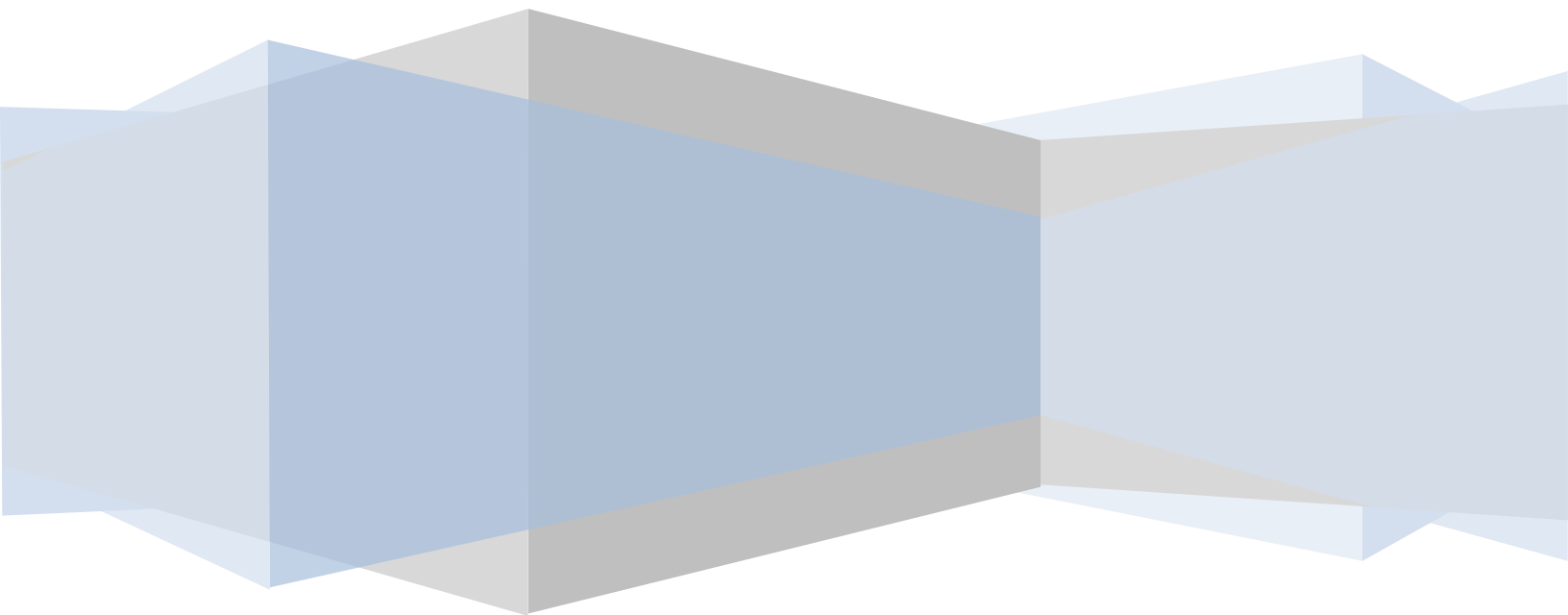**HCA FAR WEST DIVISION**

Regional Medical Center of San Jose

General Hospital Orientation Booklet

January 1, 2014

Orientation Packet

Directions: Please carefully review the entire booklet. Complete the verification form on the last page of the booklet and return to <u>Human Resources</u> prior to working your first shift.

Introduction

Mission and Values Statement for HCA

> *Above all we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve.*

In pursuit of our mission, we believe the following value statements are essential and timeless:

- We recognize and affirm the unique and intrinsic worth of each individual
- We treat all those we serve with compassion and kindness
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.

Ethics and Compliance

We have a comprehensive, values-based Ethics and Compliance Program, which is a vital part of the way we conduct ourselves at HCA. Because the Program rests on our Mission and Values, it has easily become incorporated into our daily activities and supports our tradition of caring for our patients, our communities, and our colleagues. We strive to deliver healthcare compassionately and to act with absolute integrity in the way we do our work and the way we live our lives. This Code of Conduct, which reflects our tradition of caring, provides guidance to ensure our work is done in an ethical and legal manner. It emphasizes the shared common values and culture which guide our actions. It also contains resources to help resolve any questions about appropriate conduct in the work place. Please review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is absolutely critical to our future. If you have questions regarding this Code or encounter any situation which you believe violates provisions of this Code, you should immediately consult your supervisor, another member of management at your facility, your Facility Human Resources Manager, your **Facility Ethics and Compliance Officer (ECO)**, the HCA Ethics Line (1-800-455-1996) or the Corporate Ethics and Compliance Officer. There are posters prominently displayed at the facility that will provide contact information for facility ECO. You have our personal assurance there will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct.

General Information

- All HCA FWD facilities restrict smoking to designated locations only or are tobacco free campuses. Regional Medical Center of San Jose is a tobacco free campus.

Photo Identification- Badge

- All DHP employees, contractors, students, interns and volunteers must display facility issued photo identification visibly and above the waist at all times.

Sign-in

- You will sign in/out as directed by the facility prior to reporting to assigned area.

Parking

- An up to date parking map for parking restrictions can be accessed on Regional's intranet, The Heartbeat. From the top navigation bar go to Departments- then to Security. Please keep the following in mind:
- Do not park in any parking spot that is designated for specific purposes including areas designated for Physician, Visitor, Outpatient or Emergency Room parking.

Appearance

- Clean, professional appearance is expected at all times.
- Follow specific dress code policies at your facility.

General Privacy Expectations

- Always knock before entering a patient room.
- Close curtains/doors during exams/procedures and explain to the patient what you are doing so to ensure their privacy.

HIPAA (Health Insurance Portability and Accountability Act)

- Federal law requires protection of patient health information.
- Following is a very brief description of the HIPAA protection requirements:
- Do not access either clinical or demographic patient information unless you have a need to know the information and a specific reason for obtaining the information.
- Do not discuss or disclose either clinical or demographic patient information either to or with any other individual unless the other

individual has a need to know with a specific reason to know the information.

- Do not leave patient health information on a recorded greeting and always verify the patient's identity before discussing health information.
- Do not discuss patient information in public places such as elevators, hallways, cafeterias.
- Do not leave printed or electronic information in public view.
- Do not discuss or post any patient information on social networking sites.
- Do not dispose of PHI (Protected Health Information) in the regular trash. Shredder bins and other appropriate receptacles are provided for this purpose.

If you receive a complaint from a patient regarding privacy, report it immediately to your supervisor. Each facility has a designated Facility Privacy Official (FPO), if you have any questions or concerns regarding privacy please ask your supervisor and or contact the FPO.

You can learn more about health information privacy by going to the website:

www.hhs.gov/ocr/hipaa

SAFETY

Risk Management and Patient Safety – General

- Immediately report all accidents, incidents, and or near misses to the House Supervisor and Risk Manager.
- Notify house supervisor of any unsafe conditions or safety hazards.
- The Risk Manager may ask you to complete a Hospital Occurrence Report and will provide you with information on using the Hospital Occurrence Reporting System as appropriate to your position.
- Utilize personal protective equipment whenever entering a patient room with a designation notice on the exterior of the door or as appropriate to the treatment or procedure you provide.
- Be familiar with all emergency codes at your facility. For correct response, refer to the badge card provided at the facility HR if you hear a code called on the overhead paging system.

Fire Safety

In the event of fire, all employees are to practice R.A.C.E. and P.A.S.S. outlined below:

R.A.C.E.

R = Rescue any person who is in immediate danger. Close the doors to the area of the fire and adjacent doors to the area.

A = Activate the nearest pull station or have someone do it for you. DIALS XXXX (check at the facility). Give your exact location, location of the fire, your name and if the fire is contained.

C = Confine the fire by closing all doors and windows in the area.

E = Extinguish the fire with a fire extinguisher if possible.

P.A.S.S.

P = Pull the pen on the Fire Extinguisher.

A = Aim the extinguisher nozzle or horn at the base of the fire.

S = Squeeze or press the handle.

S = Sweep the extinguisher side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for the Re-Flasher and reactivate the extinguisher if necessary.

DISASTER PREPAREDNESS

The Far West Division Facilities have developed and maintain emergency preparedness plans for events that may occur internal or external to the facility. Specific plans are available at each facility. Regional's plan can be accessed on the facility intranet, The Heartbeat; from the top navigation bar click on Departments- then Emergency Management. There you will find a quick link to the Emergency Operations Plan. Critical components of the plans include:

- Communication Plans
- Direction of key personnel to specific areas or tasks
- Evacuation procedures
- Restricted access to the facility – Wearing your HCA issued picture ID badge is essential!
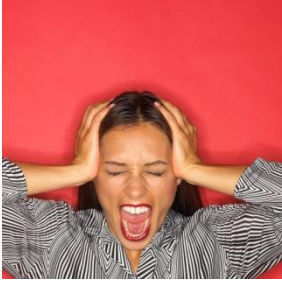
In the event of an internal or external disaster, please report to the unit / department supervisor, lead, or Charge Nurse for direction.

STANDARDIZED EMERGENCY CODES

**Below is specific to Regional Medical Center:

CODE RED Fire Response 	Activate the Code Red Emergency Response System: • Pick up the phone and dial "555". State "CODE RED" and your precise location if fire alarm is not already activated • **R**- Rescue the patient • **A**-Alarm • **C**-Contain the fire • **E**-Extinguish the fire/and evacuate if necessary To use a fire extinguisher: • **P-** Pull the pin • **A**-Aim the extinguisher • **S**- Squeeze the handle • **S**-Sweep from side to side at the base of fire
CODE BLUE Adult Medical Emergency 	Activate the Code Blue Emergency Response System: • Pick up the phone and dial "555". State "CODE BLUE" and your precise location
CODE WHITE Neonatal 0-28 days/Pediatrics 29 days to 8 yrs Medical Emergency 	Activate the Code White Emergency Response System: • Pick up the phone and dial "555". State "CODE WHITE" and your precise location

CODE PINK Infant Abduction Alert 	Activate the Code Pink Emergency Response System: • Pick up the phone and dial "555". State "CODE PINK" and your precise location if the Code Pink alarm is not already activated • Report immediately to the nearest hospital exit. • Restrict exit where possible • Attempt to obtain the identification of those who do leave • Alert RMC Security immediately of suspected abductors by calling "555".
CODE PURPLE Pediatric Abduction Alert 	Activate the Code Purple Emergency Response System: • Pick up the phone and dial "555". State "CODE PURPLE" and your precise location if the Code Purple alarm is not already activated • Report immediately to the nearest hospital exit. • Restrict exit where possible • Attempt to obtain the identification of those who do leave • Alert RMC Security immediately of suspected abductors by calling "555".
CODE GRAY Combative Individual and/or a Potentially Life Threatening Situation	Activate the Code Gray Emergency Response System: • Pick up the phone and call "555". State "CODE GRAY" and your precise location • Code Gray paged overhead alerts staff to an immediate need for additional manpower to respond to a real or potentially violent situation. • If you encounter a real or potentially violent situation for which additional assistance is needed:

	o Dial "555", state "Code Gray", and your location. o While ensuring your own safety, remain at the scene until assistance arrives

CODE SILVER
 	
Person With a Weapon and/or a Hostage Situation
 	
	Seek cover/protection and warn others
	• Activate the Code Silver Response System:
	• Dial "555" and report "CODE SILVER" including:
	  o The Location The number of suspects and hostage
	  o The type of weapon(s)

CODE SILVER SHELTER-IN-PLACE
 	
Person Discharging a Weapon
 	
	Seek cover/protection and warn others
	• Activate the Code Silver Shelter-In-Place System Response System:
	  o Dial "555" and report "CODE SILVER SHELTER-IN-PLACE" including:
	  o The location and the number of suspects and hostages if taken
	  o The type of weapon(s) being discharged
	  o If you can safely, call "911"
	• **ACTIVATE THE FIRE ALARM IF NOT ACTIVATED ALREADY**
	  o Doors that do not automatically close, must be closed manually
	• **If NOT in patient care…**
	• Get out of facility if **NOT** in location of the code– take others with you!!!
	• If you are in the location of the code,

	get to a secure area behind a locked door; barricade yourself in
	• Turn off lights if possible
	• **If in patient care…**
	• Make sure patient's room doors are secured, barricaded and lights are off
	• Get down behind bed and away from door
	• **IF YOU ARE IN A BARRACADED ROOM:**
	• When Law Enforcement comes to the door and says:
	    o "Code Silver"
	• **IF SAFE AND CLEAR**: you respond:
	    o "Shelter-In-Place"
	• **IF YOU ARE NOT SAFE, AND/OR THE PERSON WITH THE WEAPON IS WITH YOU**: you respond:
	    o "Code Silver"

CODE GREEN Emergency Department Full	• The Code will be called by the Emergency Department • Preparations are made to move patients out of the Emergency Department onto units
CODE YELLOW Bomb Threat	• Keep the caller on the telephone • Have co-worker contact Security by calling "555" • Ask questions • Note details **BEGIN DEPARTMENTAL SEARCH PROCEDURES** (<u>DO NOT EVACUATE UNLESS INSTRUCTED BY ADMINISTRATION TO DO SO</u>): 1) Start search at ceiling- are tiles out of

	place/damaged? 2) Check mid-area- are items are where supposed to be? 3) Unusual boxes, ceiling tile dust on floor? 4) Were suspicious persons seen in the area? 5) Mark area searched and cleared
CODE ORANGE Chemical Spill Posing a Threat to Life or Property	Activate the Code Orange Emergency Response System: • Pick up the phone and call "555". State "CODE ORANGE" and your precise location: • Provide necessary information • Contain spill if possible • Before clean up, know what the chemical is and locate SDS by accessing "HazSoft" site by activating "The Heart Beat", under Quick Links, click on "HazSoft"; do a search for the SDS • Hard copies of the SDS are located in Security and the Emergency Department • Evacuate the area and keep others out of the area
CODE TRIAGE Disaster Alert -CODE TRIAGE INTERNAL (internal/in-house disaster) -CODE TRIAGE EXTERNAL (external disaster which is going to impact hospital operations)	• ONLY ADMINISTRATION can call the CODE TRIAGE code • Once CODE TRIAGE is called, report to the Labor Pool in the Oak Room in order to sign in and list your contact information • Go back to work until called upon • Refer to the EMERGENCY OPERATIONS PLAN on "The Heart Beat" under Quick Links in order to address the disaster at hand- look at the table of contents for the type of disaster

	• Refer to the Departmental Emergency Operations Plan for the unit • Security and the Emergency Department have hard copies of the EMERGENCY OPERATIONS PLAN
TRAUMA ALERT (TIER 1, TIER 2), CODE HEART, CODE SEPSIS, RAPID RESPONSE TEAM, MEDICAL ALERT	• Specialized teams respond to the appropriate code

FALLS

Please check with your facility manager for specific guidance on fall prevention procedures.   If you witness a fall or find a patient who has fallen, immediately:

- Ensure the patient is cared for, and the environment is safe.
- Get help for the patient.
- Notify the nursing supervisor, charge nurse, or department manager immediately.

RADIATION SAFETY

If you are required to work in an area in which radiation is utilized, contact the department director prior to entry for any necessary radiation safety education and precautions.

EQUIPMENT SAFETY

Always inspect equipment before use. DO NOT use the equipment if:

- Has a plug that does not fit properly in the outlet.
- Feels unusually warm to the touch.
- Smells like it is burning, makes an unusual noise.
- Has a power cord longer than 10 feet.
- Gives inconsistent readings.
- Has a loose knob or switch.
- Is missing a grounding pin on the plug.
- Has a frayed cord.

Follow the hospital's policy for tagging and removing broken equipment from patient care areas.

The *Safe Medical Devices Act of 1990* is a federal law established to protect patients and/or staff from medical devices that may fail or cause injury. Medical devices include IV pumps, defibrillators, monitors, implantable devices, beds, syringes, bandages, wheel chairs, and almost anything used in patient care or diagnosis that is not a drug. A Medical Device Report (MDR) incident occurs when:

- A device contributes to or results in the death of a patient or staff member.
- A device causes or could potentially cause serious illness or life-threatening injury.
- A device causes permanent injury.
- Notify the nursing supervisor, charge nurse, or department manager immediately.

ELECTRICAL SAFETY

To prevent electrical injury, follow these simple safety rules:

- NEVER unplug an object by pulling on the cord.
- Use only approved extension cords / approved power strips.
- Do not roll over cords with beds or equipment.
- Do not use electrical equipment around water or fluid.
- All electrical equipment brought in to the hospital needs to be inspected prior to use. Refer to facility policy for guidance.

In the event of an electrical outage, hospitals have emergency generators that switch on automatically. Some of the overhead lights, elevators, and outlets are connected to the emergency generator but not all.

RED outlets are designated as the emergency outlets and are connected to the emergency generator. Only these outlets will function during an electrical outage. Essential equipment should always be plugged into these **RED outlets**. During and electrical outage, turn off or unplug all non-essential equipment to protect from power surges.

ERGONOMICS

The following guidelines are designed to make safe use of the body as a lifting device:

- Assess your need for lifting assistance before starting.
- Assure a firm footing and a clear path.
- Tighten your stomach muscles.
- Bend your KNEES, not your waist.
- Hold the object close to your body.
- Avoid twisting.

Specialized patient lifting equipment is available at each facility. It is your responsibility to be educated on and safely use the equipment to prevent self injury. Refer to your facility for more details on proper ergonomic techniques.

HAZARDOUS MATERIALS – SDS (SAFETY DATA SHEET)

Each person is responsible for knowing the chemicals used in a work setting. Even common substances such as bleach, cleaning supplies, mercury, and White Out can be considered dangerous. **Always read the label before use**.

- Hazardous materials and waste should be kept in a clearly labeled container made of an appropriate material and stored in a cabinet or area approved for the material.
- Cleaners and disinfectants should not be stored in unmarked plastic spray bottles.
- Bio-hazardous (infectious) waste should be contained in red bags and placed in impervious plastic containers marked with the bio-hazardous symbol.
- If a chemical spill, exposure, or poisoning occurs, the SDS = Safety Data Sheet must be obtained. SDS forms can be accessed on the facility intranet, The Heartbeat; there is a quick link on the left navigation bar for SDS.

OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION (OSHA)

BLOODBORNE PATHOGENS

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials. All contaminated items will be cleaned and disinfected with a hospital approved disinfectant before use on another patient. An example would be cleaning a stethoscope between patients. Disinfectants are only effective when the instructions provided by the manufacturer are followed. Please refer to the container for "contact or wet time." Spills of blood or body substances must be cleaned up immediately and the area disinfected with a hospital approved disinfectant. Refer to facility safety manual for details on clean-up and exposure prevention. Report all spills to staff that will provide clean up and sanitizing support.

TUBERCULOSIS

Quick identification, evaluation, and treatment of potential tuberculosis patients are essential to minimize exposure of other patients, staff, and families. (This is especially important in Santa Clara County which has the highest rate of active TB of any county in the United States.) Patients with known or suspected TB must be kept in an Airborne Isolation Room (AIR) and airborne precautions will be maintained at all times. The door to the isolation room must be closed to maintain negative air pressure. All persons entering the room must wear an N-95 respirator or a PAPR hood. Masks may vary from one facility to the next. Special fit testing and a fit check must be done at the facility before wearing the respirator. The PAPR hood should be

worn for any cough inducing procedure and for entering for a period of one hour after the procedure. Education regarding use of the PAPR hood is provided on Healthstream.

California Law mandates a report to the County Health Department TB Control, (it is identified as a GOTCH) for all probable TB cases which includes patients already on drug therapy for tuberculosis when admitted, those placed on drug therapy for probable or confirmed active TB, and persons with possible TB associated with a cavitary lesion. That form must be filed with TB control. Infection Prevention and Control will file the admission GOTCH if notified of the diagnosis. A discharge GOTCH is mandated for all persons being transferred or discharged. That GOTCH must be approved, dated and signed by TB control prior to discharge. Failure to do so will result in citations to the facility as well as the staff ordering and participating in the discharge. If a patient elopes or signs our AMA an immediate notification of TB control must be placed to TB control and documentation must be made in the chart documenting date, time, and contact person notified.

C.DIFF

Clostridium difficile [pronounced Klo-STRID-ee-um- dif-uh-SEEL], also known as "*C. diff*" [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Abdominal pain and tenderness

Who is most likely to get *C. diff* infection?

The elderly and people with certain medical problems have the greatest chance of getting *C. diff*. *C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers, and visitors.

What are some of the things that our hospitals are doing to prevent C. diff infections?

To prevent *C. diff* infections, healthcare providers should:

- Place all patients with undiagnosed diarrhea or a diagnosis of C. difficile in Contact (with Enteric) isolation. The patient may be removed from isolation when stools have been formed for 48 hours or the physician documents an alternant source of the liquid stools.

- Clean hands with soap and water before and after caring for patient. This can prevent C. diff and other germs from being passed from one patient to another on their hands.
- Carefully clean hospital rooms and medical equipment that have been used for patients with C. diff. Use the bleach wipes for cleaning equipment and environmental surfaces. They are provided in the isolation cart outside the room.
- ALL persons entering and leaving the room will wear gown and gloves and remove them prior to leaving the room

MRSA

Staphylococcus aureus [pronounced staff-ill-oh-KOK-us AW-ree-us], or "*Staph*" is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood. Antibiotics are given to kill *Staph* germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. "*Methicillin-resistent Staphylococcus aureus*" or "MRSA" is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are those who:

- Have other health conditions making them sick.
- Have been in the hospital or a nursing home.
- Have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/mrsa

California Law mandates active surveillance cultures (ASC) for all "high risk" patients at the time of admission. This may be defined differently at different facilities. There are also special requirement for testing if a patient is ASC negative at the time of admission and is an inpatient for greater than 14 days. Physician education is required for all patients who have a positive ASC or culture or culture. This education must be documented in the medical record.

INFECTION CONTROL OVERVIEW

There is an effective division-wide program for the surveillance, prevention, and control of infection. A coordinated process is used to reduce the risks of endemic and epidemic hospital associated infections in patients and health care workers, which is based on sound epidemiologic

principles and research. The key to reduce the spread of infection is the practice of hand hygiene. Whenever you work you can protect your patients and yourself from hospital acquired infections by washing your hands or using alcohol-based hand sanitizer. It is recommended that all persons entering a patient room de-germ hands when introducing themselves to the patient. This should be done within easy view of the patient. Cleaning hands is again expected prior to leaving the room. This does not negate the need for cleansing hands additional time such as immediately prior to touching any invasive line or donning sterile gloves.

PRACTICE GOOD HAND HYGIENE

WHEN:

- Upon entering and exiting patient rooms
- Before touching each patient, whether or not gloves are worn
- After touching each patient
- After glove removal
- Between activities on the same patient, for example, after a dressing change and before urinary or catheter care
- After touching items soiled with blood or body fluid, such as wound dressings or bedpans
- Before handling medications
- Before preparing food
- After personal activities, such as, use of the toilet, coughing or sneezing

Hand sanitizers are readily available in all areas of the facilities and should be routinely used unless hands are visibly soiled. **If hands are visibly soiled, soap and water should be used.**

All Far West Division facilities monitor hand hygiene using observation. You may be approached and coached by a facility employee if you are observed not adhering to hand hygiene guidelines. This is part of our campaign to eliminate healthcare acquired infections.

INFLUENZA PATIENT SAFETY PROGRAM

All DHP's, students, interns, volunteers and contractors must provide documentation of annual flu vaccinations, including dates of influenza vaccination for current influenza season or must wear a surgical mask during flu season when in areas within 6 feet of where patients are located or where healthcare personnel may come in contact with patients such as in patient care areas as defined by facility policies. Please consult the facility policy to determine implementation dates as these may vary based on local epidemiology; normal dates are from November 1- March 31.

FINGERNAIL GUIDELINES

Fingernails must be neatly manicured and no longer than ¼ inch past the end of the finger in the patient care areas. Acrylic and sculptured nails are not permitted in patient care areas or for any person handling food or medications, or by employees that prepare items for patient care use.

Gel nails are unstudied and may pose the same risk to patients as artificial nails, and are therefore prohibited in patient care areas or by employees that prepare items for patient care use.

PROTECTIVE PERSONAL EQUIPMENT (PPE)

Gowns, gloves, masks, eyewear, and other protective apparel are available and must be worn whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials. Clothing penetrated by blood or other potentially infectious materials must be removed immediately.

REMOVAL OF PERSONAL PROTECTIVE EQUIPMENT

All items of personal protective equipment (PPE) must be removed prior to leaving the work area and properly disposed of there. Hand washing MUST be done immediately after removing PPE.

ISOLATION

Facility uses **transmission-based isolation / precautions** as recommended by the Center for Disease Control and Prevention (CDC). The isolation / precaution signs are found on all the nursing units. The appropriate sign is placed on the room door. Any order being sent to another department must indicate if the patient is on any type of precautions (isolation).

The CDC isolation guidelines are available on the CDC website and at specific hospitals may be available on the intranet.

The types of isolation used are contact, strict contact, droplet, and airborne.

AIRBORNE PRECAUTIONS is used for known or suspected TB, chickenpox, measles and as directed by outside governing agencies as needed.

Recommendations:

- Room – A negative-pressure isolation room is necessary. Both the door to the anteroom and the door to the patient room must be kept closed at all times.
- Masks – All persons entering the room will wear an N-95 Respirator mask for which you have been fit tested or a PAPR hood.
- Patient Transport – Limit the transport of the patient from the room to essential purposes only. If transport or movement is necessary, place a surgical mask (not an N-95 mask) on the patient.

DROPLET PRECAUTIONS are used for influenza, suspected or known meningitis.

Recommendations:

- Room – A private room is necessary. Door does not need to be kept closed. Droplets from sneezing and coughing travel approximately 3 feet and must land in your eyes, nose, or mouth in order to survive.
- Masks – All persons entering the room will wear a mask with an attached eye shield.
- Patient Transport – Limit the transport of the patient from the room to essential purposes only. If transport or movement is necessary, place a surgical mask on the patient.

CONTACT PRECAUTIONS are used for the majority of isolation initiated in a clinical setting. This is because approximately 88% of the infectious diseases (in the hospital or in the community) are spread by some sort of contact and lack of hand washing.

Recommendations:

- Room – A private room, if available. If not, place the patient in a room with a patient who has active infection with the same organism, but with no other infection.
- Gloves – Wear gloves not only as described under Standard Precautions, but also every time you enter the room, as you may come in contact with contaminated environmental surfaces.
- After removing your gloves and washing your hands, ensure that hands do not touch potentially contaminated environmental surfaces, or items in the patient's room. Cleanse hands as you leave the room.
- Gowns – Wear gowns not only as described under Standard Precautions, but also every time you enter the room.
- Environmental Control – When possible, dedicate the use of non-critical patient-care equipment and items such as a stethoscope, BP cuff (sphygmomanometer), bedside commode, and thermometer. Also, ensure that patient-care items, bedside equipment, and frequently touched surfaces receive daily cleaning.

Your facility may have other specific precautions. Please refer to facility information.

What to do if you have an exposure to blood and / or body fluid:

- Wash the affected area immediately.
- Report the incident to your supervisor or the House Supervisor.

Biomedical Waste

Any solid / liquid waste that may present a threat of infection to humans.

This includes:
- Liquids (secretions and excretions)

- Non-liquid tissue and body parts from humans
- Laboratory waste which contains disease causing agents
- Discarded sharps (used / unused) including:
  - Scalpels
  - Suture Needles
  - Vacutainer Tubes with blood
  - Contaminated intact / broken glass or hard plastic

Segregation at the Point of Origin:

Biomedical Waste is identified and separated from other solid waste at the point of origin, i.e., the patient's room or other areas where biomedical waste is generated. These also include operating room, intensive care, emergency department, imaging, lab, exam rooms, etc. Biomedical Wastes must not be mixed with hazardous waste or any other waste.

Containment:

Containing Biomedical Waste is appropriate for the type of waste generated and types of treatment anticipated. Included are any absorbent materials that are stained or contain any blood / body secretions / excretions.

Those disposable devices, such as chest drainage systems, hemovacs, Jackson Pratts, and suction canisters are included into this standard for biomedical waste disposal. According to the State guidelines, we must use all of the following for final disposal of biomedical waste.

Bags – Biomedical Waste (except sharps) shall be packaged in impermeable red, polyethylene or polypropylene plastic bags. The medical center has a file on the bag quality test report supplied by the bag manufacturer and performed by an independent testing laboratory. This information is stored in Environmental Services.

Labeling

- All packages containing Biomedical Waste shall be labeled with the name and address of the medical center.
- A label is secured to sharps container and each bag. This information is included along with the medical center's name and address.
- Outer containers and sharps containers are labeled at the generator facility prior to offsite transport.

Patient Safety Goals 2014

The 2014 The Joint Commission National Patient Safety Goals are integrated into our patient care delivery system. The goals protect patients, protect healthcare personnel, and promote quality healthcare.

The 2014 NPSG are as follows:

- Identify Patients Correctly
  - Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medication and treatment.
  - Make sure that the correct patient gets the correct blood when they get a blood transfusion.
- Improve Staff Communication
  - Get important test results to the right staff person on time.
- Use Medicines Safely
  - Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups, and basins. Do this in the area where medicines and supplies are set up.
  - Take extra care with patients who take medicines to thin their blood.
  - Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
- Prevent Infection
  - Use the hand cleaning guidelines from the CDC or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
  - Use proven guidelines to prevent infections that are difficult to treat.
  - Use proven guidelines to prevent infection of the blood from central lines.
  - Use proven guidelines to prevent infection after surgery.
  - Use proven guidelines to prevent urinary tract infections that are caused by catheters.
- Identify Patient Safety Risks
- Find out which patients are most likely to try to commit suicide.

- Prevent Mistakes in Surgery
  - Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
  - Mark the correct place on the patient's body where the surgery is to be done.
  - Pause before the surgery to make sure that a mistake is not being made.

- Improve the safety of clinical alarm systems
  - Know the appropriate setting for clinical alarms
  - Know when they can be disabled
  - Know when the parameters can be changed
  - Know who in the facility has the authority to set or change parameters and to disable alarms
  - Monitor and respond to alarms appropriately

PATIENT'S RIGHTS AND RESPONSIBILITIES

Patients have a fundamental right to considerate care that:

- Safeguards their personal dignity.
- Respects their cultural, psychosocial, and spiritual values.
- A medical center's behavior toward its patients and its business practices has a significant impact on the patient's experience and response to care.
- All patients / surrogates receive a copy of the Patient's Rights and Responsibilities upon admission.

MANAGEMENT OF INFORMATION: CONFIDENTIALITY FOR ALL

- Every patient has the right to expect that personal and medical information will be kept confidential. Access to patient medical and non-medical information is permitted only to provide appropriate and necessary care.
- All employees and volunteers sign a Confidentiality Statement which becomes part of all employee and volunteer personnel files.
- If applicable, all employees sign an Information Security Agreement for the use of computerized systems that becomes part of all employee personnel files.
- The Marketing Department coordinates release of patient information to the media.
- To Protect Patient Confidentiality:
- Avoid discussing patients in public places, such as elevators, hallways, and cafeterias.
- Protect the patient's medical record from use by unauthorized persons.
- Protect computer screens and phone conversations from unauthorized observers.
- Do not discuss patient information unless authorized by the patient or law.
- Do not look at medical record information unless you have a "need to know."
- Avoid giving information on the telephone. Directory information is permitted; this consists of the patient's presence on the unit and condition (e.g. good, fair, poor, guarded– not a lot of detail).
- Always log off computer system before leaving the work area.
- Never share your computer password.
- Only access, review, and share information necessary to perform your job.
- When sending email containing sensitive information outside of HCA, always encrypt your email by encapsulating the word "(Encrypt)" in brackets, anywhere on the subject line.

SOCIAL MEDIA GUIDELINES

Blogs, Twitter, Facebook, wikis, text messages: Thanks to social media, we can share our lives with family, friends, coworkers, and communities more easily and dynamically than ever before. Because technology has changed the way we are "connected", it is important that we rethink exactly how this affects our utmost responsibility – caring for our patients.

That's why we've developed guidelines to clearly state how we can work together to honor our patients' rights to privacy and uphold our facility's reputation while enjoying social media. To be successful, it's going to take all of us actively monitoring ourselves. Facility sites and systems are also routinely monitored to prevent any avoidable releases of sensitive information.

Protect our patients

- Protected Health Information (PHI) is by nature not social, so it doesn't belong on any blog or social site under any circumstances.
- Always direct questions from the media to our Marketing or Public Affairs department.

Add a disclaimer

- Somewhere on each account (Facebook, Twitter, etc.), explaining your views are your own. You can keep it simple, like: "The opinions expressed here are my own views."

Don't assume privacy anywhere on the Internet

- No matter what your settings are or who you think has access.
- If it's negative, keep it offline.
- You can be held personally liable for any post considered defamatory, obscene, or libelous by any offended party regardless of the site or context.

Follow the photo / video policy

- It can be found with the facility's other privacy policies.

Get written permission

- Before posting anything online that doesn't belong to you such as copyrighted photos.

Privacy settings

- The use of strong passwords help protect you. And beware of suspicious links; these could load spyware or malicious programs on your computer or steal your personal information.

Ask a question

- If you need help deciding on what is okay to post or if you see a possible violation.

- Contact your supervisor or Facility Privacy Official (FPO), Facility Ethics and Compliance Officer (ECO), or report a violation by calling the Ethics Line at 1-800-455-1996.
- Any questions or issues concerning Patient Privacy, please contact your Facility Privacy Officer (FPO) or the Director of Health Information Management (HIM).
- Any questions or issues concerning Information Security, please contact your Facility Information Security Officer (FISO).

Abuse and Neglect

- Report any suspected abuse and neglect to the House Supervisor.

Reporting Care Concerns to the Joint Commission

- The Joint Commission standards provide for each accredited facility to educate its staff and patients on the following:
- Any employee, patient, or concerned party who has concerns about the safety or quality of care provided in the hospital may report these concerns to The Joint Commission: 800-994-6610
- No disciplinary or retaliatory action can be taken against an employee or patient when they do report safety or quality concerns to The Joint Commission.
- The Joint Commission's Office of Quality Monitoring is interested in the details of every complaint, although they cannot serve as complaint mediators, they can use the information provided to identify possible noncompliance with accreditation or certification standards.
- For direct resolution of any identified safety or quality complaint, you may want to bring your issue to the attention of the health care organization's leadership.

Improving Patient Experience

Patient satisfaction is one of the key pillars of performance for the Far West Division. The patient's perception of his or her care is a tangible reflection of your delivery of quality of care. The facilities participate in the HCAHPS Survey assessment of patient satisfaction. The HCAHPS Survey assesses patient perception of FREQUENCY and CONSISTENCY of staff behaviors throughout their stay (Never, Sometimes, Usually, and Always). The HCAHPS Survey assesses patient perception and interaction with nurses and doctors. All staff must exhibit the behaviors because the patient may not remember who was a nurse or doctor. As part of our commitment to improvement patient experience, we use tools like hourly rounding and key actions and words to help meet our patient's needs.

Expectations

- Always knock when entering a patient's room. Close curtains and doors during examinations and procedures.

- Introduce yourself.
- Key Words at Key Times

The Five Fundamentals of Service or A-I-D-E-T

- **A**cknowledge the patient; use their last name if possible.

- **I**ntroduce yourself, your skill set, your professional certification, and your training.

- **D**uration. Describe how long things are going to take, how long they will be there, how long they will have to wait.

- **E**xplanation. Explain the tests, the pain involved, or what you are doing if non-clinical, and what happens next.

- **T**hank you. "Thank you for your time. Is there anything I can do for you before I leave?"

Quiet

- Quietness is part of the healing process. Please keep your voice down and noise to a minimum while in patient care areas.

No pass zone

- Our Far West Division facilities have all implemented the "No Pass Zone" concept. All employees are responsible to answer call lights (patient requests for help) in a timely manner.

Clinical and Non-Clinical Staff Expectations

- Clinical Staff
    - Always address alarming call lights, alarming equipment, and all patient requests for help.
    - Perform ongoing assessment and intervention(s) required for potentially unsafe situations.

- Non-Clinical Staff
    - If you come across a patient need that you cannot address, notify the clinical staff and stay with the patient until additional staff arrives.

Hand-Off Communication

Communication between caregivers is essential for appropriate care. Each facility has a defined process for handoff communication. Many of the Far West Division facilities utilize the SBAR tool to assist in communication between individuals involved in a patient's care.

SBAR(R) Clinical Support Tool

Defining SBAR(R): SBAR is a standardized way of communication with other healthcare givers. It promotes patient safety because it helps physicians and nurses communicate with each other. Staff and physicians can use SBAR to share what information is important about a patient.

SBAR is an acronym that stands for:

> **S** – Situation: What is happening at the present time?
>
> **B** – Background: What are the circumstances leading up to this situation?
>
> **A** – Assessment: What do I think the problem is?
>
> **R** – Recommendation: What should we do to correct the problem?
>
> **(R)** – Read Back and Verify the telephone order!

Language Translation / Sign Language

The Far West Division facilities provide an environment that enables patients and individuals with special communication needs to fully and equally participate in and benefit from the services, education, facilities, privileges, and accommodations of our facilities. Each facility has the availability of language translation / sign language services at no cost for communication with our patients. Please review the facility specific policy regarding who to notify for accessing the appropriate translator.

Prevention of workplace violence

Threats, harassment, intimidations, and other disruptive behavior in our workplace **will not be tolerated**; that is all reports of incidents will be taken seriously and will be dealt with appropriately. Please provide prompt and accurate reporting of all workplace violence concerns or incidents to the supervisor and risk manager.

Hospital and Unit Specific Orientation

The Far West Division Orientation Booklet provides a general orientation to the Far West Division. You will be provided any hospital specific orientation information from the specific hospital prior to working the first shift at the facility.

Orientation Verification Form

Directions: Upon completion of your review; please print, sign, and submit to HR.

I have fully read and comprehend the contents of this booklet which included:

1. Ethics and compliance in the FWD

2. Management of information; privacy and security (HIPAA rules)

3. Patient Rights and Responsibilities

4. Patient Safety including the National Patient Safety Goals

5. Risk Management and Occurrence Reporting

6. Fire, electrical, and equipment safety

7. Disaster/Emergency Preparedness

8. Regional Medical Center's Emergency Codes

9. CDC Hand Hygiene Guidelines; OSHA Bloodborne Pathogens; Standard Precautions; and Flu Vaccination requirements.

10. Hazardous Materials; chemical, radiation and biological hazards; MSDS forms and Biomedical Waste Rule

11. Ergonomics

12. Reporting abuse and neglect

13. Reporting Care Concerns to The Joint Commission

14. Improving the patient's experience

15. Clinical and nonclinical staff expectations

16. Hand-off communication and SBAR

17. Language translations and sign language

18. Workplace Violence Prevention

19. Hospital and unit specific orientation

Printed Name: _____

Signature: _____ Date: _____