Cleveland Clinic
Florida

STUDENT / OBSERVER ORIENTATION MANUAL

Developed by:

Department of Education & Staff Development

Updated 5/23/12

Student Orientation Manual
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Dear Student/ Observer,

The Education Department, the Department Director, and Administration welcome you to Cleveland Clinic Florida (CCF). It is our goal for this orientation and your clinical rotation to be rewarding and valuable educational experiences. The information contained in this guide was developed to provide you with a basic overview of health and safety policies that are essential to our environment of care.

As you begin your clinical training, we encourage you to ask questions of your faculty member as well as the CCF staff. This packet is not all inclusive nor is it intended to satisfy any legal training requirements relating to, or required by, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the regulations of the Occupational Safety and Health Administration (OSHA), or any other law or regulation. We recognize and value the patient's right to privacy and expect all students to abide by this important policy. To this end, we will be providing information related to these regulations and discuss HIPAA prior to the beginning of your rotation.

Your assigned faculty member will review the orientation procedures with you to ensure that the importance of this process is understood. Upon arrival to CCF, we will review the information contained within this packet, document that you have received this information, and are aware of the key components for safe practice in our environment of care.

Once again, we would like to welcome you, and hope that you have a worthwhile experience. In our constant efforts to improve our orientation program, we encourage your input and suggestions. Please feel free to ask any of our staff for assistance.

Sincerely,
Administration
Department Director
Director of Education

Mission Statement

Our mission is to provide better care of the sick, investigation of their problems and further education of those who serve.

Our Basic Values

* "Cleveland Clinic represents the finest in patient care, research and education. Our cornerstone values are quality, innovation, teamwork and service. Everything we do demonstrates a dedication to excellence and a commitment to our patients".

> Delos M. Cosgroves, M.D.
> CEO and President.
> Cleveland Clinic.

Our Commitment

* As members of the health care team, we are committed to provide World Class Service to patients and customers coming to Cleveland Clinic Florida.

* We uphold the highest standards, we assure the patient and families that they can have complete confidence in our care.

Commitment to Quality

Nationally hospitals are challenged to find ways to deliver more cost effective and higher quality services to their patient population. Cleveland Clinic Florida seeks to meet this challenge by developing a "Commitment To Quality" initiative with its staff physicians. This initiative will additionally seek to pioneer new and innovative ways to both measure quality of care delivered by the hospital and physicians and demonstrate the effectiveness of such care to the general community, as well as third party payors. It is our hospital's intent to utilize monitoring systems that focus on the identification of best practices and the dissemination of such best practices to all members of the various healthcare delivery teams at Cleveland Clinic Florida. The targeted indicators for Commitment to Quality are:

Acute MI
Pneumonia
CABG
Pharmacy
Infection Control

Each of these indicators has clinical practice objectives that are measured to ensure quality patient outcomes.

CUSTOMER SERVICE/ WORLD CLASS SERVICE

What is a Patient?
A PATIENT is the most important person in this institution – in person or by mail
A PATIENT is not dependent on us – we are dependent on him
A PATIENT is not an interruption of our work – he is the purpose of it
A PATIENT is not an outsider to our business – he is part of it
A PATIENT is not someone to argue or match wits with
A PATIENT is a person and not a statistic. He has feelings, emotions, biases, prejudices, and wants. It is our job to satisfy him

> William E. Lower, M.D.
> Founder – Cleveland Clinic

Standards of Excellence

➢ As an employee of Cleveland Clinic, you are expected to demonstrate a commitment to a professional and caring environment.

➢ We never get a second chance to make a first impression. Every interaction counts!

➢ Accept the challenge of exceeding a customer's expectations.

➢ Anticipate people's needs. Don't always wait to be asked.

➢ Take pride and personal satisfaction in creating a positive experience for someone else.

Accountability and the Patient Experience

➢ Your responsibilities include your job functions, your role however is to provide the best patient experience
➢ Take ownership and responsibility for outcome
➢ Create an environment that allows all people to feel
- Appreciated
- Included
- Valued

Communication:

- ➤ Presence

    - Badge

    - Eye contact

    - Attire

- ➤ Greeting "Good "morning/afternoon" how may I help you"

- ➤ Ending "Is there anything I may assist you with?"

- ➤ Keep patients/families informed of delays

- ➤ Think of yourself as the patient – is your answer to them understandable, appropriate, and concise?

Telephone Etiquette

- ➤ First point of contact for a customer (patients, family members, physicians, vendors) – Take the opportunity to create a lasting first impression.

- ➤ Answer all calls by identifying your department and yourself…smile as you greet! Use clear language and avoid jargon, abbreviations, and industry specific terms.

- ➤ Return calls promptly and thank callers for returning your call.

Placing Callers on Hold
- ➤ Check with the caller first to determine if they can / want to hold and wait for their response.
- ➤ Periodically acknowledge the caller and allow them the opportunity to decide if they would like to continue holding.

Transferring Calls
- ➤ Ask the caller for their number in case you lose them during the transfer.
- ➤ When transferring a call, provide the caller with the correct number in the event the call is lost or in case they would like to call later.
- ➤ If you have a frustrated caller who has been transferred several times, do not transfer again…Take ownership of the situation.

Public Area Etiquette

➢ Use the hallways and elevator as an opportunity to make a favorable impression. Smile and greet people you encounter.

➢ Use the "5 / 10" rule.

➢ If possible, walk patients to their destination, offer the assistance of a wheelchair when necessary.

➢ Do not discuss patients, their care, or CCF-related business in public areas.

➢ Keep your work area and surroundings clean and safe.

➢ Cleveland Clinic expects all employees to demonstrate a commitment to the organization and its mission.

➢ Be supportive of all fellow employees. Offer assistance whenever possible.

➢ Respect co-workers' privacy by eliminating gossip.

➢ Show consideration. Avoid last minute requests. Consider another's priorities in addition to your own.

➢ Demonstrate a high level of integrity and professionalism.

Patient's First

These words, "Patients First" embody our organizational values.
Our patients are the reason we are here and should be the focus of all of our activities. We exist to provide the best possible care and outcomes for every patient who looks to us for their care.

General Safety Guidelines

As part of minimizing or preventing potential safety hazards, the following guidelines are established.

- Never block aisles or exits with boxes, chairs, etc., even temporarily.
- Positively NO RUNNING! Traffic passes to the right.
- Approach corners and corridor intersections cautiously, using the overhead mirrors to avoid collisions.
- Push vehicles, carts, stretchers, etc., SLOWLY. See your way ahead.
- Push vehicles, carts, stretchers, etc., from the end (not the sides) to avoid smashing your fingers. Keep patient hands inside the bed rails.
- Transport patient feet first. Have assistant guide the feet. Never leave a patient unattended.
- Discard disposable items in the proper containers.

- DO NOT eat or drink in the work area.
- Wipe up spills immediately. Use lids.
- Observe No Smoking Rules.
- Be alert to potential safety hazards and report them to your supervisor.
- Never wedge a door open using a door wedge or other object.

Remember: It is everyone's responsibility to maintain a safe work environment for our patients, visitors and co-workers. Prevention and/or prompt recognition of potential safety hazards are the key. When in doubt, check it out! Bring all identified potential safety hazards to the attention of your faculty instructor or department supervisor. In case of emergencies, take prompt action. Do not delay taking appropriate action. Activate the Emergency Code System as needed.

The Campus number for ALL emergencies is (7777) to report most types of codes (unless otherwise noted on list). It is a direct line to the operator. **For Code Blue in the Clinic only, you must activate 911 AFTER calling (7777).**

Be prepared to provide the following information:

- Type of code
- Location of code
- Your name and location

Always try to remain calm and know how to access the emergency system. Proceed with appropriate interventions as outlined in the Policy and Procedure Manual.

To contact the Security Department for non-emergencies dial (2222).

Types of Codes

In each of the medical facilities, emergency codes are standardized. It is your responsibility to know the general emergency responses and the department specific responsibilities in emergency situations. Check with the unit's charge nurse / department supervisor for the **in-house emergency access # 7777**, specific departmental responsibilities and responses:

Code Green	Mass Casualty/Disaster	**Code Grey**	Violence/Security Alert
Code Red	Fire/Smoke	**Code Brown**	Severe Weather
Code Black	Bomb Threat	**Chest Alert**	Cardiac Emergency in ED
Code White	Hostage	**Stroke Alert** (Hospital)	Neurological Emergency
Code Yellow	Lockdown		
Code Pink	Infant/ Child Abduction	**Security Response**	Dial 2222
Code Orange	Hazmat/Bioterrorism	**Medical Alert** (Clinic)	Patient in Medical Distress
Code Blue	Cardiopulmonary Arrest Clinic dial 7777, then 911	**Rapid Response** (Hospital)	Patient in Medical Distress
Code Silver	Active Shooter		
Code Help	Called by patient/relative (dial 4357)		

I. Code Red – Fire/Smoke

Most fires start small and if not managed, get progressively out of control. Fire prevention is the first line of defense. The second line of defense is to control the fire from spreading. Buildings may be built of steel and concrete but their contents are not. The facility is designed to contain fires within fire compartments, which have special fire doors. The intent of the fire doors is to prevent the spread of fire from one fire compartment to another.

A. Tips for Fire Prevention

Good housekeeping helps prevent fire. When rubbish and other combustive materials are disposed of properly and not piled in corners or fire doorway, or exits, there is much less fuel for a fire to burn. The same is true for paint-soaked or oily rags. Store them in covered fire safe containers.

Flammable liquids should be stored only in labeled safety cans that are kept in a safe storage locker or room. Keep only a one-day supply of flammable liquid at your workstation. If necessary, return all such materials to their proper storage area at the end of the shift.

B. Remember R.A.C.E. and P.A.S.S.

Rescue the patient - and all those in the affected area.
Alert the facility -   pull the nearest alarm pull station and dial the In-house Emergency Access
                                    to report the fire and the location
Contain the fire -   close the door(s) of the affected area.
Extinguish the fire - using the appropriate extinguisher using PASS technique.
or **E**vacuate   leave the facility in an orderly fashion.

Pull **-** the locking pin.
Aim - the extinguisher at the base of the flames.
Squeeze - the handle levers.
Sweep - the extinguisher from side to side.

C. Fire Prevention Instructions

1. Be aware of how to turn the room oxygen off and who is permitted to turn off the main Oxygen valve on the unit.

2. Be sure that visitors and patients SEE and OBEY caution signs when oxygen is use.

3. If you observe any condition that appears to be hazardous, report it promptly to the charge nurse / department supervisor.

4. Learn the evacuation route for your area.

5. Keep evacuation exits free from obstructions. Do not wedge doors open.

6. Keep smoke/fire doors free of obstructions. Do not wedge doors open.

D. During a Fire Alarm

1. Do not use elevators

2. Do not pass through doors

3. Listen to the page for the affected area and be prepared to assist or take action if the affected area is below, above or next to your work area.

II. Code Black- Bomb Threat

When receiving a bomb threat you should try and get as much information as possible.

A. When you receive a call:

- Record the time of the call.
- Ask when the bomb will explode.
- Ask the type of bomb and where it is located.
- Ask when it will detonate.
- Listen for background noise (street, voices, animals, bells, whistles, etc.)
- Try and find out where the call is coming from.
- Try to evaluate the caller's voice (fear, excitement, taped, well-spoken)
- Get a description of the package.
- Try to keep the caller on the line if possible.
- Have someone call the operator on another line to alert Security.

B. Follow procedure as directed by your immediate supervisor.

III. Code Orange – Hazmat/ Bioterroism

Cleveland Clinic Florida has designed a Hazard Communication Program according to OSHA standards. This program is designed to inform you of hazards associated with certain chemicals, physical and health hazards that may be encountered during your employment. Be advised that every department may have potential hazardous substances such as White Out correction fluid, mercury, toner, chemotherapy, radiation and/or anesthesia gases.

A. Examples of chemicals that are health hazards include:
- Carcinogens
- Toxic agents
- Reproductive toxins
- Irritants
- Corrosives
-
  ### B. Chemical Spill

1. Minor Spill **–** A spill in which the staff has the confidence to clean it up and has identified the material.
Clean up Procedure - Refer to facility policy and procedure.

2. Major Spill - A life threatening condition has occurred and requires the assistance of emergency personnel. A major spill can be considered if it is more than 2.0 liters, the spill material is unknown, highly toxic, bio-hazardous, radioactive or flammable.

Clean up Procedure **-** Refer to facility policy and procedure.

C. **Material Safety Data Sheet**

Material Safety Data Sheet or MSDS are the cornerstone of the Hazard Communication Program. The MSDS sheets provide information about chemical substances within a product, safe handling procedures, first aid measures and procedures to be taken when the product is accidentally spilled or released. The MSDS allows an evaluation of the potential physical and health hazard of the chemical being considered or presently used within the facility. By evaluating the MSDS of several chemicals, it may be possible to select a less hazardous substitute. Please contact the department supervisor/ charge to access the MSDS.

D. **Disposal of Radioactive Waste Secretions of the Post Nuclear Medicine Patient**

All patients having a Nuclear Medicine procedure bear radioactivity for the duration of the radioisotope half-life - this means all body secretions are radioactive. All waste must be disposed of in Yellow Bags, unless the patient is ambulatory/continent and using the bathroom facilities. Waste must be placed in Yellow Bags. These yellow bags are stored, monitored and contained on hospital grounds 30-45 days after the waste has left the patient.

Examples:
- Urine or feces from incontinent patient
- Depends, diapers, chucks
- Foley and Texas catheters
- Plastic urine collection systems
- Colostomy bags

In the event of any radioactive spills/contamination, notify your immediate supervisor who will in turn call the **RADIATION SAFETY OFFICER**. **DO NOT ATTEMPT TO CLEAN UP SPILLS.** Isolate/confine the spill if possible, to prevent the spread of contamination. The Hospital has policies and procedures to address spills and cleanup, decontamination and a radiation accident emergency plan.

IV. Code Pink - Infant/Child Abduction

Procedure:

- Dial the **In-house Emergency Access #7777** to report the abduction of a child.

- All staff are responsible for sealing off the building, exits, elevators, fire doors and stairwells.

- No one is allowed to leave the building until the code is cancelled.

- Follow procedure as directed by the Charge nurse or Supervisor.

V. Code Help

This is a code that is called by the patient/relative/significant other when they have concerns about the patient deteriorating in medical status, experiencing bleeding, severe pain, noticeable clinical change and the healthcare team is not present or not responding to concerns of the patient, family or visitors. They will dial the extension number HELP (4357) from the patient's room. The Operator will announce Code HELP-Rapid Response. The Rapid Response Team will come to the designated area to assist the patient/family.

Electrical Safety

1. Remove all damaged or broken equipment from work area. Inform the department supervisor or charge person of the need for equipment repair.

2. Staff or patients may use no outside electrical equipment until it is checked and approved by Plant Operations.

3. Keep hands dry when operating electrical equipment.

4. Frequently inspect cords, plugs, switches, sockets, and outlets for damage. Do not pull plugs out by the wire.

5. Report electrical safety issues to the charge nurse immediately.

6. Three prong plugs ensure grounding. Do not use 2 prong plugs.

7. Use red outlets for any life support equipment. This outlet provides emergency power in the event of an electrical outage.

Utilities Management

Every employee is expected to be able to identify the utilities used in the facility and actions to be taken in situations when utility systems fail. Follow procedure as directed by the charge nurse in the event of utilities failure.

Common utilities are: electrical power, fire alarm system, medical gases, medical vacuum, nurse call system, sewer system, steam system, telephones, water, ventilation, heating systems, and computer systems.

A. Electrical Safety

1. **Biomedical equipment** are devices and equipment used in diagnostics, treatment and care of patients. Examples are CT scanners, patient beds, heating pads and electronic thermometers.

2. **Medical devices** are pieces of patient care equipment, which are not powered by electricity such as walkers, wheelchairs and hoyer lifts.

♦ To prevent patient injury, and to ensure safety for patients, the biomedical engineers must routinely inspect all biomedical equipment.
♦ All equipment is inspected and tagged regularly. The tag indicates the date the equipment was inspected and the expiration date.
♦ Equipment with expiration dates should not be used and should immediately be taken out of service.
♦ Report equipment with expired dates to person in charge so re-inspection can be scheduled.

Medical devices should be inspected prior to use with each patient. In the event that a device malfunctions, the following action should be taken:

- Remove the device immediately

- Attend to the patient if injury occurred

- Label equipment and place it where it won't be used

- Notify the charge nurse

- Complete an Incident Report

- Risk Management should be notified as soon as possible

- The Risk Manager must investigate all biomedical or medical device incidents and complete a report that is sent to the FDA. This is a legal reporting requirement.

Security

As part of maintaining a safe work environment, each student should be security conscious. This includes personal property security and hospital property security.

- Leave valuable personal belongings at home.

- Keep money and other valuables locked up during work hours

- Encourage patients to send valuable home with a family member or secure it in the hospital safe.

- All valuables should be identified and documented during the patient admission process.

- An Incident Report must be completed in case of missing patient property.

- Park in designated employee / student lots only.

- When leaving work during off-scheduled hours, seek security escort to your vehicle.

- Report any potential security hazards to charge nurse.

- In cases of impending personal security, dial **In-house Emergency Access # 2222.**

-

A. Facility Security:

- Always wear your School student ID in a visible location above your waist.

- Enter and leave the facility through designated student/ visitor entrances/exits.

- Notify charge person or security of any occurrences out of the ordinary.

- Instruct visitors to use the main entrance and check in at the information desk.

- Immediately report missing hospital property to charge nurse or security and have the employee complete an Incident Report.

Threat Prevention: All students have the responsibility to secure their personal property as well as the property of the hospital and others. They should not carry large sums of money, jewelry or credit cards.

Patients should be instructed to place their valuables in the hospital safe. An effective Risk Management program requires a team effort.

Forensic Services

Forensic Services are those custodial services provided by a Law Enforcement Agency. These services apply to:

- Patients under arrest
- Patients who commit a crime while admitted to the facility

Responsibilities:

A. Under Arrest   The patient will remain in the custody of the law enforcement agency. An officer will be assigned to the patient at all times.

B. General Responsibilities

All staff must provide respectful patient care, which is consistent with patient rights for cultural, psychosocial, and spiritual needs. Staff must deliver the same level of care for patients under forensic services to ensure their patients' rights.

- Shackles are not considered restraints

C. Specific Responsibilities - As per facility - please refer to the hospital's Policy and Procedure Manual

General Information on Baker Act: The patient will be accompanied by a sitter for the tenure of the patients' treatment or admission. Follow hospital policy and procedure for transfers.

Patient Rights and Responsibilities

Each and every patient has been granted rights and responsibilities under the American Hospital Association Bill of Rights. Each staff member must know these patients' rights and responsibilities in order to abide by them. Infringements upon the patient's rights may preclude to legal action. The Patient Rights are listed below:

1. The right to have access to care regardless of ability to pay.

2. The right to be treated with respect and dignity.

3. The right to privacy and confidentiality.

4. The right to know the identity of their caregivers and the person who is responsible for coordinating their care.

5. The right to information regarding their diagnosis, treatment, alternatives, prognosis in order to be able to give informed consent.

6. The right to refuse treatment as permitted by law.

7. The right to express complaints.

8. The right to formulate advanced directives and have them executed as permitted by law.

9. The right to express religious, cultural beliefs and practices.

10. The right to have an explanation of the bill and charges.

11. The right to know the hospital rules and regulations.

12. The right to have access to community resources for continuity of care and have full information available for the continuity of care.

13. Patient has the right to effective pain management

14. Patient has the right to a safe environment.

Information management

Information Management is a vital part of providing quality patient care. Information is utilized to measure, access and improve patient care and services.

A. Confidential Information

Inappropriate use of corporate or facility-generated information is prohibited. Confidentiality of information is the responsibility of each employee,

Any information obtained and voluntarily disclosed to unauthorized sources, which may be potentially harmful to the interests of Cleveland Clinic Florida, or the facility and its customers are considered confidential.

B. Some examples of confidential information are:
♦ Patient Information
♦ Clinical Protocols
♦ Customer lists
♦ Forms
♦ Policies and Procedures
♦ Hospital Reports
♦ Inside Publications
♦ Financial Information
♦ Employee Data
♦ Meeting Minutes

C. Handling of Confidential Information

1. Collection: Confidential hospital information retrieved or collected for any purpose must be done in an area of limited access to unauthorized personnel**.**

2. Release: Review of patient records will be limited to members of the Medical Staff directly involved with the patient's care and Health Information Department.

3. Media: The Director of Business Development or designee will release information concerning the hospital or specific patients to the media.

4. Transfers: Upon transfer of a patient to another facility, copies of medical records will be sent with the patient for continuity of care.

5. Law Enforcement: When a law enforcement official requesting information has been properly identified, the hospital representative will provide all reasonable assistance in providing the information regarding the circumstances of the patient's visit.

6. Medical Examiner: Information is released without a patient's permission.

7. Students: All information relating to confidentiality applies to students within the facility.

8. Attorneys: With proper authorization, attorneys may be permitted to examine a patient's record and request copies of the record. The Health Information Director shall review the attorney's request of such reviews excluding reviews of auto accidents and worker's compensation claims.

Employees are held accountable for keeping hospital information confidential. This includes refraining from break-time discussions of patients and related topics. A patient's care and condition are not to be discussed with any non-involved professional or with others inside or outside the facility.

D. HIPAA Regulations: The Health Insurance Portability & Accountability Act
This bill basically calls for:
1. Improved efficiency in healthcare delivery by standardizing electronic data interchange,
2. Protection of confidentiality and security of health data through setting and enforcing standards
Congress passed the bill in April, 2001. It requires that all facilities maintain confidentiality and privacy for every patient, and only those with a need to know should have access to their medical records.

Cleveland Clinic Florida has developed policies and procedures for compliance with HIPAA that address the issues of confidentiality and security of patient information such as:
Computer workstation security
Dissemination of information within Cleveland Clinic Florida and to outside entities
Disposal of hard copy information
Storage of hard copy and computer media
Follow procedures as directed by your instructor and immediate staff supervisor.

Ergonomics

Proper body mechanics and good posture play a very important role in the management and prevention of low back injury. Most prolonged back pains are due to mechanical forces on your spine and associated tissues. Good posture minimizes these factors by holding your spine in proper alignment, thus giving your body a solid foundation from which to work. Back problems are rarely the result of one incident or injury, but are caused from life-long habits.

A. Common Causes of Poor Posture or Back Strain
- Poor lifting technique
- Pregnancy
- Out of shape
- Attempting to lift excessive weight
- Moving your body incorrectly

B. Effects of Poor Posture
Increased risk of pressure on the nerves due to degeneration of spinal structures.
Poor mechanical leverage for muscles and structures when lifting or doing heavy work.
Abnormal curves in your low back leading to compensating abnormal curves in your neck and visa versa.

C. Good Posture
Good posture is the alignment of each segment of the spinal column into natural curves that are the correct size for you. Since both an excessive arch and a decreased arch in your back can cause low back pain, it is important to prevent both. Your head should be centered between your shoulders, shoulders should be over your hips, and hips and pelvis should be held at mid-point (no tipped forward or backward).

D. Tips for Safe Lifting
- When reaching down, support your upper body with one arm.
- Always stay close to the load without leaning forward.
- Push rather than pull whenever possible.
- When bending, kneel on one knee. Bend your knees and hips, not your back.
- When leaning forward, move your whole body, not just arms.
- Never reach above shoulder level, use a step or ladder.

E. Practice Correct Body Mechanics
- Keep head high, chin tucked in and back arched.
- Keep weight close to the body and stand upright.
- Use a diagonal lift to get the weight in close.
- Maintain a wide, balanced base of support.
- Team work for heavy loads.
- Pivot with your feet, do not twist.
- Cary the load in the front.
- Interrupt or change stressful positions frequently.

Overhead Lifting
- ♦ Make the loads lighter
- ♦ Give yourself a wide base of support
- ♦ Always use a ladder or a step stool, not a box or a chair

Remember: Your back is weak; you need to protect it by keeping it in the natural curve at all times. Use your legs and maintain the natural curve to your spine. Lift correctly and safely.

In case of any injuries while during your scheduled rotation, please notify your preceptor and Faculty instructor immediately to facilitate your treatment. Please notify the primary contact in charge of your scheduled rotation. In the event that you were to require treatment, you have the option of being treated at Cleveland Clinic Florida or your schools' designated health center for treatment.

Infection control

A. Purpose

To provide for the health and safety of both patients and Hospital personnel by establishing effective measures to prevent the transmission of infections, identify potential risks and manage them.

B. Procedures

In addition to aseptic technique for all patient procedures, the following measures are included in Standard Precautions.

Hand washing is the **Most Important** method of controlling hospital infections. Hands must be washed with soap and water when coming on duty, before and after direct patient contact, before and after contact with medical equipment, supplies and linen, before serving food, before and after eating and before leaving restrooms.

Personal Protective Equipment must be worn as indicated according to Standard Precautions, specific isolation policies and the OSHA blood borne pathogen policies as indicated in your facility's Infection control Manual.

Tier I: Standard Precautions

Standard Precautions are mandated methods of managing the blood and body fluids of ALL patients regardless of age, sex, race or diagnosis. The use of Personal Protective Equipment is indicated to provide a barrier between the caregiver and the patient.

A. Gloves
Should be worn for anticipated or unanticipated contact with blood, body fluids, non-intact skin or mucous membranes.

Gloves are task specifc. They must be changed if multiple tasks are being performed.
After glove use, hands must be washed immediately.

B. Goggles/Masks
Should be worn for any potential exposure to aerosolization, spraying or splashing. Masks should be worn for all rule out transmission diseases which are transmitted via respiratory routes.

C. Gowns/Aprons
Should be worn if there is anticipated contact with blood, body fluids or other soiling mechanisms/sources**.**

Tier II: Transmission Based Precautions

The second tier of precautions is Transmission Based Precautions. It is comprised of 3 categories :

A. Droplet
Droplet precautions are instituted in situations where the patient may generate large particle droplets during sneezing, coughing, talking and the performance of procedures. The patient should be in a private room. Health care workers must wear a mask prior to entering the room and gloves.

B. Airborne
Airborne precautions are indicated for patients who are infected with pathogens that can be transmitted by airborne droplet nuclei such as tuberculosis. In addition to a private room, the patient must be placed in a negative pressure room. Health care workers must wear a respirator with an appropriate micron filter prior to entering the room. In addition, the healthcare worker should don the appropriate personal protective equipment for other potential exposures

C. Contact
Organisms transmitted by direct contact with the patient or indirect contact such as touching surfaces or patient items. Basic principles for contact precautions include; a private room, gloves, gowns and good hand hygiene technique and dedicated patient items (i.e. disposable thermometer, BP cuff, stethoscope, etc.).

D. Responsibilities

1. Report the signs and symptoms of patient infection to the attending doctor, case management and infection control coordinator.

2. Protect yourself from untoward exposure to blood and body fluids.

3. Wear gloves for touching blood and body fluids, mucous membranes or non-intact skin of all patients.

4. Wear gloves for handling items or surfaces soiled with blood or body fluids.

5. Wear gloves when performing venipuncture and other vascular access procedures.

6. Wear masks and protective eyewear during procedures that are likely to generate droplets of blood or body fluids.

7. Wear gowns or aprons during procedures that are likely to generate splashes of blood and body fluids.

USE PROPER HAND WASHING TECHNIQUES!

A. Hand washing Technique
1. Use soap and warm water

2. Use friction to rub hands together for at least 15 seconds, involving all surfaces

3. Rinse thoroughly and dry.

4. Every time you remove your gloves you must wash your hands with soap and water as soon as possible.

5. When hand-washing facilities are not available, use antiseptic hand cleanser provided by hospital only.

Bloodborne Pathogens

If your rotation may lead to exposure to Bloodborne Pathogens, the facility will provide appropriate protective equipment and will clean, launder, repair, replace or dispose of protective equipment at no cost to you.

Bloodborne diseases that you may be exposed to on the job include Hepatitis A, Hepatitis B and Hepatitis C as well as syphilis, malaria and AIDS. The two most significant are hepatitis B and AIDS.

A. Hepatitis

Hepatitis means "inflammation of the liver". Hepatitis B (HBV) is the major infectious bloodborne hazard that you face on the job. It affects approximately 8,700 health care workers per year. HBV may severely damage your liver, leading to serious long-term health affects.
There is a vaccination available. The vaccine is administered by three injections over a six-month period. The complete series is 85-95 percent effective in protecting you from contracting the disease or becoming a carrier for up to seven years.

Hepatitis C (HCV) is also a major infectious blood born hazard and currently there is no vaccine available for HCV.

B. HIV/AIDS

HIV attacks the body's immune system causing the disease known as AIDS. Currently, there is no vaccine to prevent the infection.

HIV is transmitted primarily through sexual contact but may also be transmitted through contact with blood and body fluids. Touching, feeding or working around patients who carry the disease does not transmit HIV.

C. Transmission
Bloodborne pathogens are transmitted usually by accidental injury from a sharp object contaminated with infectious material. Sharps include needles, scalpels, broken glass, exposed ends of dental wires, or anything that can pierce, puncture or cut your skin.

Open cuts, nicks and abrasions as well as mucous membranes of your mouth, nose and eyes can provide an entrance into your body. Indirect transmission can occur by toughing a contaminated item and then transferring the infection by touching your mouth, nose, eyes or open skin.

D. In case of blood/body fluid exposure:

1. Wash the area immediately.
2. Inform the charge nurse and your agency supervisor/ instructor
3. Participate in the completion of Incident Report
4. Report to Emergency Dept for treatment or facility designated by your school
5. Follow up with School / training institution and Emergency Department / Employee Health

Before leaving the work area you must remove all protective equipment and place it in the designated area or container for washing, decontamination or disposal.

Good housekeeping techniques protects every health care worker and it is the responsibility of everyone.

E. Remember To Practice The Following:

♦ Practice good hygiene of body and clothes. Control your hair length and wear only simple jewelry.

♦ Employee Health should be informed of any infections which may affect other patients or employees.

♦ All patient items should be handled with care.

♦ Remember to always wash your hands.

♦ Report to work rested and in good health. Watch for signs of infection.

♦ If you feel ill at work, report to your faculty instructor, charge nurse, or department supervisor.

♦ Clean up to prevent cross-contamination.

♦ Dispose of contaminated items properly.

♦ Wear proper personal protective equipment specific to the task.

F. Policy for Hand Hygiene

This policy requires the elimination of artificial nails/ nail jewelry for all healthcare providers and workers engaged in direct, "hands on", patient care. This policy is in response to mounting evidence that artificial nails have been linked to or may contribute to the transmission of infection and Cleveland Clinic Florida's commitment to prevention of health care acquired infections.

This policy is a **condition of employment** and therefore violations are subject to corrective action up to and including termination.

Artificial nails and nail tips **are prohibited** for all healthcare workers and providers who provide direct patient care and/or perform invasive/diagnostic procedures or therapies, across the continuum of care, including but not limited to: inpatient, outpatient, ambulatory and home health including:

- Doctors (Attending/House Staff)
- Anesthesiologists and/or CRNA's
- Nursing Personnel (RN's, LPN's/LVN's, Nursing Assistants/CNA's/MHA's)
- Respiratory Therapy
- Physical, Occupational and Speech therapy
- Technicians and/or technologists (Monitoring, OR, Radiology, Cardiac Cath lab, Endoscopy labs, Laboratory)
- Students
- Support staff involved in preparation of equipment/supplies (Central Sterile Processing, Central Services, Materials Management, Environmental services)
- Dietary Services
- Pharmacy
- All temporary contracted staff providing direct patient care

PROCEDURE

It is the responsibility of **All** direct patient care providers to keep fingernails short (less than a ¼ inch long).

Nail polish, if worn, should be of a light color (refrain from using purple, green, yellow, black, blue or with glitter or decorative applications) and free of cracks and chips. Clear polish is preferable because dark colors may obscure the space underneath the tip of the nail, reducing the likelihood of careful cleaning. Chipped nail polish is not permissible.

Nail jewelry is not permissible.

Hand washing policy should be followed diligently to include use of waterless hand sanitizers.

G: Reportable Diseases

Direct care givers should keep the Infection Control Coordinator (ICP) informed of Communicable Disease admissions so that the ICP can ensure that the hospital comply with reporting requirements of certain diseases to the local public health department. Please notify your charge nurse if any notification is needed to contact the ICP.

TB Management

Tuberculosis or TB is a recognized risk to patients and health care workers in health care facilities. Transmission is most likely to occur from patients who have unrecognized pulmonary or laryngeal TB, are not taking effective anti-TB medications and have not been placed on Airborne Precautions.

Patients who have multi-drug resistant TB can remain infectious for prolonged periods, which increases the risk for nosocomial and/or occupational transmission of Tuberculosis.

The primary emphasis of TB infection control is to achieve these three goals:

1. The use of administrative measures such as Airborne Precautions and sputum collection for AFB.
2. The use of engineering controls such as negative pressure airflow and monitoring airflow.
3. The use of personal respiratory protective equipment such as HEPA Filter respirators and the use of Standard Precautions.

The CDC has documented that complete implementation of infection control measures significantly reduces nosocomial transmission of TB in facilities that had TB outbreaks.

A. What you can do:

♦ Screen patients for signs and symptoms of active TB on initial encounter in the Emergency Department.

♦ Promptly initiate TB precautions in outpatient areas. Place patients in separate waiting areas or isolation rooms and give mask and tissues with instructions.

♦ Promptly isolate inpatients to negative airflow rooms.

♦ Perform radiological and bacteriologic evaluations of patients.

♦ Administer treatment as ordered and follow appropriate criteria for discontinuing isolation.

If you have any questions regarding Infection Control policies or procedures, notify your immediate supervisor who will contact the Infection Control Department.

Pain Management

A. What is Pain:

The International Association for the Study of Pain defines as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (Mersky, 1986).

Pain is always subjective. Margo McCaffery (1979) states that **pain is whatever the patient says it is, existing whenever the patient says it does.** Pain has physical, emotional, and spiritual components.

B. Objectives of Pain Management:

1. Define the Goals of Pain Management
2. List the basic principles of Pain Management
3. Review the Assessment of Pain
4. Define the Principles of Pain Management

C. Goals of Pain Management:

1. At time of initial patient evaluation inform patients that pain relief is an important part of their care.
2. Initial and follow-up assessments will use the patient's self report of pain as their primary indication of pain.
3. The assessment will focus on the location, quality, and intensity of pain.
4. Health care professionals in conjunction with the patient will establish and implement a plan to achieve pain relief.
5. Review and modify the plan of care for patients at regular intervals to achieve the best possible pain relief.

D. What Is Pain Management

Pain Management is a team effort that allows the patient to be as comfortable and free of pain as possible. The team consists of the patient, family, physician, nurse, physical therapist, pharmacist, clergy, and social worker. Pain management means <u>the nurse should be able to:</u>

1. Assess each patient's pain
2. Use pain relief methods effectively
3. Educate patients and family
4. Reduce barriers to effective pain management

<u>Patient input plays a crucial role</u>. As a professional working within Cleveland Clinic Hospital, you are expected to educate your patient about his/her responsibilities as part of the health care team. These responsibilities are to include:

1. Discussing with the physician and nurse what to expect regarding pain and pain management, and discussing pain relief options with them.
2. Working with the physician and nurse to develop a pain management plan.
3. Asking for pain relief when pain first begins.
4. Assisting in the assessment of your pain.
5. Informing the physician or nurse if pain is not relieved.
6. Discussing with the physician or nurse any concerns about taking pain medications.

<u>The Patient also has rights</u> related to pain management. Inform them they have the right to:

1. Information about pain and pain relief measures.
2. A staff committed to pain prevention and management.
3. A prompt response to reports of pain.
4. Have their reports of pain be viewed as credible.
5. State of the art pain management provided by dedicated pain specialists.
6. Refuse any and all treatment and be informed of any medical consequences of this action.

F. Assessment of Pain:

Pain Assessment measures the amount of pain the person is experiencing and the effect it is having on the person as a whole. The current Joint Commission on Accreditation of Healthcare Organizations (JCAHO) states that every patient be assessed for the presence of pain on his entry to any health care facility or office/ambulatory setting.

The initial screening questions regarding pain need to determine if the patient is in pain now or has been in the last few weeks or months. If the patient answers affirmatively, examine the pain site and then further questions must be addressed.

1. Location – Ask the patient to point to the site(s) of pain on their body or on a body diagram.
2. Intensity – Ask the patient to rate his pain on 0-10 scale. (see attached scale and faces)
3. Quality - A description of the pain in the patients own words should be elicited
4. Onset/Duration – Elicit information about patterns of pain (continuous or intermittent) and variation.
5. Aggravating/Reliving Factors – Ask what makes the pain better and worse.
6. Effects of Pain – Effects on daily life functions such as sleeping, eating, dressing, working, emotions, etc.
7. Examine pain site – Observe for swelling, redness, tenderness, guarding, splinting, etc.

Finally, discuss the present pain management regimen and effectiveness, pain intensity, as well as the individuals pain goals related to function and quality of life.

After the initial assessment, the patient must be reassessed regularly to ensure the pain is relieved. The clinician should evaluate the patient's pain every time they assess the individual. Any patient with unrelieved pain must be evaluated every two hours or more often if indicated. The plan of care should be adjusted accordingly. Each subsequent assessment should evaluate the effectiveness of the treatment and if the pain has/has not been relieved. The clinician should determine the source of unrelieved pain.

❖ Determine the patients pain intensity before administering any pain medication and 15-30 minutes after administering parenteral medication.
❖ Evaluate pain intensity one hour after giving oral medication.

G. Documentation:

In a study by Camp & O'Sullivan (1994) the authors discovered nurses in the study recorded less than 50% of the pain assessment. Missing were the descriptions, radiation, and increased or decreased pain. <u>They also affirmed lack of documentation may legally be interpreted as lack of performance!</u>

The initial assessment is documented on the nursing Admission Sheet and all subsequent assessments are recorded on the nursing flow sheet. Any other documentation in regard to pain can be charted in the nurses notes unless your facility has a Pain Control Flow Sheet, which would be used to document if the pain is uncontrolled or intractable, as well as frequent assessments, bowel activity, pain relief medications and nursing comments.

Patient education is recorded in the nurse's notes, education forms, and discharge forms.

H. Principles of Pain Management:

1. Believe the patient

2. Use the simplest route

3. Give medication around the clock for continuous pain

4. Always address breakthrough pain

5. Give the lowest dose required to relieve the pain

6. Manage the side effects

7. Utilize the orders you have effectively
8. Always use equi-analgesic dosing when converting medications or routes

9. Always assess the effects of pain treatment

10. Do not give placebos without informed verbal consent

11. Adjust dosages for elderly as indicated

12. Substance abusers in pain must be medicated

13. Document all assessments, treatments, and effects of pain management.

Organ Donation

Anatomical Gift Act was enacted in 1970 by all 50 states. The act legally provides anyone above the age of 18 with the right to indicate willingness to become a donor at the time of death. The act also authorizes the next of kin to donate and protects the health care professional from liability relate to participating in the donation process. Section 9318 of the Omnibus Budget Reconciliation Act of 1986 (PL99-509) added a new section to the National Organ Transplant Act of 1984 (PL 98-507). This section allows hospitals that meet the conditions of participation in Medicare and Medicaid programs to participate only if:

1. The hospital established written protocol to identify potential organ and tissue donor
♦ Ensure that families of potential donors are made aware they have an option to donate organs or tissue and an option to decline to donate.
♦ Encourage discretion and sensitivity with respect to the circumstances, views, and beliefs of the families of potential donors.
♦ Require an organ procurement agency designated by the secretary of Health and Human Services be notified of potential donors.

2. In case of a hospital that performs organ transplants, the hospital is a member of and abides by the rules of the Organ Procurement and Transplantation Network (OPTN), established in accordance with section 372 of the Public Health Service Act.

These laws constitute the framework for "required request" in addition to approximately 454 state laws that require families be given the option to donate or to decline to donate. Ninety-five percent of all donor situations occur in the critical care units.

Life Alliance, University of Miami (UM) OPO is one of five OPO's that serve the state of Florida. Life Alliance, UM OPO is a non-profit organization that is responsible for the coordination of all organ donation activities in the seven southern counties of Florida: St. Lucie, Martin, Palm Beach, Broward, Collier, Dade and Monroe. Life Alliance, UM OPO is one of the most active and successful OPO's in the country. Working together with the UM Bone/Tissue Bank and the Florida Eye Bank the UM OPO is solely responsible for all donation activities in their catchment area. The Bone Bank, Eye Bank, and Life Alliance, UM OPO can all be accessed 24 hours a day, seven days a week by calling 1-800-255-4483.

A. Identifying Potential Organ Donors:

All donors of vascular organs are patients who have been declared brain dead utilizing criteria that have been established within a particular locale or institution (Simmons et al., 1984). The nurse must be familiar with the policy and procedure specific to his or her institution. There have been many criteria used to diagnose brain death. Flye (1989) has reviewed many of the criteria used and has found three principles common to all:
1. Coma of established cause: no toxins, physiologic abnormalities corrected
2. Cerebral unresponsiveness
3. Absent brainstem reflexes: pupils, oculovestibular responses, respiration

Identification of the potential organ donor is based on the recognition of a patient unlikely to survive because of the nature of his or her injuries or medical problem who meets the criteria for donation. The criteria for donation may be specific to the locale or to the receiving transplant team. Since criteria have become more liberal because of the donor shortage, many areas have routine referral policies by which all death are reported to the Organ Procurement Organization (OPO) for consideration. Each nurse should be familiar with local practices.

The nurse, as well as all others involved in the consent process, should understand the decision to donate an organ is highly personal and emotional one. It is made under stressful conditions, thus the discussion should take place in non-threatening, private environment. The topic should not be discussed at the patient's bedside, in the waiting area, or in open public places. The actual request for donation may be made by a physician, nurse, chaplain, social worker, or coordinator from OPO. **It is imperative that whoever makes the request be specifically trained in this area** and have the ability to address questions that the family may have regarding timing, cost, distribution of the organs, the surgical procedure and the effects on funeral plans. **The nurse should be aware of those individuals in their facility who have been trained as organ donation requestors.**

B. **Information Families Need to Know:**

1. *There is no cost to the family or to the patient's estate for the donation of organs or tissue.* After death has been pronounced and consent for donation completed, Life Alliance, UM OPO assumes financial responsibility for all costs associated with donation. They are not responsible for the other portions of the hospital bill such as the care and treatment rendered in order to try to save the patients life. Additionally the OPO cannot pay for funerals or memorial services.

2. *There is no Deformity associated with donation.* A patient can donate a bone, tissues, eyes, and organs and still have an open casket funeral without any type of visible deformity.

3. *The Patient will not feel any pain.* After death has occurred the patient is physiologically incapable of feeling pain.

4. *The organ procurement is not a quick process.* The entire process for the evaluation and surgical procurement of organs can take 8-30+ hours.

5. *The family will receive non-identifying information about the recipients and their transplants.* This information can include such data as sex, age, city of residence and social information when available. The donor family will receive this information in a letter sent to them by the OPO within several weeks of transplant.

6. *Organ donation is accepted by most of the major religions in this country.* Organ donation is generally accepted by the Catholic Church, Protestant faiths, Jewish faiths, Jehovah Witnesses, Christian Scientists, and the Muslim faith.

The manner in which a family is approached can make the difference in a positive or negative outcome. Families who receive accurate, truthful information, who have questions answered, and who believe they have been dealt with honestly are more likely to respond positively to a request for organ and tissue donation. The nurse is probably one of the most important people involved in this process. Nurses are more likely to identify the potential donor, call the referral to the OPO and be involved with approaching the family because of their existing relationship with the family.

The donor families often find emotional benefit from their decision to donate. Research shows that beyond their altruistic satisfactions, they may often find solace and comfort in knowing their loved ones live on through others. Many nurses also receive benefit from the knowledge that their participation helped this ultimate act of kindness occur.

End of Life Issues

End of life is a condition that is caused by injury, disease or illness which has resulted in severe and permanent deterioration, indicated by the incapacity and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective. Focus on end of life issues is not about

cure, but about care. Individuals have the right to self - determination and decision making regarding end of life issues through Advance Directives. Cultural and religious beliefs should be respected, therefore the health care provider should examine their own attitudes and spiritual beliefs regarding end of life issues in the context of providing patient care.

Elizabeth Kubler-Ross described the process of dying and five stages in preparation for death:
> denial and isolation
> anger
> bargaining
> depression
> acceptance

Grief is an expected response to loss. Four stages of grief have been described:
> shock and numbness
> searching and yearning
> disorientation and disorganization
> resolution and reorganization

Palliative care is a shift from cure to comfort-caring for the whole patient, not just the illness. Palliative care is about feeling comfortable in body, mind and spirit. Meeting these needs may involve comforting the patient's family as well.

Each person approaches death in their own way, bringing to this last experience their own uniqueness.

Death comes in it's own time; it's own way.

Death is as unique as the individual who is experiencing it.

Cultural Diversity

Developing cultural competency involves looking at health from several perspectives. The first step is to examine your own cultural beliefs and practices and to develop self awareness. Next it is important to know the culture of U.S. health care. These are elements inherent in the American health system such as timeliness, accuracy of documentation, treatment emphasis on technology and physical procedures, specificity of rules and policies, etc.

Learn about and consider the patient's beliefs regarding:
maintaining health, cause of current illness, treatment options, use of medication, role of family in patient care, role of community in-patient care, demonstrating respect, food preferences, religious practices, view of disability and/or death.

Remember communication is key! Be aware of language and communication styles that will effectively allow the provision of appropriate, culturally sensitive care.

- **Enhance your sensitivity to cultural differences.**
- **Provide a safe environment for exploring how perceptions and stereotyping limit our ability to communicate.**
- **Examine old wives' tales.**
- **Help peers to understand that one's differences do not equate to being "inferior" or less than.**

Patient Safety

The nation has become focused on quality and patient safety, how did this focus occur? In 1998 the Institute of Medicine (IOM) working under the academy of Sciences, initiated several reports for the Quality of Healthcare in America Project. Their study was result of both congressional and public media attention on the negative effects of hospital stays and untoward effects.

Extrapolation of the data estimates that of 33.6 million admissions to hospitals in 1997, between 44,000 - 98,000 deaths resulted from adverse events, making it the leading cause of death ahead of car crashes, breast cancer, and AIDS. Not all, but a sizable number of adverse events are the result of medical error. Careful planning can help influence and prevent these medical errors from happening.

A. Why People Make Mistakes:

1. Fatigue – more likely to make mistakes if tired
2. Illegibility – guessing at orders that are not clearly written
3. Using past solutions –
4. Inattention/Distraction – diverts attention to problem at hand
5. Communication gaps – lack of, misinterpretation, using words with several meanings
6. Familiarity causing "blindness" – trying to solve new problem with old solution
7. Unfamiliar situations/new problems
8. Equipment design flaws
9. Poor working conditions
10. Mislabeling/Instructions – many labels for different medications come in same color

While people do make mistakes it is a system failure, not blame of individuals, which must be the focus. We should review the processes and factors that surrounded the unfortunate event. We must change the culture and not look to blame the individual.

B. Hindsight Bias:

Hindsight bias is the phenomenon where it seems obvious how an error happened after the fact. However, before the error occurred it was not obvious that the process or system was

error prone. Hindsight bias is the primary obstacle to accident analysis and understanding, thus jeopardizing an organization's ability to uncover other areas for potential accidents. It narrows the focus without considering the whole picture, including all of the environmental, emotional, political and system issues surround the event.

C. FMEA & RCA = Tools For Prevention and Analysis:

In the scientific process of error reduction and prevention there are two models that examine the study of incidents and patient safety. The first model is applied <u>before</u> an error occurs and is designed to prevent errors by examining the processes to determine failure points and risks. The one identified by JCAHO is "Failure Mode and Effects Analysis (FEMA). FEMA is a proactive approach which emphasizes prevention of errors or events. This hazard analysis works on planning and designing processes with tools to prevent failure.

The second model is applied <u>after</u> an event occurs and is designed to determine the multiple factors that most contributed to the event. This is done so that corrective action can be taken to remedy the causes to prevent the event from happening to another patient. The approach used for this process is called "Root Cause Analysis" (RCA).

D. Process Changes to Consider:

1. Simplify – Reduce the number of steps and hands-offs.

2. Standardize – Limit unneeded variety in drugs, equipment, supplies, polices & processes.

3. Reduce reliance on memory – Design processes with automatic prompts.

4. Checklists – Use tools as reminders to ensure complete accurate actions.

5. Eliminate look alikes and sound alikes – Eliminates risk of choosing wrong item.

6. Training – Train all staff on patient safety, error analysis techniques and tools and process improvement.

7. Increase Communication and feedback – Use feedback to modify or correct error-prone behaviors.

8. Teamwork – Use teams to provide both content experts, process experts and provide multiple perspectives in problem identification and solutions.

9. Environmental Adjustments – Identify factors in the environment that may contribute to errors and modify or correct them.

10. Adjusting work schedules – Identify factors in schedules that may contribute to errors and modify or correct them.

E. Age Specific Considerations:

Emphasis on the age-specific needs of patients as well as special populations is important as we work to improve our systems. Children and neonates require special dose calculations and equipment for administration. Elderly patients with compromised metabolism of medications who require reduction in dosage.

F. Cultural Considerations:

Assessing cultural differences may also play a role in providing safe care. The following factors should be considered:

1. Language barriers that inhibit understanding about care.

2. Cultural differences in expressing health concerns to others.

4. Cultural differences in exposing the body to others.

5. Cultural differences in asking for help.

6. Cultural differences in using "alternative" medicine but not reporting it.

G. Medication Safety:

The IOM study estimates that as many as 7,000 patients die each year as result of medication errors.   Medication errors are the most common type of nursing error, the second most common JCAHO sentinel event and second most common error in physician offices.

Medication errors can be categorized into four categories: ordering/prescribing, dispensing, administration, and monitoring. Almost 80% of medication errors can be classified as ordering/prescribing or administration errors. To ensure medication safety the processes should include:

1. <u>Ordering/prescribing</u> – All important patient information should be available including age, weight, lab values, allergies, sensitivities, medication regimes, and any other important information about the pt. It also includes having all essential medication references i.e. PDR.
♦ Development of protocols for high risk medications such as heparin, insulin, chemotherapy, electrolyte solutions, etc.
♦ Standardize processes where possible, such as medication times & protocols for verbal orders.
♦ Develop polices that prohibit the use of confusing orders such as "resume same medications" or "resume pre-op medications"
♦ Decrease the possibility of illegible or confusing orders
♦ Avoid abbreviations, Acronyms, and never use trailing zeros i.e. 2.0mg, but always use leading zeros i.e. 0.2mg

2. <u>Dispensing –</u> Those dispensing should have all essential references available, as well as minimal distractions and interruptions and:
♦ Appropriate lighting
♦ Air conditioning/air flow
♦ Safe noise levels
♦ Ergonomic consideration of equipment, fixtures, and technology
♦ Prefilled syringes and premixed IV solutions
♦ Pyxsis, Acudose and other security systems
♦ Neonatal and pediatric medication calculations checked by pharmacist
♦ Education of product changes

3. <u>Administration –</u> The professional nurse should be knowledgeable about:
♦ Drug indications
♦ Precautions
♦ Contraindications
♦ Potential Adverse reactions
♦ Interactions and proper methods of administration

4. <u>The Seven Rights</u> -The nurse must adhere to the seven Rights when administering medications:
♦ RIGHT patient
♦ RIGHT drug
♦ RIGHT dose
♦ RIGHT dosage form
♦ RIGHT route
♦ RIGHT time
♦ RIGHT education – educate your patients about their role in taking medications

When a calculation of a dose is necessary, a second nurse should verify the calculation to avoid human error in the calculation.

5. <u>Medication Monitoring</u>: Development of non-punitive processes for reporting medication errors, near misses, and adverse drug reactions lays the foundation for a solid patient safety program. Track, trend, and review events as part of regularly scheduled Interdisciplinary committee. The focus should be on implementing changes to improve systems and processes.

H. Procedural and Surgery Safety:

Involve the patient and family in the surgical process and consent. An informed patient is a safe patient. The following guidelines should be adhered to:
♦ Mark surgical sites- Clearly mark either the correct side/site with Yes.
♦ Verify consents, patients chart and OR schedule match
♦ Use body diagrams if indicated by policy
♦ Have Surgeon, circulator, charge nurse, anesthetist re-verify procedure and proper surgical site before draping the patient in OR

I.   Falls Prevention:

All caregivers face the problem of patient falls. Falls are a major cause of injury and death among the elderly. The best remedy for falls is to take measures to prevent them which would include:
♦   Assessment of patient risk of falling
♦   Correct potential environmental dangers
♦   Patient and family education
♦   Continuous monitoring
♦   Implementation of patient specific plan for safety

J. Restraints:

Alternatives to restraints should always be attempted prior to use. There should always be a physician order that states: reason for restraint, time limitation, type of restraint, and early release. These orders must always be signed and dated appropriately. The patient should be assessed, reassessed, and reordered according to policy and procedure and also depending on the type of restraint. Restrained patients need to have their restraints taken off and skin checked. Also check that food and fluids are offered and allow bathroom use every two hours. **This must be documented as per the facility policy and procedure.** The nurse should be knowledgeable regarding the policy and procedure for Restraints for the facility.

K. The Role of Risk Management:

Risk Management programs assist organizations in designing systems to prevent and control adverse effects. Healthcare risk managers are concerned with the prevention of patient injury and loss prevention for the organization. These programs are intended to minimize adverse effects of losses on human, physical and financial assets through identification potential system errors. Risk Management collects data from incident reporting and lawsuits. By analyzing these events, causes for medical errors are determined and the facility process can be reviewed and changes implemented.

 1. Sentinel & Adverse Events: Are medical errors that signal the need for immediate investigation and response. These events must be followed by a Root Cause Analysis to identify the processes that contributed to the event and a Performance Improvement analysis to prevent the event from occurring again.

Incident Reports are used to report ANY unusual occurance that is not an expected or usual course of events. Incident Reports are completed when any individual, such as a patient, visitor or student experiences an unusual happening. The Incident Report should be completed as soon as possible after the occurrence. After completing the Incident Report, give it to your supervisor who will then send the original to the Risk Manager.

Hospitals have a responsibility to report adverse event or untoward incident in which the healthcare provider had control. An incident is defined as any occurrence, accident, or event, that is not anticipated and has the potential to result in injury, or has caused injury, or that is

not consistent with the expected operation of the hospital. These events result in Code 15 or Code 24 report to the Agency for Health Care Administration (AHCA) within 15 days of the occurrence. AHCA requires the incident report must be received in Risk Management Department within 3 days of the incident.

2. Disclosure: Patients and Families are entitled to honest, open, and compassionate explanations of how the event occurred, the remedies provided, and the long and short- term effects. This information is given by designated personnel at the facility. **The nurse should review and be familiar with the facilities' policy and procedures on Disclosure.**

Abuse Information

The Mission of the Florida Abuse Hotline: The Florida Abuse Hotline will receive reports through the nationwide, toll-free telephone number, the statewide toll-free fax number, or in writing, 24 hours a day 7 days a week; answer calls in a courteous manner; timely process fax messages to determine if the information presented complies with the mandates in law; and assist all customers with information and referral to enhance the safety and well-being of children, and vulnerable adults.

Abuse is defined as: any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's/adult's physical, mental, or emotional health to be significantly impaired. Abuse of a child/adult includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

A. Child Reporting:
Any person who knows, or has reason to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall report immediately such knowledge or suspicion to the central abuse hotline.

B. Adult Reporting:
Any person, who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the hotline.

B. Hotline Numbers:
Florida Hotline = 1-800-962-2873
Florida Hotline Fax = 1-800-914-0004
Administration = 850-487-6100

The nurse should be knowledgeable on the facility's policy and procedures relative to recognition and reporting of abuse.

Recognition of Impairment

1. **The Impaired Practitioner**
   Definition – one whose behavior or performance has been affected by alcohol, chemicals, and/or mental or physical illness that interferes with his or her ability to function competently.

2. **How to Recognize Behaviors of a Disruptive Physician or Practitioner**

   - Employs threatening or abusive language

   - Makes degrading or demeaning remarks

   - Uses profanity or other offensive language

   - Uses threatening or intimidating physical behaviors

   - Makes public derogatory remarks about the quality of care provided by others

   - Writes inappropriate entries in medical record concerning quality of care

   - Imposes strange requirements on staff having nothing to do with good patient care

   - Creates a hostile environment

   - Has little or no insight into the effects of his or her behavior

3. **Signs of Substance Abuse**

   - Difficulty meeting schedules or deadlines
   - Slurred speech
   - Poor coordination
   - Frequent or unexpected absences
   - Doesn't answer pages
   - Financial problems
   - Dramatic mood swings
   - Odor of alcohol
   - Poor hygiene
   - Isolation from others
   - Family problems
   - Denial
   - Inappropriate anger

4. What should you do if you suspect practitioner impairment?

1. Report incidents to your supervisor – report up hospital chain of command
2. File an incident/occurrence report
3. Report issue to Vice President Medical Affairs, CMO or Chief of Staff
4. Call the Ethics Hotline

***Reporting may save a life!**

5. What should you <u>NOT</u> do?

- Argue with the physician or practitioner
- Tolerate physical abuse or threats of violence – call security
- Allow patient safety to be jeopardized
- Take it personally
- Ignore it and not report

6. What treatment is available for practitioners with substance abuse?

- Coordination of treatment by state practitioner health program
- Intervention – structured method of confronting someone thought to be impaired
- Random urine testing
- Twelve Step Programs
- Treatment programs specializing in caring for practitioners are desirable
- At least 5 year follow-up and monitoring is recommended
- Focus is on assisting practitioners back to health and productivity – *not disciplining them via the medical staff process*!

7. What should you <u>NOT</u> do?

- Discuss suspicions with other staff or practitioners (always maintain confidentiality)
- Attempt an intervention with the practitioner yourself
- Allow patient safety to be jeopardized at any time – Call your supervisor immediately!
- Tolerate physical abuse or threats – Call Security!

The problem of impairment is complex. If any individual working in the Hospital has a reasonable suspicion that any practitioner inclusive of staff, allied health professionals or physicians is impaired, the individual should follow the chain of command and report their concerns to their immediate supervisor. The Hospital has policies and procedures in place to address such issues.

2012 National Patient Safety Goals - Hospital

(Includes Rationales and Implementation Expectations)

Note: Gaps in the numbering indicate that the Goal is inapplicable to the program or has been "retired," usually because the requirements were integrated into the standards.

Goal 1 – Improve the accuracy of patient identification.
A. Use of Two Patient Identifiers (NPSG.01.01.01)
B. Not applicable to hospitals
C. Eliminating Transfusion Errors (NPSG.01.03.01)

Goal 2 – Improve the effectiveness of communication among caregivers.
A. Not applicable to hospitals
B. Not applicable to hospitals
C. Timely Reporting of Critical Tests and Critical Results (NPSG.02.03.01)
D. Not applicable to hospitals
E. Not applicable to hospitals

Goal 3 – Improve the safety of using medications.
A. Not applicable to hospitals
B. Not applicable to hospitals
C. Not applicable to hospitals
D. Labeling Medications (NPSG.03.04.01)
E. Reducing Harm from Anticoagulation Therapy (NPSG.03.05.01)
F. Reconciling Medication Information (NPSG.03.06.01)

Goal 4 – No longer applicable as a National Patient Safety Goal
Goal 5 – No longer applicable as a National Patient Safety Goal
Goal 6 – No longer applicable as a National Patient Safety Goal

Goal 7 – Reduce the risk of health care–associated infections.
A. Meeting Hand Hygiene Guidelines (NPSG.07.01.01)
B. Not applicable to hospitals
C. Preventing Multidrug-Resistant Organism Infections (NPSG.07.03.01)
D. Preventing Central Line–Associated Blood Stream Infections (NPSG.07.04.01)
E. Preventing Surgical Site Infections (NPSG.07.05.01)
F. Preventing Catheter-Associated Urinary Tract Infections (NPSG.07.06.01)

Goal 8 – Moved to NPSG.03.06.01

<u>Goal 9 – Reduce the risk of patient harm resulting from falls</u>.
A. Not applicable to hospitals
B. Not applicable to hospitals (NPSG.09.02.01)

Goal 10 – No longer applicable as a National Patient Safety Goal
Goal 11 – No longer applicable as a National Patient Safety Goal
Goal 12 – No longer applicable as a National Patient Safety Goal
Goal 13 – No longer applicable as a National Patient Safety Goal

<u>Goal 14 – Prevent health care–associated pressure ulcers (decubitus ulcers).</u>
A. Not applicable to hospitals (NPSG.14.01.01)

<u>Goal 15 – The organization identifies safety risks inherent in its patient population</u>.
A. Identifying Individuals at Risk for Suicide (NPSG.15.01.01)
A. Not applicable to hospitals (NPSG.15.02.01)

Goal 16 – No longer applicable as a National Patient Safety Goal

<u>Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™</u>

I. Universal Protocol
A. Conducting a Pre-Procedure Verification Process (UP.01.01.01)
B. Marking the Procedure Site (UP.01.02.01)
C. Performing a Time-Out (UP.01.03.01)