BAPTIST HEALTH SOUTH FLORIDA

Student and Faculty Handbook
Welcome to Baptist Health South Florida

**Our Mission**

The mission of Baptist Health is to improve the health and well-being of individuals, and to promote the sanctity and preservation of life, in the communities we serve. Baptist Health is a faith-based organization guided by the spirit of Jesus Christ and the Judeo-Christian ethic. We are committed to maintaining the highest standards of clinical and service excellence, rooted in the utmost integrity and moral practice.

Consistent with its spiritual foundation, Baptist Health is dedicated to providing high-quality, cost-effective, compassionate healthcare services to all, regardless of religion, creed, race or national origin, including, as permitted by its resources, charity care to those in need.

**Our Guiding Philosophy**

Through our compassionate healthcare services, we seek to reveal the healing presence of God.

**Our Vision**

Baptist Health will be the pre-eminent healthcare provider in the communities we serve, the organization that people instinctively turn to for their healthcare needs. Baptist Health will offer a broad range of clinical services that are evidence-based and compassionately provided to assure patient safety, superior clinical outcomes and the highest levels of satisfaction with a patient- and family-centered focus. Baptist Health will be a national and international leader in healthcare innovation.
We Are Baptist Health
A Brief History

Our History

Today, Baptist Health South Florida is the largest not-for-profit health organization in the region. But it certainly didn’t start out that way. In fact, just a few years ago, Baptist Health did not even exist. What did exist was a number of fine individual hospitals. Those hospitals — Baptist, South Miami, Homestead, Doctors and Mariners — all had very different histories. But they shared a common vision — to provide the best possible healthcare for the people in their communities. Which is why the hospitals worked together to create the finest healthcare organization in South Florida. We share a vision, a not-for-profit mission and the desire to be the best.

Baptist Hospital was the dream of Rev. Dr. C. Roy Angell, long-time pastor of Miami’s Central Baptist Church. Together with Arthur Vining Davis, who donated $1.5 million and 55 acres of land on then two-lane dirt Kendall Drive, he made Baptist Hospital a reality. Following Baptist’s opening in 1960 however, the hospital went through a number of tough years as everyone joked about its location on the “road to nowhere.” But as Kendall began to grow, so did Baptist, and major expansions led from the 300-bed facility in 1960 to today’s 677-bed campus. Today, Baptist Hospital offers state-of-the-art care in a beautiful setting to hundreds of thousands of people each year. In 1998, Baptist was recognized as a Magnet hospital for Nursing Excellence by the American Nursing Credentialing Center, an affiliate of the American Nursing Association. At the time, Baptist was the first hospital in the state to receive the distinguished designation. In 2002, and again in 2006, Baptist Hospital was re-awarded Magnet status for excellence in nursing. The Magnet status remains in effect through 2010.

Baptist Outpatient Services (BOS) operates several Baptist Medical Plazas at Palmetto Bay, Coral Gables, Westchester, West Kendall, Beacon Center (near the airport), Miami Lakes, Coral Springs, and Doral. BOS also includes the Medical Arts Surgery Center (MASC) and the Baptist Outpatient Center on the Baptist Hospital campus. Home Health, Endoscopy, Sleep Disorder Centers, and Executive Health are also part of how BOS serves the ever changing and growing needs of South Florida.

Notes:
Doctors Hospital opened as a not-for-profit hospital in Coral Gables in 1949, with 98 beds and 24 bassinets. Just four years later, it became clear that the hospital needed to grow, and an extensive expansion project began. Soon after the expansion, the Dr. John T. Macdonald Foundation—a not-for-profit corporation founded by local physicians—bought the hospital and further increased its capacity with a major three-story addition to 225 beds and 48 bassinets. Throughout the next 30 years, the foundation continued to expand Doctors Hospital to meet the community’s needs—adding a renovated emergency department, laboratory, cafeteria, medical records department and radiology. Today, Doctors Hospital’s nationally recognized Sports Medicine program serves the Florida Marlins, and Miami Heat, as well as collegiate teams from the University of Miami and Florida International University. In October 2003, Baptist Health acquired the 281-bed facility, full-service, state-of-the-art facility offering a wide variety of medical specialties.

Homestead Hospital has been a part of the south Miami-Dade community since 1940, when local physician James Archer Smith opened it as a 10-bed hospital east of Krome Avenue. Today, Homestead Hospital is a 120-bed, full-service facility. Our new $135 million hospital opened May 6, 2007, at its new location just east of Florida’s Turnpike. The new hospital is triple the size of the former facility and has the latest technology and equipment.

Mariners Hospital is the only hospital serving the Upper Keys community. The 42-bed Mariners Hospital began in 1959 as a nine-bed physicians’ clinic. The extraordinary appeal of the Florida Keys has sent the population—and the need for medical services—skyrocketing. A new Mariners Hospital opened in February 1999 to meet the growing needs. It has 42 private patient rooms, which includes a medical surgical unit, intensive care unit and outpatient surgery. Mariners joined Baptist Health in December 1995. A new Mariners Medical Arts Building opened in 2002.
**South Miami Hospital** was originally designed to be a physician office building. But doctors, who thought the drive to Jackson and Mercy Hospitals was too long, launched a campaign to sell $1 million in bonds to lease the building and turn it into a 100-bed hospital. In 1960, nine months before Baptist opened, South Miami Hospital saw its first patients. Major expansions led to today’s 445-bed facility. South Miami also began managing and operating Homestead Hospital in 1988, and merged with Baptist Health in 1995.

**West Kendall Baptist Hospital** campus will be located on 30 acres of the 160 acre Kendall Town Center development on 162 Avenue and 96 Street. The hospital will have a total of 130 beds, 80 licensed acute care inpatient beds and approximately 50 outpatient/observation beds. West Kendall Baptist Hospital will provide inpatient care for adult medical/surgical patients, including a critical care unit; a surgery department; maternity care; emergency services for adults and children, and state-of-the-art diagnostic and treatment services. In addition, a new 60,000 SF Medical Arts Building will be located adjacent and is expected to open its doors to serve the West Kendall community in 2011.

No matter the setting — hospital or outpatient center — all of us at Baptist Health share a goal of treating our patients with compassion and the best healthcare available.
Section 1

Who We Are

Those we serve

What We Value

<table>
<thead>
<tr>
<th>People</th>
<th>Our greatest asset – our employees, physicians, Board members and volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion</td>
<td>For those we serve</td>
</tr>
<tr>
<td>Excellence</td>
<td>In all we do – customer service, patient care, relationships and organizational performance</td>
</tr>
<tr>
<td>Integrity and Transparency</td>
<td>In all our actions and decisions</td>
</tr>
<tr>
<td>Belief</td>
<td>In our faith-based heritage and mission</td>
</tr>
<tr>
<td>Stewardship</td>
<td>To manage resources prudently and ethically to ensure our continued ability to fulfill our mission</td>
</tr>
</tbody>
</table>

Critical Success Factors

At Baptist Health, we believe that we are able to deliver value to our community and customers through a strong commitment to the continuous improvement of all of our products and services.

Notes:
Caring and Compassion

Baptist Health is an organization committed to service. This commitment is reflected in the way we treat our patients, guests, co-workers and others. We are dedicated to service excellence, teamwork and enthusiasm in everything we do. Accepting and following this culture is the key to your success at Baptist Health. All Baptist Health employees/students are required to follow these service standards. As you use this guide, you will find that each section starts with a description of one of our seven service standards.
Teamwork

Guiding Philosophy

We recognize that each team member is skilled in his or her field. Only by combining our talents can we best serve our patients, guests, co-workers, physicians and others. We respect individuality, celebrate diversity and encourage teamwork.
Quality and Service Recovery

Guiding Philosophy

Problem solving is an important part of everyone’s job. We identify, correct and address problems quickly and efficiently in order to exceed the expectations of patients, guests, co-workers, physicians and others.
Performance Improvement

What is Performance Improvement (PI)?
PI is improving the processes, equipment and people so that we have the highest-quality outcomes. We do this by continuously improving the performance of our processes, equipment and people to meet or exceed the needs of our “customers,” thereby ensuring our continued success as an organization.

Who are our Customers?
External customers include patients and their families, physicians, managed care companies, vendors and the community. Internal customers include our co-workers, supervisors and other departments.

PDSA
We use the four step model; Plan, Do, Study, Act (or PDSA) for improvement.
- Plan. Identify an opportunity. Plan the improvement.
- Do. Carry out the improvement.
- Study. Monitor the effects of the improvement.
- Act. Standardize the improvement

Fundamental Questions for Performance Improvement
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?

Key Elements for Improvement
We need the:
- Will to do what it takes to change to the new system.
- Ideas on which to base the new design.
- Execution of the ideas
Risk Management

What is Risk Management?
The process of planning, organizing, directing and controlling resources and activities to minimize the adverse effects of losses on human, physical, and financial assets.

Risk Management is responsible for:
- The identification of practices, systems, or process that have the potential for putting patients and/or visitors at risk of injury.
- The elimination and/or reduction of risks that have the potential for causing injury.
- The implementation of the risk management program to accomplish the above.

Root Cause Analysis

RCA is a corrective action that occurs after an error (hindsight bias) to analyze the “whys” and to implement an action plan for prevention. The RCA steps include:

1. Define the problem and gather the facts.
2. Assemble a team.
3. Determine the sequence of events that led to the error.
4. Identify contributing factors.
5. Select a root cause.
6. Develop a corrective action and follow-up plan.

Incident Reporting

What is an Incident?

An incident is an unanticipated occurrence, accident or event that has the potential to result in injury, has caused injury or is not consistent with the healthcare operation – OR – a happening not consistent with the routine care of a patient or routine operation of the hospital whether or not injury occurred.

Each Baptist Health employee/student has the duty to report incidents to Risk Management within three business days of becoming aware of such incidents. Incidents should be promptly reported on the incident report form. The employee/student discovering the incident is responsible for the completion of the incident report. Reports should not be copied or kept in a patient’s medical record. And there should be no written reference of the incident report made in the patient’s chart. Each entity has a color coded incident report. What color is utilized at your facility? ______________

Notes:
What is an Incident Report?

An incident report is a tool utilized to report an unusual event that has caused harm or has the potential to cause injury to a patient, visitor or employee/student.

- An incident report documents the occurrence of an incident.
- The person with the most knowledge of the incident completes the incident report form.
- The form is available in your department or area.
- Use the entity specific incident form.

Why Complete an Incident Report?

It is important to report all incidents for the following reasons:

- The incident report provides a basis for prompt investigation and follow-up of a problem or potential problem. As a result, problems can be identified early and any corrective action taken.
- Information from incident reports provides data for analysis and trending. By looking at the data carefully, we may be able to see a pattern developing and correct it before it becomes a problem. Trending also makes it possible to prevent a problem that occurred on one unit or on one shift from occurring on another.
- The incident report can trigger the hospital to notify its insurance company that a situation has occurred that could result in a lawsuit. Often the incident report contains information that can help with a defense and can be used to “refresh the memories” of those who were involved in or witnessed the incident.
Managing Risk is a Shared Responsibility

The Risk Manager Will:

- Notify the CEO.
- Notify the family or guardian that an allegation has been made and an investigation will be conducted.
- Assist the employee/student reporting the allegation with notification of the police.
- Investigate the allegation.
- Notify the appropriate state agency.

Employees/Students Will:

- Perform within the limits of our job description.
- Follow hospital policies and procedures.
- Report incidents and cooperate with follow-up.
- Maintain confidentiality.
Serious Incidents

What Should I Immediately Report to Risk Management?

Serious incidents must be reported to Risk Management immediately by telephone or beeper. Serious incidents require immediate follow-up by Risk Management and/or other qualified persons. In addition to verbally contacting Risk Management when a serious incident occurs, the employee/student with the most knowledge of the incident will follow the usual procedure and complete the incident report form.

The Joint Commission calls certain types of serious incidents sentinel events. TJC requires that for sentinel events an in-depth investigation, or Root Cause Analysis, be conducted.

In Florida, certain serious incidents require the completion of a Code 15 Report. These reports are completed by Risk Management and sent to the Agency for Healthcare Administration (AHCA).

Code 15 Reports to be sent to AHCA within 15 Days:

- Patient death.
- Patient brain or spinal damage.
- Performance of a surgical procedure on the wrong patient.
- Performance of a wrong-site surgical procedure.
- Performance of a wrong surgical procedure.
- Performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.
- Surgical repair of damage resulting to a patient from a planned surgical procedure where the damage is not a recognized specific risk, as disclosed to the patient and documented through the informed consent process; or
- Performance of procedures to remove unplanned foreign objects remaining from a surgical procedure.
- An in-depth investigation is completed for all Code 15 incidents.

Notes:
EMTALA

EMTALA is the Emergency Medical Treatment and Active Labor Act, first passed by Congress in 1985. It is designed to provide individuals with access to emergency care and treatment. Each individual who comes to the hospital seeking emergency medical treatment is to be given an emergency medical screening examination to determine whether an emergency medical condition exists. If such a condition exists the patient should be provided medical treatment to stabilize the condition. The hospital is to provide treatment within its medical capabilities, qualified personnel and available space. An un-stabilized patient may be transferred to a new facility if:

1. The patient requests the transfer; or
2. The patient consents to the transfer after the physician certifies that the risks of the transfer are outweighed by the benefits of treatment to be given at the receiving facility.
Visitor Incidents

Who is considered to be a Visitor?

A visitor is any person on the premises of the hospital who is not a patient or employee/student. Visitors include physicians, vendors, agency personnel and people who are visiting patients, students.

Protocol for Visitor Incident

- Provide immediate assistance to the injured person.
- Call Security.
- If it appears there is a serious injury, call the Emergency Department, when in one of our hospitals. If not on a hospital campus, call 911.
- If the injury appears to be minor or there appears to be no injury, encourage the visitor to go to the Emergency Department. If in one of the hospitals, you can offer to take the visitor to the Emergency Department yourself or find someone else who can assist him/her to the ED. You can assure the visitor that there will be no charge for the initial ED visit. Take the incident report to the Emergency Department as soon as it is completed. The ED will forward the incident report to Risk Management. If the visitor refuses to go to the ED, document this and send the incident report directly to Risk Management.
- The person with the most knowledge of the incident should complete the incident report form THE VISITOR DOES NOT COMPLETE OR SIGN THE INCIDENT REPORT.
- Forward the incident report to Risk Management within three business days. DO NOT KEEP A COPY OF THE REPORT.

Notes:
Safe Medical Device Act

What is the Safe Medical Device Act?
The Safe Medical Device Act (SMDA) is a federal regulation that requires that an incident involving a medical device that results in death or serious injury to a patient be reported in a timely manner to the device manufacturer and the Food and Drug Administration (FDA).

Should a serious injury occur as a result of a medical device, immediately contact the Risk Management department.

Do not discard the device or any of the device packaging or wrapping; immediately forward it with the completed incident report to Risk Management. Report an injury or illness that is:

1) Life-threatening.
2) Results in permanent impairment of a body function or permanent damage to a body structure.
3) Necessitates medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure.

User errors will be reported to the manufacturer, and, in case of death or an unknown manufacturer, to the FDA.

What is a Device?
Any instrument, apparatus, machine or implant that is:

- Intended to affect the structure or any function of the body of a human;
- Used for diagnosis or treatment;
- In or around the patient's environment.

Examples of devices are: hospital beds, heart valves, ventilators, restraints, X-ray machines and defibrillators.

What must be reported?

- Equipment failure or malfunction.
- Labeling issues.
- Improper or inadequate design.
- User error of equipment/device.

Notes:
Sexual Misconduct

What Does “Allegation of Sexual Misconduct” Mean?

Definition: Florida Statute 395.0197 states that all allegations of sexual misconduct shall be reported to and investigated by Risk Management. Sexual misconduct means acts of a sexual nature committed for the sexual gratification of anyone upon, or in the presence of, a vulnerable adult without the vulnerable adult’s informed consent, or a minor.

Allegations of sexual misconduct made against a hospital employee/student, when the misconduct is alleged to have occurred in the hospital or on hospital premises, will be immediately reported to Risk Management and/or the Chief Executive Officer (CEO).

Abuse: Identifying and Reporting

All patients must be assessed for their physical, psychological and social needs during the admission process and at regular intervals as needed. Included in this assessment is the identification of possible victims of abuse. Abuse includes the following situations: physical assault, rape or other sexual molestation, domestic abuse and abuse or neglect of elders and children.

Reporting Requirements

- The Florida Abuse Hotline (800-96-ABUSE or 800-962-2873) must be notified of any abuse involving children, disabled adults or elderly adults.
- The police department is to be notified in the following circumstances: sexual abuse of a minor or disabled person and assault or injury due to gun, knife, or other weapon. In the event of a rape of a competent adult, the police are called only if the victim gives permission. If the abuse hotline is called, the Department of Children and Family (DCF), typically coordinate the investigative process, including notifying the police.
- All suspected cases of domestic violence should be referred to Social Work Services for further investigation. The abuse hotline is notified only if a child has witnessed the abuse.
- Notify Social Work Services and Risk Management for all cases of actual or suspected abuse.

Child Abuse

Child abuse is the non-accidental injury or pattern of injuries to a child under age 18 that results in physical or emotional harm. The abuse can include acts of commission or omission. Examples include neglect, sexual molestation, mental abuse, physical harm and abandonment. Possible signs of abuse include repeated or unexplained injuries, neglected appearance, disruptive behavior, passive or withdrawn behavior, extremely critical/isolated parents.
Elder/Disabled Adult Abuse

Elder/disabled adult abuse is a physical, psychological, emotional, financial injury that results from abuse, neglect, exploitation, or abandonment. Possible signs of abuse include bruises, broken bones, burns, welts, head injuries, physical neglect, contractures, pressure ulcers, and symptoms of starvation including dehydration and weight loss. Elder adults who are unable to take care of him/herself due to physical, mental and emotional problems must also be reported to the Abuse Hotline because they may be at risk.

Domestic Violence

Domestic violence includes any assault, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or other criminal offense resulting in physical injury or death of a family or household member by another who is or was residing in the same dwelling. The five forms of domestic abuse are physical, sexual, psychological, emotional and economic.

Physical Assault

This is any injury resulting from violent behavior, sexual abuse/molestation. It also includes the use of children for sexual gratification and/or financial benefit. Possible signs of abuse include trauma to genitals or rectum, sexually transmitted disease, difficulty walking or sitting, pregnancy, inappropriate sexual behavior, emotional symptoms.

Sexual Assault/Battery (Rape)

Sexual assault is any forced sexual contact that is against the victim’s will. Rape is a medical, emotional and legal crisis, which requires special care in the collection, maintenance and reporting of evidence that may be used in cases that go to court.

Other Information on Abuse

Unfortunately, abuse may occur while the patient is under our care. Any employee/student who has knowledge of or witnesses an act that is the basis of an allegation of abuse or sexual misconduct must notify the CEO, Risk Management and Social Work Services immediately.

Baptist Health has numerous policies relating to abuse, and you are encouraged to review them. In addition, self-studies, which contain more in-depth information, are available from Education Services.
Patient Rights

Baptist Health believes it is important for patients to take an active part in their healthcare. That is why we provide patients with the following Patient Rights and Responsibilities. By becoming familiar with these points, patients can better participate in their care and act as a vital part of the healthcare team.

As A Patient, You Have The Right To:

- Be treated with courtesy and respect, with appreciation of individual dignity and protection of privacy.
- A prompt and reasonable response to questions/requests.
- Know who is providing medical services and who is responsible for your care.
- Know what support services are available, including interpreter services and resources for the disabled.
- Know what rules and regulations apply to your conduct.
- Be given information concerning diagnosis, planned course of treatment, benefits, alternatives, risks and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Receive, upon request, information and counseling on the availability of known financial resources for your care.
- Receive a copy of a reasonably clear and understandable itemized bill and have the charges explained to you, upon request.
- Receive an estimate of charges for medical care, upon request, prior to treatment.
- Impartial access to medical treatment or accommodation, regardless of race, national origin, religion, physical handicap or sources of payment.
- Treatment for an emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is an investigational study or clinical trial and to make a fully informed decision regarding participation based on expected benefits, alternatives and an understanding that refusal will not compromise access to further care.
- Express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of the healthcare provider and/or to the appropriate state licensing agency. Contact the patient representative, the nursing director on duty, or the Agency for

Notes:
Healthcare Administration, Consumer Assistance Unit, 2727 Mahan Drive, Tallahassee, Florida 32308. Phone: 888-419-3456.

- Personal and informational privacy, within the law.
- Expect reasonable safety in hospital practices and environment.
- Reasonable, informed participation in decisions about your care.
- Consult with a specialist, at your request and expense.
- Receive a complete explanation of the need for a transfer to another facility or organization and of the alternatives to a transfer, and to know that the transfer is acceptable to the other facility or organization.
- Be informed by your healthcare provider on continuing healthcare requirements after your discharge from the hospital.
- If eligible for Medicare, know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts Medicare assignment rate.
- Information about available community resources including protective services. Contact Social Work through the hospital operator by dialing 0.
- Access the Ethics Committee and participate in the process to resolve ethical issues. Contact the ethics consultant through the hospital operator by dialing 0.
- Execute advance care directives.

**As a Patient, You Have the Responsibility:**

- To provide to Baptist Health and its medical staff, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- For reporting unexpected changes in your condition to the hospital staff and/or physicians.
- For following the treatment plan recommended by the hospital staff and/or physicians.
- For keeping appointments and, when unable to do so for any reason, for notifying the appropriate hospital department or physician’s office.
- For your actions if refusing treatment or not following the healthcare provider’s instructions.
- For providing accurate insurance and payment information to the hospital and physicians at the time of registration or service.
- For ensuring that the financial obligations of your healthcare are fulfilled as promptly as possible.
- For following the hospital’s rules and regulations affecting patient care and conduct.
- For being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise and number of visitors.
- For being respectful of the property of other persons and of the hospital.

**Notes:**
Advance Directives

Advance Directive is a general term for documents or oral statements in whom an individual expresses wishes about life-prolonging procedures and the person which they choose to make healthcare decisions for them if they become unable to make these decisions for themselves.

Living Will is a document in which an individual can express that they do not want certain life-prolonging procedures when faced with a condition that is terminal and death is likely to result without treatment, or if they are in an irreversible coma.

Healthcare Surrogate is an adult an individual designates to make healthcare decisions for them if they become incapable of making decisions themselves.

Durable Power of Attorney is a process for transferring authority regarding many aspects of an individual’s personal life, which may include healthcare decisions, to another person. Because the scope of Durable Power of Attorney involves more than decisions related to healthcare, we suggest an attorney be consulted.

Most states legally recognize some form of Advance Directive, but laws vary. This means that Advance Directives from Florida may not be enforceable in another state.
Section 5
Service Standard: Privacy and Confidentiality

Privacy Overview:

HIPAA and Confidentiality

Guiding philosophy
We establish and maintain a secure, respectful and trusting environment for patients, guests, co-workers and others. Information regarding individuals and the organization is kept confidential and treated as privileged information.

Expectations
1. Follows the HIPAA privacy regulations and state privacy laws to ensure the flow of health information for quality patient care and facility operations.
2. Maintains physical privacy and personal dignity while providing care and services (for example, closing doors and curtains, providing additional gowns and blankets).
3. Requests permission to enter patient areas or offices and waits for acknowledgment.
4. Disposes of and secures all documentation containing privileged information appropriately (for example, shredding, filing).
5. Always discusses patient, employee/student and organizational confidential information in private (for example, avoids talking in elevators, cafeteria, hallways and other public areas).
6. Maintains and secures all computer information (for example, uses screen savers, logs off applications when computer is unattended, keeps passwords confidential).
7. Verifies identity of person before releasing information via telephone, fax or e-mail (for example, requests medical record number, Social Security number, employee number, birth date).
8. Maintains confidentiality when giving out privileged information on the telephone (for example, never leaves private information on answering machines or discusses on speaker phone).
9. Always posts private information in non-public areas (for example, schedules, procedures, policies).

Notes:
HIPAA and Confidentiality

Privacy Overview

It is imperative to maintain confidentiality of patient and organizational information. Although many interesting stories or cases happen at our facilities, patient information is strictly confidential.

Patient confidentiality is a conscious effort by every employee/student to keep private all personal information revealed by the patient while receiving healthcare. It may include information regarding the patient’s identity, medical condition, emotional condition and financial situation. To protect confidentiality, medical information should be accessible only to those who “need to know” in order to deliver effective care. Never discuss confidential patient information where you can be overheard by others, such as in hallways and elevators.

Technological developments like computers and fax machines provide instant access to information that is often necessary in order to give patients efficient care. Unfortunately, information becomes more accessible to individuals who do not “need to know” this information. Never access information to satisfy personal interest or curiosity. Remember, privacy is a basic right in our society. Safeguarding that right is your ethical obligation.

Notes:
Safety

Guiding philosophy

We take ownership in providing a safe and clean environment for our patients, guests, co-workers and others, projecting excellence to those we serve.

Patient Safety

Baptist Health places the safety and well-being of patients, employees/students and the public as its highest priority. We prevent errors by designing systems that make it hard for people to do the wrong things and easy to do the right thing. We strive to provide quality healthcare through clinical excellence, the reduction of risk in our environment of care, patient protection and patient rights. This section will better prepare you for your role in helping build a safe culture at Baptist Health.

Patient Safety Philosophy at Baptist Health strives to create a culture of safety by redefining “error” as a failure of systems, not as blame, and by defining safety as freedom from accidental injury. By identifying opportunities for continuously improving processes through performance improvement, we reduce our risk of adverse events and avoid medical errors. This culture rewards and empowers employees/students for reporting events so multi-causal analysis can be implemented and positive change occurs. In support of this philosophy, Baptist Health has a safety plan, which includes a safety officer, patient safety champions, risk managers, product review committees, nursing standards committee, CEO Safety rounds and a safety hotline. The actions or mis-actions of any one of us can have a significant impact. Safety is everyone’s concern.

Given the complexity of the healthcare system, it is necessary to identify the important concepts in supporting a culture for patient safety. These include understanding how accidents occur as well as how errors can be reduced and prevented. The following models demonstrate these concepts.

Swiss Cheese Model

The “Swiss Cheese Model” illustrates that an accident is not the result of a single failure. When an accident occurs, it is the result of a series of failures that allows the mistake to reach the patient.

Hindsight Bias

Hindsight bias is the phenomenon where, after an error occurs, it seems obvious how it happened. However, before the error occurred, it was not obvious that the process or system was error-prone. Continuing in the scientific process of error reduction, the following analyses illustrate the study of incidents and patient safety.
## National Patient Safety Goals

<table>
<thead>
<tr>
<th>Goal</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| Improve the accuracy of patient identification. | - Use at least two patient identifiers when providing care, treatment or services.  
- Engage patient and/or family in the patient’s care:  
  - Reliably identify the patient as the person for whom care, service or treatment is intended.  
  - Use at least two patient identifiers (name and date-of-birth) to compare to orders, requisitions, computer screen, or other documentation before providing care, treatment or service.  
  - Always label and confirm the accuracy of the labeling specimen containers (blood, urine, etc) with the patient involvement.  
  - Two individuals, using at least two identifiers are needed to verify patient identification when blood or blood components are transfused. |
| Improve the effectiveness of communication among caregivers. | - For telephone orders/telephonic reporting of critical test results, verify complete order or test result by having the person receiving the information record and “read-back” the complete order or test result.  
- Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.  
- Measure, assess and if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.  
- Implement a standardized approach to “hand-off” communications, including an opportunity to ask and respond to questions. |
| Improve the safety of using medications. | - Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.  
- Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.  
- Follow BHSF anticoagulation therapy protocols and procedures. |
| Reduce the risk of healthcare associated infections. | - Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Center of Disease Control (CDC) hand hygiene guidelines.  
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare associated infection.  
- Identify best practices to prevent infections due to multiple drug-resistant organisms.  
- Identify best practices to prevent central line-associated bloodstream infections.  
- Identify best practices to prevent surgical site infections. |
### Section 6

**Safety Standard:**

**A Culture of Patient Safety**

<table>
<thead>
<tr>
<th>GOAL</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
</table>
| Accurately and completely reconcile medications across the continuum of care. | ▪ There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.  
▪ A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility. |
| Reduce the risk of patient harm resulting from falls. | ▪ Implement a fall reduction program including an evaluation of the effectiveness of the program. |
| **GOAL** | **REQUIREMENTS** |
| Encourage patient’s active involvement in their own care as a patient safety strategy. | ▪ Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.  
▪ Educate patients about hand hygiene and respiratory precautions as well as patient involvement in preventing adverse events in surgery. |
| The organization identifies safety risks inherent to its patient population. | ▪ The organization identifies patients at risk for suicide (applicable to patients being treated for emotional or behavioral disorders in general hospitals). |
| Improve recognition and response to changes in a patient's condition. | ▪ The organization selects a suitable method to call for additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.  
▪ Encourage patients/families to seek assistance when a patient’s condition worsens. |
| Universal Protocol | ▪ Conduct a preoperative verification process as described in the Universal Protocol.  
▪ Mark the operative side as described in the Universal Protocol.  
▪ Conduct a “time out” immediately before starting the procedure as in the Universal Protocol. |

**Notes:**
Know the Steps for Patient Identification

Always start with these steps before you provide care, treatment or service.

**Step 1**
Ask your patients to **tell you**:
- their **name**
- **date of birth**.

**Step 2**
Match patients’ verbal information with the **patient name** and **date of birth** on identification band.

**Step 3**
Verify these 2 identifiers— **patient name** and **date of birth** – with your order, requisition or screen.

**As of October 1, 2008**
all Baptist Health facilities will use the same patient identification steps.

**Smith, Mary**
M/01/24/849
64 F 01/15/44
PAT: 056729890
Hospital Name

KNOW THE HIGH RISK THERAPIES AND SITUATIONS THAT REQUIRE ADDITIONAL PATIENT IDENTIFICATION.
In-Patient Assistance

Call Lights

Each bed has a call light. Please provide this to your patient with proper instructions on its use. This means of communication between you, as the caregiver, and your patient will assist in your patient’s care as well as ensure a sense of security for the patient.

Patient Assistance

To ensure patient safety, the patient should be instructed in getting out of bed and going to the bathroom with the proper amount of supervision. If walking devices are needed, caregivers need to ensure they are within reach and the patient is properly instructed in their use.

Bedside Rails

All beds and stretchers have movable side rails that can be used to promote patient safety. The nurse caring for the patient can help determine which should be used.

Clear Paths/Clutter

From carts in hallways to spills on floors, it is the responsibility of each employee/student to keep pathways clean and clear.

Prevention of Falls

Falls are defined as an event in which a person inadvertently or intentionally comes to rest on the ground or some other level (such as a chair, toilet or bed) after losing balance during standing, walking or some other activity. To promote patient safety, Baptist Health has an interdisciplinary team that works collaboratively to reduce falls and their risk. This Baptist Health Falls Prevention Program utilizes evidence-based and standardized fall risk assessments and fall prevention interventions. The fall prevention protocol was developed with consideration to patient safety, as well as the importance of patient freedom and rights. Upon admission and throughout the hospital stay, the nurse will use the Morse Fall Risk Assessment tool to help determine the patient’s level of risk.

Notes:
Patient Transport

During a patient’s hospitalization, he/she will need to be taken to various areas for testing or procedures. Intravenous lines, invasive tubes, oxygen tubes and tanks must all be considered and handled properly. Always make sure that the patient is secured in a wheelchair or on a stretcher and all lines/tubes are by the patient and off the ground and do not interfere with moving parts. Lock the wheels on wheelchairs and stretchers when stopped. Always ask for assistance when moving a patient. Never leave a patient unattended or unsupervised in the hallways. Consult with the nurse for individual patient safety needs.

Restraints

Patients may become confused, agitated or upset because of illness, the effects of medication or an unfamiliar hospital setting and may place the patient at risk for injury. Restraints are devices used to prevent the patient from causing injury to themselves or others. Restraints are used only when all other methods of helping and calming the patient have been attempted. Baptist Health facilities strive to be restraint-free. In the event that restraints must be utilized to protect the patient from harming himself or herself or someone else, the physician and nursing supervisor must be consulted. The nursing staff will attempt to reach the patient’s family, as well, prior to the application. Restraints include:

- Wrist and ankle restraints: Padded wraps with Velcro closures that are secured to the bed frame to prevent the patient from pulling out medically needed tubes or lines.
- Roll vest or belt: These allow the patient movements in a bed or in a chair but prevent the patient from getting out of the bed/chair. These devices are usually used on patients who are confused.

Restraints are used ONLY when all other methods have failed.
Medication Errors

More errors occur related to medication ordering and administration than any other area. Joint Commission requires tracking and analysis of medication errors as part of its ongoing effort to measure and improve the performance of health-care organizations. Every department needs to pitch in to develop procedures that prevent mistakes. It is important that medication errors be identified and reported so that systems for prevention can be improved.

As a member of the healthcare team, you can help by informing the nurse if at any time:

- You find a patient taking medication unsupervised.
- You find medication at the bedside, on the floor or unattended.
- The patient or family asks any medication-related questions.
- The patient is being transported with intravenous fluids.

Patient Identification

While we work in a culturally diverse community, it is not uncommon for people to have the same names. Proper identification of the patient can prevent mishaps and promote patient protection and safety.

When interacting with a patient, always:

- Introduce yourself and explain your role on the team.
- Verify the patient’s identity verbally (if possible) and checks the patient identification (ID) band for his/her full name and the second identifier.
Pediatric Considerations

Baptist Health provides compassionate, quality medical care to a community of all ages. Children are not simply small adults; they have different needs, which require other safety considerations. Remember that small children express their fear, pain or sadness by crying. Older children need explanations they can understand. Parents and families must be included in the choices made.

Falls are the leading cause of non-fatal injuries. Some safety tips include:

- Use bed and crib rails.
- Keep toys out of walkways and paths.

Poisoning can occur accidentally because young children will put anything in their mouths, even if it tastes bad. Keep the following items out of reach of children:

- Cleaning supplies.
- Paint.
- Tools.
- Cords.
- Medications.

Choking is the fourth-leading cause of accidental death in young children. To help prevent choking and suffocation, avoid the following foods for children under age 5:

- Peanuts
- Hot dogs
- Popcorn
- Grapes
- Hard candies

Check toys for small removable parts or ask the nurse or child life specialist for help. Clear the floors of small objects.

Scalds or burns can occur from hot liquids such as coffee or tea, soups and other drinks. Remember to place hot foods away from bedside tables and out of reach of children.

Child safety begins with proper supervision.

Notes:
An important message for patients and their families

We are committed to ensuring that each patient receives the best possible care. To do this, we ask that you and your loved ones partner with us to speak up and tell a nurse or other medical professional anytime there is a concern about your medical condition.

We value and want the participation of family members because they may be the first to notice a change in your appearance or behavior.

If you or your loved one is concerned that you are getting worse and you feel that the nurse or other medical professionals are not there to respond to your medical needs – you or your loved one can call a Code HELP.

What is Code HELP?

Code HELP is an emergency response system a patient and family can use to bring a team of medical professionals to the patient’s room for immediate medical assistance.

When should you call a Code HELP?

- When a noticeable, serious change in the patient’s medical condition occurs and the healthcare team is not there at the bedside.
- When, after speaking with a nurse or other medical professional, you still have concerns about your loved one’s care or treatment.
- When you detect a subtle change in your loved one or you think something is not right, or you feel your concerns have not been adequately addressed by the medical professionals.

To Call a Code HELP

Dial #7777 from any hospital phone.
Tell the operator, “This is a Code HELP.
The patient is in room #____.”

For more information about this emergency response system, please ask your nurse.
How to Promote Patient Safety

1) Wear your name tag in a clearly visible place at all times so patients and visitors can see your name and department and know you are on hospital business.

2) Introduce yourself to the patient and the patient’s family, giving your name and department, in a clear and courteous voice.

3) Request the patient’s name and second identifier before working with the patient. **Say to the patient:**
   a) *For safety reasons I am confirming your identification. Please tell me your name and date of birth.* (for example)
   b) Confirm the two patient identifiers used at the entity.

4) Become familiar with the list of Do Not Use Abbreviations and avoid using them. Keep the use of all abbreviations to a minimum.

5) Wash your hands frequently when working with patients or their environment, and wash between patients. The use of hand sanitizers is an alternative to hand washing.

6) Make a special effort to communicate and coordinate with the nursing staff. Identify yourself to the nursing staff. Report promptly to nursing any new or significant patient findings.

7) Report anything you see that appears unusual or unsafe as quickly as possible.

8) When you hear an alarm coming from a patient’s room or piece of patient care equipment, respond. At the very least, find the patient’s nurse and report the sounding alarm.

9) Know your responsibilities are in the event of a fire or disaster.

10) Take responsibility for protecting confidential patient information.

Notes:
Each of Us Can Improve Patient Safety!

Watch:
- Really look at all situations. Is there an incident waiting to happen? Be aware of your surroundings and who is around you.

Listen:
- When your patient or family member asks “Why?” - stop and take note. If a co-worker is uncertain, solve the problem together. Even a physician’s telephone orders should be repeated.

Ask:
- There are no stupid questions, but there are preventable mistakes. If you do not know or are unsure, ask - whether it’s the nurse, physician or co-worker. Be knowledgeable and informed.

Act:
- Don’t be afraid to point out your observation or ask questions. You could be preventing someone from getting hurt or, at the least, be learning something new yourself.

Report Errors:
- Only by reporting your errors, the problems you find, and even the close calls or things you’re afraid could happen, will problems be identified and changes be made in the organization. The problem is not bad people working in healthcare; it is that good people are working in systems that need to be safer.
Speak Up for Patient Safety

We strongly encourage employees/students to speak up about patient safety and quality of care concerns. You are encouraged and expected to report your concern through your chain of command, all the way to the CEO if necessary. You may report concerns without fear of discipline or retaliatory action. A confidential Baptist Health Compliance Hotline is available to foster resolution of concerns 888-492-9329.

If you observe a concern which you believe is not being adequately addressed you may report this to the Joint Commission on the Accreditation of Healthcare Organizations at 800-994-6610. Reporting Safety and Quality of Care Concerns

Physician Impairment Policy

The American Medical Association defines the impaired physician as “one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill or excessive use or abuse of drugs, including alcohol.”

What Do I Do if I Suspect a Physician to be Impaired?

All individuals working in the hospital who have a reasonable suspicion that a physician may be impaired are required to report the physician’s behavior immediately to their supervisor or manager. An incident report must be filed and will include a factual description of the incident(s) that led to the belief that the physician may be impaired. The individual making the report does not need to have proof of impairment, but must state the facts leading to the suspicions. If deemed appropriate, the hospital will refer all impaired physician to the Physician Resource Network (PRN) at 800-888-8776.
Environment of Care

This section will prepare you to safely respond to emergency situations at work and in your personal life, as well. The term “environment of care” is used to reflect the Joint Commission on Accreditation of Healthcare Organization’s standards for safety. In order to make situations safe, we need to know how to respond and what procedures to follow in various unexpected events/emergencies to ensure safety for all.

Fire Safety

According to the National Fire Protection Association, more than 8,000 hospital fires occur each year. Healthcare staff who are trained for fire emergencies respond to them more quickly and effectively, therefore reducing the number of potential casualties. Fire is fast; it may take just three minutes to become a raging inferno. Intense heat from fire can sear lungs and fuse clothing to the skin. The fire can also fill the area with thick, black smoke containing toxic gases, which can kill within minutes. Smoke rises to the ceiling in a dense cloud that slowly descends; beneath this cloud you can see and breathe.

Oxygen shut-off Valves

Only respiratory therapy, in cooperation with the Engineering department may turn off the oxygen.

How Can I Tell if it’s A Real Fire?

When there is a fire alarm, the chimes and bells may chime, and the lights will continue to flash. The flashing lets us know that the possibility of a real fire still exists. An “all clear” announcement over the P.A. system tells us there is no further danger of a fire. Fire drills will be announced only after the fact.
R.A.C.E.

Remove all persons
When a fire is discovered, your first priority is to remove patients from immediate danger. If you smell smoke from behind a closed door, be careful to first feel the door before opening. If the door is too hot to touch, don’t open it. If you can touch the door, open it slowly, crouch low to the ground and approach the patient.

Alarm
There are two ways to call for help: Dial your hospital’s or entity’s emergency number (______) and activate the red pull-boxes. When you dial the hospital’s emergency number, you will reach the operator. Let the operator know the type of emergency (fire, in this case) and where it is located. The red pull-boxes are located conveniently by exits, so that on your way to an exit you can sound the alarm. Trained staff will respond. Where are the pull-boxes located at your facility?

Contain
Fire doors are designed to close in the event of a fire. They can help to contain a fire for up to two hours. Don’t block automatic closing doors. Remember to leave 18 inches of space from the ceiling to allow the fire sprinklers to drop down and work effectively; don’t block the sprinklers with boxes or other items near the ceiling.

Extinguish
If a patient is on fire, wrap a blanket around him/her to smother the fire. Smother a fire in a trash with a towel or rag. Use an extinguisher for small fires. Locate the fire extinguisher closest to your work site.

P.A.S.S.

PASS is an acronym to remember pointers for using extinguishes.

Notes:
Horizontal and Lateral Evacuation of Patients

During a fire it may be necessary to evacuate patients due to smoke or the possible spread of the fire. In most cases, patients should be left in their rooms with the door closed. Evacuation is used only in extreme cases. When it becomes necessary to evacuate the patients, we use the **Horizontal/Lateral Evacuation**.

By doing this, the patients are moved to a different smoke compartment without using stairwells. (The elevators will not work during a fire.) Smoke compartments are separated by doors that close automatically whenever the fire alarms are activated.

Those in the corporate offices, all BOS locations and the Medical Arts Building evacuate using the stairs and exit doors to a safe location.

Interim Life Safety Measures

We evaluate the need for Interim Life Safety Measures (ILSM) prior to or during any construction, renovation, communication or unforeseen event that may create a significant Life Safety Code (NFPA 101) deficiency in order to establish responsibility, procedures and guidelines regarding the evaluation and implementation of ILSM during construction, renovation or other projects.

**ILSM Definitions**

The TJC Environment of Care outlines actions and procedures required to temporarily compensate for significant hazards posed by existing NFPA 101 Life Safety Code deficiencies or construction hazards:

1. Ensure free and unobstructed exits. Hospital personnel receive additional training when alternate exits are designated. Means of exiting construction areas are inspected daily.

2. Ensure free and unobstructed access to emergency services, as well as to police and other emergency or law enforcement agencies.

3. Ensure that fire alarm, detection and suppression systems are in good working order. A temporary but equivalent system shall be provided when any fire system is impaired.

4. Ensure that temporary construction partitions where required are smoke tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire.

5. Provide additional fire fighting equipment, such as extra fire extinguishers and train appropriate personnel in its use.

*Notes:*
Electrical Safety

Using Cords and Plugs Safely

- Don’t use cords with cracked or torn insulation.
- Don’t use a damaged cord or plug or one that gets warm.
- Keep cords away from heat and water.
- Don’t run cords under rugs or through doorways or windows.
- To remove a plug from an outlet, pull on the plug, not the cord.
- Never break off or bend the grounding pin.
- Don’t use so-called “octopus” adapters.
- Use extension cords only temporarily.
- Never attach cords to the floor or wall with tacks or pins.

Using Electrical Devices Safely

- Get safety instructions before using electrical power equipment, especially cleaning equipment that will be used with water.
- Make sure you, your clothes, tools and surroundings are dry.
- Do not use any electrical equipment or wall receptacle that appears to be damaged or in poor repair.
- Do not use any device that blows a fuse, trips a circuit breaker or gives a shock until it has been inspected and repaired, if necessary.
- Do not use metal ladders when working on electrical equipment or wiring, or when changing light bulbs.
- Change light bulbs carefully. Make sure the bulb is not hot.
- Disconnect electrical equipment from the power source before cleaning.
- Be aware of machinery tags indicating that repairs are being made.
- Report all shocks immediately, even small tingles.
- Use pliers, screwdrivers and tools with insulated handles.
- Use power tools with three-prong plugs or double insulation.

Notes:
Florida Right to Know Law

**Hazardous Materials**

The Florida Right to Know Law protects workers who handle chemicals. If you work with hazardous materials, your employer is required to provide a four-part hazard communication program, which includes employee/student training, a written program, Material Safety Data Sheets, and a warning about your level of risk for exposures to hazardous substances. If you have questions about safe work practices, talk to your manager or educator.

**MSDS**

If you discover a spill, notify your supervisor. Your supervisor will obtain the Material Safety Data Sheet (MSDS). The MSDS for each hazardous substance in your work area tells you how to use, handle and store the substance safely. Emergency and first aid procedures are listed as well. Generally there are 10 sections to the sheet:

1. Chemical identification - the name of the substance, hazardous components and manufacturer’s name and address.
2. Composition - identifies the hazardous ingredients.
3. Hazards - the substance’s appearance, any hazards associated with emergency response situations, potential health effects and symptoms of exposure.
4. First aid measures - emergency procedures to follow in the event of an exposure.
5. Firefighting measures - delineates fire fighting and explosive measures.
6. Accidental release measures - how to contain and clean up a spill, leak or other release.
7. Handling and Storage - what precautions should be taken in handling and storage.
8. Exposure controls and personal protection - personal protective equipment recommended.
9. Physical and chemical properties - substance characteristics.
10. Stability and Reactivity - adverse conditions that could result in a hazardous chemical reaction.
Ergonomics

Basics of Back Safety

Ergonomics is adapting equipment, procedures, and surroundings to people. Regular exercise and stretching is a good way to prevent back injury because strong abdominal muscles help support your back.

- When lifting objects, use your leg muscles and bend your knees.
- Never lift and twist. When moving large objects, push instead of pull the load.
- Hold a load close to your body. Holding it away puts much more strain on your back.
- Back injuries are a common problem for healthcare workers. You may be straining your back even if it does not hurt.
- Working at a desk can also create back strain. Sitting can be twice as hard as standing.
- All strains can add up to create back pain leading to disability, absenteeism, and loss of work. Knowing what your back will and will not do helps you keep your back healthy.

Test Your Ergonomic Knowledge

Circle the correct answer.

1. True or False: You may be straining your back even if it doesn’t hurt.
2. True or False: Strong abdominal muscles help support your back.
3. True or False: Good posture means keeping your back straight.
4. True or False: Falls are the most common cause of back injuries in healthcare.
5. True or False: Holding a load away from you puts more stress on your back than holding it close.
6. True or False: An important rule when lifting is to bend your knees.
7. True or False: It’s okay to lift and twist as long as you do it slowly.
8. True or False: Sitting can be twice as hard on your back as standing.
9. True or False: It’s important to sit close to your work to avoid back strain.
10. True or False: When moving large objects, pull, don’t push, whenever possible.

Notes:
Radiation Safety

Baptist Health has adopted the ALARA philosophy – "as low as reasonably allowed" – whereby the institution is committed to maintaining radiation exposure levels as low as reasonably achievable.

**What is Radiation Safety?**

Radiation safety ensures that our employees/students and patients are safe while in the vicinity of radioactive materials. These radioactive materials are used/stored primarily in the Nuclear Medicine and Radiation Oncology Departments, and small quantities in the Chest Pain Center, Stress Lab and Laboratory. Certain quantities of radioactive materials are clearly identified by a yellow Caution, Radioactive Materials sign. These areas are kept locked and may be accessible only by authorized individuals. If your duties require you to work in the areas above, check with department personnel before entering the area.

X-ray, producing machines are also a potential source of radiation exposure when the operator turns on a highly directional beam that is aimed at the patient. Only a small amount of radiation scatters away from the patient, and the patient does not become radioactive from the X-ray. Areas where X-ray machines are used are clearly identified by a yellow “Caution, Radiation Area” or “Caution, Do Not Enter” sign. Do not enter these areas if these signs are posted or lit. If your duties require you to work in the areas above, check with department personnel before entering the area.

**Radiation Safety Officer**

*Each entity has a radiation safety officer. Write the name of yours here:*

__________________________________________

Notes:
Service Standard: Safety
Environment of Care

Radiation Safety Guidelines

Below are simple guidelines to avoid or minimize radiation exposure from X-ray machines or radioactive material.

1. Doors posted with yellow “Caution, Radioactive Materials” signs indicate that the room/area is a place where radioactive materials are used or stored.

2. Additional yellow caution signs inside the room/area indicate areas where radioactive material is stored and should be avoided. Any cabinets, refrigerators, packages, bottles or other containers with a yellow "Caution, Radioactive Materials" sign are a potential source of radiation exposure.

3. If your duties require you to enter these areas follow the three principles of TIME, DISTANCE and SHIELDING. Minimize the amount of TIME you spend in the area to reduce or avoid any significant radiation exposure. DISTANCE yourself about 3-6 feet in order to decrease or avoid any significant radiation exposure. Wear the Personal Protection Equipment (PPE) in order to ensure adequate SHIELDING from exposure.

4. Do not go into a room where an X-ray machine is about to be activated without approval from department staff.

5. Never attempt to dispose of trash located in lead-lined drums or containers that are labeled with a yellow "Caution, Radioactive Materials" sign.

6. Do not smoke, drink or eat in any area where radioactive materials are used or stored.

7. If you notice damage to or leakage from any object labeled with a yellow "Caution, Radioactive Materials" sign, DO NOT ATTEMPT TO CLEAN THE AREA. Close and lock the door, notify department personnel and have the operator page the radiation safety officer immediately.

8. Upon completion of your duties, close and lock the door.

9. At no time should you allow people not assigned to the area(s) to accompany you while in the above areas.

10. Report any unsafe conditions to the radiation safety officer.

11. Direct any radiation safety questions to the radiation safety officer.

12. Regulations concerning the use of radioactive materials, licenses and license conditions are available in the radiation safety officer’s office.

Notes:
Internal and External Disasters
Disasters are classified as internal (fire, bomb threat) and external (plane crash, hurricane). Should there be a possible or actual disaster; a detailed process is followed. An Incident Command Post will be set up and certain personnel will have specific disaster-related responsibilities. It is essential that you review the Disaster Plan located in your department and know what your role is in the event of a disaster. On-duty personnel should report to their assigned areas immediately. Off-duty personnel should remain at home unless notified by their supervisor. Communication systems are vital during a disaster; therefore, it is imperative that you not overload the system by making nonessential or personal phone calls on the hospital lines during a disaster. The administrator on call will communicate when the disaster is over.

Critical Incident Stress Management
All events will be followed up with staff who are entering and exiting through the labor pool. Specially trained personnel from Social Work and Pastoral Care will provide defusing sessions for staff members at the end of their work. Debriefings of the event will also be conducted on a long-term basis.

**Weapons of Mass Destruction Training**
Staff safety is paramount. Care should be taken not to rush through procedures and decontamination.

Of the Baptist Health South Florida entities, Baptist Hospital is a designated HAZ-MAT receiving facility and is equipped with a decontamination room and HAZ-MAT receiving and treatment areas. South Miami Hospital also has decontamination capabilities. Therefore, the Baptist Hospital and South Miami Hospital Disaster Plans include a HAZ-MAT Response team.

**Labor Pool Management**
Employees/students who are not scheduled to report to work but are available are expected to report to the labor pool for assignment when contacted. In the event of a hurricane, if you plan to be at the hospital during the storm, please bring personal articles (for example, toothbrush, food, sleeping bag). If family members must accompany you, they should also bring their own supplies.
Violence in the Workplace

Employees/students may implement the violent person code procedure (Code Green) when a visitor or employee/student demonstrates aggressive behavior that causes one to reasonably believe that he/she or another person is in immediate danger of serious bodily harm.

What to Do in Case of a Confrontation in the Hospital

1. Dial the emergency line to initiate a code and notify the Operator, giving the exact location. Your emergency line is: ____________
2. The operator will call Security and alert them of the situation.
3. The security officer, supervisor and/or designee will physically respond to all violent situations to attempt to use reasonable verbal efforts to resolve the situation.
4. The security officer has the option to use an appropriate amount of force against an aggressor when it appears that he or she may be seriously injured and all reasonable verbal efforts have been exhausted.
5. If the use of force or restraints is required to control the aggressor, the police department will be called and a report filed. Pressing charges is the option of the victim.
6. An incident report form will be completed by the security officer in all cases and forwarded to the risk manager.

What is Violence

Violence is the use of force or threat to cause harm, verbal or written threats, stalking, bullying, robbery, hitting, and using weapons.

Why Do People Commit Violence?

There’s no one single cause. Violence may be triggered by:

- Stress and frustration.
- Revenge for being fired, laid off, and rejected, etc.
- Family, domestic or money problems.
- Invasion of privacy or personal space.
- Fear or confusion.
- Drug reaction.

Verbal Warning Signs of Violence

- Talking about weapons.
- Threatening or angry tone of voice.

Notes:
Service Standard: Safety
Environment of Care

- Shouting, screaming, cursing.
- Challenging rules or authority.
- Expressing irrational thinking.
- Making threats or sexual comments.
- Making unreasonable demands.

**Physical Warning Signs of Violence**

- Having a weapon.
- Pacing nervously, restlessness.
- Clenching fists or jaw, gripping tightly.
- Giving angry looks or staring.
- Gesturing violently, pounding on or breaking objects.
- Acting drunk or under the influence of other drugs (staggering, slurred speech, etc.).

**What Are The Basic Rules For Violence Prevention?**

- Be aware of your surroundings: Spot trouble before it starts.
- Report every incident.
- Trust your feelings.
- Always follow proper security procedures.
- Do not try to be a hero.

**If Someone Shows Signs of Losing Control**

- Alert security and other staff.
- Stay calm. Stay alert.
- Keep a safe distance from the person.
- Leave yourself an escape path.
- Listen to the person. Be supportive.
- Talk slowly and softly.

*Notes:*
Infection Control

You can reach the Infection Control practitioner 24 hours a day seven days a week, through the operator. At your hospital, dial: __________.
For BOS, call: __________________________

**Why is Infection Control Included in Orientation?**

1. Baptist Health is committed to providing a safe environment for all its customers (patients, employees/students, etc.).
2. Regulatory requirements (TJC, AHCA, OSHA, etc.).
3. To educate employees/students about the resources available to you (Infection Control staff).

**Infection Control and Prevention Strategies.**

1. Standard precautions, including use of appropriate PPEs.
2. Identification of patients needing isolation (known as Transmission – based Precautions).
3. Employee Health
   a) PPDs
   b) Vaccines
   c) Reporting illnesses
   d) Exposure follow–up
   e) Proper disposal of sharps and biomedical waste
   f) Cleaning/Disinfection/Sterilization
   g) Hand washing / Hand antisepsis

**Notes:**
Standard Precautions for Infection Control

Baptist Health has adopted the Centers for Disease Control (CDC) Guidelines for Isolation Precautions. It is broken into two tiers, as follows:

1. Tier one, known as Standard Precautions, applies to all patients. Gloves are to be worn when having direct contact with any patient’s body substance (for example, blood, urine, feces, drainage, sputum) and hands are to be washed between patients and after removal of gloves.

2. Tier two, known as Transmission-based Precautions, applies to patients conflicted with a communicable disease. Refer to department policy for assistance in completing the STOP sign that is placed on the patient’s room door and the small STOP sign that is placed on the front of the patient’s chart. It instructs those entering what is needed to protect them from potential exposure.

<table>
<thead>
<tr>
<th>Patient Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building a safer system means designing processes of care to ensure that patients are safe from accidental injury. Patients should have the assurance that medical care will proceed correctly and safely so they have the best chance of achieving the desired outcome.</td>
</tr>
</tbody>
</table>

Baptist Health is committed to the Florida Hospital Association’s Model for Safety as an integral part of our proactive approach.

In addition to our environment of care, your role as a healthcare worker requires you to provide care, safety and protection for patients and their families. Overall patient safety depends on awareness, care and communication among the patient, family and the entire healthcare team.
Hand washing

Hand washing is the single most important procedure for preventing infections. It is the best way to remove contamination and/or organisms from hands by using soap suds, using friction and flushing with running water.

### How Do You Wash Your Hands?

- Wet your hands, apply soap and work up a lather using friction, one hand against the other for 10-15 seconds under a moderate-sized stream of water.
- Rinse thoroughly under running water. Dry hands thoroughly, and then use a paper towel to turn off the faucet.
- Alcohol hand rinse can be used instead of soap and water.
- Apply silver dollar sized amount of alcohol hand rinse to dry palms — using friction, apply to all surfaces of hands until all alcohol has evaporated.

### When Should You Wash Your Hands?

- After contact with blood/body substances.
- When gloves are removed.
- Before and after contact with each patient.
Blood-borne Pathogens

OSHA’s Blood-borne Pathogen Standard

The Occupational Safety and Health Administration (OSHA) requires healthcare institutions to have an Exposure Control Plan to prevent transmission of blood-borne pathogens such as HIV, HBV and HCV. The plan describes job-specific procedures and policies to prevent exposure to these illnesses. All employees/students with patient contact are required to review it annually and pay special attention to any changes that may have occurred. The plan is located in the Safety Manual under Blood-borne Pathogens.

Blood-borne Pathogen Fact Sheet

- 400-800 U.S. healthcare workers a year acquire Hepatitis B through occupational exposure.
- Since the early 80s (through 6/01/05), fifty-seven U.S. healthcare workers have been reported to the CDC as having contracted HIV through an occupational exposure.
- Occupational exposure occurs when an individual has parenteral (needle-stick, cut with scalpel, etc.) or specific eye, mouth, nose (inside) or non-intact skin contact with blood or other potentially infectious materials.
- Most occupational exposures are preventable when established procedures are followed and extra care is taken in handling, using and disposing of sharps.
- Employees/students identified as at risk occupationally are offered and encouraged to take the Hepatitis B vaccine.
- All potential occupational exposures (i.e., needle-sticks, splashes into eye) should be reported to allow for appropriate follow-up, which may include the use of post-exposure prophylaxis (PEP).
- Alert yourself to the following symptom information:
  - **HBV**: The incubation period is 45-180 days; average is 60-90 days. Clinical symptoms and signs include loss of appetite, tiredness, nausea, vomiting, abdominal pain and jaundice (skin/eyes turn yellow). Skin rash and joint pain can also occur. Urine is frequently dark and the stool light.
  - **HIV**: Any febrile (fever) illness that occurs within 12 weeks after exposure, particularly if characterized by rash or swollen glands, should be reported for appropriate evaluation.
- Become familiar with, a copy of the Exposure Control Plan that is in each department/unit. This plan identifies areas where employees/students could encounter an occupational exposure.
## Eliminate and Minimize Exposures

OSHA promotes the utilization of engineering and work practice controls as well as the appropriate use of personal protective equipment (PPE) to eliminate or minimize employees'/students’ potential for exposure. The following represents current techniques utilized by Baptist Health for each category:

### Engineering Controls

Engineering controls are designed to make the workplace safer and reduce the risk of being exposed to infections.

- Medical devices with safety features.
- Personal protective equipment – gloves, gowns, masks (surgical and N-95), goggles, face shields, and shoe and head covers (when indicated).
- Sharps containers – for safe disposal of needles and sharps. Resuscitation and Ventilation Devices – ambu-bags, one-way air valves and others.
- Red bags – for disposing of medical waste.

### Work Practice Controls

All the engineering controls in the world won’t make any difference if they aren’t used properly. Utilizing proper work practice controls can change the way a task is done in work areas where a reasonable likelihood of occupational exposure exists. Work practice controls include:

- Restricting eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses.
- Preventing the storage of food and/or drink in refrigerators or other locations where blood or other potentially infectious materials are kept.
- Providing and requiring the use of hand-washing facilities.
- Routinely checking equipment and decontaminating it prior to servicing and shipping.
- Appropriate handling of biomedical waste, which includes exchanging a full sharps container for an empty one.

---

Notes:
HIV – Human Immuno-Deficiency Virus

HIV, the human immuno-deficiency virus, is the virus that causes acquired immune deficiency syndrome (AIDS). While currently there is no cure, treatment of HIV continues to improve, enhancing both the length and quality of life of individuals infected with the virus.

Transmission of HIV occurs when blood, semen or vaginal secretions of a person infected with HIV enter the body of another person. Other body fluids such as peritoneal fluid can contain HIV. Transmission can occur in work settings by being stuck or cut with infected needles or sharps, or exposure to blood and other potentially infected body fluids through splashes or spills on non-intact skin or mucous membranes (mouth, nose, eyes, etc.). HIV transmission more frequently occurs in personal settings. This can occur through unprotected sex with an infected person, sharing HIV-infected needles while using drugs, tattooing or body piercing. HIV-infected pregnant women can also transmit the virus to their children before birth, during birth and after birth through breastfeeding.

Symptoms of initial HIV infection can be much like the flu but are different in two ways. First, they last longer than a typical flu, sometimes weeks or months. Second, they are unexplained, no one else around has the symptoms or gets them.

<table>
<thead>
<tr>
<th>Symptoms of Advanced HIV Infection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fever</td>
</tr>
<tr>
<td>☐ Slow wound healing</td>
</tr>
<tr>
<td>☐ Night sweats</td>
</tr>
<tr>
<td>☐ Chills</td>
</tr>
<tr>
<td>☐ Skin rashes</td>
</tr>
<tr>
<td>☐ Swollen glands</td>
</tr>
<tr>
<td>☐ Diarrhea</td>
</tr>
<tr>
<td>☐ Shortness of breath</td>
</tr>
<tr>
<td>☐ Appetite loss</td>
</tr>
<tr>
<td>☐ Weight loss</td>
</tr>
<tr>
<td>☐ Recurrent vaginal infections</td>
</tr>
<tr>
<td>☐ Persistent cough</td>
</tr>
</tbody>
</table>

These symptoms are representative of some of the opportunistic infections (OI’s)/conditions that lead to the diagnosis of AIDS.

AIDS – Acquired Immune Deficiency Syndrome

AIDS, or acquired immune deficiency syndrome, is a clinical diagnosis. To be diagnosed with AIDS, a person must meet the case definition for AIDS, which means he or she must be diagnosed with one of 26 listed conditions or opportunistic infections and have an HIV positive antibody test.
**HIV Testing**

HIV infection can be diagnosed only through reliable testing. Most often two tests are used – a screening test (ELISA) and a confirmatory test (Western Blot). Testing may be obtained in a variety of settings. Florida law requires individuals to consent to testing. If testing is indicated following an occupational exposure and the patient will not consent, the test can be run on blood available in the lab prior to the exposure incident.

The patient must be told the test is being run. If no blood is available, a count order can be obtained. When done in a public setting (i.e., clinic), counseling must be provided, which includes information about the virus, along with prevention strategies to stay uninfected or to keep from spreading the infection to others. Physicians providing testing in the private sector are encouraged, but not required, to provide the counseling. However, they must explain the purpose of the test, and that if it is positive it will be reported to the local health department.

Since July 1, 1997, anyone testing positive is reported to the local health department. As of October 1, 1996, Florida law requires that HIV testing be offered to all pregnant women and that they be given information regarding the use of AZT or other HIV antiviral drugs if they are found to be HIV+. Studies show transmission to infants can be reduced from 25 percent to 8 percent.

Results of HIV testing, regardless of where it is done, are considered confidential information.

**Hepatitis Viruses**

**Hepatitis C Virus (HCV)**

The risk of acquiring HCV occupationally is not as well defined as it is for HIV/HBV. Estimates indicate 2-10% risk if infected blood is introduced through a blood exposure (for example, needle stick, splash). There is currently no vaccine to offer.

**Hepatitis B Virus (HBV)**

It is estimated that approximately 400-800 U.S. healthcare workers a year acquire Hepatitis B through occupational exposure. Hepatitis B is a blood-borne disease transmitted in the work setting by being stuck or cut with infected needles or sharps, or exposure to blood and other potentially infected body fluids through splashes or spills on non-intact skin or mucous membranes (mouth, nose, eyes, etc.). Hepatitis B is also transmitted in personal settings through unprotected sex with an infected person and/or sharing infected needles. Some individuals infected with HBV will have flu-like symptoms approximately six months after being exposed. These symptoms include loss of appetite, tiredness, nausea, vomiting, abdominal pain and jaundice (skin/eyes turn yellow). Skin rashes and joint pain can also occur. Urine is frequently dark and the stool light. Some people may have no symptoms at all. This infection can result in damage to the liver, cancer and death.

**Notes:**

---

Page 54
All employees/students identified to be at risk occupationally are offered and encouraged to take the Hepatitis B vaccine. A vaccination series (three shots) is available free of charge to all Baptist Health employees/students who are at risk for blood-borne exposure. For more information regarding how to get this vaccine, contact the Employee Health Office.

You may reach the Employee Health Office through any hospital operator or though your manager.

### Prevention / Treatment of Blood Exposures

- Use sharps properly and dispose of them properly.
- Consistently use PPE (gloves, face/eye covering, gowns).
- If you do have an injury, (1) wash the affected area, (2) do first aid, (3) tell your manager or supervisor and (4) report it to Employee Health or the ED for evaluation and treatment as indicated.
- A stick does not automatically mean you’ve been exposed to something, but it is important to follow the post exposure protocol.
- Sharps containers are exchanged when 3/4 full. There are always extra empty sharps containers available. Departmental personnel are responsible for exchanging containers.
- Needle stick injuries are tracked hospital-wide to determine trends and identify issues that may need to be addressed.

### Tuberculosis

Tuberculosis (TB) is an airborne disease transmitted through sneezing, coughing and sharing contaminated air space. Miami-Dade County has a high but decreasing rate of tuberculosis, with 276 cases reported in 2000. Confirmation of exposure to TB is made through the use of a tuberculin skin test (TST, such as a PPD). Assessment of tuberculin status is required annually for each employee/student of Baptist Health and can be obtained at the Employee Health Office prior to your annual performance appraisal. A positive PPD means that you have been exposed to TB. It cannot detect whether or not the disease is active. People can carry inactive TB, have no symptoms and not be infectious to others. That’s why if your PPD is positive or you have symptoms, a chest X-ray is performed. The chest X-ray will determine whether or not active TB is present. Many people have positive skin tests, indicating that they have been infected with tuberculosis. Five to 10 percent of these people will go on to develop the illness sometime in their life. Treatment of the latent infection for nine months can further reduce the possibility of ever developing active disease.
Symptoms of Active TB

- Cough that lasts three weeks or longer.
- Fatigue.
- Coughing up blood or having chest pain when coughing.
- Fever.
- Night sweats.
- Appetite and weight loss.

Effective Treatment is Available for Treating TB

When properly taken, medication can cure most TB. Failing to properly take medications may result in the development of drug-resistant TB. To protect yourself and others from TB, it's important to follow these precautions:

- Identify patients with known or suspected TB.
- Place patients in a negative airflow room.
- Use N-95 respirator (size determined by Fit Testing by Employee Health on hire).
- Cover nose and mouth when coughing and sneezing and remind others to do the same.
- Have the yearly required assessment that screens for exposure to TB.

Influenza Vaccination

The flu vaccine is an attenuated vaccine (containing killed Virus) that is given within the arm. The flu vaccine is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. About 2 weeks after vaccination, antibodies develop in the body that provides protection against influenza virus infection.

Who should be Vaccinated?

All healthcare workers! The single best way to protect against the flu is to get vaccinated every year and to use standard precautions (wash hands before and after every contact with a patient, their equipment of environment. For further information please see your employee health nurse.

In closing, the Infection Control Department wishes to restate that the following principles apply to all patients regardless of what is known or unknown about what germs they may or may not be harboring including MRSA.

- Hand hygiene must be done before and after touching all patients or any part of their environment.
- Gloves should be worn with all patients when having direct contact with any body substance (e.g., sputum, urine, blood, wound drainage, feces) or mucous membrane.
- Gowns and/or a mask can be work with any patient during a procedure when more intense direct contact is anticipated (e.g., suctioning, irrigating a wound, etc.)
- Patient care equipment (e.g., BP cuffs, pulse oximeters, etc.) should be dedicated to an individual patient or properly cleaned with a hospital approved disinfectant between patients.
Cost Effectiveness

Guiding Philosophy

We are committed to problem solving as an important part of everyone’s job. We proactively identify and address problems quickly and efficiently in order to exceed the needs of our patients, guests, co-workers and others.
Effective Communication

Guiding philosophy

Effective communication is essential to our success. We communicate in a professional manner in person, on the telephone, electronically and in writing. We do this by providing timely, accurate, consistent information that satisfies the needs of patients, guests, co-workers, physicians and others.
Guidelines

The quality of your clinical experience is important and will influence your educational and professional development. These guidelines are the expectations for faculty and staff to abide by during the clinical rotation at Baptist Health.

The faculty member must remain on the unit at all times to assist, support, supervise, and teach the students in providing nursing care and observe technical skills and procedures. It is the responsibility of the faculty that the students meet their clinical objectives and perform nursing skills competently and safely.

Should the situation arise when the faculty leaves the unit for any reason while the students are caring for patients, the nurse manager, clinician, or resource nurse needs to be notified for student coverage.

- Faculty is expected to discuss their student’s patient assignment with the resource nurse to ensure that it is appropriate in meeting the needs of patients and the objectives of the students.
- Students should be reminded that they are not permitted to provide any direct patient care unless a faculty member is physically present on the patient unit.
- The student will provide nursing care within the framework of the Florida Nurse Practice Act.
- The student will be legally held to the same level of practice as the licensed nursing practitioner.
- Students will assume responsibility for patient care consistent with their level of achievement and competency in school, the course objectives, and their level of experience.
- Clinical objectives and expectations for the student’s role in patient care should be communicated to the patient’s nurse at the beginning of the shift.
- A student who has not attained competency in a skill or procedure is required to have the instructor or the patient’s nurse present until the student has demonstrated competency.
- A student will never assume total responsibility for a patient. All plans for patient care will be discussed with the patient’s nurse prior to the delivery of care. The patient’s nurse makes the final decision on tasks delegated to the student.
- The student, in collaboration with the patient’s nurse, may participate in formulating the patient care and documenting on the patient’s medical record. All documentation by the student must be reviewed before it is saved in the patient’s medical record and co-signed by the clinical instructor. Senior Practicum nursing students will have the RN preceptor co-sign their MAR and notes.
- Nursing students shall sign the patient record with their full name, NS (nursing student), and initials of school (e.g. Maria Pierre, NS-MDC). Medications given by students must be
Student Clinical Rotation Guidelines and Required Paperwork for Clearance

co-signed be the instructor or the assigned RN. Students may not sign for controlled substances.

- Students are not permitted to administer any IV push medications. With permission from the patient’s nurse and instructor, students may flush IV lines with heparin or saline, per MD order.
- Students are not permitted to administer blood or blood products.
- Students may not sign as a witness on patient consent forms.
- Students may not take verbal or telephone orders.
- The student’s final narrative note should state, “Reported off to nurse” with the time along with the student’s and the instructor’s signatures.

### Senior Practicum Students

The school is responsible to administer pharmacology math exams and ensure student competency in medication administration and pharmacological calculations. Senior practicum students will be assigned an RN preceptor by the unit manager or clinician. The nursing school faculty is responsible to oversee, monitor, and evaluate the student’s progress. The instructor may or may not be onsite but can be contacted 24/7 by phone or email.

### Medication Safety

If an error is made in a treatment or administration of medication to the patient, it is the student’s responsibility to report this immediately. Once an error is made your actions should reflect your concern for the patient’s welfare. The proper reporting of such an incident assures prompt attention to the patient. The concern and honesty you exhibit will become part of your developing professional role.

If an error occurs, it must be reported immediately to the patient’s nurse, nurse manager, physician and instructor. The student and the instructor must complete a **MEDICATION INCIDENT REPORT**. The form will be cosigned by the instructor and the student and handed to the nurse manager before the student leaves the hospital on the same day as the incident. Many of the medication errors that happen in hospitals occur because of confusion about a physician’s orders or because the wrong medicine was given to a patient. JCAHO requires that hospitals track and analyze medication errors in order to identify and fix problems that lead to errors. Every department has a responsibility to be involved in error prevention and to report errors via incident reports. Please tell your supervisor if you have ideas on how to prevent errors.

---

**Notes:**
As a member of the healthcare team, you can help by informing the patient’s nurse if:

- You find a patient taking medication unsupervised.
- You find medication lying around.
- The patient or family asks any medication-related questions.

**Guidelines for decreasing medication errors**

- Right patient.
- Right drug.
- Right dose.
- Right dosage form.
- Right route.
- Right time.
- Right education.

Use age-specific approaches and techniques when administering medications to infants and children.

**Adverse Drug Reactions**

- An adverse drug reaction is any unexpected, unintended, undesired, or excessive response to a drug that:
- Requires stopping the drug because of a suspected or actual allergic reaction.
- Requires changing the drug therapy because of toxic effects.
- Requires a major dose change from normal.
- Results in hospital admission.
- Prolongs length of stay.
- Requires supportive treatment.
- Negatively complicates diagnosis or negatively affects prognosis.
- Results in harm, disability or death.
- Report all adverse drug reactions by calling the ADR Hot Line (Ext. 25123) or completing an incident report form.
Medication and Blood Administration

Students and faculty will read and abide by the hospital’s policies and guidelines regarding IV and blood/blood products therapy. RN/nursing students are permitted to administer medications under the supervision of their instructor or staff RN. RN nursing students may monitor patients receiving blood, flush IV lines with saline or heparin, per MD order, under the supervision of the instructor. RN nursing students are permitted to participate in IV procedures after they have completed the theoretical and laboratory component of IV therapy.

- The RN student’s activities in starting IV sites, regulating, priming, and administering IV solutions or discontinuing IVs will be supervised by the RN staff nurse or instructor.
- Students will be permitted to flush intermittent therapy locs (INT locs) with saline and/or heparin under the supervision of the staff RN or instructor.
- No IV push medications may be administered.
- Nursing students are not permitted to administer blood or blood products.

Medication Errors

More errors occur related to medication ordering and administration than any other area. Joint Commission requires tracking and analysis of medication errors as part of its ongoing effort to measure and improve the performance of health-care organizations. Every department needs to develop procedures that prevent medication errors. It is important that medication errors be reported in a timely manner.

Faculty Information

BHSF would like to welcome all new and returning faculties to Baptist Health. Please familiarize yourself with the policies, protocols and requirements for all students and faculty. The information will provide you with guidance and the resources you need to make the clinical rotation time a meaningful and positive learning experience.

The scheduling of unit assignments and times are coordinated by the Nursing Schools and the Student Affiliation Manager at Baptist Health. All requests for changes must be initiated by the Nursing School Coordinator. Once you have been assigned to a hospital, please contact the designated units two weeks before the rotation begins.

Instructors are responsible for orienting their nursing students using the Nursing Student Handbook: People Caring for People. The orientation handbook is available on-line at each nursing school. The orientation includes a review of nursing student policies, environment of care and safety issues, parking guidelines, and other required information.

Notes:
Faculty must submit the student roster and health requirement clearance form completed and signed by each School of Nursing authorized designee to the Student Affiliations Manager at the scholars department. A copy of this information is enclosed for your review. Faculty also needs to provide a copy of their current Florida RN license and CPR card.

BHSF and the nursing team want to assure you and the students the opportunity to learn the skills and competencies you will need to be a successful nurse. We are glad you are here!

**For Assistance Contact:**
Scholars Department: Jacqueline Davis, 786-596-7534 or JacquelineD@baptisthealth.net

Clinical Learning Consultants
South Miami Hospital: Barbara Ames, 786-662-4533 or BAmes@baptisthealth.net

Baptist Hospital Miami: Vivian Fuentes, 786-596-5505 or VivianFu@baptisthealth.net

Doctor’s Hospital: Judy Bowling, 786-308-3582 JudyB@baptisthealth.net

Mariner Hospital: Tania Kalogeras, 305-434-1078 TaniaK@baptisthealth.net

Homestead Hospital: Regina Russell, 786-243-8530 or Reginar@baptisthealth.net

West Kendall Baptist Hospital: Sally Bonet, 786-467-2258 or SallyBo@baptisthealth.net

Mgr. Clinical Learning: Barbara Blanco 786-596-1332 or Barbarab@baptisthealth.net

**Computer Based Training**
Baptist Health has begun a new documentation and medication administration process. It important for schools to provide the legal names of instructors and students scheduled to attend clinical at BHSF. Information to be provided at least a month in advance in order to process the paperwork through IT temporary access. All instructors are required to attend computer based training for MAK (medication administration) and Net Access.

---

**Notes:**
Section 9

Student Clinical Rotation Guidelines and Required Paperwork for Clearance

(electronic documentation) prior to obtaining temporary access to the electronic record. Contact Maria Vargas at MariaV@baptisthealth.net for training dates. Please schedule in advance, the classes fill up quickly.

Students may obtain temporary access once they have completed the MAK and Net Access online training. Instructors will be emailed the training session for students. When completed the students will take a short quiz given by the instructor. Upon successful completion access will be provided. Contact Barbara Matias at barbarama@baptisthealth.net.

Co-Signatures for Students when they document any assessments
- Students will only be able to click on update pending and the update complete will be unavailable for them to click on.
- Faculty will have to go into the assessment and click on the complete button for the student. The faculty will be responsible to review the student’s documentation and to document the name of student, time the student took care of the patient and the areas where the student documented into the patient notes.

Student Information

Library Services for Students
Baptist Health South Florida has an electronic library, open 24/7 on the Baptist Health intranet as well as two full service libraries at South Miami Hospital and Baptist Hospital. The larger library is at South Miami Hospital, located in the Victor E. Clarke Education Center. Both libraries have Internet access for students to use for research purposes. Students are responsible for their own photocopying and research. There is a $.10 per page for photocopying in both libraries. Library hours are Monday–Friday, 8:30 am-4:30 pm.

Only employees/students may borrow books and journals. If you are a Baptist Health employee/student, you may photocopy articles from our library free of charge. Interlibrary loan services for a course in school may result in charges. E-mail address: library@baptisthealth.net

On the Patient Care Unit

It is strongly recommended that the faculty make the student’s patient assignment the day before the clinical rotation, in collaboration with the nurse in charge of the unit. This will facilitate the student’s prior knowledge of their patients and have better access to the patient’s chart when it is not done during the beginning or end of the shift.

Notes:
Nursing Student Off-Rotation Visits to the Unit

When reviewing patient charts during off-rotation hours, students and faculty must follow the following guidelines:

- Wear school photo ID badge, Baptist Health ID and lab coat
- Dress neatly and professionally
- Inform the nurse in charge and the patient’s nurse of the purpose of the visit
- Avoid reviewing charts during the change of shift (6:30–7:30 AM or PM, 2:30-3:30 PM, 6:45–7:15 PM).
- Do not copy any part of the patient’s medical record.
- Students are not permitted to provide any direct patient care during pre assignments.

Student ID Badges

Each school has its own dress code policies and ID badge. Students going to clinical at Baptist, South Miami, Doctors, Homestead, Mariners and West Kendall Baptist Hospitals are expected to wear their school photo ID badge and a Baptist Health student ID badge. These badges are provided at each hospital from security after the completed school certification form and roster are turned in to student affiliations manager for approval. Students and faculty will report to Security Departments for processing of ID badges. ID badges are to be returned to security at the end of the clinical rotation. Faculty supervising nursing students will collect ID badges and return to security at assigned hospital.
Parking

Parking is very limited on all hospital campuses. Because of this, it is essential that students park in designated areas. Our security staff has been advised to issue citations to those students who violate this policy. If a second violation occurs, the faculty will be told to transfer the student to another hospital for the remainder of the semester. This may seem severe, but our parking situation mandates strong action in order to maintain our mission.

- **Baptist Hospital:** Students may park in the **northwest parking lot near Kendall Drive**. Shuttle bus service available from 6:00 a.m. to 9:00 p.m., Monday through Friday. The bus make stops at the Main Hospital entrance, Emergency Center, Baptist Cardiac & Vascular Institute. Security Office – 786-596-6051 Hrs: Mon-Fri 8am-4:30pm

- **South Miami Hospital:** Students and faculty park on the 9th floor of the visitor parking garage. Security will provide temporary parking decals that must be returned at the end of the experience. Security Office – 786-662-4584 Hrs: Mon-Fri 8am-4:30pm

- **Doctors Hospital:** Contact security for parking instructions. Security Office – 786-308-3252 Hrs: Mon-Fri 8am-4:30pm

- **Homestead/Mariners Hospitals:** Students and faculty park in the visitors’ parking lot. Security Office – 786-243-2486 Hrs: Mon-Fri 8am-4:30pm

- **West Kendall Baptist Hospital:** Students and faculty park in the visitors’ parking lot. Security Office – 786-467-2130 Hrs: Mon-Fri 8am-4:30pm

- **Mariners Hospital:** Students and faculty park in the visitors’ parking lot. Security Office – 305-434-1615 Hrs: Mon-Fri 8am-4:30pm
Section 9

SCHOOL CERTIFICATION FORM (Pg 1 of 2)

SCHOOL CERTIFICATION OF HEALTH STATUS OF STUDENTS AND FACULTY MEMBERS PARTICIPATING IN CLINICAL ROTATIONS AT THE HOSPITAL
Baptist Health South Florida and (name of school) ____________________________________________:
Program Name: ____________________________________________________________

School certifies that the students and faculty members listed in the attached roster have completed the health status requirements listed below. School certified that it maintains documented proof of the health status of all students and faculty members participating in clinical rotations at the Hospital, including but not limited to, evidence of examinations performed and documentation from a physician that such students and faculty members are free of communicable disease. Evidence of the following is maintained by School and available to Hospital upon request. In accordance with Section 2.2 of the Agreement, only students listed in the attached roster may participate in clinical rotations at the Hospital.

1. Two tuberculin skin tests are required within one year before your clinical rotations at Baptist Health. If you have not had a PPD test within the last year or lost proof of your test, you may be tested twice as long as it is within a 3-week time period but no more than one year. If the second PPD is positive, a chest x-ray must be taken and the result must be negative.

2. **Proof of Rubella and Rubeolla immunity** by positive antibody titers or two doses of MMR.

3. **Varicella immunity**, by positive history of chicken pox or proof of Varicella immunization.

4. **Influenza vaccine, must be completed by October 15 - each influenza season**

5. **Proof of Hepatitis B immunization or completion of a certification of declination of vaccine**.

6. **Current CPR Healthcare Provider card** from the American Heart Association or the Red Cross.

7. **Liability insurance coverage**

8. **Certify compliance with HIPAA regulations** as outlined in section 4.4 of the Agreement.

9. **Read the Baptist Health Student and Faculty Handbook prior to the clinical rotations**.

10. **Faculty members** supervising students must have an **active Florida License** and current CPR card.

11. **Criminal background check** completed by the school on all students.

Course: ___________________________ Ref #: ___________________________ Rotation Dates: ________________
Course: ___________________________ Ref #: ___________________________ Rotation Dates: ________________
Course: ___________________________ Ref #: ___________________________ Rotation Dates: ________________
Course: ___________________________ Ref #: ___________________________ Rotation Dates: ________________

Print Name of Coordinator/Instructor ___________________________ Signature of Coordinator/Instructor ___________________________ Date ________________

*Please attach roster of participating students.
DO NOT SEND STUDENT OR FACULTY INFORMATION TO HOSPITAL.

Fax school certification and student roster to: Student Affiliations Manager
Fax: 786-533-9795
Phone: 786-596-7534

Notes:

Page 67
***Forms to be submitted a month prior to the beginning of the semester.***

**SCHOOL CERTIFICATION FORM (Pg 2 of 2)**

**REGISTRATION FORM**

Name of School: ___________________  Instructor’s Name (Print): ______________

Program Name: ___________________  Instructor’s Signature: ______________

Course Name: ___________________  Instructor’s Email: ______________

Rotation Dates/Year: ____________  Instructor’s Contact Number: ________

Hospital Name/Department: ____________________________________________

Internship Dept Contact Name: _______________________________________
  *(Dept where internship will be done)*

Name of Preceptor: _______________  Email: ____________________________

<table>
<thead>
<tr>
<th>Name of Student (Print)</th>
<th>Signature of Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Guidelines for Undergraduate (RN-BSN), Graduate (MSN, NP, CRNA, DNP, PhD), and PA Students

The following information is required prior to beginning clinical experiences at a Baptist Health Facility. These guidelines apply to students working with on-site and/or office based preceptors rounding through a Baptist Health Facility.

1. Prior to accommodating a student for preceptorship, there must be a student affiliation agreement on file between the university and Baptist Health.
2. Only accept internships from accredited programs.
3. Students are responsible to seek out their internship opportunities.
4. All internships require prior approval from department manager or director.
5. All students are required to read and understand the student orientation handbook.

Required Documentation:

1. Signed and completed Baptist Health Certification Forms (pgs. 68-69)
2. Copy of current CPR card; include ACLS and PALS if available
3. Copy of RN license
4. Completed preceptor letter of agreement (pg. 71)
5. Completed internship placement information (pg. 72)
6. Required documentation submitted a month prior to the start date of the internship.

Upon receipt of required documents, an email will be sent to the student, preceptor, university and department director clearing the student for their internship experience within Baptist Health. Students will not be cleared without completion of required documents. A copy of the required documents will be emailed to the department directors.

Submit completed forms to: Jacqueline Davis
BHSF Scholars Program
Contact Number: 786-596-7534

Notes:
Medical Record Documentation Requirements:

1) NP and PA students are permitted to document on the patient’s medical record. The chart shall be held by the student until the preceptor has reviewed and cosigned the student’s documentation, orders and progress notes. Unsigned records are not to be left unattended until the MD/ARNP or PA preceptor has appropriately reviewed and co-signed the record.

2) Students shall sign the medical record with their name, NP or PA student, and the full name of their university (e.g. Maria Jones, NP student, Florida International University).

3) Please refer to preceptor’s (ARNP or PA) Delineation of Privileges (DOP) as defined by the entity.
Preceptor Letter of Agreement
For
Undergraduate (RN-BSN), Graduate (MSN, NP, CRNA, DNP, PhD), and PA Students

I have read the materials provided by the university regarding the expected student learning experience. I agree to be a clinical preceptor for ______________________ (student name) from ______________________ (name of university) from _______________ (date ranges). At the end of the experience, I will evaluate the student using the clinical evaluation forms provided to me from the university. If I have questions, I will contact the faculty member at the university responsible for the student.

Faculty Name: ____________________________________________________________

**Faculty Signature:** ______________________________________________________________________________________

Faculty Email: ________________________________________________________________

Faculty Contact Number: _________________________________________________________

Preceptor Name: __________________________________________________________________ (Name and credentials)

**Preceptor Signature:** ______________________________________________________________________________________

Date: __________________________________________________________________________

Preceptor Email: ________________________________________________________________

Preceptor Contact Number: _________________________________________________________

Internship Dept Manager or Above Name: __________________________________________

**Internship Dept Manager or Above Signature:** _____________________________________________________________________________

Date: ___________________________ Email: _____________________________________________

**Student Signature:** ______________________________________________________________________________________

---

**Notes:**
Internship Placement Information
For
Undergraduate (RN-BSN), Graduate (MSN, NP, CRNA, DNP, PhD), and PA Students

<table>
<thead>
<tr>
<th>Course Name and Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Name</td>
<td></td>
</tr>
<tr>
<td>Student's Phone Number</td>
<td></td>
</tr>
<tr>
<td>Student's Email</td>
<td></td>
</tr>
<tr>
<td>Faculty Member Name</td>
<td></td>
</tr>
<tr>
<td>Faculty Member Contact Number</td>
<td></td>
</tr>
<tr>
<td>Faculty Member Email</td>
<td></td>
</tr>
<tr>
<td>Preceptor's Name and Credentials</td>
<td></td>
</tr>
<tr>
<td>Clinical Site Facility</td>
<td></td>
</tr>
<tr>
<td>Preceptor’s Contact Number</td>
<td></td>
</tr>
<tr>
<td>Preceptor’s Contact Email</td>
<td></td>
</tr>
</tbody>
</table>

Notes: