NURSING STUDENT

CONFIDENTIALITY AGREEMENT

I understand and will comply with the hospital’s policy on protecting the patient’s right to confidentiality at all times.

I will maintain the confidentiality of the patient’s medical record, including the patient’s name, age, diagnosis, treatment, physician and other personal information on the patient’s admission record.

I will not disclose in any manner this patient information, except to authorized personnel and only when I am on the clinical unit and the information pertains to patient care.

Student Signature: ____________________________________________

Student Name (Print): __________________________________________

Date: ______________________________
Scavenger Hunt for Student rotations

Name _________________________ Date ____________ Unit __________

LOCATE THE FOLLOWING ITEMS IN YOUR WORK AREA:

1. State number of fire extinguishers on your unit. ________________________________
   ____________________________________________________________________________

2. The fire extinguishers are located: ____________________________________________
   ____________________________________________________________________________

3. Gas (oxygen) shut off valve(s) is/are located: ________________________________
   ____________________________________________________________________________

4. State number of fire alarms (pull stations) on your unit: _______________________

5. Fire alarms are located: _____________________________________________________
   ____________________________________________________________________________

6. Emergency exits are located: ________________________________________________
   ____________________________________________________________________________

7. Standard Precautions items (masks, goggles, etc) are located: ________________
   ____________________________________________________________________________

8. The doors on my unit are smoke doors and are effective for: ________________
   Minutes (This means I only have that amount of time to evacuate patients if instructed to do so).

12. In the event of a Hospital Emergency Incident (Mass Casualty), where are your staff members suppose to report? (See HEICS Key Locations and Department Responses in the Emergency Preparedness Manual):
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
Student Orientation
Mission, Vision and Values

Mission
Your choice for healthcare, committed to hope, health, and healing

Vision
Dedicated to the health, healing and wellness of those we serve with compassion and integrity

Values
Integrity, Compassion, Courage, and Respect

Service Excellence

Standard #1: Treat Everyone as a Guest
- I will always say “Please” and “Thank You”
- I will greet guests with eye contact and a smile, and “Welcome to (department), how may I help you?”

Standard #2: Demonstrate Professionalism and Excellence in the Things I Do
- I will always wear my name badge
- I will use language appropriate to the situation and to the guest
- I will self-identify opportunities to improve the perception of the attitude I present to others

Standard #3: Practice Teamwork
- I will always end an interaction with the guest by asking, “Is there anything else I can do for you?”
- I will hold myself accountable for getting the information I need to know to do my job
- I will establish and maintain healthy interpersonal relationships with internal/external customers.
AI DET: Five Steps to Achieving Satisfaction

AI DET is a framework for staff to communicate with patients and their families as well as with each other. It is a simple acronym that represents a powerful way to communicate with people who are often nervous, anxious, and feeling vulnerable. It can also be used with each other, our internal customers.

**Acknowledge** - Greet people with a smile and use their name if you know them. Attitude is everything. Create a lasting impression.

- “Good Morning, Ms Jones. Welcome to Southwest Healthcare System. We’ve been expecting you.”
- “Good afternoon, Mr. Smith. May I confirm your name and date of birth on your ID band?”

**Introduce** - Introduce yourself to others politely. Tell them who you are and how you are going to help them.

- “My name is Susan and I will be conducting your test today.”
- “I am Steve and I will be your nurse today. I will work with you to carry out Dr. Jones’ orders.”

**Duration** - Inform the patient about how long the test, treatment, etc. will take. Keep in touch to ease waiting times. Let customers know if there is a delay and how long it will be.

- “This medication will take approximately 20 minutes to start taking effect.”
- “You will be laying flat for about 15 minutes while we perform this procedure.”
- “Your doctor was called to attend to an emergency. He was concerned about you and wanted to let you know that it may be 30 minutes before he can see you.”
- “I will be back to check on you in ___ minutes.”
Explain - Advise others about what you are doing, how procedures work, and whom to contact if they need assistance. Communicate any steps they may need to take. Listen to questions and learn what the person needs. Make time to help. Ask, “Is there anything else I can do for you?”

- “For this test the first step is to drink this solution and then we’ll have you wait 20 minutes before we take a blood sample. Do you have any questions before we start?”
- This procedure will not be painful. Here is the plan for how we proceed............”

Thank you - Thank the customer. Foster an attitude of gratitude. Thank people for their patronage, help, or assistance. Use reward and recognition tools.

- “Thank you for choosing Southwest Healthcare System. It has been a privilege to care for you.”
- “Thank you for your call. Is there anything else I can do for you?”
PATIENT SATISFACTION – What is HCAHPS?

Hospital Consumer Assessment of Healthcare Providers and Systems

How is HCAHPS Implemented?

- Every patient is a possible recipient of an HCAHPS survey conducted by the Press – Ganey organization. The patient experience is determined by the following areas.
  - Cleanliness & Quietness of the Hospital Environment
  - Staff Responsiveness
  - Pain Control
  - Care from the Nursing Staff
  - Care from the Physicians
  - Discharge Information

- Patients’ satisfaction is a measure of their perception of quality

Why is it important?

- Impacts community perception of hospital quality
- Physician perception of quality and referrals
- Staff time and responses
  - Reduces complaints
  - Decreases call lights
  - Decreases patient/family anxiety
  - Reimbursement from payer sources

- Cleanliness and Quietness of the Hospital Environment
  During your stay:
  ✓ How often were your room and bathroom kept clean?
  ✓ How often was the area around your room kept quiet at night?

- Staff Responsiveness
  During your stay:
  ✓ Did you need help from a staff member?
  ✓ If so, was their responsiveness timely?

All employees have an impact on this answer
• Pain Control
  **During your stay:**
  ✓ Did you need any medicine for pain?
  ✓ How often did the hospital staff do everything they could to help with your pain?

• Care from Nursing Staff
  **During your stay:**
  ✓ How often did the nurses treat you with courtesy and respect?
  ✓ How often did the nurses listen carefully to you?
  ✓ How often did the nurses explain things in a way you could understand?

• Care from Physicians
  **During your stay:**
  ✓ How often did doctors treat you with courtesy and respect?
  ✓ How often did doctors listen carefully to you?
  ✓ How often did doctors explain things in a way you could understand?

• Discharge Information
  **During your stay:**
  ✓ Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?
  ✓ Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

Quality is Perception

• Survey measures patient perception of quality
• Not only clinical outcomes, but how they were treated.

*The Total Experience*
**Code of Conduct/Corporate Compliance:**

SWHCS is dedicated to adhering to the highest ethical standards. The Code of Conduct gives guidance on acceptable behavior for all personnel (including vendors, physicians, and others affiliated with us or doing business in our facilities). You may obtain and view the UHS Compliance Manual from your supervisor, HR department, compliance officer, or on the company website at [www.uhsinc.com](http://www.uhsinc.com). You may also discuss any concerns with your supervisor or Pam Divan, Director of Quality and Patient Safety. You may also use the toll-free Compliance Hotline (1-800-852-3449) or website at [www.uhsalertline.com](http://www.uhsalertline.com).

**Harassment Policy:**

SWHCS has a zero tolerance policy for sexual and any other form of harassment. The procedures to follow in this event are clearly outlined for you and are located in the Human Resources Manual. Sexual harassment is generally defined as unwelcome or unwanted sexual advances; requests for sexual favors; and other visual, verbal, or physical conduct of a sexual nature. Our facility policy and give you more detail and direction as to these offensive issues and how to follow up to see that they are stopped. Harassment can take on multiple forms; but primarily deals with any conduct towards another individual that interferes with their work performance or creates an intimidating environment for them to work in.

**Customer Service:**

In our Service Excellence program, every staff member and physician is responsible for embodying the Mission, Vision, and Values that we represent. The Service Excellence Standards are:

1. Treat Everyone As a Guest
2. Demonstrate Professionalism and Excellence in the Things I Do
3. Practice Teamwork

We use Al DET format for communication with customers because it is practical, straightforward, and has been shown to increase the overall satisfaction of customers.

- **A**=Acknowledge (acknowledge the customer; use their name if you know them, create a lasting impression)
- **I**=Introduce (introduce yourself, always wear your name badge, tell them your department and why you are there)
- **D**=Duration (describe what you are doing and how long it should take; let them know what to expect)
- **E**=Explanation (explain what you are doing to decrease anxiety; use language they can understand; before you leave ask, “Is there anything more I can do for you?”)
- **T**=Thank You (thank them for their time, questions, etc)

We also believe in Service Recovery—ALL SWHCS employees are responsible for responding to patient concerns in a timely manner and for initiating steps to promptly resolve the concern if possible. Please discuss options you have available to you with your supervisor.

**Cultural Diversity:**

Health and illness beliefs are closely tied to cultural and spiritual beliefs. Healthcare workers need to display acceptance and respect for different cultures and need to have knowledge in order to provide competent care.

- Review patient data for values, beliefs, preferences, language, and religion
- Seek out information from the patient and family
- Include family in patient care when appropriate to meet cultural/patient preferences
- Review cultural competency information

Rev 2015
Interpreters:
SWHCS uses the Interpreter Services Line to communicate with non-English speaking patients. When used, document the use and the Interpreter ID number in the patient’s chart. Life Signs is also available for the hearing impaired. Contact information is found on the hospital intranet under “Resources” tab. Let your supervisor know if you have any questions.

Bariatric Sensitivity:
Morbidly obese/severely overweight patients experience discrimination, prejudice, and alienation. As a Bariatric Center of Excellence, SWHCS proudly serves a prominent bariatric population. Ways to demonstrate sensitivity include:
- Project professional attitude by treating everyone with dignity and respect, and avoiding bias
- Maintain privacy
- Use right sized equipment
- Monitor verbal and non-verbal communication

Value Based Purchasing (VBP):
The U.S. Department of Health and Human Services (HHS) has launched a new initiative (called Value Base Purchasing) which will reimburse hospitals based on the quality of care they provide to people with Medicare. With VBP, the hospital’s performance in Core Measures accounts for 70% of reimbursement for Medicare patients and HCAHPS (patient satisfaction) accounts for 30% of reimbursement.

Performance Improvement:
We use the FOCUS-PDSA model for Performance Improvement (Find, Organize, Clarify, Understand, Select, Plan, Do, Study, Act). Boards are posted in all clinical areas outlining ongoing PI activities and results.

Core Measures:
Evidence Based, scientifically researched standard of care which has been shown to result in improved clinical outcomes. Result in decrease in morbidity/mortality, disability, length of stay and readmissions. Core measures initiatives for the hospital include:
- VTE prophylaxis
- Immunization
- ED Measures including throughput
- Perinatal Core Measures
  - Out patient Core Measures
- AMI/Chest Pain---Pain Management long bone fractures
- ED throughput--Stroke

Safety & Quality Concern Reporting:
To report a patient safety or quality concern, speak with your supervisor/manager or director. Complete an incident report (HPRR) by using MIDAS-RDE on the hospital’s intranet. You may also call the Performance Improvement Department at ext 6252 or request to speak with a senior team member. Anyone may directly contact the Joint Commission or California Department of Public Health to report concerns as well. No disciplinary action will be taken because an employee reports a safety or quality concern.

Just Culture:
SWHCS believes in having a Just Culture. This is a patient safety initiative designed to address both system issues and individual behavior. There is a shift from focus on errors and outcomes to system design and behavioral choices. Our goal is to achieve a culture where frontline staff feels comfortable disclosing errors.

Never Event Reporting:
Effective July 1, 2007 report an adverse event, as defined in H&S Code §1279.1, to the California Department of Public Health (CDPH) no later than five days after the event has been detected, or, if the event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than twenty-four (24) hours after the adverse event has been detected. Medicare no longer pays for hospital errors that are considered preventable.

Incident & Adverse Event Reporting
Occurrence reporting (HPRR) is accessible to all personnel through our intranet home page (MIDAS-RDE). Be clear and specific when completing the form and never photocopy / print them out. They are not a part of the medical record. Occurrences must be immediately reported to your supervisor and a report within 72 hours of actual incident date and time. Unexpected occurrences involving the death or serious physical or psychological injury to a patient, or risk thereof (sentinel events) must be reported IMMEDIATELY.

Conflict Resolution / Chain of Command
The chain of command should be utilized any time there is a conflict that needs resolution, particularly if it affects patient safety or quality of care. Examples include inability to reach a physician, or an unexpected and / or adverse events impacting patient care.
Patient Privacy, HIPPA & Confidentiality:
(Health Insurance Portability and Accountability Act of 1996). HIPPA rules protect patient confidentiality, provide for security of protected health information (PHI), and standardize the interchange of medical data (i.e. computer, fax). Every employee working in healthcare can come in contact with PHI and has an obligation to respect and protect patient privacy. We value the confidentiality of our patients and information systems. To protect patient privacy, SWHCS is required to provide every patient with a NOTICE OF PRIVACY PRACTICES that describes how SWHCS will use a patient’s PHI and to obtain a patient’s authorization for any use or disclosure of protected information that is not directly related to treatment, payment, or operation of business (including verbal communication with friends, family, outside agencies, written or computerized patient charges, faxes/e-mails, nurse report sheets, and medication administration records). Employees may only look at PHI or use PHI if it is needed to perform their job. They may only release PHI to others or discuss PHI if it is not necessary for the receiver to perform their job or care for the patient. All Privacy Breaches (intentional or unintentional) must be reported immediately to your supervisor and Risk management. SWHCS must report this breach to CDPH within 5 calendar days.

Social Media Use
The use of social media should never conflict with the interests of the hospital. Regardless of whether an employee uses social media for personal or business related reasons, employees may never share information that is confidential and proprietary. This includes information about SWHC employees and patients. Refer to the Social Media policy.

EMTALA:
EMTALA is a federal law that mandates medical screening and stabilization requirements before a patient can be transferred to another facility. The purpose is to require proper screening and care of a person regardless of their ability to pay for the services. This applies to anyone within 250 yards of our facilities. Any potential violations should be reported to the supervisor immediately.

Staff Identification:
All employees, affiliates, or contract personnel MUST wear appropriate picture identification (ID badge) at all times while on hospital premises.

Security: IVMC Ext. 8515, RSMC Ext. 6515
SWHCS provides full-time uniformed security officers to assure a safe and secure work environment, protect equipment, buildings and grounds; and provide direct assistance as requested by patients, staff and visitors. Security services are provided 24 hours/day, 7 days/week.

Hospital Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAY</td>
<td>Combative person</td>
</tr>
<tr>
<td>SI LVER</td>
<td>Person with a weapon call 9911</td>
</tr>
<tr>
<td>PINK</td>
<td>Infant abduction (&lt;1yr)</td>
</tr>
<tr>
<td>PURPLE</td>
<td>Child abduction (&gt;1 yr)</td>
</tr>
<tr>
<td>ORANGE</td>
<td>Hazardous spill</td>
</tr>
<tr>
<td>WHITE</td>
<td>Infant/pediatric medical emergency</td>
</tr>
<tr>
<td>BLUE</td>
<td>Adult medical emergency</td>
</tr>
<tr>
<td>RED</td>
<td>Fire, smoke, or burning smell</td>
</tr>
<tr>
<td>YELLOW</td>
<td>Bomb threat</td>
</tr>
<tr>
<td>TRIAGE</td>
<td>Disaster</td>
</tr>
<tr>
<td>INTERNAL/EXTERNAL</td>
<td>Early recognition and intervention</td>
</tr>
</tbody>
</table>

For all codes within the hospital, dial 7911 on any hospital phone. State the type of code, location and repeat 3 times slowly and clearly (info will be broadcast through the overhead speaker and will then be repeated by the PBX operator.

Tobacco Free Hospital
Rancho Springs Medical Center and Inland Valley Medical Center are NON-SMOKING campuses. Anyone wishing to smoke must leave hospital property. Tobacco products are prohibited.

Violence Prevention:
We support a violence free workplace. All incidents of aggressive behavior must be reported whether it involves an injury or not. Give the person / patient calm, clear and quiet directions. Allow the person to verbalize concerns. Potential signs of violent behavior are loud, angry speech, pacing around, or the presence of a weapon. Special training courses are held at SWHCS for assaultive behavior management.
**Oxygen Safety:**
Oxygen supports combustion and must be properly handled and safeguarded. Be sure that oxygen cylinders are on a cart, stand, or secured to a wall when in use or stored.

**Radiation Safety:**
Many departments have exposure to the use of radiation producing machines or patients who have received radiation for imaging or therapy procedures. Sources include x-ray machines, CT scanner, fluoroscopy machines, and radiopharmaceuticals in the Nuclear Medicine Department. How much radiation is given off and received depends on **Time, Distance, and Shielding.** Beware of areas containing signs such as “Radiation Area”, “Caution X-rays in Use”, and “Caution Radioactive Materials”.

**MRI Safety:**
MRI Scanners contain powerful magnetic fields that are always on, even when the scanner is not in use. You will be asked by the technologist to remove any metal objects and complete the MRI screening form if you are. If you have questions are concerns, discuss with the MRI technologist or radiologist.

**Environment of Care:**
- **Report all unsafe conditions to your supervisor.**
- **Material Safety Data Sheets (MSDS)** all workers have the right to know of any hazards associated with the use of chemicals and be trained in their use. MSDS sheets which contain specific information on safe use, handling, and storage of each chemical are available on the hospital intranet.
- **Container handling and labeling** do not handle a chemical if you do not know what it is. Report any unmarked containers to your supervisor. When transferring a chemical from its original container to another container, the secondary container must be labeled.
- **Broken / malfunctioning equipment** Notify Biomed, enter a work order, take equipment out of service and label. **If a piece of equipment causes an injury to a patient, you need a bag, tag, and sequester the equipment and save all disposable items used with it.** If a piece of equipment is suspected to have caused a death, serious illness, or injury to a patient, the director of Risk Management is to be notified immediately.
- **Hospital grade plugs** must have 3 prongs.
- **Electrical system failure** red plugs are to be used only for emergency power; only life saving equipment should be plugged into red plugs.
- **In case of a fire use R.A.C.E.**
  - **Rescue,** **Alarm,** **Contain,** **Extinguish**
- **Use of a fire extinguisher** remember P.A.S.S.: **Pull the pin, Aim at the base of fire, Squeeze, Sweep**
- **Earthquake** Do not panic or run! Take cover. Stay wherever you are and do not close doors. Afterwards, keep calm and check your immediate area for injured persons and damage.

**Emergency Preparedness:**
Be familiar with the Hospital’s Emergency Operations Plan. SWHCS follows the nationally recommended H.I.C.S. (Hospital Incident Command System). Know your evacuation routes from your department & location of the disaster equipment. When activated, the Emergency Operations Center is located in the Physicians lounge at both campuses.

**Infection Control**
- **Hand washing** is required before and after patient contact. At least a 15 second friction scrub, paying attention to the areas under the nail and between fingers. May also use the alcohol based sanitizer unless hands are visibly soiled or patient has *C. diff* infection (soap and water must be used). *C. difficile* is not killed by alcohol-use soap and water after care of patients with diarrhea.
- **Artificial nails** and extenders are not allowed for clinical personnel; natural nails must be well maintained and no longer than ¼ past fingertips.
  - **Respiratory Hygiene/Cough Etiquette**
    - Cover the nose/mouth when coughing or sneezing; cough into a sleeve;
    - Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after each use;
    - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials
- **Infection Control**
- **Always use Standard Precautions** with all patients. In addition, use appropriate transmission based precautions for known or suspected infections.
  - **Contact**: gown and gloves
  - **Droplet**: surgical mask within 3 feet of the patient
  - **Airborne**: N-95 mask
- **All patients requiring Airborne Isolation** (TB, Varicella) must be in a negative air flow room. Special Negative airflow rooms are monitored daily when rooms are used for airborne precautions. Notify Infection
N-95 masks must be worn by all caregivers (they must be fit-tested first).

- Never re-use personal protective equipment—gowns, gloves, or masks.
- Bloodborne pathogens are microorganisms that are present in human blood and can cause disease in humans; these include HIV/AIDS, Hepatitis B and C. If exposed, wash or flush mucous membranes copiously with water or saline and contact the house supervisor immediately.

- Tuberculosis (TB) is an infection that can be transmitted by airborne. If an unprotected exposure occurs, follow-up evaluation is done through the Employee Health Clinic.

- Equipment Cleaning—necessary to prevent the spread of healthcare associated infections. Please refer to the equipment Cleaning Policy on the intranet.

Surface disinfectants include:
- Super Sani Cloths -2 minute contact time
- Sani Cloth with Bleach -4 minute contact time
- Alcohol—until dry

MRSA Screening—to protect patients and healthcare workers from exposure to MRSA, SWHCS screens certain patients for MRSA. Refer to MRSA Screening policy for criteria.

MDRO: Patient admitted within 6 months of a MDRO infection will be screened, see policy

Loss Control:
Safety is everyone’s responsibility. If you identify a hazard, correct it immediately, control the hazard by posting a sign and calling for appropriate assistance, caution others of the hazard until it is corrected, and reported the hazard immediately to the appropriate department. If you are injured on the job, report it immediately to your supervisor or department manager and call Loss Control at (951) 304-7147 by the end of your shift to report your injury.

Body Mechanics:
In order to prevent injury, you must use proper body mechanics. Keep a wide base of support when lifting, squat down and keep back straight, bend your knees and use your legs to lift. Keep objects close to you. Always assess the situation first and get help if needed or unsure.

Abuse Recognition and Reporting:
Healthcare workers are mandated reporters of suspected abuse. Abuse comes in many forms—physical, sexual, emotional, financial, and neglect. Any healthcare provider who has knowledge of or suspects abuse must make a telephone report immediately to the appropriate agency followed by a written report to be sent within 36 hours (child abuse) or 48 hours (adult and dependent elder abuse). Refer to the SWHCS policy “Abuse (Child, Elder/dependent, adult, spousal or Co-habitant).

Advance Health Care Directives:
Information regarding Advance Directives will be offered to adult patients during the admission process. If they already have one, a copy will be requested to be placed in the medical record. If it is not available, the hospital will make every reasonable effort to obtain it and document attempts. If the patient doesn’t have an advanced directive and would like more information, they may find this in the “California Advance Directives” brochure provided on admission. In addition an “Individual Healthcare Instruction” Form may be completed by the patient to identify their directives for this admission.

You may also contact Care Coordination with any questions.

Patient Rights:
SWHCS believes that the basic rights of human beings are of great importance and one of our prime responsibilities is to ensure these rights are preserved. Patients are given a copy of their rights at the time of admission. Patients also have the right to report quality or safety concerns to the Health Service Advisory Group, California Department of Public Health, or The Joint Commission. Please refer to the “Patient Rights and Responsibilities” policy on the intranet.

Ethics Committee:
An Ethics Committee is available if a conflict exists regarding ethical issues, such as the appropriate care of a patient. The committee consists of physicians, nurses, social workers, administration, and any lay representation or other hospital staff deemed appropriate.

Discharge Planning:
Discharge planning begins at the time of admission. An initial screening is performed by nursing on admission, and a secondary risk assessment is performed by Care Coordination within 2 days if any risk factors are identified.

Interdisciplinary Plan of Care (IPOC):
Each patient has an Interdisciplinary Plan of Care (IPOC) that is used by multiple disciplines to guide the care provided to the patient. The IPOC is individualized to each patient, and reflects our interdisciplinary plan to address their identified needs. This plan is created with the patient and/or family input whenever possible and is regularly updated to reflect the patient’s progress in meeting their goals.
**Patient Education:**
SWHCS requires discharge instructions for patient education. Printable comprehensive information is available for patients and families about diagnoses, medications, tests, etc. Utilizing the Teach Back method, staff work with the pt to ensure understanding.

**End of Life/ Palliative Care:**
End-of-Life care seeks to provide comfort to the patient and preserve patient dignity at end of life. It encompasses physical, emotional, social, and spiritual well-being of the patient. If a patient meets specific criteria, a palliative or hospice care referral may be made to Hospice of the Valley by calling (951) 200-7800 and by asking for a Palliative Care consult.

**Organ Donation:**
SWHCS is required by law to notify One Legacy within one hour of all patient deaths including the neonate (cardiac or brain death) to discuss the option of all organ/tissue donations. The One Legacy staff will discuss the option of donation, if appropriate, with the family.

**National Patient Safety Goals (NPSG)**
SWHCS is committed to providing a safe environment for patients and staff. In order to achieve this, all staff must be observant for processes and systems that need to be revised to improve safety. All hospital employees are responsible for patient safety. Here are the current NPSG’s:

- **#1 – Identify patients correctly**
  - Use at least two ways to identify patients. At SWHCS we use name and date of birth for adults
  - For neonates, use the baby ID# and name.
  - Make sure that the correct patients get the correct blood when they get a transfusion

- **#2 – Improve staff communication**
  - Get important test results to the right staff member on time

- **#3 – Use medicines safely**
  - Before a procedure, label medicines that are not labeled. Do this in the area where medicines and supplies are set up
  - Take extra care with patients who take medications to thin their blood
  - Record and pass along correct information about a patient’s medications

- **#7 – Prevent infection**
  - Use hand cleaning guidelines from the CDC or WHO

- **#15 – Identify patient safety risks**
  - Find out which patients are more likely to try to commit suicide

- **UP#1 – Prevents mistakes in surgery**
  - Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body, mark the body where the surgery will be done. Pause before surgery to prevent mistakes

- **#6 – Use Alarm Safety**
  - Make improvements to ensure that alarms on medical equipment are heard and responded to on time

**Falls Prevention:**
Every patient is assessed for risk of falls upon admission, at least every 12 hours, and as needed. If a patient is at risk for falls, a yellow armband is applied and a yellow fall precaution sign is on door. Notify the charge nurse or clinical supervisor to discuss an appropriate plan of care. See Fall Prevention Program policy for further information.

**Rapid Response Team (RRT):**
RRT may be activated when additional resources are needed to implement interventions for a patient with a condition that is not responding to treatment within 30 minutes. The RRT may only be called for inpatients (not visitors or staff members). Staff may also contact the RRT for a staff concern. Dial 7911 and state “Rapid Response” to area of need three times.

**Pressure Ulcer Prevention:**
Patients are assessed on admission and at least once a shift for skin breakdown. Any pressure ulcers noted on admission must be documented as present on admission. Wound Carts are available in patient care areas and a Wound Care nurse is available by pager to both campuses. All stage 3, stage 4, and Unstageable pressure ulcers require an HPRR completion for risk management notification. Review the “Wound Care Prevention, Staging, and Treatment of Pressure Ulcers” policy. Prevention techniques include repositioning at least every 2 hours, keep the head of the bed elevated, protect all bony prominences, use a lifting device to assist with moving to prevent shearing injuries, keep skin clean and dry (moisture management), utilize special mattress if indicated, refer to Dietician for nutritional consultation.
Medication Administration and Safety:

- SWHCS uses automatic dispensing machine (Pyxis) for medications.
- Two patient identifiers (name/date of birth) for adults and pediatrics patients; (name/baby ID number) for neonate patients
- Medications are administered by the nurse (or respiratory therapist) responsible for the patient and then actual times are documented on the MAR (Medication Administration Record).
- If a medication area or potential error occurs, an HPRR must be completed. To foster a non-punitive environment the reporter is not mandated to self identify. Discuss the situation with your manager.
- S-A-L-A-D (Sound Alike-Look Alike Drugs) SWHCS uses TALLman lettering and SALAD stickers to alert staff to this.

Controlled Substances

There will be accountability of all controlled substances, including waste, discrepancies, and inventories. Any unresolved discrepancy is reported immediately to the nurse in charge.

IV Therapy:

- Requires an MD order, 3 insertion attempts is the maximum attempts by one nurse
- Peripheral IV sites are changed every 96 hours (PIVs inserted in emergency or by pre-hospital paramedics are changed in 48 hours)
- IV tubing (continuous and intermittent) is changed every 96 hours except for TPN tubing (every 24 hours) and Propofol (every 12 hours)
- All IV bags are labeled with date, time, and initials when hung
- Filter needle must used to withdraw medications from glass ampules
- Refer to the “Guidelines for Administration of Intravenous Medications” prior to administering IV push medications or infusions
- Review the “Intravenous Therapy” policy on the intranet

Central Line Care:

Insertion, care and maintenance if central lines/PICC lines are clearly outlined in SWHCS Central Venous Catheters policy on the hospital intranet. Flushing routines and dressing care includes standardized practices for preventing central line blood stream infection and includes the use of Biopatch placement on insertion for non tunneled CVC and PICC lines.

Blood Administration:

A consent form must be signed by the patient prior to hanging blood. Blood must be used within 30 minutes from the time it was signed out from the blood bank and must not hang longer than 4 hours. Blood must be verified between one RN & another RN, LVN, or physician prior to transfusion. Vital signs for blood transfusions are: Baseline, 15 minutes after initiation, at every hour until transfusion complete, and again at completion. Blood administration set may be used for a maximum of two (2) units of blood or blood products (but should not be hung for more than four (4) hours. Document start/stop time & response on transfusion record.

For suspected transfusion reaction (fever, chills, dyspnea, urticaria, pain)-stop transfusion, start saline, notify MD and Blood bank immediately. Document on transfusion record & suspected transfusion reaction report.

Constant Observer:

Constant Observation is a term used to describe the constant presence of a caregiver with a patient. A patient may require constant observation as a precaution to prevent the patient from harming themselves or others. In addition to close observation, assessment of the environment for safety, and observation of behavior as well as documentation are required. CNA’s and HCT’s will function in the constant observer role and have received special training to do so.

Universal Protocol (UP):

UP is a standardized procedure for identifying the correct patient, procedure and anatomical side/site prior to all operative and invasive procedures. If a discrepancy is identified at any point in the identification process, the process will be immediately halted, the provider performing the surgery/procedure will be notified, and a resolution will be obtained before continuing.

Malignant Hyperthermia (MH):

Malignant Hyperthermia (MH) is known as autosomal dominant inherited disorder. It is a condition triggered by exposure to volatile inhalation agents and succinylcholine. Signs/symptoms include:

- Trunk or total body rigidity
- Acidosis
- Increased end tidal carbon dioxide (ETCO2)
- Masseter spasm or trismus
- Tachycardia/tachypnea
- Hyperthermia (may be a late sign)
- Hyperkalemia, increased creatinine kinase and myoglobinuria

MH carts are located in PACU at both RSMC and IVMC, and PACU in the Women’s Center at RSMC. If MH is suspected, discontinue the volatile agents/succinylcholine, hyperventilate with 100% oxygen, halt the procedure as soon as possible and bring the MH cart to patient. Give Dantrolene 2.5 mg/kg IV
mg/kg rapidly IV through large bore IV. Dantrolene must be reconstituted with 60 ml's of sterile water prior to administration.

**Pain Management:**
- Assessment performed within 24 hours upon admission and with each set of routine vital signs.
- Pain reassessments are triggered by a report of pain and documented on the nursing flow sheet.
- Select a scale of measurement that is the most appropriate for the patient’s age, condition, and ability to understand. Hospital pain management policies are excellent resources for the appropriate scale to use. (FACES, Cognitively Impaired Pain Scale, NIPS, Numerical Pain scale).
- Reassessment will occur at least once a shift and following any intervention to lessen the patient’s pain. Pain reassessment might be triggered by a patient report of an unacceptable level of pain due to inadequate pain control, or as measured by the pain scale.
- Notify the physician of ineffective interventions in relieving the patient’s pain, including medication dosing, including obtaining new orders for alternative medications and discontinuation of ineffective medications.

**Anticoagulation Therapy:**
- High risk treatment, which commonly leads to adverse drug events due to the complexity of dosing these medications, monitoring their effects, and ensuring patient compliance with outpatient therapy.
- Anticoagulants include unfractionated heparin, low-molecular weight heparin, and Warfarin/Coumadin.
- Two nurses must double-check & co-sign the dose
- Lab monitoring must occur when receiving unfractionated heparin (aPTT) or Warfarin/Coumadin (INR)
- SWHCS has standard protocols (note dosing is different depending on protocol used) and/or orders for:
  - VTE Prophylaxis
  - VTE Treatment
  - Acute Coronary Syndrome
  - Overlap Therapy

**Glucometer Testing:**
SWHCS uses the ABBOTT Glucometer for blood sugar testing. Nursing must complete an annual competency for glucometer testing.
- Quality Controls are performed every twenty-four (24) hours
- Control vials when opened must be initialed and dated with open and discard dates (good for 90 days from opening)
- The Strip vials expire on manufacturer’s printed date on the label
- Meters are cleaned with 70% alcohol before and after each use
- If the “less than” symbol (<) occurs on a patient test, and the patient is not symptomatic, you should repeat the test prior to obtaining a laboratory sample.

**SBAR**
Stands for Situation, Background, Assessment and Recommendations. A system of organized communications to help create a safe, respectful communication structure to help enhance patient safety.
1. What are the two methods that are used to identify patients at SWHCS?
   a. Room number and date of birth
   b. Patient name and date of birth

2. Students are required to wear their name tag at all times
   a. True
   b. False

3. Ways for the healthcare worker to prevent transmission of infection include:
   a. Standard precautions; treating all blood and body fluids as potentially infectious at all times.
   b. Using personal protective equipment when there is a possibility of exposure to blood or body fluids.
   c. Hand washing before and after patient care or handling contaminated patient care items.
   d. All of the above.

4. Hand Hygiene includes washing hands with the use of soap and water for a 10 to 15 second wash or the use of an alcohol-based waterless hand cleaner if hands are not visibly soiled.
   a. True
   b. False

5. The precautions that need to be taken for patients in isolation are posted outside of the patient room. The sign lists the type of personal protective equipment that must be used.
   a. True
   b. False

6. SWHCS uses the Super SaniCloth disinfectant product to clean all surfaces. Once the Super SaniCloth solution is applied to any surface, the solution must remain wet on the surface for a minimum of 2 minutes. If the surface dries in less than 2 minutes, a reapplication of the Super Sani Cloth solution must occur to assure the total 2-minute surface-wet or “dwell” time.
   a. True
   b. False

7. Respiratory etiquette and cough hygiene include
   a. Covering mouth with tissue, coughing in sleeve
   b. Coughing in hands and wiping them on a cloth

8. The emergency number used to call all codes in the hospital is:
   a. 7911
   b. 911
   c. 0

9. Material Safety Data Sheets (MSDS) tell me how to safely use, handle and store each chemical. It is my responsibility to:
   a. Locate the MSDS book in my assigned area
   b. Review the contents before using hazardous products
   c. Contact the manager or safety officer if I have a question
   d. All of the above

10. If I see a fire, my responsibility is to dial the hospital emergency number (7911) and activate the fire alarm pull station.
    a. True
    b. False
11. The acronym “RACE” is used as an easy way to remember the fire response. It stands for Rescue, Alarm, Contain and Extinguish.
   a. True
   b. False

12. Infant abductions only occur in the Nursery
   a. True
   b. False

13. All employees/students have a responsibility to maintain patient privacy and confidentiality. Which of these actions can result in a breach of privacy?
   a. Leaving charts open for public view
   b. Talking about patients in hallways/elevators/cafeteria
   c. Leaving patient information on the computer in public view
   d. All of the above

14. Discussing information about a patient is appropriate if it is discussed with another healthcare provider who has a need to know the information (for the benefit of the patient).
   a. True
   b. False

15. Patient information should not be removed from the hospital, and information that is no longer needed should be shredded (not placed in a trash can).
   a. True
   b. False

16. The Interpreter Services Line is used to communicate with non-English speaking patients.
   a. True
   b. False

17. The following are all risk factors for skin breakdown except which one?
   a. Moisture
   b. Immobility
   c. Sensory impairment
   d. History of gall bladder disease

18. Prevention of pressure ulcers is everyone’s responsibility.
   a. True
   b. False

19. Restraints use requires an order by a physician.
   a. True
   b. False

20. Harassment, including sexual and hostile environment, are illegal.
   a. True
   b. False

21. Healthcare workers are mandated reporters for suspected abuse, whether it is child, elder, or domestic.
   a. True
   b. False

22. All medication errors should be reported through the HPRR system, even if it is an omitted dose (was not given to patient)
   a. True
   b. False