Module # 1

- “M” DAY DOCUMENTATION
- MISSION AND GOALS
- NURSING EDUCATION POLICY
- OCCUPATIONAL HEALTH SERVICES
- SEXUAL HARASSMENT
- IMPAIRED PROVIDER
MISSION AND GOALS

Mission and Goals

Jacobi Medical Center
“The patient is the center of all our efforts. JMC will be the provider of choice for its patients.”

North Central Bronx Hospital
“The patient is at the center of all our endeavors.”

NURSING EDUCATION POLICY.
MANDATORY EDUCATION

• A. Nursing Board; Nurse Practitioners; CNM; CRNA; RN; LPN
• B. NA/TECH/PCA
• C. Clerical Staff/ Office Associates
• D. Affiliate Student/ Affiliate Faculty/ Volunteers

*Each staff title must complete 1 ½ to 4 ½ hours, respective to title, yearly, to meet Regulatory Standards set forth by Joint Commission (JC), Department of Health (DOH) and Occupational Safety and Health Administration (OSHA).
OCCUPATION HEALTH SERVICES (OHS)

• Occupational Health Services (OHS) assist in the protection of all employees against exposure and/or risks of health hazards and work-related injuries.
• If you are injured during your clinical rotation you should report the injury, notify your instructor, the Affiliation Coordinator, document the incident and go to Adult ED or private MD.
• Students and Instructors are required to have annual medical assessment.

SEXUAL HARASSMENT

• Is an unlawful discriminatory employment practice and a violation of TITLE VII of the Civil Rights Act of 1964
• Defined by government regulation as “unwelcome” sexual advances, request for sexual favors, or verbal /physical contact of a sexual nature.
SEXUAL HARASSMENT CONT...

If you face any of these situations, you should:

- CONFRONT THE PROBLEM
- REPORT THE PROBLEM
- DOCUMENT THE HARASSMENT
- SEEK SUPPORT

(Contact Instructor and Affiliation Coordinator)

IMPAIRED PROVIDER

- All personnel are responsible for notifying either the Senior Vice President, The President of the MEC, Medical Director, or the involved Department Chairman or your clinical instructor/affiliation coordinator/ADN of a situation which suggest that a physician is possible impaired by alcohol, drugs, physical or mental disability, habitual drunk or user of narcotics, barbiturates, amphetamines, hallucinogens or other drugs.

- Signs and Symptoms include but not limited to: slurred speech, unsteady gait, smell of substance on breath, drowsiness, poor judgment, extreme hyperactivity, tremors of hands and feet.
Module # 2

- RAPID RESPONSE TEAM
- CARDIAC ARREST
- FIRE AND SAFETY
- EMERGENCY PREPAREDNESS
- HOSPITAL POLICE/BOMB THREATS

RAPID RESPONSE TEAM/ RRT

- Clinical parameters to summon RRT
  - Heart rate less than 40
  - Heart rate greater than 120
  - Significant change in systolic blood pressure less than 90mmHg of greater than 180
  - RR greater than 28
  - RR less than 8
  - SpO2 less than 90%
  - Acute significant bleeding (Hemoptysis, Hematemesis, Melena)
  - Acute change in mental status
  - Seizures new onset

In addition to the above any staff member can initiate RRT if they feel its warranted
RAPID RESPONSE TEAM/ RRT
Cont......

- Senior Medical Resident (SMR)
- Critical Care Nurse
- Respiratory Therapist

JMC & NCBH
- **To call RRT dial 3-5110**
  - Give operator patient location information

THE STAFF THAT INITIATED THE RRT, WILL REMAIN AT THE BEDSIDE AND FOLLOW THE RECOMMENDATIONS FOR TREATMENTS, TESTS, OR TRANSFER, AS NECESSARY.

CARDIAC ARREST/ CAC

**Cardiac Arrest/ CAC Cart**

<table>
<thead>
<tr>
<th>JMC</th>
<th>NCBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dial x35126</td>
<td>Dial x55222</td>
</tr>
<tr>
<td>Give operator building, floor, room number</td>
<td>Give operator floor and room number</td>
</tr>
</tbody>
</table>
REMEMBER

• C = Circulation – compressions
• A = Airway
• B = Breathing – rescue breathing
• D = Defibrillations

• EKG & Defibrillator MUST be checked beginning of each shift. (Reminder: When testing unplug the unit from electrical outlet)
• Test at manufacturer’s recommended number of joules.
• Code Cart integrity is checked at beginning of shift.
• Code Cart Inventory is performed every Wednesday (Cart opened, checked per standards, and re-locked) by on coming and off going staff.

FIRE & SAFETY

JMC
35441
RACE
R = RESCUE
A = ALARM
C = CONFINE
E = EXTINGUISH/EVACUATE

NCBH
55656
R = RESCUE
A = ALARM
C = CONFINE
E = EXTINGUISH/EVACUATE
FIRE & SAFETY CONT

- **RESCUE** any patient, staff or visitor from immediate danger
- **ALARM** by activating the nearest fire alarm box. If possible, call Telecommunications with the exact location and pertinent information.
- **CONFINE** the fire/smoke by closing all doors and windows.
- **EXTINGUISH/EVACUATE**
  - If conditions permit, use the ABC Fire Extinguisher and follow the **PASS** procedure to put out fire (Pull, Aim, Squeeze, Sweep).

FIRE & SAFETY CONT...

Fire Alarm Bells Tell you:
- **JMC:** BUILDING – WING – FLOOR
  - Building 6  BUILDING – WING – FLOOR - ZONE
- **NCBH:** WING – FLOOR
- **Building 8-** Fire Bell Coding- 3 Tone Sounds-3 Times-3 Minutes. Strobe Lights will flash when alarms are activated

**All staff must understand the coding system used to denote the location of the fire situation**
FIRE & SAFETY CONT...

- Know the location of fire alarm pull stations, fire extinguishers, and exits.
  - Fire alarm pull boxes are located in all department.
- Pull stations are always located near stairwells and the fire bell code chart is located next to or above the pull station.
- Annual fire safety training of all staff is required.

FIRE & SAFETY CONT...

Inpatient Units

Floor upon Which the Alarm Was Activated:
- Relocate any patient in immediate danger.
- Close all corridor doors.
- Remove all equipment from the corridor.

DEFEnd IN PLACE

Floor Above and Below the Alarm Zone:
- Request all patients to remain inside their room.
- Close all corridor doors.
- Remove all equipment from the corridor.
- Be aware that fire conditions change rapidly and may require horizontal evacuation (to an unit on the same floor) of the zone that is directly above or below the fire.
Inpatient Units  Other Floors:

- While it is not necessary to immediately close the corridor doors on floors other than the alarm floor and the floor above and below the alarming floor, it is important to remember that fire conditions may change rapidly and require the implementation of the comprehensive fire procedures.
- If fire is reported in another unit, nursing staff should remain on their assigned unit unless notified that they are needed on the unit experiencing the fire situation.

Building #8, #5, 4 and Off-site Practices

- Classified as business occupancies and the staff will evacuate the patients to the designated points outside the building whenever a fire condition is detected.
- Follow the direction from your instructor, who will follow directions from Charge Nurse (CN)/ Head Nurse (HN).
NO SMOKING IS MAINTAINED IN ALL BUILDINGS AND GROUNDS.

OXYGEN SHUT OFF:
Nursing/ Engineering/ Respiratory Care staff are required to know the location of the shut off valves on patient care units and are responsible for shutting off oxygen in case of fire/emergency.

Fire Extinguisher
ABC fire extinguishers can extinguish most small fires and located on all units.

- **Class A**: Ordinary combustible materials such as paper or cloth.
- **Class B**: Flammable liquids and gases.
- **Class C**: Electrical equipment
FIRE & SAFETY CONT…

Operation of ABC Fire Extinguisher

P- Pull Pin
A- Aim the hose
S- Squeeze the handle
S- Sweep at the base of the fire

FIRE & SAFETY CONT…

Evacuation

**Horizontal**- Relocation of patients from one unit to a different unit on the same floor

**Vertical**- Relocation of patients to at least one floor below the fire
Emergency Preparedness

• Emergency preparedness is the preparation and planning necessary to effectively handle an emergency. It involves individuals developing an emergency plan that identifies services they require, and what resources they need to have on hand in case of an emergency.

Emergency Preparedness

• External Disaster is a major incident that happens outside of the hospital and has an impact on the institution.
• If a disaster is called, you will hear a series of 4 bells – 3 times.

4-4-4

• HN/CN will initiate a census log on each unit
• Remember, NO personnel may leave their assigned unit until released by Nursing Administrator.
Emergency Preparedness

Internal Disaster

- **Loss of Electricity**
  Life supporting machine use RED outlets

- **Loss of Water**
  Urine and feces are discarded into bags placed over the toilet and use sterile or bottle water for drinking

- **Loss of computers**
  Black box located on all units

HOSPITAL/POLICE BOMB THREATS

**Points to Remember**

- Report to Hospital Police: Theft, vandalism, staff-visitor altercations, hostile situations

- Hospital Police **must be** notified of the presence of NYPD or forensic staff. The Hospital Police will provide proper orientation to NYPD or forensic staff members.

- Bomb threats: Seek more information, call Hospital Police.
HOSPITAL/POLICE BOMB THREATS continued..

- Person receiving call shall:
  - Prolong conversation as long as possible
  - Be alert distinguishing background noises
  - Note any voice characteristics such as accents, lisps, stutters, etc.
  - Ask where and what time bomb will explode
  - Note if callers appears to have any knowledge of the hospital by his description of locations.
  - Immediately call the Telephone Supervisor

Module # 3

- NURSING DOCUMENTATION
- PATIENT & FAMILY EDUCATION
- CONSENTS
- PAIN MANAGEMENT
- BLOOD TRANSFUSION
- RESTRAINTS
- CONSTANT NURSING OBSERVATION (1:1)
- CLOSE OBSERVATION
NURSING DOCUMENTATION

Points to Remember

- Wite-out and erasable ink is not to be used. Incorrect written documentation must have a single line drawn through the entry and initialed.
- Paper documentation must contain date and time with a legible signature.
- HIS (Hospital Information System) documentation guidelines are the same for paper documentation.
- I/O must be recorded.
- Admissions: Admission Assessment must be completed within 24 hours.

NURSING DOCUMENTATION

Points to Remember

- ID Bands: All patient must have an ID band.
  
  **WHITE** = Patient Identification  
  **RED** = Allergy  
  **YELLOW** = Fall Precautions  
  **PURPLE** = Special Purpose (Used in lieu of site marking. For patients who refuse site marking, or who have problematic surgical sites and neonates.)
BLOOD TRANSFUSION

- Patients receiving non-emergent transfusions should be informed of the reason for the transfusion, risk, benefits, and alternatives.
- Consent form must be completed and signed by the patient.
- **Two persons** (one of which must be a RN, the other a provider, LPN or another RN) MUST check the following:
  - Verify Blood Type in Quadra Med
  - Expiration date on blood product
  - Patient name and medical record number
  - At bedside patient identification is verified

BLOOD TRANSFUSION continued..

- Blood must be hung **15 minutes** after delivery to the patient care area.
- Blood may not be stored in the unit’s refrigerator area and should not be warmed.
- One unit of blood may not be transfused over a period greater than **4 hours**.
- Vital signs are monitored before the infusion starts, **15 minutes** after the start of the infusion, during the infusion as per MD order, unit policy, or as needed and **30 minutes** after the transfusion has finished.
PATIENT AND FAMILY EDUCATION

- Health education plan must be initiated on all patients at the time of admission.

- All patients are assessed to determine the educational needs, barriers, ability and readiness to learn.

- Patient education begins during the inpatient hospitalization and may continue when the patient is discharged.

- Health education is provided through lecture, discussion, and use of written materials.

  - Teaching Aides are available:
    - Quadramed
    - Micromedex-Care Notes Database
    - NBHN Intranet
    - TIGR Video On Demand

PAIN MANAGEMENT

- Pain is a subjective feeling and an individual response to the cause.

- Pain management is defined as alleviation of pain or reduction in pain to a level of comfort that is acceptable to the patient.
PAIN MANAGEMENT
continued..

• PAIN ASSESSMENT: All patients screening positive for pain will be assessed for history intensity, quality, and relieving all exacerbating factors.
• Patients experiencing pain are assessed one hour post intervention and then every 4 hours thereafter, until they have no pain for two successive intervals. They are then reassessed every 24 hours.
• Patients are assessed using pain scales.
  – NPIS (0-10 Numeric Pain Intensity Scale)
  – Wong Baker Faces
  – FLACC (Pediatrics) FLACC scale – 0 – 3 years and children with disabilities

RESTRAINTS

• Restraints may only be used on the written order of a licensed provider or appropriate certified resident after personal face to face evaluation of the patient's physical and mental status.
• Least restrictive interventions must be tried and/or rejected prior to the ordering of restraints. For example; frequent orientation, frequent toileting, medication, family involvement, de-escalation, diversionary activities, limit setting.
RESTRAINTS continued..

- There are two types of restraints Medical and Behavioral.
- All monitoring is documented on the Restraint Flowsheet.
- In an emergency situation restraint can be applied by a Registered Nurse who must immediately summon the provider and document the circumstances.

A written order must be obtained within 1 hour of placing a patient on restraint.

CONTINUOUS NURSING OBSERVATION (1:1)

- All ancillary staff who have completed the Department of Nursing Education approved program on One to One and Close Observation can be assigned to perform these task.
- The 1:1 observer must maintain visual contact with the patient at all times
- Patient MUST be dressed in hospital supplied clothing.
- The purpose of a 1:1 is to provide behavioral supervision through continuous observation of individuals who are:
  - Suicidal Risk
  - Elopement Risk
  - Medical and psychiatric conditions (Requires justification)
CLOSE NURSING OBSERVATION

• Close Observation is indicated for patients with increases basic care needs, such as hygiene, feeding, turning, positioning or toileting, or to provide for the safety of the patient, such as fall prevention, preventing of IV, NG or other tube removal.

• The staff member providing Close Observation must make visual contact with the patient at least every 15 minutes and provide care needed.

• Train staff may have up to four patients.

NYC-HHC CONSENT POLICY & PROCEDURE FOR MEDICAL, DENTAL & SURGICAL TREATMENT

• All patients entering the hospital must have a completed “General Consent for Treatment.”

• The “General Consent for Treatment” MUST be signed at the time of emergency treatment or upon admission.

• The witness to a consent only attests that the appropriate person has signed the form.
ETHICAL ISSUES

Ethical Issues – As an employee of NBHN and a health care worker, you are responsible to provide confidentiality to your patients. All information you learn about any patient must be kept confidential, not to be discussed outside of a team meeting.
ETHICAL ISSUES CONT....

Bioethical Issues
• Abortion
• Life Support
• Consent
• Confidentiality
• Pain Management etc.

Any patient/family member can contact the Ethics Committee

NYS NEWBORN HIV TESTING

• A consent must be obtained for all HIV testing, except NYS testing of Newborns.

• All infants born at JMC or NCBH will be tested for HIV if the mother’s HIV status is unknown or cannot be confirmed by documented results.

• The mother’s consent is not required.
IMPROVED ORGANIZATIONAL PERFORMANCE

• **Quality Improvement Process**: Collect data; identify strengths/weaknesses; develop approaches to address problem areas and improve quality.
• Performance Improvement Process: each service is responsible for the monitoring and evaluation of the nursing care provided by the department.
• Each nursing service will also participate in the interdisciplinary quality management activities for the respective service as well as participate in hospital wide QI teams.
• Some hospital IOPs are: Project RED (CHF) falls, AWOLS, medication errors, restraints and pressure wounds.

IMPROVED ORGANIZATIONAL PERFORMANCE CONT....

ORYX CORE MEASURES

- **JMC**
  - Congestive Heart Failure
  - Surgical Care Improvement Project (SCIP)
  - Myocardial Infarction
  - Hospital Outpatient

- **NCBH**
  - Surgical Care Improvement Project (SCIP)
  - Congestive Heart Failure
  - Community Acquired Pneumonia Hospital Outpatient
  - AMI/Chest Pain
  - Surgery (includes only ambulatory surgery cases)
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- HCAHPS is a standardized survey that measures patients’ perception of their hospital experience.

- The survey is used nationwide and the results are made available to the public.

- Due to the survey consumers are now able to compare the results of hospital and decide where to seek care.

PATIENT’S RIGHTS

- The North Bronx Healthcare Network will ensure that all patients, including inpatients, are afforded their rights without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.

- Patients are informed verbally and are given an Information booklet, on admission or in the ambulatory setting, on the following issues:
PATIENT’S RIGHTS CONT….

- Patient’s Bill of rights
- Rights as a hospital Inpatient
- Advance directive Explanation includes: (Health Care Proxies, DNR’s, Living Wills).
- A guide for Patients and families Concerning DNR Orders
- Health Care proxy Form and access to the Ethics Committee

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPPA)

- Congress enacting the Health Insurance Portability and Accountability Act (HIPAA) in 1996.
- The act covers all identifiable health information, regardless of how it is stored. HIPPA emphasizes the following:
  - A patient has the legal right to have his or her health information kept private and secure
  - Requires security protections for all forms of protected health information including oral, written and electronic
  - Under HIPAA, it is illegal to release health information to inappropriate parties or to fail to adequately protect health information from unauthorized release of Protected Health Information (PHI)
- Report violations to your Supervisor or your facility’s Privacy or Security officer
HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPPA)

• Protected Health Information (PHI) includes patients’:
  • Names
  • Addresses including Zip Codes
  • Social Security Number
  • Vehicle Identification Numbers
  • Account Numbers
  • Full Face Photos
  • Telephone & Fax Numbers
  • E-mail Addresses
  • Medical Record Numbers
  • Health Plan Numbers
  • Any Other Unique Identifying Number, Characteristic or Code

• Report violations to your Supervisor or your facility’s Privacy or Security officer

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPPA)

• SECURITY MEASURES TO PROTECT PHI
  – Keep your computer screen tilted away from public areas to protect PHI
  – Lock up laptops and other portable devices when not in use
  – Turn off your computer or log off when you are away from your desk or leaving your work area
  – Only access patient medical information required to carry out your duties
  – Follow HHC and NBHN policies and procedures on HIPAA
  – Patients have the right to request of list of everyone who has had access to their chart
HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPPA)

WAYS TO PROTECT PATIENT PRIVACY

- Don’t discuss patient’s condition in elevator
- Discuss patient medical information only with the patient and those involved in the patient’s care
- Don’t leave patient specific data on a computer screen and walk away
- Don’t leave patient information unattended

WAYS TO PROTECT PATIENT PRIVACY

- Don’t call out patient information in waiting room or public area
- Make sure you cannot be overhead when interviewing patients
- Make sure curtain is drawn before any patient exam
- Shred documents containing patient information or place documents in designated secure bins
RISK MANAGEMENT

- The primary concern of Risk Management is to improve patient care by identifying issues that could adversely affect quality patient care and impose fiscal penalties upon the hospital.

- The Risk Management staff is available to assist when questions arise in any of the following areas:
  - matters of medical malpractice/general liability
  - defense coordination
  - issues of informed consent
  - questions concerning medical record documentation
  - issues of patient and/or HIV confidentiality
  - advance directives (DNR, health care proxy and living will)
  - questions regarding the brain death criteria, organ procurement, professional misconduct, district attorney subpoenas, occurrence/incident reporting, sentinel events, regulatory affairs, and professional misconduct.

Occurrence report: An occurrence report must be completed upon discovery of an occurrence. An occurrence is defined, as an unexpected event that occurs during the course of a patient's hospitalization or outpatient care or while a person is a visitor.
- Patient/visitor fall or accidents
- Patient/visitor assaults
- Suicides/suicides attempts
- Anaphylactic shock
- An error in the administration of a blood product or medication
- Procedural complications
- Perforation of an organ during a procedure
- Patient elopements and kidnapping
- Aspirations
- Poisonings
- Fires
- Equipment malfunction
- Strikes by the facility staff
- Termination of utility related services

- It is the responsibility of the staff member most familiar with the event to complete the occurrence form (HHC FORM 407).
- If indicated Medical Provider must complete indicated area.
- Complete form must be given to Supervisor/Nursing Administration.
RISK MANAGEMENT CONT...

SENTINEL EVENTS: Apply to events that meet the following criteria (per JC)

• The event resulted in an unanticipated death or permanent loss of function not related to the natural course of the patient’s illness, or underlining condition.

• The event is one of the following (even if the outcome was not death or major permanent loss of function):

  ▪ Suicide of a patient in a setting where the patient receives around the clock care (e.g. hospital, residential treatment center)
  ▪ Rape
  ▪ Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
  ▪ Surgery on the wrong patient or wrong body part.
RISK MANAGEMENT
CONT....
ROOT CAUSE ANALYSIS: In response to a Sentinel Event or “near miss”, a special committee comprised of members of the involved department is convened to perform a Root Cause Analysis. The review should include:
• Chronological flow of events
• Review of practice.
• Individual staff interviews.
• Corrective action & planned Follow-up.
• Referrals to other disciplines as appropriate.

Module # 5

• GLUCOMETER (PRECISION PCX)
• PHARMACY POLICIES AND PROCEDURES
• ASK ROSE (POLICIES AND PROCEDURES)
• INFECTION CONTROL
• TREATMENT WASTE COMPLIANCE
Bedside Glucose Monitoring will be performed only by certified personnel. The provider will set parameters for providing notification. If no parameters are given, notification will occur at the following preset values:

- **Adult (>16 yrs.)**  
  <70>400 mg/dl
- **Pediatric (29 days-16 yrs)**  
  <40>180 mg/dl
- **Neonates (Birth-28 days)**  
  <40>140 mg/dl

Controls

- Two levels of controls (High/Low) must be assessed at the beginning of each 12-hour shift.
- Controls solution are good for 90 days and must be signed and dated when opened.
- Routinely clean meters after each use by wiping with moist tissue, mild detergent, alcohol, or Sani-wipe. Cleaning of the exterior surface of the XCEED Pro monitor will be performed daily.
GLUCOMETER PRECISION PCX

Operation:
- A second drop of blood can be added to target area of the test strip within 30 seconds
- Patient result results are recalled through Patient Test and Data Review
- Information to troubleshoot the Precision Xceed Pro can be found Operation Manual, MediSence Customer Support Dept, and Quick Reference Guide
- Scanning the test strip provides the following information: Test strip #, the control solution ranges, lot-specific calibrations and expiration date of test strip.
- The “O” key to turns on back light.

PHARMACY POLICIES & PROCEDURES

- **MULTI DOSE VIALS**: After initial entry, Multi-Dose Vials expire in 28 days.
- When the vial is opened the nurse must calculate and label the vial with the date of expiration 28 days from first entry.
- Vials, which contain medication that has been reconstituted, expire as per the manufacturer’s specification and should be discarded when they reach expiration.
- Vials, which reach manufacturer’s specified expiration date but have not been opened, should be returned to pharmacy.
- Mucomyst is only good for 96 hours after opening.
  - Single Dose Vials must be discarded after one use, regardless of the volume left in the vial.
**PHARMACY POLICIES & PROCEDURES CONT....**

- **Adverse reaction (ADR)** is defined as “any noxious, unintended and unexpected effect of a drug after doses used on humans for prophylaxis, diagnosis, or therapy.”
- All ADR must be reported to the provider, documented in the Quadramed system, reported to the Pharmacist and an occurrence report must be completed.
- When documenting allergies in the computer, it should be under medication. **No free text for allergy.**

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**PHARMACY POLICIES & PROCEDURES CONT....**

- **FIRST DOSE MONITORING**: Patient must be monitored for ADR. Documentation of the patient’s reaction/tolerance to the medication must be done whether the patient had a reaction or not.
- **Two RNs or a RN & LPN** are required to witness and sign the narcotic waste and the inventory count.
- All discrepancies must be reported to the ADN/Pharmacist.
ASK ROSE POLICIES & PROCEDURES

• All Hospital manuals/policies are on the Network’s Intranet site, “Ask Rose”

INFECTION CONTROL

ROLES AND RESPONSIBILITIES

Infection Prevention is everyone’s responsibility

The primary role of infection prevention is to prevent and control the spread of infection among patients, staff and visitors.
• What should an employee do if he/she sustain a needle stick injury, or a splash of blood/body fluid to the mucous membrane of the eyes, mouth or nose?

a. Immediately call for assistance and leave the patient as soon as you can safely terminate the procedure
b. Wash the affected area with soap and water
c. Flush eyes/mucous membranes with clean running water
d. Try to remain calm
e. Inform your Supervisor that you have been exposed to Blood/Body fluids. Take the Supervisor Report of Occupational Accident that you have initiated with your supervisor and report to OHS/AED
f. Report to Occupational Health Service for medical evaluation during OHS working hours.
g. Prophylaxis must be initiated immediately, or within 1 hour. (NYS Law)
h. If exposure occurs during holidays, weekends, or off-shift, (when OHS is closed) report to the Adult Emergency Department and then report to OHS on the next business day.
i. Have the patient’s nurse, provider or supervisor of nursing obtain the medical history on source patient e.g. HIV status / risk factors.
j. Have the provider and/or HIV counselor obtain a consent from the source patient for HIV testing.
INFECTION CONTROL

SHARPS

• Safety mechanism device must be activated immediately after use
• Sharps must be disposed of immediately after use into a leakproof, puncture resistant container
• Containers must be labeled biohazard
• Recapping or breaking of contaminated needles is prohibited

Examples of Safe Devices/Engineering Controls

• Sharps containers
• Syringes with attached sliding sheath
• Needles that retract into syringe after use
• Unbreakable plastic blood tubes
• Blood drawing equipment such as butterfly with plastic sheath attached
• Personal Protective Equipment
INFECTION CONTROL
Personal Protective Equipment (PPE)

• PPE should fit properly and be secured to provide adequate coverage
• Selection of PPE must be based on the type of potential exposure anticipated
• PPE must be available and accessible at all times
• When rotating to a new unit, make sure you know where the PPE is located
• Allergy/reactions to PPE must be reported to OHS
• PPE should not be worn outside of the patient’s room, in the hallway, answering the telephone, writing in a chart, using the computer, riding in the elevator or when transporting patients

INFECTION CONTROL
OSHA Work Practice Requirements

• Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is reasonable likelihood of occupational exposure.

• Food and drink should not be kept in refrigerators, freezers, shelves, cabinets, counter tops or bench tops where blood or other potentially infectious materials are present.
INFECTION CONTROL

Regulated Medical Waste

- Regulated Medical Waste is defined as materials that are saturated with blood or body fluids.

- OSHA defines fluids to include semen, vaginal secretions, pleural fluid, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, saliva in dental procedures and any other fluid that is visibly contaminated with blood.

- Feces, urine and vomitus are not included unless they contain visible blood.

INFECTION CONTROL

Regulated Medical Waste

- In compliance with Federal and State regulations, the following will be considered infectious waste:
  - Needles, scalpels and other sharps
  - Microbiological waste
  - Pathological waste
  - Human blood and blood products
  - Materials visibly soiled (saturated) with blood
INFECTION CONTROL

Regulated Medical Waste

• All regulated medical waste is to be discarded into biohazard labeled containers that have a step on lid and are lined with red bags.
• Fluid wastes (volumes of blood or other infectious material) may be carefully poured down a drain, sink or hopper or discarded in a capped, leak proof container.
• Examples of Regulated Medical Waste
  – Blood drenched gloves, gown and masks
  – Sump tubes
  – Gauze and dressings saturated with blood
  – Blood bags
  – Foley catheters and bags with visible blood
  – Hemodialysis tubings
  – Pleurovacs and hemovacs
  – Suction canisters
  – IV lines and bags with blood

STANDARD and TRANSMISSION BASED PRECAUTIONS

• North Bronx Healthcare Network (NBHN) uses the Center for Disease Control and Epidemiology guidelines for controlling the spread of hospital acquired infections.
• These guidelines were divided into 2 tiers
  1. Standard Precautions
  2. Transmission – based Precautions
INFECTION CONTROL

• Standard Precautions were designed for the care of all patients in the hospital, regardless of their diagnosis or presumed infection state.

• Standard Precautions apply to all blood and body fluids, secretions and excretions whether or not they contain visible blood. It also applies to non-intact skin and mucous membranes.

INFECTION CONTROL

• Standard Precautions are designed to reduce the risk of transmission of microorganism, from both recognized and unrecognized sources.

• Gowns and gloves must be worn if there is a potential to come in contact with a patient’s blood or body fluids and a surgical mask if splashing is anticipated.
Transmission-based Precautions were designed for the care of patients who are known or suspected to be infected with highly transmissible organisms.

There are 3 types:

1. **Airborne**
   - All health care workers entering patient’s room must wear a N-95 respirator mask.
   - Annual medical clearance and fit testing is required and must be performed by qualified personnel.
   - Visitors and patients (during transport) must wear a surgical mask.
   - Patient/Visitor Masks:
     - NCB: surgical mask
     - JMC: 3M 1800 blue cup surgical mask

2. **Droplet**
   - Patients must be placed in a private room with negative pressure.
   - Place an Airborne Isolation sign on the patient’s door.
   - There must be 6-12 air exchanges in the room per hour.
   - Room door must remain closed at all times.
   - Contact Engineering for any concerns related to the monitoring device at the entrance to the room.

3. **Contact**
   - Examples of patients placed on these precautions are those with:
     - Mycobacterium Tuberculosis (MTB)
     - Chicken pox (Varicella)
     - Measles
     - Disseminated Herpes Zoster

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- Chicken pox (Varicella)
- Measles
- Disseminated Herpes Zoster
INFECTION CONTROL

Droplet Precaution
Examples of patients placed on these precautions are those with:
• Neisseria Meningitidis
• Influenza
• Pertussis (Whooping Cough)

• Droplet Precaution
  • Droplet Precaution was designed to reduce the risk of droplet transmission of infectious agents.
  • These precautions are for heavier organisms that travel approximately 3 feet before falling to the nearest horizontal surface and they do not remain suspended in the air.
  • Droplets are generated when a person coughs, sneezes, or talks, or during the performance of certain procedures such as suctioning or bronchoscopy
  • Surgical mask must be worn when within three feet of the patient.
  • N95 Mask should be worn during aerosol generating procedures on patients with suspected/confirmed Influenza

CONTACT PRECAUTIONS
Examples of Patients placed on Contact Precautions:
• Multi-resistant organisms such as:
  VRE: Vancomycin Resistant Enterococcus
  Acinetobacter species
  Resistant Klebsiella pneumonia,
  Pseudomonas,
  MRSA
• Clostridium Difficile
• Scabies/lice
• Chicken pox (in addition to airborne)

• CONTACT PRECAUTIONS
  • Contact Precautions were designed to prevent the risk of transmission of organisms via direct and indirect contact:
    • Direct contact - involves skin-to-skin and physical transfer of organism to susceptible host, such as giving a bath
    • Indirect contact - involves contact of a susceptible host with a contaminated objects in a patient’s environment such as B/P cuff, bed rails
  • Gowns and gloves must be worn when entering the patients’ room.
INFECTION CONTROL

**Hand Hygiene**
- Hand hygiene is the single most effective means of preventing the spread of infection.
- Hand hygiene must be performed before and after patient contact; prior to putting gloves on and after removing them.
- Alcohol based hand rub can not be used when caring for any patient with C-diff.

**Hand Hygiene Techniques**
- Alcohol based hand rub may be used if hands are not visibly soiled.
- Apply product to palm of one hand, rub hands together covering all surfaces of hands and fingers until hands are dry.
- Alcohol based hand rub may be used up to five then washing hands with soap and water (non antimicrobial or microbial soap)
- Washing hands with soap and water (non antimicrobial or microbial soap) - wet hands with water, apply soap and rub hands together vigorously together for at least 15 seconds, covering all surfaces of the hands including fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use a clean paper towel to turn off the faucets and discard used towel.

**INFECTION CONTROL**

- Hand hygiene is the single most effective means of preventing the spread of infection.
- Hand hygiene can reduce the transmission of healthcare associated infections – to your patients and to you
Activities that can contaminate healthcare worker hands

Nurses, doctors and other healthcare workers can get 100s or 1000s of bacteria on their hands by doing simple tasks like:
- pulling patients up in bed
- taking a blood pressure or pulse
- touching a patients hand
- turning patients
- touching the patients gown or bed sheets
- touching equipment like bedside rails, over-bed tables, IV pumps
culture plate showing growth of bacteria after 24 hrs.

INFECTION CONTROL
Hand Hygiene Technique and Methods

- Soap and Water
  - Wet hands with water
  - Apply plain or antimicrobial soap to hands
  - Rub hands together for at least 15 seconds
  - Rinse hands, dry thoroughly with paper towel, discard
  - Turn off faucet with clean paper towel

- Alcohol based hand rub
  - Apply alcohol based hand rub to palm of one hand
  - Rub hands together covering all surfaces of hands and fingers until hands are dry

* Use hospital approved hand lotion

- Soap and water
  - Should be used when hands are visibly soiled or contaminated with blood or other body fluids
  - After caring for patients with suspected or confirmed C difficile
  - After 5 uses of alcohol based hand rub

- Alcohol based hand rubs
  - If hands are not visibly soiled or contaminated with blood or body fluids
INFECTION CONTROL

When to perform Hand Hygiene
- before and after patient contact
- before donning gloves
- after having contact with body fluids, wounds or broken skin
- when moving from a contaminated body site to a clean body site during patient care
- after touching equipment or furniture in the patients’ room / environment
- immediately after removing gloves and other PPE's
- before eating
- after using the restroom

Nail Care
- Keep natural nail tips less than 1/4 inch long
- Do not wear artificial fingernails or extenders

Treatment Waste Compliance

Decision Guide for Disposal of Leftover or Unused Pharmaceutical Waste

1. Is the item empty? Yes → Follow current Hospital Policy for disposal except for all Controlled Substance, Ringer's solution, or any injectable medication. No → Proceed to Step 2.

2. Is it in a Syringe or Ampule? Yes → Dispose in a BLACK bag. No → Proceed to Step 3.


4. Is the medication coded PBK? Yes → Dispose in a PBK container or in a zip lock bag. No → Proceed to Step 5.

5. Is the medication coded SN, SP, SC, SEF, or NP? Yes → Seal in a zip lock bag first then send to Pharmacy. No → Proceed to Step 6.

Dispose in 8 gallon BLUE container:
- IV bags & IV bottles with tubing, ointment & sponge soaked with blood should be placed in a zip lock bag.
- Solids (pills, capsules, tablets) & dressings (not containers) are disposed in a BLACK bag (no zip lock bag required).

94% of leftover or unused medications will be disposed in the Blue container.
Module # 6

- GROWTH AND DEVELOPMENT
- CHILD ABUSE
- ELDER ABUSE
- DOMESTIC VIOLENCE
- PATIENTS WITH SPECIAL NEEDS
- BARIATRIC PATIENT

GROWTH & DEVELOPMENT

- Each member of the nursing staff is required to have documented “Age Related” competencies relating to the patient population they care for. This is a JACHO requirement.
- Growth-refers to physical size, can be measured in height/weight also changes in physical appearance and body function that occur, as the person grows old.
- Development- individual’s ability to learn and understand information, manage relationships with others and handle stress.
GROWTH & DEVELOPMENT CONT...

Erikson’s stages of development:

- Trust vs. Mistrust (Infancy)
- Autonomy vs. Shame and Doubt (Toddlers)
- Initiative vs. Guilt (Preschool)
- Industry vs. inferiority (School Age)
- Identity vs. Role Confusion (Adolescence)
- Intimacy vs. isolation (Young Adult)
- Generativity vs. Stagnation (middle Adulthood)
- Integrity vs. Despair (Older Adulthood)

ABUSE (CHILD, SEXUAL, ELDER, AND DOMESTIC VOILENCE)

- All patients are screened for signs of abuse at all levels of assessment, beginning with triage.
- Suspected abuse patients are referred to the appropriate Social Work Staff.
ABUSE
(CHILD, SEXUAL, ELDER, AND DOMESTIC VIOLENCE)

- All employees are mandated reporters of child abuse and maltreatment.
- The good faith of any person required to reporting cases of child abuse or maltreatment shall be presumed. Any person who makes a report in good faith is immune from civil and criminal liability.
- Failure to report by any person, official or institution required to report may result in a class A misdemeanor and/or civil liability.

PATIENT WITH SPECIAL NEEDS

In accordance with the American Disabilities Act patients should have but not limited to:

- Appropriate auxiliary aids and services
- Interpreters
- Qualified readers
- Large print materials for individuals with vision impairments
- Listening devices
- TTY telephones and television with closed-captioned options

Guest relations:

JMC: X35245 or NCBH: X54747
PATIENT WITH SPECIAL NEEDS

• Interpreter Services provides 24-hours-a-day, 7-days-a-week access to interpreters who speak over 150 languages
• Language Bank Available by Dialing Pound #6800 & provide Client ID 202074 (Only certified medical interpreter may be used.)
• Dual-Handset Telephone located on every unit

PATIENT WITH SPECIAL NEEDS

Deaf/ Hard of Hearing

• Assistance for Deaf/Hearing Impaired patients include: arrangements for in-person sign language interpreters, The Deaf Talk (machine is located in the Emergency Department) is available for 24-hour sign language interpreters via video conferencing units.
• TDD (Telecommunication Device for the Deaf) or any other requested assistive listening device at the patient's bedside, and arrangement for TV Closed Caption Service. All of these services can be arranged through the Department of Patient Relations
THE BARIATRIC PATIENT

- 60% of adults in the US are overweight
- 20% are morbidly obese
- Normal BMI Range is 18.5 - 24.9
- Overweight BMI Range is 25 - 29.9
- Obese BMI Range is 30 - 39.9
- Morbid Obese BMI Range is 40 or Greater

- Obesity is a chronic illness. No one laughs at other chronic illnesses such as diabetes or COPD. Obesity can be just as deadly.
- Don’t tolerate behind-the-back whispers and jokes about obesity, even in private.

THE BARIATRIC PATIENT Be Sensitive

- Avoid identifications that indicate obesity to others
- Avoid labeling of patient by staff
  - Big, hefty, plump
  - Fatsoplasty
  - Obeastity
- Make sure patient is treated with dignity and respect.
- Think before you speak!
Sensitivity Training

• Legal Implications
• It is known that patients who are being treated with dignity and respect and have good communication with the bariatric staff are less likely to sue the program, even when a complication or a fatality occurs.

Module # 7

• HAZARDOUS COMMUNICATION
• RADIATION SAFETY
• ELECTRICAL SAFETY
• CENTRAL SUPPLY (EVENT RELATED STERILITY)
HAZARDOUS COMMUNICATION

- Employer must identify and provide training in the proper use of potential hazardous substances.
- Employees have a right to request and receive information about any potential hazardous substances in the work environment.
- Employee can ask for information without fear of any discrimination against him/her.
- Material Safety Data Sheets (MSDS) is found on the NBHN intranet under Medical on the right side of page.

RADIATION SAFETY

Two places that you may come into contact with radiation:

1. X-rays taken in radiology & emergency department, & portable x-rays on units
   Guidelines to reduce exposure to radiation:
   - Wear a lead apron
   - Stay at least 9 feet from patient
   - Beam not pointing at you
   - Dispose of waste (standard precautions).

2. Contact with patient that had nuclear medicine study, their waste products may be radioactive. Dispose of waste using standard precautions.
ELECTRICAL SAFETY

- Inspect all electric equipment.
- Check Preventive Maintenance tag prior to use
- Do not use damaged devices
- Only use three prongs plugs
- Do not use two-wire equipment
- Do not use cords that has cuts, exposed, bare wires or other defects.
- Report all electrical equipment problems.

When equipment failure occurs, corrective action is:
  - Remove from service
  - Tag accordingly
  - Contact clinical engineering
  - Send for repairs

When equipment failure occurs, during patient treatment, correct action is:
  - Remove and replace equipment
  - Tag accordingly
  - Notify supervisor
  - Complete Occurrence Report (HHC 407)
  - Notify Clinical Engineering
  - Remove from service immediately
CENTRAL SUPPLY

- Event Related Sterility - To provide criteria and guidelines for the use of hospital-processed sterile items. These items may be used as long as the integrity of the package is not compromised by becoming torn, wet, damaged, or otherwise suspected of being contaminated. All sterile items will have a date of sterilization but no expiration date.
- Inspect all packages before use.

Module 8

- GRIEF
- BEREAVEMENT ISSUES
- PALLIATIVE CARE
- END-OF-LIFE CARE
- ORGAN DONATION
GRIEF

Grief is a reaction to a major loss. It is most often an unhappy and painful emotion.

Symptoms: There can be five stages of grief.

- Denial, disbelief, numbness
- Anger, blaming others
- Bargaining ("If I am cured of this cancer, I will never smoke again.")
- Depressed mood, sadness, and crying
- Acceptance, coming to terms

END-OF-LIFE CARE

- Comfort and dignity are optimized during end-of-life care.
- Hospital services interventions addresses patient and family comfort, dignity, and psychological, emotional, and spiritual needs.

Nurses Role During End of Life Care

Maintain patient's dignity;
Include patient in the decision-making process regarding his/her care;
Respect patient's right to self-determination;
Preserve patient's emotional stability;
Preserve family relationships;
Identify patient's needs and provide related services
PALLIATIVE CARE

- Comprehensive management of pain and other symptoms, including physical, psychological, emotional, and spiritual distress for patients with chronic, life-limiting illnesses (and their families).
- The goal of palliative care is to relieve the pain, symptoms and stress of serious illness, whatever the diagnosis or prognosis, and can be provided at any point in an illness.
- Palliative Care team can be reached at 718-918-7965.

ORGAN DONATION

- Routine Referral Law requires all deaths be reported to the NY Organ Donor Network (ODN) in a timely manner.

Types of death to be reported

- Imminent Death Patients with no brain activity but with cardiac activity where the heart, lungs and kidneys can be donated.
- Patients with no brain or cardiac activity where skin, bones and corneas can be harvested. Skin and bones must be harvested under sterile conditions.
Module 9

- CULTURAL DIVERSITY
- LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PERSONS INTO HEALTHCARE
- CUSTOMER SERVICE
- TEAM BUILDING
- JUST CULTURE/PATIENT SAFETY
- NURSING IMPROVING CARE HEALTH SYSTEMS ELDERS (NICHE)

CULTURAL DIVERSITY

- Refers to differences between people based on a shared ideology and valued set of beliefs, norms, customs and meaning evidenced in a way of life.
- Culture care values, beliefs and practices tend to vary in western and non-western cultures and cannot be assumed to be alike.
- Ethnocentrism: is the belief that ones own culture is superior to all others. This belief is common to all cultural groups.
COMMUNICATION SKILLS:
- Allow more time with the individual
- Speak slowly not loud
- Use simple sentence structures
- Avoid slang
- Observe the patient for signs of confusion
- If you use a Translator, look at the patient not the Translator
- Keep in mind if English is a patient’s second language the patient is thinking in his/her native Tongue

Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Healthcare
How many LGBT patients are in HHC facilities? Too many to ignore
- HHC serves about 983,000 adolescent and adult New Yorkers each year
- Approximately 5-10% of all New Yorkers are lesbian, gay, bisexual or transgender
- So, between 49,000-98,000 LGBT people are seen in HHC facilities every year

Assume that you see LGBT patients daily
Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Healthcare

• Definitions
  L – Lesbian
  G – Gay
  B – Bisexual
  T – Transgender
  Genderqueer – Term used by people who do not feel their gender fits into either the traditional male or female categories

Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Healthcare

• Remember: It’s not always obvious who is LGBT
  – Ask neutral questions, e.g. “Do you have a significant other?”

  3 changes you can make immediately
  1. Change your language
     • Say, “… your partner, he or she…”
     • Mirror the language people use for themselves, their partners, and their body parts
  2. Show your openness
     • Wear a rainbow pin or LGBT sticker
     • Assure confidential, safe coming out
  3. Learn more
     • Read more about the LGBT community
     • Learn about LGBT families and health risks
CUSTOMER SERVICE

- The cornerstone of how we can keep our patients is to provide superior customer service.
- Provide top-notch customer service to all patients from time of admission to time of discharge.

CUSTOMER SERVICE

Customer Service is our highest priority. Our patients are the center of all of our efforts and endeavors. The SMILE initiative ensures that our patient know that we care they are our #1 focus.

- S – Smile
- M – Make Eye Contact
- I – Introduce Self
- L – Let Your Reason(s) Known
- E – Exit Statement “is there anything I can do for you before I leave.”
TEAM BUILDING

- “Team Building” focuses on the use of communication among groups of interdisciplinary and multidisciplinary teams.
- The relationship between providers requires teamwork, shared values, mutual learning and sharing of expertise, and support for others to learn and develop.

Just Culture and Patient Safety

One which emphasizes and supports...
Making safe choices to prevent harm

- Trust and teamwork
  - Working together so that all employees feel comfortable and compelled to come forward to report mistakes and good catches (near-misses) without fear of punishment
Just Culture and Patient Safety
One which emphasizes and supports...

• Becoming a learning organization
  • Learning from mistakes so that the organization can be as safe as possible for our patients, employees and visitors

WHAT IS PATIENT SAFETY FOR HHC

Keeping patients free from preventable injury or harm that results from the processes of healthcare.
Nursing Improving Care Health Systems Elders (NICHE)

- NICHE is an organization designed to help hospitals improve the care of older adults.
- The goal of NICHE is to provide principles and tools to stimulate and support a systemic change in the culture of healthcare facilities to achieve patient-centered care.

Nursing Improving Care Health Systems Elders (NICHE)

- The designed to increase hospital personnel’s sensitivity to the aging process, improve the recognition of age-related changes in older adult patients, and enhance communication skills with older patients and their families. This program provides a foundation for developing geriatric sensitive care across all hospital departments.
Nursing Improving Care Health Systems Elders (NICHE)

• SPICES is an efficient and effective instrument for obtaining the information necessary to prevent health alterations in the older adult patient.

• SPICES is an acronym for the common syndromes of the elderly requiring nursing intervention. The tool developed use to assess the elder is the

Nursing Improving Care Health Systems Elders (NICHE)

• S is for Sleep Disorders
• P is for Problems with Eating and Fe
• I is for Incontinence
• C is for Confusion
• E is for Evidence of Falls
• S is for Skin Breakdown
Module 10

- JOINT COMMISSION NATIONAL PATIENT SAFETY GOALS

- PROCEDURES FOR REPORTING QUALITY OF CARE CONCERNS TO JOINT COMMISSION

JC NATIONAL PATIENT SAFETY GOALS

- GOAL #1- Improve the accuracy of patient identification:

  NPSG.0101.01
  Use at least two patient identifiers when providing care, treatment, and services
JC NATION PATIENT SAFETY GOALS CONT....

NPSG.01.01.01

For Inpatients

• Ask the patient their name
• Check the armband, (ID band), for their name and medical record number
• Compare this information to the Physician order, MAR. Lab/x-ray, etc.

For Outpatients

• Ask the patient their name
• Ask the patient for their date of birth

GOAL #2

• Improve the effectiveness of communication among caregivers:
  • Telephone orders not accepted at NBHN
  • Verbal orders accepted only in emergency
  • Prohibited abbreviations
    (List found in all Treatment Areas)
GOAL #2

• Improve the effectiveness of communication among caregivers:

NPSG.02.03.01

• Laboratory, Radiology and Cardiology have designated critical tests and results that are reported within a specified timeframe to the responsible provider of care for immediate action.

Improve the safety of high alert medications:

• List of look alike/sound alike drugs established.

• Look alike/sound alike drugs can be identified by “TALL” man lettering

• Reduce the likelihood of patient harm associated with the use of anticoagulation therapy (NEW)
JC NATIONAL PATIENT SAFETY GOALS CONT

• NPSG.02.03.01
• SBAR
  – Process for hand off communication to ask and answer questions
  – Forms are generated from Quadramed

JC NATIONAL PATIENT SAFETY GOALS CONT

SBAR Hand-Off Communication Tool
Perform SBAR during patient admission, transfer, discharge, shift-to-shift report, and during patient transport to diagnostic or therapeutic procedures.

Effective communication is the key to patient safety!
JC NATIONAL PATIENT SAFETY GOALS CONT....

• GOAL # 3
  – Improve the safety of using medications
  – See High Alert Medication and Look Alike Sound Alike Medications (List found in all Treatment Areas)

JC NATIONAL PATIENT SAFETY GOALS CONT....

– NPSG.03.04.01
  • Label all medications, medication containers or other solutions on and off the sterile field in perioperative and other procedural settings
  
  – Medication Handling On and Off the Sterile Field" policy implemented in the perioperative areas and all other procedural settings (ED/ICU etc.).
JC NATIONAL PATIENT SAFETY GOALS CONT

NPSG. 03.05.01
• Reduce the likely hood of patient harm associated with the use of anticoagulation therapy
• Order sets, including laboratory draws at appropriate intervals, for designated anticoagulation therapy implementation.

JC NATIONAL PATIENT SAFETY GOALS CONT....

• GOAL # 7- Reduce the risk of Health Care-Associated Infections (HCAIs)
NPSG. 07.01.01
• Alcohol Sanitizers are available throughout the facilities.
NPSG. 07.03.01-07.05.01
• Use evidence based guidelines to prevent infections from the following:
  1. multi-drug resistant organisms,
  2. central-line associated blood infections,
  3. surgical site infections.
NPSG.08.01.01

- GOAL # 8- Accurately and completely reconcile medications across the continuum of care.
- Patients’ medication history is obtained during physician history and physical process. Patients’ current medication and discharge orders are reviewed and compared with their medication history.

NPSG.08.01.01

- Medication orders are reviewed for omissions and changes when patients are transferred. During the discharge process the physician provides the patient with a complete list of medications.
JC NATIONAL PATIENT SAFETY GOALS CONT....

- **NPSG.13.01.01**
  
  **GOAL # 13** Identify the ways in which patients and their families can report concerns about safety and encourage them to do so

  - Patients are provided on entry to hospital with information & guidelines to enhance their involvement in their own care.
    - Identification - Staff ID & Patient ID - (2 patient identifiers)
    - Infection Control - Hand & respiratory hygiene practices & contact precautions.
    - Fall Prevention
    - Patient Confidentiality - HIPPA regulations
    - Medication Reconciliation & Hospital Medications
    - Pressure Ulcer Prevention
    - Pain Management
    - Patients understanding evaluated & documented

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**JC NATIONAL PATIENT SAFETY GOALS CONT....**

**NPSG 15.01.01**

**GOAL # 15**- The organization identifies safety risks inherent in its population.

- Patients being treated for emotional or behavioral disorders are assessed at the time of initial assessment for suicidal risk factors. Patients deemed at risk receive the appropriate treatment and the patient’s safety needs are addressed. Patients are provided with the telephone number of the psychiatric emergency room and a 24 hour crisis intervention hotline.
JC NATIONAL PATIENT
SAFETY GOALS CONT….

UP.01.01.01
Universal Protocol: “TIME OUT”
Eliminate Wrong Site, Wrong Patient, Wrong Procedure Surgery

- A pre-procedure verification is done for all invasive procedures, additionally the procedural site must be marked, and a “time-out” performed to verify the correct patient, procedure, site and consent.

PROCEDURES FOR REPORTING
QUALITY OF CARE CONCERNS TO JC

- Any employee who has concerns about the safety or quality of care provided by facilities in NBHN may report these concerns to the Joint Commission.
- NBHN takes no disciplinary or punitive action against employees, physicians, or other individuals who provide care, treatment, and services when they report safety or quality-of-care concerns to The Joint Commission.
PROCEDURES FOR REPORTING
QUALITY OF CARE CONCERNS TO JC

When submitting a complaint to the Joint Commission about an accredited organization, you may either provide your name and contact information or submit your complaint anonymously. Providing your name and contact information enables the Joint Commission to inform you about the actions taken in response to your complaint, and also to contact you should additional information be needed.

- Fax: 630-792-5636
- Email to: complaint@jointcommission.org
- Mail To: Joint Commission on Accreditation of Health organizations
  One Renaissance Boulevard
  Oakbrook Terrace, IL 60181
LETTER FROM A PATIENT

To All Caregivers,
As a patient in your institution, I ask you NOT do the following:

  Do not HURT me
  Do not leave me in PAIN
  Do not make me WAIT
  Do not INFECT me
  Do not IGNORE me
  Do not CONFUSE me
  Do not make me POWERLESS
  Don't look at me, see me
  Don't hear me, listen to me

Please give me your undivided attention and Take care of me as if I were family