALK UP - speak positively about your fellow caregivers, your unit and the hospital in the patient’s presence.
Finally...

The patient’s perspective on their care is the one that counts!

• They need to feel good about the care they receive.
• They need to feel good about the people who deliver it.
• They need to feel cared for and cared about, whether they are receiving a medical procedure or receiving a call about their bill.

*We ALL play a part and we ALL have an impact!*
How do you show SENSITIVITY to the patient of size?  *We use the RESPCT Model!*

R = RAPPORT: develop trust by not making assumptions about their size or decision; introducing yourself.

E = ENVIRONMENT: use appropriate equipment; one size does not fit all.

S = SAFETY: use appropriate equipment or staff assistance when turning, repositioning or lifting & transferring; weight capacity available on equipment.

P = PRIVACY: preserve their dignity; close curtains and keep covered with correct gown size and linen; weigh in private location.

E = ENCOURAGEMENT: motivate by offering reassurance as they take steps to address their healthcare needs; be patient; give positive feedback, & praise as they actively participate in their care.

C = CARING/COMPASSION: treat the whole patient: body, mind & spirit; meaning come to terms with your own beliefs & judgments about obesity & use caution against myths & misconception.

T = TACT: compassionate encounters are needed due to the fact that the patient has been ridiculed, teased, insulted & stereotyped: be aware of non-verbal signals, facial expressions, tone of voice and body language.

*ALWAYS INTERACT WITH RESPECT...*
Bariatric Center of Excellence

- RCH has equipment to meet the needs of our patient’s of size.
- This equipment includes:
  - Walkers
  - Bedside commodes
  - Wheelchairs
  - Blood pressure cuffs
  - Beds
  - Gowns
  - SCDs (sequential compression devices)
- The equipment is identified by a band of brown tape located on it.
- Please ask our staff if you have any questions.
Diabetes Resources…

- For the new diabetic patient, education begins immediately upon admission and is the responsibility of the primary nurse.
- Education is also used to re-enforce key concepts for the experienced diabetic patient.
- A Diabetes Educator is available to assist in providing patient education. She may be contacted at x *83209
- Diabetes education videos are available in patient rooms via TV.
  - Channel 60: English
  - Channel 61: Spanish
- Handouts that correspond to the videos are available via the hospital’s intranet (RCH Connect).
- Work collaboratively with the patient’s primary nurse.
Discharge Packet

- Upon discharge, the patient receives a discharge packet which includes all instructions, education material, and prescriptions.

- The RN will review this information with the patient/caregiver/family at the time of discharge.
No Passing Zone: HEADS UP
Do not pass a light without stopping to help!

- **H**eads up! Look for the light
- **E**nter the room and introduce yourself
- **A**ttend to and inquire as to the patients needs
- **D**etermine what you **can** or **cannot** do
- **S**afety first!
- **U**nderstand what the patient needs
- **P**ass it on if you cannot fill the need yourself
UNDERSTANDING THE CALL LIGHT SYSTEM MAKES A DIFFERENCE
Responding to the Light...

- When team members other than RNs answer the call light, they are to press the **YELLOW BUTTON** on the wall system.

- This changes the white light over the door to the yellow light and lets the rest of the team know that someone other than an RN is responding to the call.

On wall at the head of the bed.
Call the Nurses Station...

- Pressing the **GRAY** “call” button allows you to contact whoever is at the nursing station.

- You can relay the patient’s needs to the nursing staff member who answers the intercom call.
Before Leaving the Room...

If you have taken care of the issue, press the **YELLOW BUTTON** on the wall unit once again to cancel the call.
The Green BUTTON...

- The GREEN BUTTON is used by the RNs. It is helpful for the nurses to know who is in the room assisting the patient.

- Nurses are needed to correct issues with much of the equipment, changes in status, requests for medications, etc.
The patient station is located in the doorway of the room.

The dome lights are over the door in the hallway and have different colored lights to communicate different needs or events.

The remote Code Blue switch is over the head of the bed; you can call a Code from here as well as from the patient station.
Located in each room, near the doorway, is the touch screen Smart Patient Station.

In a life threatening emergency, pull the CODE lever. For assistance, press the Yellow Assist button.
How it Works...

• The patient presses the call light with their request.

• The dome light above the patient's room lights up.
  
  o Each dome light pattern is specific to the request based on color and flash speed.

• Depending on the nature of the request, a text message is sent to either the CNA or the RN.

• DO answer a call light, but DO NOT cancel a request as this will also cancel the text.
The pillow speaker will give the patient an option to choose specific requests:

- Nurse Request
- Pain Medication Request
- Restroom Request
In Summary…

• All RCH employees & students are expected to answer call lights and ask the patient what is needed (No Passing Zone Expectation).

• Before your leave the room, ensure the call light is functioning and within the patient’s reach.

➢ Feel free to ask the patient to demonstrate their ability to use the call system.
White Boards…

*The key to improved communication!*

- The collaborative patient whiteboard is a communication tool between hospital providers and is a mechanism to engage patients in their care.
- It can improve patient satisfaction and quality of care by helping patients, families, and caregivers easily share meaningful and up-to-date information on the most pressing patient concerns.
Patients and families are strongly encouraged not to bring unnecessary property or valuables into the hospital.

**Valuables:** any money, wallet, keys, jewelry, watches, credit cards, and personal documents.

**Personal Property:** clothing, books, electronic entertainment, and/or communication devices (i.e., laptops, cell phones, and DVD/Blu-ray players).

**Personal Assistance Devices:** hearing aids, glasses, dentures and ambulatory assistive devices (walkers, wheel chairs and canes).

- If you become aware the patient has any of these items, notify the patient’s nurse so the items can be properly documented.
- Help the patient keep any personal assistance devices on the bedside table.
- Document the personal assistance devices on the White Board.
Patient Rounding with a Purpose

• Hourly rounding is the process where, every hour, a staff member (either a nurse or other healthcare provider) enters a patient’s room to check on the patient’s needs. In addition, other healthcare staff can update the hourly rounding “time” on the White Board, i.e., Rehab or Respiratory during therapy treatments.

• Hourly rounds consists of actively asking/assessing the patient about:
  - Pain
  - Personal Needs (toileting, washing, a drink, etc.)
  - Position (comfort and turning)
  - Possessions (within reach – bed table, phone, etc.)
    - Update the White Board
    - Close the gap – if you can not meet the patient’s needs, be sure to let the patient’s nurse know right away!
Hand-Off Communication:

This “hand off” occurs when a patient is transferred to another or at the end of each shift. It should include pertinent information about the patient’s condition, significant history, vital signs, test results, diagnosis, and response to treatment.

Staff & students should use the SBAR tool:

- Situation…
- Background…
- Assessment…
- Recommendation…
AIM for Zero & I-Trace

Our goal is to decrease central line and IV infections, as well as decreasing the risk for medication error.

- **AIM for Zero**...ensuring best practice standards are applied to the insertion, care, and discontinuation of IV lines to decrease the risk of catheter associated infections.

- **I-Trace**...tracing all IV lines from insertion to source upon admission, transfer, hand-off report, and any time necessary to ensure the proper medication is administered through the correct line.
Pain Management:

Unrelieved pain has adverse physical and psychological effects. It is an unpleasant sensory and emotional experience.

Each patient will perceive pain differently based on personal, cultural, and religious beliefs.

Pain is what the patient says it is and exists whenever he or she says it does.

The ethical obligation to manage pain and relieve the patient’s suffering is at the core of our professional commitment.

- The health care team will institute a plan of care with the goal of facilitating patient comfort, speedy recovery, lessening complications and disability and improving quality of life.

- Pain will be addressed during hourly rounding or whenever there is contact with the patient.

- It will be readdressed within 60 minutes of the administration of pain medication.
Medication Administration

• You will receive training in the use of our electronic medical record (eMar) during the course of your clinical experience at RCH.

• Please communicate with the primary care nurse if you wish to administer medications. Ensure your instructor is aware and involved as well.

• **DO NOT** bypass any of the safety mechanisms you will be taught when using eMar. You must ensure that you have the:
  1. Right patient
  2. Right medication
  3. Right time
  4. Right dose
  5. Right route
  6. Right documentation

• When administering medication, be sure to scan the patient’s armband and look for the barcode to appear on the patient’s eMar. Then scan the medication, and look for the barcode to appear next to the medication. Report any issues to the bedside nurse.
Meducation... teaching patients about their new medication(s).

Begin by using the tools below – they are available at each Nurses’ Station.

Med/Surg: English & Spanish

CVU: English & Spanish
Blood Administration

During blood administration, nursing students may be asked to assist the RN by taking vital signs and monitoring the patient’s progress.

Vital signs are taken:
- 30 minutes prior to the procedure.
- 15 minutes after the transfusion begins.
- Every hour thereafter for the duration of the transfusion.

The nurse must monitor the patient at the bedside during the first 15 minutes of the blood transfusion.

Report any deviation in vital signs from the baseline, temperature increase of 2°F (1°C) above the patient baseline, patient complaints, or adverse reactions to the primary nurse.
The NE1 Wound Assessment Tool is used for assessing and documenting any skin alteration.

Although you will not be documenting wounds, you may see or assist the RN in the use of this tool.
Daily Bathing & Skin Care

Chlorhexidine Gluconate (CHG) is an antiseptic wipe known to help control hospital-associated infections.

- CHG bathing cloths will be used upon admission and daily thereafter on all adult patients.
- CHG bathing cloths replace soap for routine daily bathing for all areas below the jawline – not to be used on the face or mucous membranes.
- For patients who are able to shower, CHG is applied after the shower.
- To ensure consistent application, the nurse should bathe the patient daily with CHG even if the patient is able to self bathe.

1 – Neck, Shoulder, & Chest
1 – Both Arms, Armpits, & Hands/Fingers
1 – Abdomen, groin, & perineum
1 – Right Leg & Foot
1 – Left Leg & Foot
1 – Back & Buttocks
+
+ All Tubes and Dressings
+ May need additional wipes for patients of size.
# Riverside Community Hospital Wound Product Selection Guide

Adapted from ConvaTec’s evidence-based Solutions® Algorithms\(^1\), which have been content-, construct- and face-validated\(^2\-4\).

## Step 1: Cleanse the wound with SAF-Clen's® AF Wound Cleanser

- On Admit
- Discovery
- Change in the status
- Weekly
- Discharge

## Step 2: Photograph the Wound

- If tissue is <25% necrotic, proceed to Step 4
- If tissue is >25% necrotic, Enter Wound Care Consult and proceed to Box 4

## Step 3: Measure the Wound

- Superficial or Partial Thickness
- Full Thickness

## Step 4: Assess the wound based on wound characteristics: wound depth (or necrotic tissue) and exudate level

<table>
<thead>
<tr>
<th>Wound Depth / Exudate Level</th>
<th>Primary Dressing</th>
<th>Secondary Dressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Moisture</td>
<td>None needed</td>
<td>Duoderm Extra Thin</td>
</tr>
<tr>
<td>Lightly Exuding</td>
<td>None needed</td>
<td>None needed</td>
</tr>
<tr>
<td>Moderately Exuding</td>
<td>Aquacel Ag</td>
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<tr>
<td>Heavily Exuding</td>
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</tbody>
</table>

## Step 5: Choose the appropriate Primary and Secondary dressings from the chart below

*Do not debride dry necrotic wounds on the foot unless under the supervision of a healthcare professional.

*Chart is intended as a general guide to product use; wound management decisions must be based on the clinical judgement of the attending healthcare professional. See product package inserts for complete instructions for use.

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Incontinent Care

- For incontinence clean up, remove urine/stool with usual Chux/cloths, water and/or incontinence care bathing solutions.
- **Do NOT use around ostomies** – the barrier prevents appliances from adhering.
- Cleanse with **Barrier Cream Cloths** and allow to air dry (average 2 cloths/incident).
- Apply additional barrier protection as needed for non-intact skin.
- Finally, if urinary catheter has been soiled, wipe with one **CHG** cloth to the “Y”.
Bed Linen & Absorbent Product Algorithm

Is the Patient Incontinent?

- **YES**
  - Limited in Ambulation?
    - **YES**
      - Place on Bed
        - 1 Fitted Sheet
        - 1 Draw Sheet
        - 1 Absorbent Pad directly under the patient
        - **NO DIAPERS allowed FOR ANY REASON when the patient is IN BED**
    - **NO**
      - Place on Bed
        - 1 Fitted Sheet
        - 1 Absorbent Pad directly under the patient
        - Ambulatory patients who are incontinent may wear a **DIAPER ONLY when OUT OF BED**

- **NO**
  - Limited in Ambulation?
    - **YES**
      - Place on Bed
        - 1 Fitted Sheet
        - 1 Absorbent Pad
        - **NO OTHER LINEN!**
    - **NO**
      - Place on Bed
        - 1 Fitted Sheet
        - 1 Draw Sheet

On Rental Beds or Coverlets
- Place 1 Draw Sheet and 1 Absorbent Pad for Incontinent Patients ONLY
P P P P

**PRESSURE ULCER PREVENTION**

3 Simple Steps **CAN** Save OUR Patients Skin!

**Position**: Ask patient to turn side to side. If they cannot, a special bed will be ordered.

**Up**: Ask patient to lift legs. If they cannot, apply Heel Protectors.

**Protect**: Protect buttocks with Barrier Ointment BID (Aloe Vesta #3) & on Intact sacrococcygeal area apply a Aquacel Foam Dressing every 3 days.
Oral care removes soft plaque deposits and calculus from the teeth, cleans and massages the gums, reduces mouth odor, provides comfort, and reduces the risk of infection.

Oral care is commonly performed:
- in the morning
- at bedtime,
- after meals
- and prn

Patients who can perform their own oral care are given a toothbrush and paste.

Staff assists those who can not do it for themselves.

- There are between 500-650 different species of bacteria growing in the mouth.
- About 20 billion microbes live in the mouth & double five times every 24 hours.
- If you go 24 hours without oral care, these 20 billion become 100 billion…
Oral Care in the ICUs

Intubated patients receive oral care every 4 hours to prevent VAP (ventilator associated pneumonia).

- VAP may account for up to 60% of all deaths due to hospital acquired infections (HCl).
- Approximately 8-28% of critical care patients develop VAP.
- Hospital-associated pneumonia patients have a mortality rate of 20-33%.

*This kit is used in the ICUs and for patients throughout the hospital who need assistance with oral care.*
When a patient is assessed to be at risk for falls, they are identified in the following way to alert all staff:

- The patient receives a yellow arm band.
- The patient receives yellow, non-skid socks.
- A yellow magnetic star is placed on the door frame identifying the patient's bed (A/B).
Patient Restraints...

HCA is dedicated to fostering a culture that supports a patient’s right to be free from restraint or seclusion.

However, when all alternatives have been exhausted and proven ineffective, restraints may be used. Beginning with the least restrictive interventions necessary to maintain patient safety.

Care of the patient in restraints includes:

- Every 2 hours the RN will assess the patient and offer toileting, food/water, etc.
- At least 3 times an hour, a trained staff member monitors the patient circulation and confirms that the patient’s rights and dignity are being maintained.
- **Everyone** entering or walking by a room of a restrained patient has a responsibility to ensure that the patient remains safe and report a patient that is restless, tangled, or pulling against the restraints.
- Any change in physical or psychological response will be reported to the RN. The RN will determine if medical intervention is required or if criteria for release has been met.
Suicide Precautions

• Suicide precautions must be instituted for any patient who has threatened and/or tried to commit suicide.

• Medical/Surgical patient on suicide precaution will be under direct 24-hour observation by a staff member until the individual is no longer a threat to self or others.

 ✓ Be sure to keep all sharp objects out of the patient’s room.
 ✓ Request paper containers and plastic silverware.
 ✓ Call a Code Gray is needed for a combative or uncontrollable patient.
Virtual Patient Safety Observation (VPSO)...

This new technology was introduced at RCH this summer. It utilizes technology to improve patient safety and increase caregiver efficiency.

- It allows for a centralized observer to monitor multiple patients from a remote location.
- Patients are individually assessed to determine the most appropriate form of observation. If the patient meets the “Virtual Sitter” criteria, a camera is placed in the room.
- Where the VPSO is in use, you will see this sign on the patient’s door.
Two-way Communication...

• When the patient exhibits unsafe behavior, the Observer uses the audio/video to redirect the patient while simultaneously alerting the staff via phone to provide physical assistance – go to the room to check on the patient!

• Whenever a **CODE CAM Alert** is called, GO IMMEDIATELY to the patient’s room to assist the patient/staff.

• The video is **live** not taped.

• For privacy periods (ADLs, patient care, etc.) or when the patient leaves the area for tests, wave at the camera to notify/talk with the Observer to activate the “privacy mode”. Notify them again to resume observation.
Rapid Response Team...

- The Rapid Response Team (RRT) is a team consisting of an ICU RN, a Respiratory Care Practitioner (RCP), and a Physician Intensivist who responds to a compromised patient.
- The intent of the team is to use advanced assessment skills to intervene to prevent further deterioration of the patient’s clinical status.
- After stabilization, the patient will be triaged and transferred to the appropriate level of care.
Language Line interpreters are available via special phones, and sign language services are available via webcam 24 hours a day/7 days a week.

This service should be used for medical/technical discussions regarding informed consent or other medical decision making, obtaining patient health history or physical assessment information, patient education, and discharge instruction.

*If your patient requires use of one of these interpreter services, contact the Primary Care Nurse or the Unit Charge Nurse.*
**Universal Protocol**

*(Procedural Time Out)*

- This protocol is intended to ensure the consistent use of a standardized approach to identify the correct patient, the correct procedure, and the correct side or site BEFORE any procedure has begun.
- All team members participate, including the patient/representative.
- The Physician leads the Briefing, Time Out, and Debriefing.
- Any member of the team may express questions/concerns; all questions/concerns will be resolved prior the start of the procedure.

**Discharge Time-Out**

When the patient is just about ready to leave (meaning dressed and in the wheelchair)….we take a “TIME OUT”.

The Charge Nurse or Manager visits with the patient and family to ensure they:

- clearly understand their instructions
- have their prescriptions
- know how and when to follow-up with their physician
- discharge plans are complete (home health, physical therapy, etc.).

It should not take more than a few minutes and ensures the patient knows what to do once they leave the facility.
Unit point of use (supply) areas are replenished by Sterile Processing & Distribution.

A computerized supply scanning system is set up in each area as noted in the photo.

Items must be “issued” using this system because it controls the inventory. When an item is issued to a patient, Distribution knows to replace it.

When items are removed without issuing them to a patient or floor stock, we risk running out of the item.
Issuing Supplies – be responsible!

• When removing items, use the touch screen to select the patient (use a quick light touch with your finger), then go to the item’s blue bin and scan the bar code using the scanning device. Finally, click the “Save Transaction” button on the bottom of the screen.

• If you have any problem finding the patient, or using this system, just ask for help.
Nurses’ voices are frequently mentioned by hospitalized patients as the most disturbing noise!
Physical Effects of Excessive Noise

- Sleep disturbances & fatigue
- High blood sugar
- High blood pressure
- Increased heart & respiratory rate
- Increased cortisol levels from “fight or flight” response
- Heightened pain perception
- Increased esophageal acid reflux
Help us...

- Reduce noise levels in nursing units.
- Reduce physical noise in hospital environment.
- Encourage visitors to foster a quiet and healing environment.
A quiet environment is a healing environment!
Getting Started

As a student, you are a guest of RCH. Even as a guest, you are expected to know and meet the expectations of our facility regarding:

- Patient Confidentiality and Privacy
- Customer Service and Satisfaction
- Hospital and Patient Safety Regulations and Practices
- Infection Control Policies
- Nursing Care Policies
- Dress Code
Parking

Park in the staff garage (Levels 3-5) behind the hospital off Brockton Avenue & Tequesquite Avenue. Do not park in DeAnza Center or patient, visitor parking areas.
Guidelines for Success

• Arrive on time.
• Be neat and clean in uniform.
• NO artificial nails or extenders.
• Always wear your badge above the waist with the picture visible; do not decorate your badge.
• If you are ever unsure, **ASK** for information, guidance, or help!
• Keep the patient’s primary nurse informed.
• Notify your instructor **immediately** of any concerns.
• Bring your own lunch or receive an employee discount in the cafeteria.
• Abide by RCH’s smoke free policy.
If you have free time, use it wisely!

- Do not stand at the nurse’s station talking – *help us provide a more quite environment for our patients.*
- Spend more time with your patient(s).
- Help others.
- Research medications, procedures, diagnoses, or treatments.
- Do *more* than just what you have to do to “get through” your assignment. In the long run, this will make you a better nurse and team member!
who? what? what should I do?
can't we just...?
how come? shall we?
then? when?
really? huh?
where is...?
Congratulations…you have successfully completed your orientation to RCH!

Welcome aboard…
we hope you will have
a wonderful clinical experience!