St. Luke’s Hospital mission: Together, we provide exceptional care for our community, inspire hope and promote wellness.

Your role is important in helping us uphold this mission.
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Introduction

Welcome to St. Luke’s Hospital. To assure a safe environment for patients, visitors, employees and affiliating students, an orientation to various aspects of the organization is required including content on Safety/Quality, Infection Prevention and Control, Management of the Environment of Care, etc., based on the training requirements from regulatory agencies (OSHA, ISO/NIAHO, etc.).

To receive credit for this program, please complete below.

- View Clinical Orientation Module
- View Glucose Meter Training Module (if applicable)
- Print and complete Clinical & Non-Clinical Attestation Form and return to your Clinical Instructor (nursing students) or Medical Staff office (physician related students).
- Print and complete Health Requirements Form (HRF) (or copy of school document with required health information) If nursing related, return to Education & Training office. If physician related, return to Medical Staff office.
  - School document must have student name on it (instructor name, if applicable). If not, school representative must provide verification that information came from the school. Ex: Signed letter on letterhead, signed health document with business card of person signing, etc.

Exception: Credentialed physicians do not need to complete the Health Requirements Form.
Program Objectives - Core Concepts

The core concepts, as outlined in the following objectives, are integrated into course curriculum.

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

1. Provide an overview of St. Luke’s Hospital
2. State the mission, vision, and values of St. Luke’s
3. Discuss St. Luke’s commitment in providing a safe environment for all
4. Explain and/or demonstrate safety codes, fire safety, and devices common to the health care institution
5. Verbalize identification of hazardous materials and proper precautions needed when using hazardous materials
6. Describe the infection cycle and methods used to break this cycle in the health care institution
7. Discuss the importance of confidentiality in the health care system, including the requirements of HIPAA
Did You Know?...

St. Luke’s Hospital is:

• An independent hospital
• Accredited by DNV-GL Health Care
• Chest Pain Center Accredited
• Heart Failure Accredited
• Primary Stroke Center Accredited
• Pulmonary and Cardiac Rehabilitation Accredited
• Hyperbaric Accredited
DNV-GL is one of the 4 deemed status agencies that conduct hospital accreditation across the country for CMS.

DNV uses 2 sets of standards to provide a Quality Management System to organizations.

- **National Integrated Accredited Health Care Organization (NIAHO)**: Our NIAHO standards cover the CMS conditions of Participation standards.
- **International Organizations of Standards (ISO)**: ISO standards cover our business plan and our Quality Management Plan.

DNV comes to assess our progress in continual process improvement every year. Every 3 years we are certified in both our ISO and NIAHO standards compliance. The in-between years are considered periodic visits and we receive a report every year on what we need to improve or become compliant.

DNV has different findings that may be issued:

- **NC 1 Conditional**: (non-conformity Level 1 – conditional – this means there is a very serious issue that could potentially shut down your hospital until the issue is rectified.)
- **NC 1**: (finding is significant, the survey team deems a process is not in existence or non-functional.)
- **NC 2**: (lesser finding – typically means the process exists but is not functioning as well as expected, or education is needed etc.)
- **OFI**: (Opportunity for Improvement) – something needs to be tweaked to be a better process
- **NWE**: (Note Worthy Effort) – this finding is a recognition of good processes, ideas etc.

It is everyone’s responsibility for Process Improvement. YOU can make a difference by speaking up if something doesn’t look right, following our policies and processes, documentation, participating in Performance Improvement projects, talking with the survey team, and participating in Internal Audits in your area.
What does it mean to **you** to be working at an ISO / NIAHO accredited hospital?

- **You** are working at an organization that is committed to *Continuous Quality Improvement*.
- **You** are a part of the Quality and Safety system at St. Luke’s.
- **You** are a part of helping to reduce variation to make our practices and processes safer for our patients.
- **Your** contributions are relevant and important in making our Quality Objectives achievable.
- **You** are working for an organization where Quality is valued and recognized by our International ISO accreditation.

*Welcome to St. Luke’s Hospital as you join us on our Quality Journey…*

Contact SLH Clinical Quality: Jean Sandrock at 419-893-5934 or Bev Malczewski at 419-893-5951 for questions or more explanation.
Did You Know?...

Our Heart Center cares for:

- Low/high risk cardiac cath patients
- Open heart services
- Cardio vascular and thoracic surgery
- Device placement
  (IVS—1st floor and CVU/CVOR—2nd floor)

Our Emergency Department (1st floor)

- 39,000 visits annually
- 24 beds in the main ED with 2 Triage Holding beds
- 7 beds in Emergency Express, open 11a-11p
- Board Certified Attending Emergency Physicians 24/7
Did You Know?...

Our Surgical Services consists of (1st floor):
Full suite of surgical services
  • 24/7 care provided as needed
  • Xi-da Vinci robotic capable
  • Navigational (sinus) cases
  • Total Joint Replacements
  • Increased volume of neuro surgical cases

Our Intensive Care Services (2nd floor):
  • 14 Level One ICU beds (ICC-Back)
  • 12 Level Two beds (ICC-Front)
  • 15 Level Two beds (ICC-North) emphasis on neuro care
Did You Know?...

Our Family Birthing Center (3rd floor):
- Approximately 850 deliveries per year
- Level 1 Nursery designation
- Family Friendly environment

Our Medical-Surgical Care (2nd & 3rd floor):
- 3 units: 2 East, 3 East, and 3 West
- 2 East—primarily medical unit; dialysis, care of developmentally disabled patients
- 3 East—primarily medical unit with some GYN, ENT, and general surgery patients
- 3 West—primarily surgical patients with mix of orthopedic and neuro surgeries
Did You Know?...

Our Ancillary Services include (1st floor and Basement):

- Full suite of ancillary diagnostic services on site
- Off-site for Lab, Physical Therapy, and Radiology
- Pain Clinic
- Wound Healing Institute
- Diabetes Center
- Sleep Lab
At St. Luke’s, we hold ourselves and each other accountable for meeting expectations that ensure we live by our Mission and Values.

The foundation for our Values is to treat others as we would like to be treated.

Every member of our organization is accountable for making a positive impact on those whom we serve.
St. Luke’s Values
WE ARE ONE. UNITED BY THESE VALUES.

One Hospital Stands Apart

- Integrity
- Excellence
- Compassion
- Respect
- Dedication
- Teamwork
St. Luke’s Vision
To become the region’s healthcare leader by:

- Enhancing individual and community health
- Delivering the best quality, service and value in healthcare
- Growing patient and payer preference
St. Luke’s Vision
To become the region’s healthcare leader by:

- Distinguishing ourselves by the quality of our people
- Valuing our physician partners
- Building a seamless continuum of care around our core services with our partners
Infection Prevention and Control

All Healthcare Professionals within St. Luke’s are responsible for:

- Hepatitis B vaccinations
- Post-exposure evaluation and follow-up
- Recording keeping for injuries
- Exposure Control training - initial and ongoing
BREAKING THE CHAIN OF INFECTION

• Breaking the chain of infection involves ALL healthcare workers!
• The best way to break the chain of infection is to follow the hand hygiene protocol.
• Your role in breaking the chain of infection is:
  – Always wash your hands; use of gloves does not preclude the need for hand washing
  – Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn
  – It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites
  – Wash hands immediately after gloves are removed and between patient contacts
  – Wash hands before and after eating, and after using the toilet.
PROCEDURE FOR HAND HYGIENE

Your role in breaking the chain of infection is to ALWAYS clean your hands. Hand washing (using soap and water) and hand sanitization (using alcohol based waterless hand sanitizer) are equally effective in de-germing the hands. If hands are visibly soiled, hand washing is recommended. Remember…

<table>
<thead>
<tr>
<th>…Hand Hygiene with Alcohol Based Hand Gel:</th>
<th>…Hand Hygiene with Soap and Water:</th>
<th>…When to wash your hands:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply the sanitizer to the palm of one hand and rub hands together.</td>
<td>1. Thoroughly wet hands and wrists with water – holding hands downward at all times so runoff goes into the sink.</td>
<td>1. Before and after eating, and using the toilet.</td>
</tr>
<tr>
<td>2. Cover all surfaces of the hands and fingers with sanitizer.</td>
<td>2. Apply soap with vigorous contact on all surfaces and between fingertips for a minimum of 15 seconds.</td>
<td>2. Immediately after removing your gloves.</td>
</tr>
<tr>
<td>3. Rub hands until dry.</td>
<td>3. Rinse thoroughly under running water while keeping hands in a downward position.</td>
<td>3. In between patient contacts.</td>
</tr>
<tr>
<td></td>
<td>4. Dry hands with paper towels. Use paper towel to turn off faucet (considered contaminated); discard into wastebasket.</td>
<td>4. After touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. (The use of gloves does not preclude the need for hand washing).</td>
</tr>
</tbody>
</table>
Infection Prevention and Control

• STANDARD PRECAUTIONS
  – All patients are considered potentially infected with bloodborne pathogens (e.g. HIV, hepatitis B, hepatitis C, syphilis, etc.)
  – To assure you have the minimum risk of being exposed or transmitting these pathogens to someone else always use Personal Protective Equipment (PPE) to minimize the risk of skin and mucous membrane contact with patient blood/body fluids, mucous membranes, and non-intact skin, biological specimens, instruments, and surfaces contaminated with blood and body fluids
  – PPE includes Gloves, Masks, Gowns, and Face Shields
  – Hand hygiene is always required before and after patient contact
Infection Prevention and Control

• **ISOLATION PRECAUTIONS**
  - Use isolation precautions, in addition to Standard Precautions, to prevent the spread of certain diseases when Standard Precautions are not sufficient.
  - The categories of isolation precautions are based upon how the disease is transmitted:
    - Contact
    - Droplet
    - Airborne
    - Droplet Plus
    - Contact Enteric
  - Each type of precaution has its own requirements for additional PPE, procedures, and special rooms.
Infection Prevention and Control

- ISOLATION PRECAUTIONS CONTINUED

- A patient, in isolation precautions, will be identified with an isolation precautions card on or near the room door.
- Additional methods of communication include:
  - Matching sticker on/in the patient’s chart;
  - Alert noted in middle of printed face sheet.
- For additional information on isolation precaution topics refer to the online Infection Prevention manual.
Infection Prevention and Control

- **Contact Precautions** for MRSA, VRE, ESBL, R.Acinet, lice, major draining wounds, etc.
  - Wear gloves and gown upon entering room

**CONTACT PRECAUTIONS**

- Wear gloves and gown upon entry.

**VISITORS:**
Wear gloves and gown if caring for the patient.
Infection Prevention and Control

• Contact – ENTERIC Precautions for unexplained diarrhea or confirmed C.diff
  – Wear gloves and gown upon entering room (including visitors)
  – Use bleach disinfecting product for all cleaning

CONTACT – ENTERIC PRECAUTIONS

- Wear gloves upon entry.
- Wear gown upon entry.
- Use **bleach** disinfecting product for all cleaning.

VISITORS:
Wear gloves on entry, and gown if caring for the patient.
Infection Prevention and Control

**Droplet Precautions** for N. Meningitidis, Pertussis, Strep throat, or pneumonia in infants and young children, etc.

- Wear mask upon entering room

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**VISITORS:**
Wear regular mask upon entry.

**WASH HANDS:**
Wash hands when entering and leaving the room.
Infection Prevention and Control

Droplet PLUS Precautions for suspected or confirmed influenza

– Wear an isolation mask upon entering room
– Wear respirator (CAPR or N-95) during: bronchoscopy, open suctioning, intubation, extubation, or sputum induction

DROPLET PLUS

All healthcare workers entering room must:

Wear an isolation mask upon entry.

Wear a Respirator (PAPR or N95) during: bronchoscopy, open suctioning, intubation, extubation or sputum induction.

Wear other PPE as needed for Standard Precautions.

Gloves  Gown  Face shield

Visitors: Wear mask to go in room.
Infection Prevention and Control

Airborne Precautions for TB or rule-out TB, measles, etc.

- Wear N-95 or CAPR upon entering room (must be fit-tested on N-95 or trained on CAPR annually)
- Airborne Infection Isolation Room required
- Door must be kept closed at all times
- Daily check of negative pressure

AIRBORNE PRECAUTIONS

- Airborne Infection Isolation Room required.
- Wear N-95 respirator or higher (PAPR) upon entry. Must be fit tested (N-95) or trained (PAPR).
- Keep door closed at all times to maintain negative pressure.

VISITORS:
Check with nurse before entering. Wear regular mask upon entry.
Infection Prevention and Control - PPE

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Use PPE when exposure to blood/body fluids is anticipated.
- St. Luke’s Hospital will supply, clean, launder, replace, and dispose of PPE at no cost to the healthcare provider.
- Remove all PPE before leaving work area.

- **Body Protection**
  - General work clothes (scrubs) are not a protective barrier and are not considered PPE. Scrubs are provided when environmental contaminants on street clothes are a concern (e.g. Surgery).
  - PPE consist of gloves, gown, and mask/goggles
Infection Prevention and Control - PPE

RESPIRATORY PROTECTION

Masks

• Wear when disease producing microorganisms transmitted through the air from the patient coughing or sneezing.
• Discard after each use or during extended use, when moist from breath.

Particulate Respirators are required for respiratory protection from:

• Tuberculosis (see Tuberculosis Prevention Program).
• Airborne emerging infectious diseases and airborne bioterrorist events
• Particulate Respirators available:
  – disposable (N95) - requires annual medical evaluation and fit-testing.
  – reusable (CAPR) - powered air purifying respirator) - requires annual training and a medical evaluation
Infection Prevention and Control

- Any direct patient care provider, with exudative lesions, weeping dermatitis, or any condition which prevents them from performing hand hygiene (e.g. casts, braces, splints), is restricted from direct patient care until condition resolves.
Infection Prevention and Control

Sharps Safety

– Do not recap, bend, break or cut needles. If no alternative is feasible, recapping must be done with a mechanical device or use a one-handed technique.

– All sharps must be rendered safe, as soon as possible, after use and before disposal. Examples are:
  • Triggering the safety mechanism on safety-designed sharps or for non-safety sharps,
  • Locking the tip into a device (using one hand) designed to render the tip safe.

– Extreme care is to be used when handling, cleaning, or disposing of sharps.

– Broken glass is picked up using mechanical means (such as, dustpan & cardboard, tongs, forceps, etc.)
Infection Prevention and Control

Sharps Containers

– All sharps are to be discarded immediately, in the hospital approved puncture resistant containers, that are located as close as possible to where sharps are used.

– Containers are to be changed when 3/4 full (or when “full” sign appears on certain sharps containers).

– After closing and locking cover, place filled sharps containers in large red biohazard bins for disposal.
Infection Prevention and Control

• **Lab specimens**
  - Place lab Specimens in designated, leak proof containers
  - Double bag, or use a lab-approved container, to send specimens through the pneumatic tube system. (see “Pneumatic Tube” policy in Infection Prevention manual)

• **Disinfection (low level)**
  - Use hospital-approved disinfectant wipe OR squeeze bottle with diluted disinfectant
    - If using squeeze bottle, the disinfectant is either squeezed onto the cleaning cloth or directly onto the surface being cleaned
  - Wear gloves when using disinfectant
  - Clean the item by scrubbing to remove visible dirt, organic material, and debris
  - Use disinfectant to scrub from the least soiled areas to the most soiled areas, and from high surfaces to low surfaces ensuring the surface is well saturated
  - Always allow the disinfectant to air dry
Infection Prevention and Control

• **Food and drink** may not be kept in refrigerators, freezers, shelves, cabinets, or counter tops where body fluids are present.

• **Other considerations**
  - Perform procedures involving body fluids in a way to minimize splashing, spraying, and spattering.
  - Do not apply cosmetics, eat, drink, or handle contact lenses in areas where occupational exposure may occur.
  - Cap and place disposable suction canisters, when ready for disposal, into red bags at point of use and take to the red infectious waste tubs for disposal.
Infection Prevention and Control

INFECTIONOUS WASTE
– All medical waste is considered potentially infectious.
– Wear gloves when handling infectious waste bags.
– Wear a cover gown and gloves when cleaning-up broken waste bags (facial protection is needed if body fluids are encountered).
– Never send red bags down the trash chute.
– Items in RED trash bags:
  • Items dripping, saturated, or caked with blood
  • Medical sharps, such as needles, scalpels, lancets, or any sharp objects (first put in sharps disposal box)
  • Blood & blood products
  • Cultures and stocks in the lab
  • Suction canisters
Infection Prevention and Control

LAUNDRY

– Handle soiled laundry as little as possible, bag at point of use, tie (plastic bags) or close (reusable bags), before sending down a laundry chute.
– Wear gloves when handling soiled laundry.
– Laundry bags MUST be used to transport soiled linen.
Infection Prevention and Control

COMMUNICATION OF HAZARDS

The biohazard symbol or the word “Biohazard” is used to designate:

- Contaminated materials, including: refrigerators and freezers containing blood/body fluids materials
- Containers used to store, transport or ship off-site infectious materials contaminated work surfaces
- Red bags are used to designate infectious waste (regulated medical waste)
- Yellow bags are used to designate chemotherapy waste
- Clear specimen bags are used to transport specimens
Infection Prevention and Control

COMPLIANCE / NON-COMPLIANCE

• It is REQUIRED, by all healthcare providers, to perform their duties in a manner to ensure patients, visitors, co-workers, and themselves, are free from exposure to blood / body fluids.
Infection Prevention and Control

BLOOD/BODY FLUID EXPOSURES

What Constitutes an Exposure to HIV, Hepatitis B and Hepatitis C?

– Body fluids with the potential to transmit HIV, Hepatitis B, and Hepatitis C include:
  
  • Blood
  • Fluid containing visible blood
  • Other fluids (semen, vaginal secretions, cerebral spinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids)
Infection Prevention and Control

**Significant Exposure** - blood/body fluid gains entrance into the body through:

- A percutaneous injury (needle stick or other penetrating sharps event) with contaminated sharp.
- A blood/body fluid exposure to mucous membrane (eyes, inside nose or mouth).
- A blood/body fluid exposure to non-intact skin (skin with dermatitis, abrasion, open wound, hangnails, cuts, chafing, acne, etc.).
- A human bite, if it results in blood exposure to either the bite recipient or the person inflicting the bite.

**Non-significant exposure** - blood/body fluid contacts intact skin
Infection Prevention and Control

Post Exposure Guidelines

– Wash/flush exposed area immediately with soap and water.
– If personal clothes are contaminated, remove and get loaner scrubs.
  ❖ Bag clothes in a plastic laundry bag, tie, label with owner name and department, then take to laundry for decontamination (do not send down laundry chute). Clothes will be processed and ready in 2-3 days and are to be exchanged for borrowed scrubs.
– Call the “Ouch Line" and complete an Incident Report form.
– Post-exposure medical evaluation, and follow-up, will be handled confidentially. Appropriate counseling, and instruction for follow-up, will be provided. A physician will determine if and what treatment is needed.
Infection Prevention and Control

Incident / Near Miss

– An ‘incident’ is when a healthcare provider is truly exposed to blood/body fluids (e.g. needlestick, blood splashed into the eyes).

– A ‘near miss’ is when a healthcare provider is put at risk of exposure to blood/body fluids, but it is unclear if the provider truly was exposed (e.g. isolation door is not labeled, improperly bagged specimen is sent through the pneumatic tube system and not bagged, etc.).
Infection Prevention and Control

TB Prevention Program

- The TB Prevention Program is derived from the CDC guidelines and OSHA standards.

• Patient Room Placement
  - Place any patient suspected or known to have active TB in an AIIR (Airborne Infection Isolation Room). AIIRs with ante-rooms are preferred
    - The purpose of the isolation room is to isolate patients, who are likely to have infectious TB, from other people and prevent escape of droplet nuclei from the room.

• Visitors
  - Keep visitors to a minimum, keep their visits short, and instruct them to leave the room if the patient begins to cough.
  - Must wear a surgical or isolation mask. Please note: It is against Federal Law to give a respirator to a person who has not been trained/fit-tested to wear a respirator.
Infection Prevention and Control

• **Initiation of Airborne Precautions for TB**
  – Initiate Airborne Precautions when either the patient has signs and symptoms suggestive of TB, or AFB smear is positive
  – You must be trained/fit tested on the N-95 respirator or CAPR hood before caring for patients who require a respirator for care.

• **Termination of Airborne Precautions for TB**
  – Airborne Precautions may only be terminated by the physician, if specific criteria are met.
Infection Prevention and Control

• Maintaining Appropriate Ventilation in AIIR Room
  – AIIR Door to the AIIR room must remain closed. If the isolation room has an anteroom, the doors to both rooms must be kept closed.
  – Room pressure must be monitored daily when used as an AIIR.

• “Airing” the AIIR room (with the door closed)
  – Upon discharge of patient or termination of Airborne Precautions, the isolation room must be allowed to "air" to achieve 99.9% removal efficiency, prior to admitting another patient. This “airing” time should be posted near the isolation room doors. The room is still considered “dirty” until this airing is completed.
Infection Prevention and Control

HEALTHCARE WORKER EXPOSURE TO TB

– What Constitutes an Exposure to Tuberculosis?
  • TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat speaks, coughs or sneezes. People nearby may breathe in these bacteria and become infected.

– Determining if the exposure was significant.
  • A significant exposure is defined as being in the same breathing space as the patient for >15 minutes or being coughed or sneezed upon by the patient, while the patient was not wearing a mask.

Disinfects with Powerful UV Light

- Creating the safest and cleanest environment for our patients and their loved ones with the LightStrike Full Spectrum™ UV Disinfection Robot.
- Decrease in infections, especially in the operating room
- Used in any area that has an increased chance for infection, especially ICC, OR, and more.

*It’s one additional step we take to protect our patients!*
LET’S TALK ABOUT Corporate Compliance and Confidentiality
HIPAA

HIPAA is a set of federal privacy regulations that:

• Protects patient information- also known as Protected Health Information (PHI) and

• Guarantees certain rights to patients pertaining to their PHI
USE AND DISCLOSURE OF PHI:

- Healthcare workers can use or disclose PHI for three reasons:
  - Treatment
  - Payment
  - Health Care Operations
HIPAA GUARANTEES RIGHTS

• HIPAA guarantees patients certain rights, including:
  – The right to amend their health information
  – The right to access their health information
  – The right to request a restriction on how healthcare providers use and disclose their PHI.
Notes:

• All planned uses must be shared with the patient by the Notice of Privacy Practices, ahead of time and acknowledged.
• Special uses, such as: photography unrelated to care, require written consent
• Unauthorized access may result in disciplinary action, fines, and jail time
PATIENT’S RIGHT FOR RESTRICTION...

• Patient’s have the right to ask for certain restrictions on the use and disclosure of their PHI.
  ❖ Ex: Patient asks us to restrict the disclosure of information to their friends and family.
  ❖ Ex: Patient asks that we restrict the use of their information for fundraising purposes or for research.

• The healthcare provider is not obligated to approve requests, but they do need to consider the request and notify the patient of their decision.

• Each request will be evaluated separately
PROCESS FOR PATIENTS TO REQUEST A RESTRICTION:

- Patients must put their request for restriction in writing.
- The patient will be notified of our decision in writing and a copy of the decision will also be documented in the medical record.
Release of Information

- The public must ask for the patient by name.
- Check directory for patient’s confidentiality status
  - If NO RESTRICTIONS, may give location, send call or person to clinical area
  - If a PRIVACY PATIENT say, “I’m sorry; I have no information about a patient by that name. You may want to check with the family.”
Release of PHI to family or designated person

- Patient may tell anyone their PHI
  - Send visitors or phone call directly to patient unless PRIVACY PATIENT
- Patient may designate a representative(s) they want involved in their care.
  - Special privacy card with phone numbers/room number/floor and the patient’s Security Code will be provided
  - Staff will verify the numbers then information can be given out.
- In an emergency, or if the patient is incapacitated, use your best judgment, in the best interest of the patient.
Interdisciplinary Sharing of PHI

Telephone:
  • Verify the identity and authority of the caller

Paper mail/courier:
  • Verify identity and authority and fax number of the receiver.
  • A fax cover sheet with confidentiality statement is required outside of St. Luke’s
A FEW OTHER HIPAA REMINDERS

• HIPAA is focused at **PROTECTING** the patient’s health information (PHI).
• Every HealthCare Worker needs to remember it is their responsibility to **PROTECT** PHI.
DID YOU KNOW THAT PROTECTED HEALTH INFORMATION INCLUDES:

- Demographic information (Name, address, email, SSN)
- Clinical information (Diagnosis, test results, social history)
- Billing information (Charges, collection status)
- Type of service patient is receiving now.
- Type of service patient will receive in the future.

Make sure you are PROTECTING all types of PHI!
ACCESS TO YOUR OWN HEALTH INFORMATION

• If you have been a patient at St. Luke’s, your health information is contained in our information systems.
• However, St. Luke’s policies do not allow you to access your own information, or that of your family, friends or co-workers, etc.
  • **You may ONLY access the health information systems to gain information you need to do your job.**
• If you need to access your health information, contact the medical record department or contact your healthcare provider.
OTHER’S HEALTH INFORMATION

• Curious how a patient is doing? Don’t ask and Don’t tell unless you, and the other person, need to know to do your job.

• Also known as gossip, this behavior is prohibited.

• Remember, St. Luke’s policies only permit you, to discuss patient information, with those who need to know to do their job.
Safeguarding PHI

• Watch it!
• Cover it! Position or shield computer screens away from public areas. Move fax machines to secure areas
• Lock it up! Password protect and encrypt electronic data
• Talk in private. Do not name patients by name, unless necessary for safety.
• Save PHI for private times or ask others to leave room
• Dispose of PHI securely. Put paper in secure shredder bins.
• Allow access to healthcare operations areas by those who are authorized to be there. Know identity of those on unit and their authority to access PHI
  • Must be wearing ID badges (employees, students, vendors, etc.)
SUSPECT A BREACH?

• Report all possible breaches to a supervisor immediately.
• The law now requires that we notify the patient, AND the government, of the breach if there is a risk of harm to the patient.
• The supervisor and the Privacy Officer will determine if a breach has actually occurred.
• Examples of possible breaches:
  • Faxing patient information to a wrong fax number
  • Leaving a message for a patient at a wrong phone number
  • Including one patient’s information in another’s discharge packet
  • Misplacing a laptop, or other electronic device, that stores patient information
REPORTING A BREECH?

• If a patient and/or family have a complaint, they should speak with St. Luke’s Hospital Privacy Officer at 419-893-5906 or nursing floor manager.

• If an employee sees a violation, they should report it to their patient care supervisor/manager/director and complete a RL6 report. They can also call the Compliance Hotline at 419-897-8462 to report a concern.

• If HIPAA policies are violated, St. Luke’s Hospital can place employees in discipline, ask volunteers or students to leave, notify Medical Staff Quality Committee regarding physician violations, and terminate contracts with business associates.
HIPAA COMPUTER REMINDERS

• Never share your log in and password with anyone.
• Log off your computer if you are going to be away from your workstation.
• Notify Help Desk if you detect a virus.
• Protect the privacy of patients and the confidentiality of St. Luke’s business information.
• Penalties can range up to $1,500,000 and 10 years in prison
ST. LUKE’S SOCIAL MEDIA POLICY

• Use St. Luke’s e-mail for health system business only.
• Do not forward health system e-mail to a personal e-mail account.
• Make sure your e-mails are professional in all respects.
• Do not post patient information or confidential health system information on Facebook.
• Even if the information cannot be linked to specific individuals, it cannot be posted. Even a posting that does not contain the patient’s name may be considered a breach of St. Luke’s policies and subject you to discipline.
• Protect the privacy of patients and the confidentiality of health system business information.
Other Compliance Considerations

• **False Claims Act**: both civil and criminal provisions
e.g. billing for unnecessary services or services not provided

• **Medicare and Medicaid Anti-kickback Statues**: makes it a crime to knowingly and willfully solicit or accept payment, for referring a patient to another person/entity for the furnishing of any item or service, for which payment may be made by the Medicare or Medicaid programs.

• **Stark I, II & III**: prohibits physicians from referring Medicare and Medicaid patients to a hospital, or other entity, for the provision of “designated health services”, if the physician or immediate family member has a financial relationship with that entity, unless an exception exists.
Other Compliance Considerations

- **Tax Exempt Standards**: all 501(c)(3) non-profit organizations may not pay more than “reasonable” compensation to a private individual, or entity, from which it purchases services or items.

- **Fraud** is defined as an intentional false representation or concealment of a material fact intended to induce another to act in a particular way, resulting in his or her injury.

- **The Fair and Accurate Credit Transaction Act of 2003 (FACTA)**
  The purpose of this law as it applies to healthcare is to detect, prevent and mitigate identity theft.
Q. Why is Diversity important at St. Luke’s?

A. Diversity is an important initiative, because it facilitates a workforce that acknowledges and respects differences. Differences include race, gender, ethnicity, age, sexual orientation, physical ability, language, parental or marital status, job experience, religion, geographic location, thinking style, and more.
Diversity

Q. How does St Luke’s Hospital define Diversity?

A. Diversity is about acknowledging many differences and similarities that make us unique. It refers to the collective mixture of people and the differences they bring to the workplace and the patient care environment.
Diversity

The three key elements of Diversity are:

• Cultural and Linguistic Appropriate Services (CLAS)
• Representative workforce
• Inclusive work environment - A workforce that is more representative of our community, in general, helps us to provide culturally and linguistically appropriate care where necessary to meet the needs of our diverse patients.
Diversity

Q. How diverse is our patient population?

A. The patient population is very diverse. The broad spectrum of diversity includes race, national origin, physical ability, religion, insurance status and literacy.

- The racial diversity consists of Caucasian/White, Black/African American, Hispanic/Latino and Asian/Pacific Islander. Some of the languages that our patients speak are English, Spanish, German, Russian, Chinese, and Vietnamese. Other patients are deaf and/or blind. These patients use sign language to speak or read Braille material.
Diversity

– Our patients have various religious/spiritual beliefs that include Catholicism, Baptist, Muslim, and Judaism.
– To better assist patients that are not literate in reading, many patient education materials are written at a reading level of sixth grade or lower.
Diversity

What do I do when my patient is deaf or speaks another language than English?

- Resources are available to help you communicate with deaf or limited English patients. Ask if the patient would like to have an interpreter at no cost.
- Do not use a child to interpret information. The preference is to not use any family member to interpret.
- Please discuss with our staff how to arrange for sign or foreign language interpreter.
Q. What activities during patient care could be altered due to cultural diversity?

A. Patients have different views about health and illness, during the course of caring for a patient, standard activities, such as: dietary and hygiene considerations, may need to be changed to accommodate the needs of our patients. Some examples include:

- Patients that are Muslim and Jewish fast from eating and/or drinking liquids from sunrise to sunset at certain times during the year.
- Patients that are Catholic and Christian fast from eating certain foods during the Lenten season.
- Asian patients may adhere to a rigid diet consisting of certain foods that will quickly replenish nutrients lost from delivering a baby.
Your role as a Healthcare Provider:

- Provide “culturally competent” care to patients, families, visitors… all customers.
- Be responsible to be culturally sensitive and possess knowledge, skills and an accepting attitude towards those who are different than you.
- Be aware, understand and attend to each patient with respect.
F.A.I.R.

- **Feedback**—providing information on expectations and how well they are being met; given early and often
- **Assistance**—helping someone when they need it. Make sure others have what they need in order to work to their fullest potential. Encouragement, equipment or training people to enable them to work in the most productive manner
- **Inclusion**—finding ways to include people. Making sure everyone has an opportunity to fully participate in the workplace. Recognizing and responding to the needs of all. Talking about coworkers in supportive ways rather than criticizing them behind their backs.
- **Respect**—treating people the way they want to be treated. Establishing and maintaining a work environment that is free of offensive practices and conditions.
Code of Conduct

PURPOSE:

• Provide a policy to outline the Hospital’s commitments to ensuring high ethical conduct and integrity in all of its corporate activities

• To show value and respect

• Set an expectation on how to treat others with respect, courtesy, and dignity

• Set an expectation of how employees should conduct themselves professionally and in a cooperative manner

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)
Code of Conduct

STANDARDS OF CONDUCT:

- Everyone is responsible to adhere to the rules of behavior and conduct outlined by St. Luke’s
  - Board of Trustees
  - Employees
  - Volunteers
  - Patients
  - Visitors
  - Medical Staff
- Each person should act in a mature and responsible way at all times

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)
Code of Conduct

UNACCEPTABLE ACTIVITIES:

• Egregious instances of disruptive behavior (gross misconduct): assault, criminal acts. There is **ZERO** tolerance in the hospital!

• Threatening or abusive language towards others: belittling, berating personal attacks, irreverent, unprofessional commentary

• Obscene or abusive language toward co-workers, physicians, patients or visitor

• Indifference or rudeness towards a patient or employee

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)
Code of Conduct

UNACCEPTABLE ACTIVITIES:
• Disorderly/antagonistic conduct
• Malicious gossip
• Bullying, intimidating or threatening behavior
• Harassment: sexual, racial, or other
• Failure to comply with hospital or medical staff policies/procedures
• Damaging, misplacing, or misusing hospital property

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)
Code of Conduct

CONSEQUENCES:

- Violation of the Code of Conduct
  - Investigation
  - Disciplinary action
  - Possible removal of privileges
- Complaints from patients or families regarding physicians are addressed through Hospital Policy Careline Concerns.

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)
Tobacco Regulations

- St. Luke’s has established a tobacco free environment in order to:
  - Reduce the risks associated with smoking to the patient.
  - Reduce the risks of passive smoke to other patients and staff.
- For visitors, patients, and staff any tobacco use is prohibited throughout the campus.
- All care team members are encouraged to courteously remind visitors of the tobacco regulations whenever they see a violation.
Safety/Security

St. Luke’s is committed to facilitating a safe environment for all. 
Job one for everyone!

1. Make sure that patients are safe
2. Be sure you have the right patient

**Best method is to scan the ID band** and
- Compare 2 patient identifiers: Name & Birthdate (you may also use MRN) against the listed paperwork for:
  - Blood Administration (in addition to checking the blood band)
  - Blood Specimen for all blood specimen draws.
  - Medication Administration
  - Any Treatment or Procedure
- Verify information patient verbalized, by checking armband, MAR, lab order, or other hard copy patient identification, that is carried into the room.
Safety/Security

3. Make sure the right person gives the patient care
4. Communicate correctly and timely. –
   **Verbal Orders and Critical Values:**
   Be sure you Hear it.......Write It.......and Read it back!!!
5. Make sure patient equipment and supplies are in working order and used correctly.
   - Pay attention to signs and labels
   - Check equipment before you use (i.e. electrical wire and plugs, wheelchair brakes, etc.)
   - Report any electrical cords that have cracked and are worn
   - Keep electrical cords away from water and heat.

Needles & sharps
- Dispose of needles immediately after use. Use medical sharps containers
- Do not recap needles
Safety/Security

6. Provide a safe and secure environment for all patients, families, staff and visitors.
   • Perform hand hygiene before and after each patient contact, after restroom use, and before and after eating.
   • O2 safety:
     ❖ Always secure cylinder – If cylinder is tipped over, the stem can be knocked off and cylinder becomes an unguided missile. DO NOT lay an oxygen tank on a wheel chair or a bed.
     ❖ Temporary storage – Mount on W/C or stretcher
     ❖ Long term storage – In racks

Equipment Alarms
• Be sure the alarms are always on, parameters are on and audible, and alarms are responded to.
Safety/Security

7. Before doing anything with a patient, ask yourself:
   - Is this safe?
   - What could go wrong?
   - How can I stop wrong things from happening?
   - Is this the best way to do it?
   - Do I know how to do this correctly, according to policy and procedure?
   - Am I the right person to do this?


**FIRE SAFETY**

**Code Red**

R – rescue    P – pull pin
A – alarm     A - aim
C – contain   S - squeeze
E – extinguish S – sweep/spray

- Rescue patients in immediate danger first - if the fire and/or smoke danger is imminent, close by or life threatening
- Evacuate to a safer area on the unit.
- Move ambulatory patients first.
- Move non-ambulatory patients in the most practical manner possible.
- Remember to check all rooms for stragglers and close the doors after you leave the room.
- Do not prop fire doors open. Have someone hold the doors as you pass through them. Close them when done.

**EVACUATION**

Types of fire evacuation:

1. **Horizontal evacuation**
   - moving people from any section of the building where danger exists from smoke or fire to an area on the same floor of the same building which is protected by a fire (smoke) door

2. **Vertical evacuation**
   - moving patients down to a safe area, one to two floors below the fire
   - Never use elevators.
Evacuation Safety

Total evacuation
- Everyone is removed from the building because of dense smoke or fumes or other danger.
- Those evacuated first should be those in immediate danger and floor by floor; this will be determined by the incident commander.
If time permits, patient charts should be gathered and moved with the patients also.

METHODS TO MOVE NON-AMBULATORY PATIENTS:
1. Move the entire bed.
2. Use of a cart.
3. Wheelchair.
4. Blanket drag – Head first with six or eight inches of blanket extending beyond the head.
Weather Safety- CODE GRAY

Severe Weather Conditions:

TORNADO WATCH
TORNADO WARNING
THUNDERSTORM WATCH
THUNDERSTORM WARNING

YOUR ACTIONS?

- Close all shades, drapes, and blinds to minimize the danger from flying glass.
- Move away from areas that may be a danger; i.e., entrances, glass enclosed waiting areas due to flying glass. Move to inner hallways, enclosures, etc.
UTILITIES SAFETY

• If the electrical system fails, the generators go on in 10-15 seconds. Have all critical patient care equipment plugged into the critical power outlets, which are color coded RED.

• Safety principles when working with electricity:
  – Patient care equipment should be connected to the receptacle closest to the patient
  – Unplug and plug in all electrical equipment with the power switch in the OFF position.
  – Never pull plugs from the wall by pulling on the cord.
Patient Safety Codes - Ohio

- **ADAM**  Missing Child / Infant Abduction
- **BLACK**  Bomb Threat
- **BLUE**   Medical Emergency
- **BROWN**  Missing Adult Patient
- **COPPER** Communications Disruption or Failure
- **GRAY**   Severe Weather
- **GREEN**  Evacuation
- **MAGENTA** (Coming Soon) Radioactive substance hazard
Patient Safety Codes - Ohio

- **ORANGE** Hazardous Material Spill
- **RED** Fire
- **SILVER** Violent Incident involving WEAPON (use or threatened use) or HOSTAGE SITUATION
- **VIOLET** Combative or verbally abusive patient, visitor, or staff
- **WHITE** Snow or other Transportation Emergency
- **YELLOW** Disaster
Hazardous Materials

• Every employee, volunteer, and student must be aware of proper handling of hazardous materials that are in the health care environment.

• The definition of a hazardous material is “any substance which has the capacity to produce personal injury or illness to man through ingestion, inhalation, or absorption through body surfaces.”

• Material safety data sheets (MSDS) for hazardous materials are available on OurSLH under Applications. Please see the computer access orientation page for access to OurSLH.
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Effective Communication Among Caregivers

**SBAR** is one example of a standardized framework for a team to communicate about the patient’s condition. You will see SBAR used in a variety of ways.

- **S** = Situation,
- **B** = Background,
- **A** = Assessment,
- **R** = Recommendations

**Critical Test Reporting:** Certain diagnostic and monitoring tests have been determined to have a critical value to the care of the patient. When these test results are at the critical level, immediate communication must occur. The department performing the test (e.g. lab or radiology) will call a member of the care team with the results.

- The individual making the call is responsible for documenting the date and time of call, and the name of the person who receives the critical results.
- The primary care nurse is responsible for reporting the critical values to the ordering physician. The date and time of such reporting shall be documented in the medical record.
- The primary care nurse is also responsible for ensuring that the ordering physician is aware of critical values, prior to the patient being discharged to another level of care.
- All critical test results and critical values must be read back by the receiving individual to ensure accuracy.
Patient Safety: Universal Protocol

**Time Out**
- Prior to the initiation of surgical/invasive procedures, regardless of where it is done in the hospital, the patient must be identified according to hospital policy.

**Marking the site**
- If the procedure/surgery involves laterality (right or left), multiple levels (spine), or multiple structures (toes and fingers).
- The site is marked by the physician using his/her initials.
- A final verification *Time Out* must occur.
- Failure of any of these to happen requires postponement of the procedure.
- The surgeon has final determination of the surgical site, and is responsible for verification of x-rays, and other imaging studies.

Site Marking and Time Out may only be waived in procedures designated as “emergency”. 
PATIENT SAFETY: FALL PREVENTION

• Falls are the result of **patient-related factors** (confusion, etc.), **co-morbidities** (hypotension, UTI, etc.), and the **environment** (wet floors, slippers, etc.)
• Patients must be assessed for fall risk upon admission to the hospital and are re-assessed at least every 24 hours
• Fall prevention strategies are based upon individual patient need
• All patients, regardless of fall risk, should be oriented to the room environment, lights, call system, side rails, and level of assistance needed.
PATIENT SAFETY: FALL PREVENTION

• Routine safety interventions:
  – Hourly patient rounding
  – Call light in reach – “Call Don’t Fall”
  – Bed wheels locked
  – 2 Side rails up at all times
  – Ensure the environment is free of hazards for falls
  – Bed in lowest position
  – Furniture neatly arranged
  – Rest periods for tired patients
  – Answer calls in timely manner
PATIENT SAFETY: FALL PREVENTION

• Additional Fall Risk interventions may include:
  – Patient and/or Family education about fall prevention
  – Frequent patient observation
  – Use non-skid footwear
  – Provide diversion activity
  – Assist/supervise patient when transferring, walking, or toileting
  – Fall Risk Identification per Hospital Policy – such as yellow arm band and door/chart stickers
  – Bed/Bathroom alarms
PATIENT SAFETY: MANAGEMENT OF TRANSFUSION REACTIONS

• The first 15 minutes of the infusion is one of the most critical times for a transfusion reaction to occur; therefore, nursing personnel should remain with the patient for those 15 minutes.

• Patients who experience signs and symptoms of a transfusion reaction, during or within approximately 4 hours after transfusion, shall be managed for transfusion reaction.

• Transfusion reactions may occur during or after a transfusion or up to 24 hours post transfusion.
PATIENT SAFETY: MANAGEMENT OF TRANSFUSION REACTIONS

• Notify RN of change in vital signs or if the patient demonstrates signs/symptoms of a reaction.
• Due to the anesthetized state of the patient, and the rapidity of which multiple units may be administered in the OR, a reaction may be delayed.
• The most common complication of a blood transfusion reaction is febrile non-hemolytic (FNH) caused by an immune response to cytokines or white blood cells in the stored blood.
• During, or shortly after, a whole blood or other blood product transfusion, the patient’s temperature will increase by 1 degree C or more in the absence of any other stimuli.

The following signs/symptoms should alert the Care giver to the possibility of a blood reaction:

- Fever increase ≥ 1 degree C or ≥2 F
- Flushing
- Pain at Infusion Site
- Chills
- Shock
- Severe Lower Back Pain
- Chest Pain
- Headache
- Perspiration
- Hypotension
- Difficulty Breathing
- Urticaria
- Nausea
- Hypertension
- Skin Pallor
- Joint Pain
- Hematuria
- Oozing from wound or venipuncture site

**NOTE:** All body temperatures shall be obtained from the same site (oral, axillary, aural or rectal) using the same device.
MEDICATION SAFETY

• In addition to double identification of the patient, several other details lead to safe medication administration....every med, every time
  – Complete medication order
  – Five Rights
  – Trace all lines/tubes from the patient to the equipment. Assure the tubing is actually IV, NG, etc.
  – Double check calculations
  – Does the med make sense for this patient at this time? If not, STOP and ask!

• Double checks are required with another nurse for high risk and pediatric medications. Be sure to check the specific hospital policy.
MEDICATION SAFETY

Adverse Drug Events

• Definition: An undesirable or unexpected event that requires discontinuing a drug, modifying a dose, prolonging hospitalization, or providing supportive treatment
• Adverse Drug Events may include, but are not limited, to the following:
  – Diarrhea
  – Hives
  – Seizures
  – Headache
  – Rash
  – Bradycardia
  – Abnormal lab values
  – Bleeding from anticoagulants
  – Difficulty breathing or altered mental status
MEDICATION SAFETY

Adverse Drug Events

• With any medication, be sure to assess for adverse drug events
• Ensure that the medication is being given at the correct time in relation to the patient’s treatment plan or diet
• When an adverse drug event is observed, a report in Risk Management System (RL6) must be made promptly.
MEDICATION SAFETY- ANTICOAGULANTS

• Reduce the likelihood of patient harm associated with the use of anticoagulant therapy
• Examples of Anticoagulation Medications:
  – Coumadin (warfarin)
  – Lovenox (enoxaprin)
  – Heparin
  – Lepiridan
  – Argatroban
  – Arixtra (fondaparinux)
  – Angiomax (bivalirudin)
  – Pradaxa (dabigatran etexilate)
MEDICATION SAFETY - ANTICOAGULANTS

• Benefits of Anticoagulation Therapy:
  – Prophylaxis of thromboembolism or stroke
  – Treatment for thromboembolism

• Potential Side Effects:
  – Bleeding
  – Excessive bruising, petechiae, hematoma
  – Decrease Hbg, Hct, Platelet counts
  – Heparin Induced Thrombocytopenia
  – Hemorrhage
  – Hypersensitivity reaction
MEDICATION SAFETY-ANTICOAGULANTS

• Follow-up Monitoring is Essential
  – PT, PTT, INR’s, Platelet counts, Hgb, Hct, Creatinine, and Liver Function tests may be ordered
  – Specialized anticoagulation order sheets must be utilized where applicable

• Patient Education and Compliance:
  – Educate patients about drug regimen and follow-up lab work
  – Utilize anticoagulation discharge instructions
  – Educate patients about dietary restrictions (such as, foods that are high in Vitamin K)
  – Check for drug interactions
SERVICE EXCELLENCE

To assure every patient experience is the best it can be, each day, we each need to answer three simple questions:

- What did I do today to be the best at what I do? (Value: Excellence)
- What did I do today to find a better way forward in delivering high-quality, compassionate care? (Value: Integrity)
- What did I do today to treat our patients and each other with respect and dignity? (Values: Compassion and Teamwork)
Hourly Rounding: Proactive vs. Reactive

Research has shown that hourly rounding:

• Reduces call light usage
• Reduces patient falls
• Reduces hospital acquired pressure ulcers
• Improves patient perception of pain management
• Increases patient satisfaction
Providing Safe, Quality Care
Every Patient * Every Employee * Every Time

Hourly Rounding includes checking on the patient’s
• Pain/Comfort
• Position
• Potty/Toileting
• Possessions/Call Light
• Communication/Courtesy

It’s important that we anticipate patient’s needs. Be proactive vs. reactive (address patient needs before they have to ask).
Providing Safe, Quality Care
Every Patient * Every Employee * Every Time

Every team member should ask prior to leaving a patient’s room, “Is there anything else I can do for you? I have time.”

If you need additional help with a patient’s request, notify the nurse or nursing assistant/tech directly.
Cleanliness of Hospital Environment

- Everyone is responsible for maintaining cleanliness. Do your part to clean up after yourself.
- Take the time to notice and take action when you see trash overflowing, litter/clutter in halls, or other cleanliness concerns.
- Notify Environmental Services if a patient expresses that the room has not been cleaned to their satisfaction.
Responsiveness of Hospital Staff

• Response to call button: It is important to our patients that once their call is answered, they get help in a timely fashion.

• Good rule of thumb - anyone within a 5 foot range of a call light should respond to the call to see what the patient needs.

• Getting help to use the bathroom as soon as patients want: It’s important to our patients that they get timely help when they need to use the bathroom. Be sure to notify the appropriate person quickly, if you cannot help the patient.
Service Recovery

- Every employee should feel empowered to initiate service recovery when a patient/customer has received less than excellent service.
- The best person to initiate service recovery is the person who discovers the issue.
- The best way to start service recovery is to acknowledge the complaint and apologize for not meeting expectations. “I am sorry that we didn’t meet your expectations”.
END-OF-LIFE CARE

- Patients have the right to receive treatments to manage symptoms and keep them comfortable at the end of life, known as palliative care.
- Palliative care can also help people manage symptoms of non-life-limiting conditions, such as rheumatoid arthritis.
- The goal is to help people maintain comfort and quality of life, regardless of whether their disease is curable. Based on patient preferences, palliative care may be combined with other treatments to prolong your life or to cure your condition.

PATIENT RIGHTS

**Choices**

- The patients have a right to make choices regarding care that affects him/her.
- Protect your patient’s right to choose by offering choices as you care for them.

**Privacy**

- This is an important right! The patient has a right to privacy behind a closed door/curtain.
- Respect their privacy by always knocking or checking before entering and wait for a response.
- If you accidentally interrupt the patient, quickly excuse yourself and leave the room. Make sure privacy is provided during care, by drawing the curtains around the bed or shutting the patient’s door.
- Keep the patient’s body as covered as possible while providing care.
Speak Up

The “Speak Up” program is sponsored by safety-focused organizations and urges patients to get involved in their care.

- **S**peak up – patients have the right to ask questions if they do not understand or have concerns.
- **P**ay attention to the care they receive – Make sure they are getting the right treatments and/or medications.
- **E**ducate themselves about their diagnosis, medical tests they are going to undergo and the treatment plan.
- **A**sk a trusted family member or friend to be their advocate.
- **K**now what medications they are taking and why they take them.
- **U**se a hospital they trust.
- **P**articipate in all decisions about their treatment.
PAIN MANAGEMENT

The best and most reliable source for identifying pain is the patient’s own verbal communication. If the patient cannot tell someone about the pain, body language and physiological status can provide clues to the presence of pain. However, nonverbal behaviors should not be used to refute a patient’s verbal complaint of pain.
IDENTIFICATION OF PEDIATRIC ABUSE

- **Physical**
  - Unexplained cuts, burns, bruises, fractures
  - Problems at school
  - Fear of adults
  - Self-destructive or suicidal behavior
  - Physical condition does not match explanation from caregiver

- **Sexual**
  - Pain or bleeding with urination or defecation
  - Inappropriate interest/knowledge of sexual acts
  - Nightmares and bed wetting
  - Changes in appetite
  - Secretiveness

- **Neglect**
  - Lack of care
  - Unbathed/dirty
  - Extreme hunger

- **Emotional**
  - Depression
  - Hostility
  - Lack of concentration
  - Eating Disorders
IDENTIFICATION OF ELDER / DEVELOPMENTALLY DISABLED ADULT ABUSE

- Physical
  - Burns
  - Unexplained cuts, bruises, fractures
  - Signs of being restrained
- Neglect
  - Dehydration/Malnutrition
  - Extreme hunger
  - Bed sores
  - Unbathed/dirty
- Emotional
  - Depression
  - Non-communicative
  - Caregiver belittles, threatens, or controls patient
- Sexual
  - Bruises around breasts, inner thighs, or genitals
  - Unexplained venereal disease
  - Unexplained vaginal, penile, or anal bleeding
- Financial Exploitation of Elders:
  - Sudden close relationship with a much younger person
  - The caregiver’s only means of support is the patient
  - The caregiver restricts the elder’s contact with the community
IDENTIFICATION OF DOMESTIC VIOLENCE

• Physical:
  – Discrepancy between injury and history given by patient
  – Verbal admission of abuse
  – Multiple injuries in varying degrees of healing
  – Disproportionate amount of time between injury and time medical treatment is sought
  – Injuries on areas that are normally covered by clothing
  – History of being “accident prone”
  – Untreated old injuries

• Psychological or Verbal Abuse
  – Complaints of chronic pain
  – Bizarre or inappropriate history
  – Alcohol or drug abuse history in patient or spouse
  – Depression regarding family situation
  – Previous suicide attempts

• Sexual
  – Assault
  – Rape
ERROR PREVENTION

Education for those with limited patient contact AND a limited timeframe in the facility or always under supervision of employee or faculty

Building a Culture of Safety and Reliability
Expectations

- St. Luke’s Hospital expect that each person (regardless of employment status) will know and use key behaviors to improve overall patient and staff safety.
- Please feel free to ask any St. Luke’s educator, or employee, any questions you may have after completing this module.
Integration is key to success

- **Integration** of these safety behaviors is key to reaching our goal of “Zero” events of harm.
- **Integration** means that these behaviors become part of the normal thoughts and actions of everyone associated with St. Luke’s Hospital.
- **Integration** also means that these behaviors become the framework for the total patient experience (Safety, Clinical Quality, and Service Quality).
The Patient Experience

Risk, Safety, Quality Cycle

Bedside Risk Management Tools

Risk & Safety Education

Clinical Assessment & Feedback
What is Safety?

- S—Sense the error
- A—Act to prevent it
- F—Follow Safety Guidelines
- E—Enquire into accident/deaths
- T—Take appropriate remedial measure
- Y—Your responsibility
What patients want…

- Don’t hurt me
- Heal me
- Show me you care

Medical Errors are the 3rd - 6th leading cause of death in the U.S.
Don’t Hurt Me

- Personal commitment to patient safety
  - Speak up for safety with ARCC:
    - Ask a question,
    - Request a change
    - Voice a Concern
    - Use Chain of command
  - Peer checking and coaching
  - Report problems, errors or events
  - Stop, reflect and resolve
- Clear communication—SBAR, Hand-off communication
- Attention to details—self check using STAR:
  - Stop, Think, Act, Review
Heal Me

- Knowledge, skills and processes by which we deliver high quality, evidence-based care
- Providing the best patient care possible
Show Me You Care

- Show empathy and compassion
- Preserve dignity and respect
- Engage with patients, families, care providers and follow employees
Serious Safety Event
- Reaches the patient
- Results in moderate to severe harm or death

Precursor Safety Event
- Reaches the patient
- Results in minimal harm or no detectable harm

Near Miss Safety Event
- Does not reach the patient
- Error is caught by a detection barrier or by chance
Serious Safety Events (SSE)

- Wrong site/side surgery or procedure
- Medication or blood/blood product error
- Falls with injury
- Needle sticks
- Hospital acquired infections
- Delayed diagnosis or incorrect diagnosis
- Etc…
To Error is Human

- 44,000 to 98,000 patient deaths per year from medical errors
- >1800 patient events reported annually on average
  - More likely 1800 + 1080 = 2880 annually
    - (1800 x 60% unreported errors)
- HealthGrades 2005 reports 1 death for every 382 admissions!
Precursor Safety Events

- Breakdown in System, Process and/or Human Factor
  - Wrong test ordered AND performed
  - Wrong drug in patients bin AND administered
  - Wrong diet delivered to room AND eaten

- Reaches the patient
  - Not detected during the check, double check
  - Validates the safety nets have holes

- Report these patient safety breaches
  - Allows investigation into & understanding of event
  - Allows intervention to prevents a recurrence
Blocking Events

Think about what you’re doing – don’t let your mind wander – stay focused

- Know WHO you’re supposed to treat
- Know WHAT you’re supposed to do
- Know WHEN you’re supposed to do it
- Know WHY you’re doing what you’re doing
- Know HOW to do what you’re trying to do
- Know WHAT to expect after you do what you’re doing
Near Miss Safety Event

- Breakdown in System, Process and/or Human Factor
  - Wrong test ordered but not performed
  - Wrong drug in patients bin but not administered
  - Wrong diet delivered to room but not eaten

- Doesn’t reach the patient
  - Intercepted during the check, double check
  - Validates the safety nets are intact

- Report these patient safety breaches
  - Allows investigation into & understanding of event
  - Can’t trust same “good catch” to happen elsewhere
  - Allows intervention to prevent a recurrence
The Swiss-Cheese Effect

*Multiple Barriers* - technology, processes, and people - designed to stop active errors (our "defense in depth")

*Active Errors* by individuals result in initiating action(s)

*Latent Weaknesses* in barriers

PREVENT

DETECT & CORRECT
How do Serious Safety Events Occur?

High Risk Situation + High Risk Behavior = Safety Event

High Risk Situation cannot always be prevented but we can alter our High Risk Behavior.
Skill-Based Events

- Routine, frequent tasks in a familiar setting that you can perform without much thought—auto-pilot
- Slip—unintended wrong doing
- Lapse—fail to do what should have been done
- Fumble—mishandle or blunder

Stop and think before acting

These are the “slap your head” “What was I thinking?” types of errors.
Rule-Based Events

Responding to situations by recalling or using rules previously learned

- Used the wrong rule—taught incorrectly
- Misapplied a rule—knew correct response but chose incorrect response to situation
- Non-compliance—chose not to follow the rule at all (thought their way was best)

Learn right rule, think twice, be aware of increased risk

Happens with fast-paced changes
Knowledge-Based Events

Problem solving in a new, unfamiliar situation. You come up with the answer by:

- Using what you know
- Taking a guess
- Figuring it out by trial-and-error

Stop and find an expert who knows the correct answer

Happens with complex and new situations
Reporting Patient Events

• Risk Management MUST know about any event that
  – MAY cause harm to a patient if allowed to recur
    • Near Miss Events – Event did not reach the patient
    • Precursor Safety Events – Event reached patient, resulted in no injury
  – HAS caused any degree of harm to a patient
• Serious Safety Event 1 - 5
  – **Severity 1 – Death**
  – **Severity 2 – Severe Permanent Harm** (loss of limb, impairment of a major function e.g. loss of sight, fertility)
  – **Severity 3 – Moderate Permanent Harm** (expected to be permanent but not interfere w ADLs e.g. disfigurement)
  – **Severity 4 – Severe Temporary Harm** (resulting in higher level of care or additional major procedure e.g. fall w hip fx → OR)
  – **Severity 5 – Moderate Temporary Harm** (resulting in increased monitoring or minor procedure e.g. x-ray to r/o injury)
Behavioral Expectations #1

- Personal Commitment to Safety: I will demonstrate a personal and a team commitment to safety
- Be Assertive: Use ARCC “I have a concern”
- Ask a co-worker to review your plan “two heads are better than one”
- Look Out for Each Other, point out hazards and correct unsafe and unproductive behaviors
Safety Toolkit

- Speak up for safety using ARCC
- Peer checking and peer coaching
- Report problems, errors and events
- Stop, reflect and resolve
- Ask clarifying questions
- Three-way repeat backs/read backs
- SBAR
- Handoff communication
- Self check using STAR
Stop, Reflect and Resolve

- STOP when uncertain!
  - Review your plan
  - Resolve the concern
  - Reassess your actions
- Reflect (internal check)
  - Does this make sense? Is it correct? Is this what is expected to happen?
- Resolve (external check)
  - Consult an expert
  - It’s okay not to know…it’s NOT okay to not find out
Report Safety Incidents

- Reporting allows for trending and identification of process problems, not to punish those involved
- Submit an on-line report (RL-6) so that trends can be identified
- Report the small things and Near Misses, it important
- Don’t assume someone knows and will take care of it
Log into OurSLH → My Work → Applications → RL6 Risk Management Reporting
Check the box to report anonymously
RL6 does not identify the submitter or the IP address of the computer.
HOW TO USE RL6

The reporter will select the icon (such as fall) that matches the event or complaint to be reported and the correct form will open.

As selections are made in the form, additional selections will open to help assure needed information is provided.

Once the report is completed and submitted, it is electronically routed to additional individuals for follow-up and tracking.
Complaints and Compliments are reported using a special icon labeled “Feedback”.

COMPLAINT MANAGEMENT
FOR EMPLOYEE EVENTS (INCLUDING STUDENTS & FACULTY)

“EMPLOYEE EVENT” is a special icon regardless of the cause of event (fall, needle stick, etc)

For reporting an employee event, with or without actual injury, be sure to select the “employee event” icon.

DO NOT USE fall, infection, etc. for EMPLOYEE events. You will be unable to complete the report since “Employee” is NOT a choice for “Type of Person Affected/Involved” when using the other icons.
Behavioral Expectations #2

- Everyone is accountable for Clear & Complete Communication
- Tools to help include
  - Clarifying questions
  - 3-way communication
  - Phonetic & Numeric clarifications
  - SBAR for action
  - Handoff communication/Bedside Report
Ask Clarifying Questions

- Asking clarifying questions can decrease the risk of error by 2 ½ times
- Make sure that you understand the WHY? and HOW? related to the situation

Example: “15…that’s one-five correct?”
Three Way Communication

- Read + Repeat Back + Acknowledgment

“That is correct”
SBAR

- **Situation**—what is the situation, patient, or project?
- **Background**—what is important information, problems, and precautions?
- **Assessment**—what is your evaluation of the situation, problems, and precautions?
- **Recommendation**—what is your recommendation, request, or plan?
Handoff Communication

- Patient/Project: What is to be handed off?
- Plan: What is to happen next—the main effort?
- Past History/Purpose of plan: The desired outcome
- Problems: What is known to be different, unusual, or complicating about this patient or project?
- Precautions: What might be anticipated to be different, unusual, or complicating about this patient or project?
Behavioral Expectations #3

Pay Attention to Details-STAR: Stop—Think—Act—Review

- **Stop**—pause to focus attention on task at hand
- **Think**—understand WHAT is to be done, plan actions, decide what to do if the unexpected happens
- **Act**—carry out the planned task
- **Review**—verify you get the expected/desired results

Errors occur when under time pressure, stressed, or faced with interruptions and distractions.

STAR can decrease chance of mental slip 10 fold!
Patient safety starts with you!