

# Presence Mercy Medical Center (PMMC)

## *2014 Agency Orientation Booklet*

## Mission

Inspired by the healing ministry of Jesus Christ, we, Presence Health, a Catholic health system, provide compassionate, holistic care with a spirit of healing and hope in the communities we serve.

## Vision

We will be a leader in transforming health care by delivering clinical excellence, outstanding value and exceptional experience to achieve better health for our communities.

## Values

### Honesty

The Value of Honesty instills in us the courage to always speak the truth, to act in ways consistent with our Mission and Values, and to choose to the right thing.

### Oneness

The Value of Oneness inspires us to recognize that we are interdependent, interrelated and interconnected with each other and all those we are called to serve.

### People

The Value of People encourages us to honor the diversity and dignity of each individual as a person created and loved by God, bestowed with unique and personal gifts and blessings, and an inherently sacred and valuable member of the community.

### Excellence

The Value of Excellence empowers us to always strive for exceptional performance as we work individually and collectively to best serve those in need.

The people of Presence Health  
are Presence Health;  
there is no distinction in the minds of  
our patients, residents and families.  
So the manner in which we work  
matters greatly.

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## **H**onesty

We affirm the individuality of each person through accountability, stewardship and integrity.

## **O**neness

We demonstrate the value of oneness inspires us to recognize that we care for creation, partnership, collaboration and unity.

## **P**eople

We use the value of people in affirming dignity, serving the poor and vulnerable, advocacy, diversity and respect.

## **E**xcellence

We achieve exceptional performance through quality, innovation and service.

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# Key Words at Key Times

What do we mean by key words/key actions at key times?

Key Words/Actions...

- ❖ Provide a warm first impression
- ❖ Are a critical component of creating a culture of Service Excellence
- ❖ Demonstrate that we care
- ❖ Words that help the patient understand his/her care better and feel more at ease and cared for
- ❖ Align behavior of the staff to the needs of the patient

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# 5 Fundamentals of Service

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You

# Managing the Moment/ Service Recovery

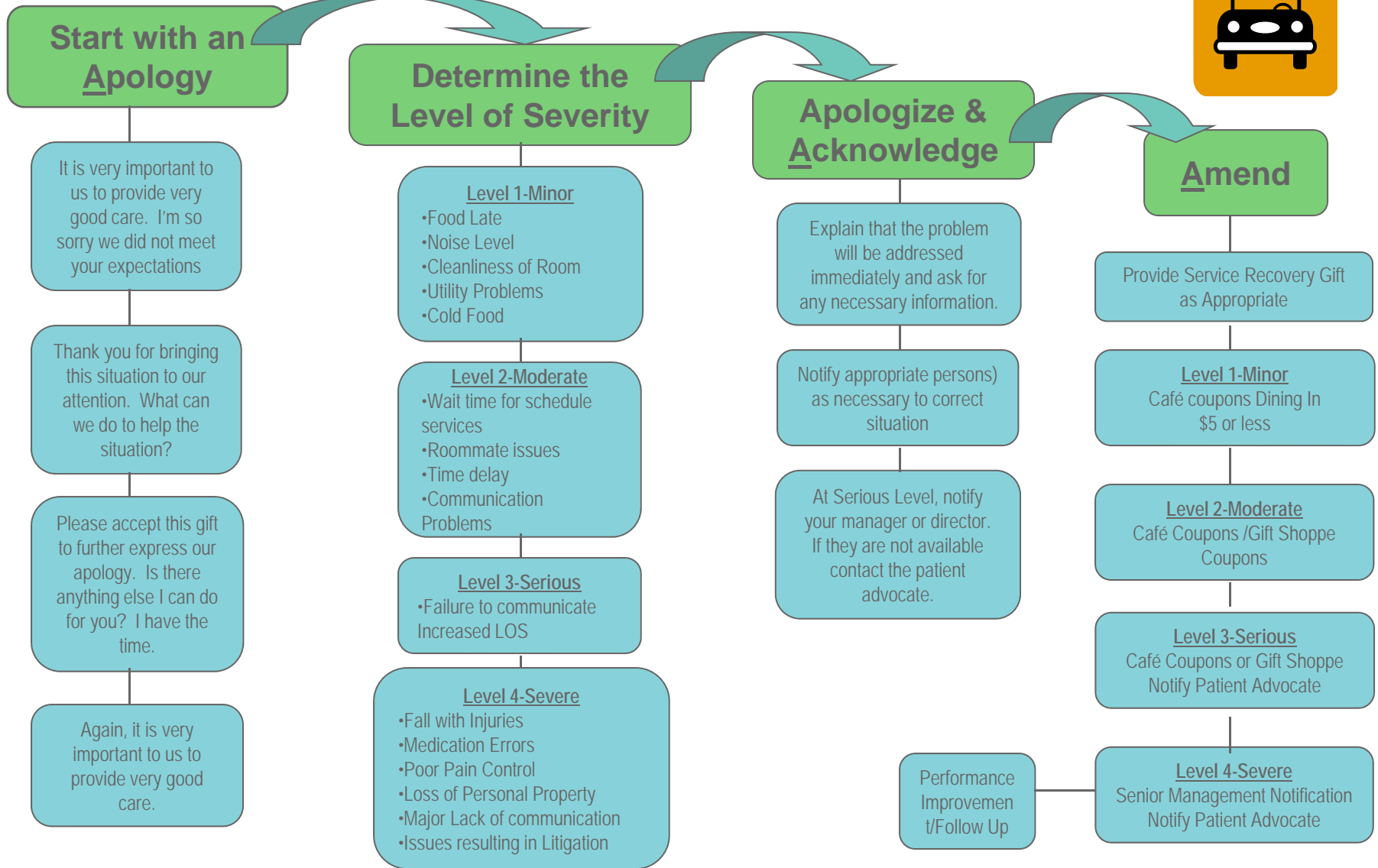
All employees are responsible for identifying service recovery opportunities when a patient/family identifies a “less than best service” experience or an employee is aware of an unhappy patient/family member as a direct result of our service.



When an Incident Occurs!

# On the Road to Excellence... Service Recovery Decision & Gift Guideline

**\*Providing "AAA" Service\***



## Start with an Apology

It is very important to us to provide very good care. I'm so sorry we did not meet your expectations

Thank you for bringing this situation to our attention. What can we do to help the situation?

Please accept this gift to further express our apology. Is there anything else I can do for you? I have the time.

Again, it is very important to us to provide very good care.

## Determine the Level of Severity

Level 1-Minor  
•Food Late  
•Noise Level  
•Cleanliness of Room  
•Utility Problems  
•Cold Food

Level 2-Moderate  
•Wait time for schedule services  
•Roommate issues  
•Time delay  
•Communication Problems

Level 3-Serious  
•Failure to communicate  
•Increased LOS

Level 4-Severe  
•Fall with Injuries  
•Medication Errors  
•Poor Pain Control  
•Loss of Personal Property  
•Major Lack of communication  
•Issues resulting in Litigation

## Apologize & Acknowledge

Explain that the problem will be addressed immediately and ask for any necessary information.

Notify appropriate persons as necessary to correct situation

At Serious Level, notify your manager or director. If they are not available contact the patient advocate.

## Amend

Provide Service Recovery Gift as Appropriate

Level 1-Minor  
Café coupons Dining In \$5 or less

Level 2-Moderate  
Café Coupons /Gift Shoppe Coupons

Level 3-Serious  
Café Coupons or Gift Shoppe  
Notify Patient Advocate

Performance Improvement/ Follow Up

Level 4-Severe  
Senior Management Notification  
Notify Patient Advocate



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# Patient Rights

- Be free from abuse, neglect, and inappropriate behavior
- Be treated with courtesy and respect
- Have personal privacy respected
- Know the identity and professional status of individuals providing care
- Ensure access to healthcare information for those who do not speak English or have visual or hearing impairments
- To have any Advance Directive, Living Will or Healthcare Power of Attorney designee recognized by the hospital as the patient's representative if the patient is incapacitated
- To be informed about health status, plan of care, or treatment, and have the ability to refuse treatment as allowed under the Catholic Directives
- To receive visitors consistent with the hospital visitor policy, including spouses, friends or same-sex domestic partners
- Every patient upon registration, receives a brochure detailing their RIGHTS

**Please contact Pastoral Care or make an Ethics Consult for any Ethical Concerns, Questions, or Situations you may encounter.**

# Corporate Responsibility:

## Regulatory Compliance

“Systems that ensure all employees are aware of laws and regulations and act in accordance of those regulations”

## Compliance Goal

Presence Health is committed to compliance with all federal and state laws and regulations.

The **goal** of Presence Health’s compliance efforts is to ensure all business is conducted ethically, honestly and in accordance with all rules, regulations and standards

# Corporate Responsibility

## **Why is this important to me?**

Regulatory compliance programs are put into place to reign in those organizations that operate outside established laws and guidelines to turn a profit. It has become vital that healthcare organizations implement compliance program to prevent compliance violations and reduce the potential for liability should violations occur.



# Office of the Inspector General

- Office of the Inspector General (**OIG**)
- The enforcement arm of the Department of Health and Human Services.
- Primary goal is to investigate suspected health care fraud and abuse, specifically:

**Medicare**

&

**Medicaid**

# The Presence Health Corporate Responsibility Plan

## Alert-Line:

- A confidential and anonymous vehicle to report compliance issues.
- Outsourced to Global Compliance and reporting is free of retaliation.
- Our preference is that you initially follow the standard chain of command when faced with a compliance issue.

Supervisor-->Local Compliance Liaison-->  
System Compliance Officer, then to the Alert-Line

**1-800-93-ALERT**

# The Presence Health Corporate Responsibility Plan

- When errors are detected, we take reasonable steps to respond appropriately:
  - Stop the process, protocol or billing if necessary
  - Determine the cause of the error
  - Develop a protocol to prevent future errors
  - Communicate and implement protocol
  - Continuously monitor the protocol

# Your Responsibility

## **Conflict of Interest:**

- Arises when anyone has 2 duties that conflict. Staff must not use their positions for profit or share confidential information for gain.
- Staff must disclose personal or family interests if that business:
  - Buys/sells goods or services to/from , competes with, or is in a position to benefit from patient referrals

## **Gifts, Honoraria and Gratuities:**

Staff is not allowed to except tips, money, gifts, or other items of value from patients, vendors, or any private party. Generally, you can only accept gifts of appreciation that can be shared or used for the common good of the ministry.

**If you see something that does not look or feel right, contact your supervisor or the Corporate Responsibility Liaison or call the Alert-Line.**

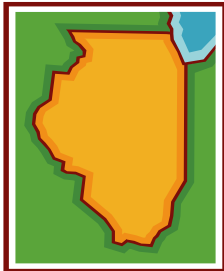
# Quality Management: Regulatory Bodies



What is the Joint Commission?  
[www.jointcommission.org](http://www.jointcommission.org)



Who is CMS?  
[www.medicare.gov](http://www.medicare.gov)  
[www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)



Who is IDPH?  
[www.idph.il.state.us](http://www.idph.il.state.us)



# Survey Process

- Surveyors can present at any time-usually unannounced
- Can come based on complaint
- Patients, families, employees can report concerns to any regulatory body
- Code 777 is announced overhead
- Tidy up and continue your normal routine
- Surveyors will be escorted by Administration
- Answer honestly, politely

# Who we are

- Hospitals are **high hazard organizations** (along with aviation, nuclear power production, chemical manufacturing, military). Why?
  - Errors that we make lead to death or injury
  - We deal with ethical, legal, moral issues unlike any other business or enterprise
  - Intense scrutiny by the public and regulators

# What we must do

## Create a Culture of Safety

- Encourage error reporting (Variance Reports)
  - Non-punitive system
  - No tolerance for avoidance or cover-up
  - Support any employee involved in a serious error
- A culture of safety is about *changing the environment* from one of blame, to one where we ask, why did this happen, and what can we do to prevent it from happening again?

# Systems Issues as Opposed to People Issues

- Understand that humans make errors, especially when tired, stressed, and they feel unsupported.
- Ask “why” an error occurred, rather than “who” made the error
- Moving past “blame and shame” mentality
- Every “incident” or error would be viewed as a **System Problem**, not an **Individual Problem**.

# Good Documentation is Key

- Patient charts document the quality of patient care
- Communicate the care of the patient to all caregivers
- Is used by attorneys to determine whether they will file a lawsuit
- Juries rely on the chart as the authoritative account of what transpired

# What Are We Doing at PMMC to Create This Culture?

- Blame and shame behaviors are not tolerated
- Errors and unanticipated events are viewed with an eye toward systems issues, not human ones
- Teamwork and communication is emphasized
- We encourage the reporting of all adverse events and near misses



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# Staff With Concerns About Patient Safety

- Any employee who has concerns about the safety or quality of care provided at PMMC may report these concerns to The Joint Commission.
- There will be NO retaliation or discipline on the part of PMMC for any report made by an employee.
- The Joint Commission may be reached at 630-792-5000.

# **Who is Responsible for Safety?**

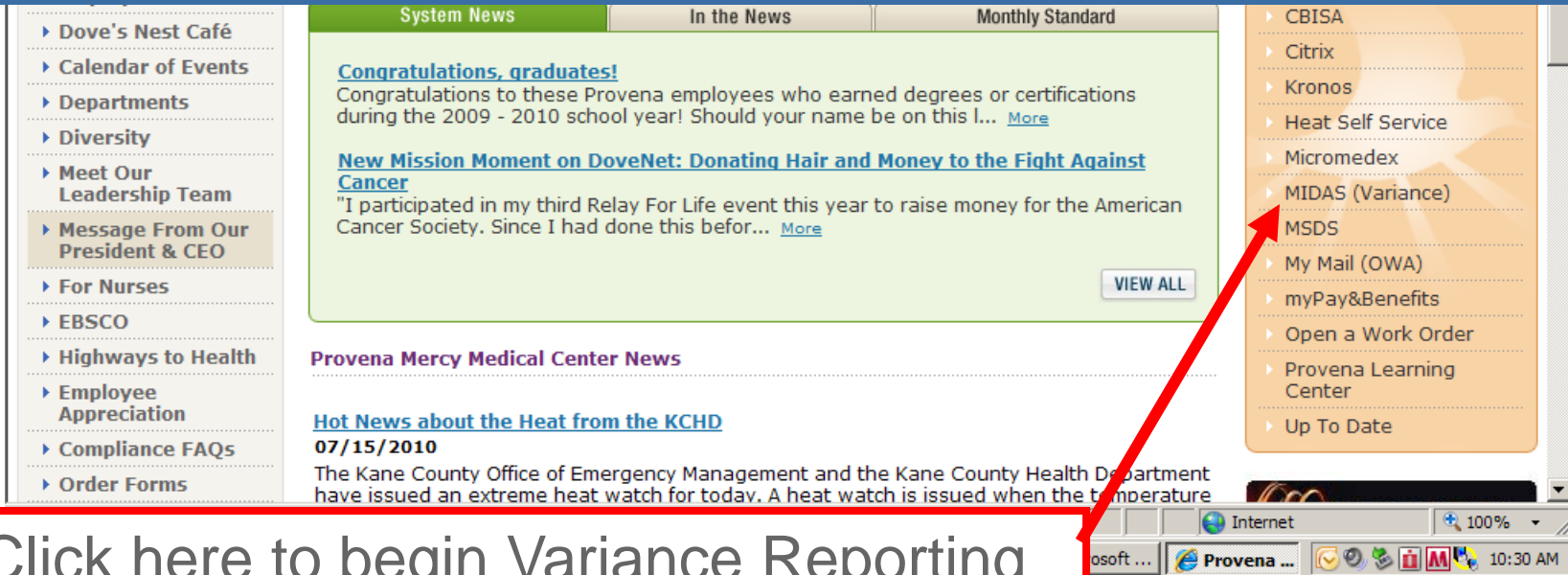
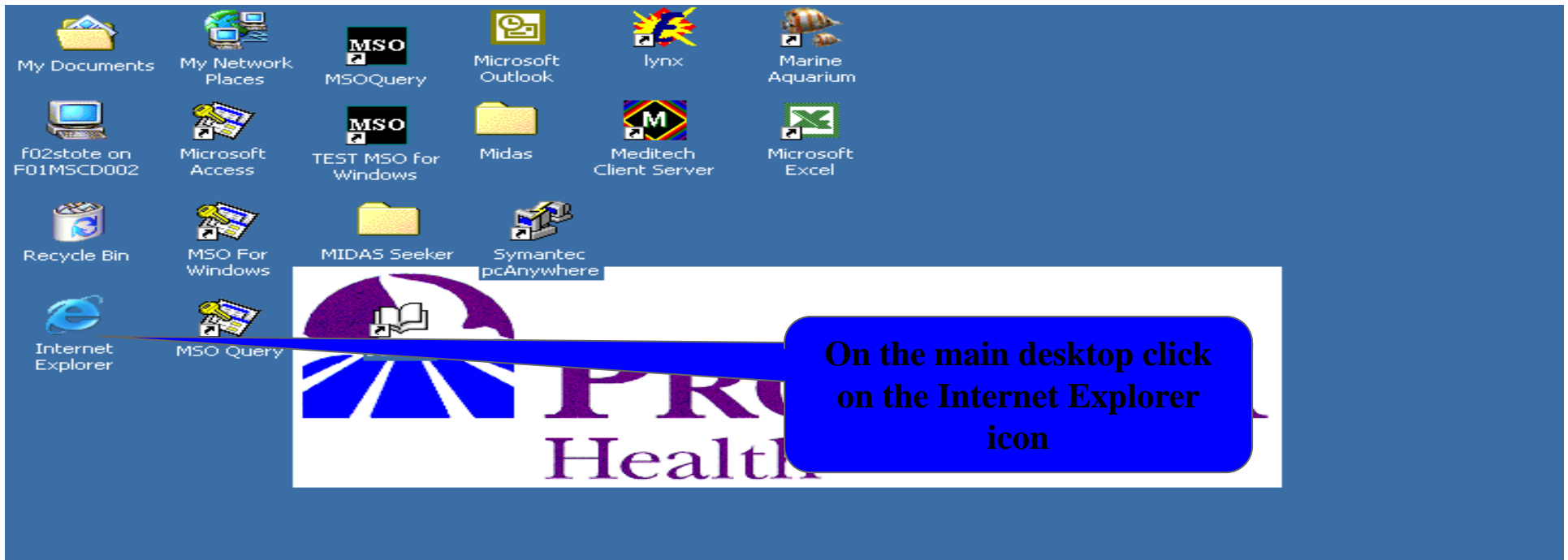
All of us. Be aware of your surroundings, notify Security of suspicious or dangerous persons or circumstances.

**Dial 1111.**



# When something goes wrong

- We investigate so that we can learn and prevent reoccurrence-gather the people involved
- Identify the 'root cause' of the event and analyze it (Root Cause Analysis-RCA)
- RCAs are non-punitive and confidential
- What is the goal? TO LEARN
- How do RCA's come about?
  - Variance Reporting(Incident Reports): one of the most valuable tools a hospital has for identifying areas where adverse events are occurring or have the potential to occur; DO NOT chart that you have filled out a variance in the patient's record



Click here to begin Variance Reporting

Provena Mercy Medical Center Dovenet - MIDAS (Variance) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Print Mail News RSS Favorites

Address http://dovenet.provena.org/pmmc/body.cfm?id=524 Go Favorites

Provena Health CORP PCMC PMMC PSJH PSJMC PSMH PUSMC PSS PHC PMG APHL

Jane Byrd Foundation  
Respect

DVEnet  
Connecting Provena to our Employees

Provena Mercy Medical Center  
GO  
Advanced Search...

Human Resources ISC Policies Forms Maps & Directions Physician Directory Employee Directory

Home > MIDAS (Variance)

Provena Access

- ▶ Cardio Server
- ▶ CBISA
- ▶ Citrix
- ▶ Kronos
- ▶ Heat Self Service
- ▶ Micromedix
- ▶ MIDAS (Variance)
- ▶ MDRS

MIDAS (Variance)

- [Midas 7.0.9](#)
- [Fall Variances](#)
- [Medication Variances](#)
- [Other Variances](#)

Select the type of variance

- *Fall Variances* and *Medication Variances* are patient related.
- *Other Variances* are visitor related or patient related such as delayed testing, left AMA, etc.

Done Internet

# MIDAS+™ Remote Data Entry

Form: OTHER VARIANCES

## Select the Facility and Event Date

Facility:

\*Provena Mercy Medical Cer

Event Date:

1/11/2011

Affected Individual:

Patient

Non-Patient

Previous

Next

Follow the onscreen instructions for completing the report.

# HIPAA Standards at Provena Health

- Protect **patient rights** by giving **access** to their confidential Health information and **control** over how this information is used.
- Protect the physical **security** of resident and patient, confidential health information.





# Privacy and Security Standards

## Privacy Standards:

- ensure that patients have access and control over how their health information is utilized.
- these standards deal with patient expectations of how we use that information.

## Security Standards:

Ensure that we keep patient health information, safe and secure. This includes all health information that is stored **physically** and **electronically**.

# Protected Health Information (PHI)

Name, address, city, county, zip code, fingerprints, names of relatives, name of employer, date of birth, telephone number, social security number, fax number, photos, medical record or account numbers, and license number.

**Any information that can be used to identify and individual.**

Shared in any form, verbal, written, or electronic.

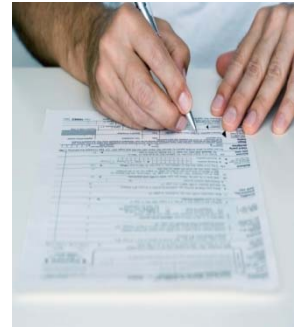


## Vital Behaviors to Protect PHI

- Only share information on a need to know basis and accessing and disclosing information as specifically required by your duties.
- When engaging in verbal conversation, keep your voice down, close doors or curtains.
- Never discuss patient information in elevators or other public places (ex. Cafeteria)
- Patient's charts are stored out of public view.
- Reduce all patient information that could be visible to the general public.
- Verify the identity of the caller or visitor and ask verbal permission to share information with the family member.



# PHI – Access & Control



## Notice of Privacy Practices:

- It is not the intent of HIPAA to stand in the way of the using information for normal operation: Treatment, Payment or other Health Care Related Operation.
- This document informs our patients how we use and disclose their protected health information.

## Authorization Form:

- HIPAA Standards state that Patients have a right to view or obtain a copy of their medical record. This is done through the Authorization form.

# HIPAA Security Standards

Not only are we responsible for access, control and confidential handling of patient information, we are also responsible for the **physical security** of that information.



**Workstation = any electronic computing device**

Not only are you responsible for the content you send and receive, but also the physical care of that equipment

It is your professional responsibility to maintain and care for these devices.

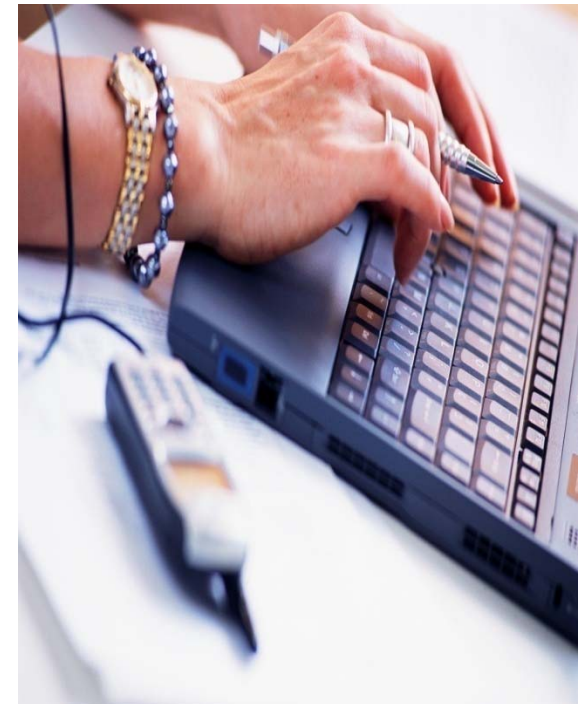
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# Workstation Management

Workstations are available for **authorized use** only.

Unauthorized activities include:

- Any activity that violates the privacy of residents, patients or employees.
- Unauthorized copying, or use, of PHI, Provena Health proprietary, and/or copyrighted material.
- Activities that violate harassment policies.
- Circumventing workstation security.
- Any commercial activity other than expressly permitted.



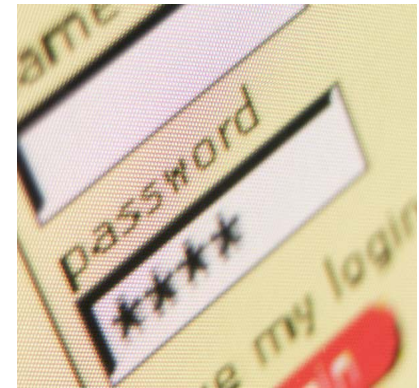
# Workstation Management

All devices have **password** protection:

- You are professionally responsible for your password and **must never share it with anyone** – for *any reason*.

## Password development:

- Make your password at least 6 characters long.
- Include numbers and special characters.
- Use upper and lower case characters.



# Electronic Applications



## Sending PHI Electronically:

Before you send PHI, you must get your immediate **supervisors approval, approval from the patient** and **password protect** all documents.

## Faxes:

- Fax from a machine in a **secured** area.
- Include a **cover sheet** with the **confidentiality statement**.
- **Double check** the phone number:
  - **Before** entering on the key pad
  - **After** entering on the key pad
- **Pick up documents** after sending.
- **Retrieve confirmation** sheet after sending.
- **Call** and make sure another *qualified* person is there to retrieve the fax.

# Code Red = Fire

- **R.A.C.E.** = Rescue Alarm Contain Evacuate
- **P.A.S.S.** = Pull Aim Squeeze Sweep describes the proper use of a fire extinguisher.
  - Use for small fires
  - 15 – 25 seconds operation time
  - Meant to slow the fire's spread

# Code Green

- Dial 1111
- Utilities Failure
- Red outlets/plugs are for required patient support equipment
- Await instructions from supervisor

# Code Orange

- Hazardous Material Spill
- Dial 1111 and have Environmental Services notified
- Take necessary precautions, i.e. evacuate, keep others away
- Contact supervisor



# Code Gray

- Bomb Threat
- Dial 1111 to report a bomb threat or suspicious package
- Prepare for evacuation
- Assist response team with search

# Code Black

- Tornado warning - within 20 miles
- Do not use elevators
- Close all doors and window coverings
- Move patients away from windows
- Move ambulatory patients into hallway

# Code Purple

- Prepare to evacuate patients and visitors
- Wait for instructions for evacuation

# Code Adam

- Infant or Child abduction
- Newborn to 1 year: Use “Code Adam.”
- 1 year and up: State the age and gender as, for example: “Code Adam, male, 8
- Do not allow anyone in or out of your area
- Watch elevators, stairs and exits
- Immediately contact security to report suspicious persons

# Mr. Speed – Dial 1111

- Aggressive/Disruptive Person
- CPI trained staff respond
- Show of force is important
- If in doubt, call it out

# Code Silver

- An aggressive or agitated person armed with a firearm (handgun, rifle, shotgun) Call 1111
- Report location to operator
- Close all doors and remain with most critical patients
- Non-clinical staff evacuate from public areas of the hospital to a safe location

## Code Blue/Code Blue Pediatric

- Cardiac and/or Respiratory Arrest
- Dial 1111
- Remain with the patient and start BLS
- Code Blue team will respond

# Code Blue Team

- **Patient's RN:** responsible for providing history
- **ED or other physician:** runs the code
- **ED RN:** documents and runs the crash cart
- **ICU RN:** starts lines and administers medications
- **Anesthesia**
- **Respiratory**
- **Pharmacy**
- **Pastoral Care**
- **Security**
- **Director/Coordinator/  
Nursing Supervisor**
  - Directs &/or dismisses team as needed
  - Assures Physician & family notified
  - Arranges for transfer
  - Completes Code Quality Review Form in non-patient areas or directs others



# Expectation of Staff



- Assess ABCs
- Initiate CPR
- Call a Code
- Bring Code cart
- Remove roommate/visitors
- Clear space
- Staff off floor: return
- Start documentation
- Set up suction
- Assist as directed

## Primary Nurse

- Give report to Code Team
- Assist with documentation on Cardiopulmonary Resuscitation Record
- Ensures Code cart is exchanged

# Rapid Response

- If there is concern for patient condition or signs of deterioration
- Responders: ER RN, ICU RN, Respiratory Therapist, the Nursing Administration Supervisor, Clinical Nurse Manager if available and Clinical Nurse Specialist/APN if available.
- Any person can call a Rapid Response including patients, family, or visitors

# Brain Alert

- Suspected Stroke
- **1<sup>st</sup> call a Rapid Response for further evaluation**
- Inpatients sent to ED/ CT scanner for further assessment and/or treatment

# Code STEMI

- Suspected Heart Attack
- **1<sup>st</sup> call a Rapid Response for further evaluation**
- Inpatients sent to ED/Cath Lab for further assessment and/or treatment

# Inspecting Medical Equipment

- Inspecting Medical Equipment for safety and correct operation before its use, is the responsibility and requirement of each of us as end users of a device.
- ALL new medical equipment must be inspected by Clinical Engineering prior to use.
- This needs to be done each and every time equipment is used ask yourself:
  - Are the cords frayed ?
  - Is the device functioning the way it is supposed to function?
  - To report a failure or to submit a work request for a piece of medical equipment call extension 3100. This will open a work order for the Biomedical Engineering.

# Hazardous Communication Plan

- The Materials Safety Data Sheets (MSDS): provides employees with information about hazardous chemicals and materials that they may be exposed to in the workplace.

## Where to Find the MSDS at PMMC:

- On PMMC's Intranet-materials used in each department is available on line via 3E's Healthcare MSDS Database. A guideline on how to access 3E by intranet or phone will be kept in all departments (a burgundy colored binder)
- The Emergency Department houses the master file of the MSDS

# Emergency Management

An overall strategy developed in order to handle large numbers of casualties and/or disruption to normal hospital operation

- To provide safe, effective patient care during an emergency
- Priority emergencies for the organization are assessed, prioritized and planned for
- It outlines who our work partners are within the community at times of emergency

# What is the Emergency Operations Plan (EOP)?

- An all-hazards response that outlines what to do in an emergency situation or event
- Fundamentals: receive direction from supervisor
  - Code Triage Levels
  - Departmental Roles & Responsibilities
  - Surge Capacity
  - If electronic information systems are unavailable, staff should refer to their department's written downtime procedures. Documentation guidelines will be followed in Downtime format to maintain same standard of care provided in normal business operations.
  - Other related policies



**A red Disaster/Surge manual is kept in every department outlining roles at every level**

# What is Diversity?

Diversity is about inclusion of differences and the respectful involvement of all people, calling forth the gifts from each person's cultures, perspective and background. Valuing diversity means creating a workplace that respects and includes differences, recognizing the unique contributions that individuals with many types of differences can make, and creating a work environment that maximizes the potential of all employees.



# Our Commitment

Presence Health is committed to diversity. We believe that respecting, leveraging, and celebrating the diversity of our workforce, our patients and their families, and our communities create value. We practice inclusion because it's central to our mission and values and enables us to respond to the diverse needs of those we serve.

# Harassment =

Unwelcome conduct, based upon...

Gender	Color	Race
Ancestry	Religion	National Origin
Age	Disability	Marital Status
Veteran Status	Citizenship	Sexual Orientation

## What Can You Do?

Discuss with your Immediate Supervisor if appropriate, or your Manager or Director.

If your Immediate Supervisor is not available you may contact the Nursing Administrative Supervisor (5549), Human Resources or call the Alert-Line.

# Accessing Policies

The screenshot shows a Microsoft Internet Explorer browser window displaying the Provena Mercy Medical Center website. The address bar shows the URL <http://dovenet.provena.org/pmmc/>. The website features a navigation menu with links for Provena Health, CORP, PCMC, PMMC, PSJH, PSJMC, PSMH, PUSMC, PSS, PHC, PMG, and APHL. A secondary navigation bar includes links for Human Resources, ISC, Policies (circled in red), Forms, Maps & Directions, Physician Directory, and Employee Directory. The main content area is titled 'Provena Mercy Medical Center' and includes sections for System News, In the News, and Monthly Standard. The System News section contains articles about 'System RISE Award winners' and 'Provena Health hosts Ethics Day'. A 'Suggestion Box' and 'Financial Assistance Toolkit' are also visible. The taskbar at the bottom shows the Start button, several application icons, and the system clock displaying 10:18 AM on 03/24/2008.

# ID Badges

- Worn at all times while on duty
- Worn above waist
- Unobstructed w/name & photo clearly visible
- No pins, stickers, etc. on badge
- Used for Kronos time clock & door access
- Wear your Agency badge and we will give you a PMMC contractor badge when you sign in

# Meal Periods & Rest Breaks

- Meal Periods: Non-exempt, (hourly), employees scheduled to work a shift of 7½ continuous hours or more are provided a 30 minute unpaid uninterrupted meal period.
- Time keeping system automatically deducts an unpaid 30 minute meal period for those non-exempt employees who work 5 hours or more.
- Non-exempt employees must be paid for all time worked. In those rare situations when an employee is not able to take or complete an unpaid meal period without interruption, he/she must notify their leader before completion of the shift and complete a “Missed Unpaid Meal Period” form and enter “no lunch” in Kronos.
- **IF YOU DO NOT THINK YOU WILL RECEIVE A LUNCH, NOTIFY THE CHARGE NURSE AND THE NURSING SUPERVISOR OR YOU WILL NOT BE PAID FOR IT**

# Workplace Safety

## Work-Related Injury

- An injury during the course of doing your job
- All injuries are investigated and evaluated
- Not all injuries that happen in the work place are work-related
- If you are injured while working:
  - Notify Charge RN and RN supervisor
  - Fill out the paper Injury Report
  - Notify your Agency

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# Proper Lifting/Back Safety

## Top Ten Ways to Save Your Back!

1. Keep your back in a slight curved position
2. Plan your movements ahead of time
3. Ask for help when appropriate
4. Do not remain in one position for an extended period of time
5. Maintain wide stable base while standing and lifting
6. Pivot your feet, do not twist your back
7. Keep stomach muscles tight while lifting and doing activities
8. Keep items close to your body when lifting or carrying
9. Lift with your legs at all times
10. When in doubt, ask our physical therapist

# Minimal Lift Program

## WHY USE LIFT EQUIPMENT?

- Prevent care giver injury
- Prevent patient injury
- Prevent patient fall
- Corporate policy

## WHO USES LIFT EQUIPMENT?

- All care givers who transfer or reposition patients
- Nursing staff
- Transporters
- Therapists
- Radiology
- Surgery



# What Equipment Do We Have and Where Is It?

## EQUIPMENT TYPES

Equipment is available to move most patients.

- Minimal assist-Stedy
- Extensive assist-Encore
- Total assist-Tempo
- Bariatric-Tenor
- Lateral transfers-maxislides or Patrans or Hover Matt

## LOCATIONS

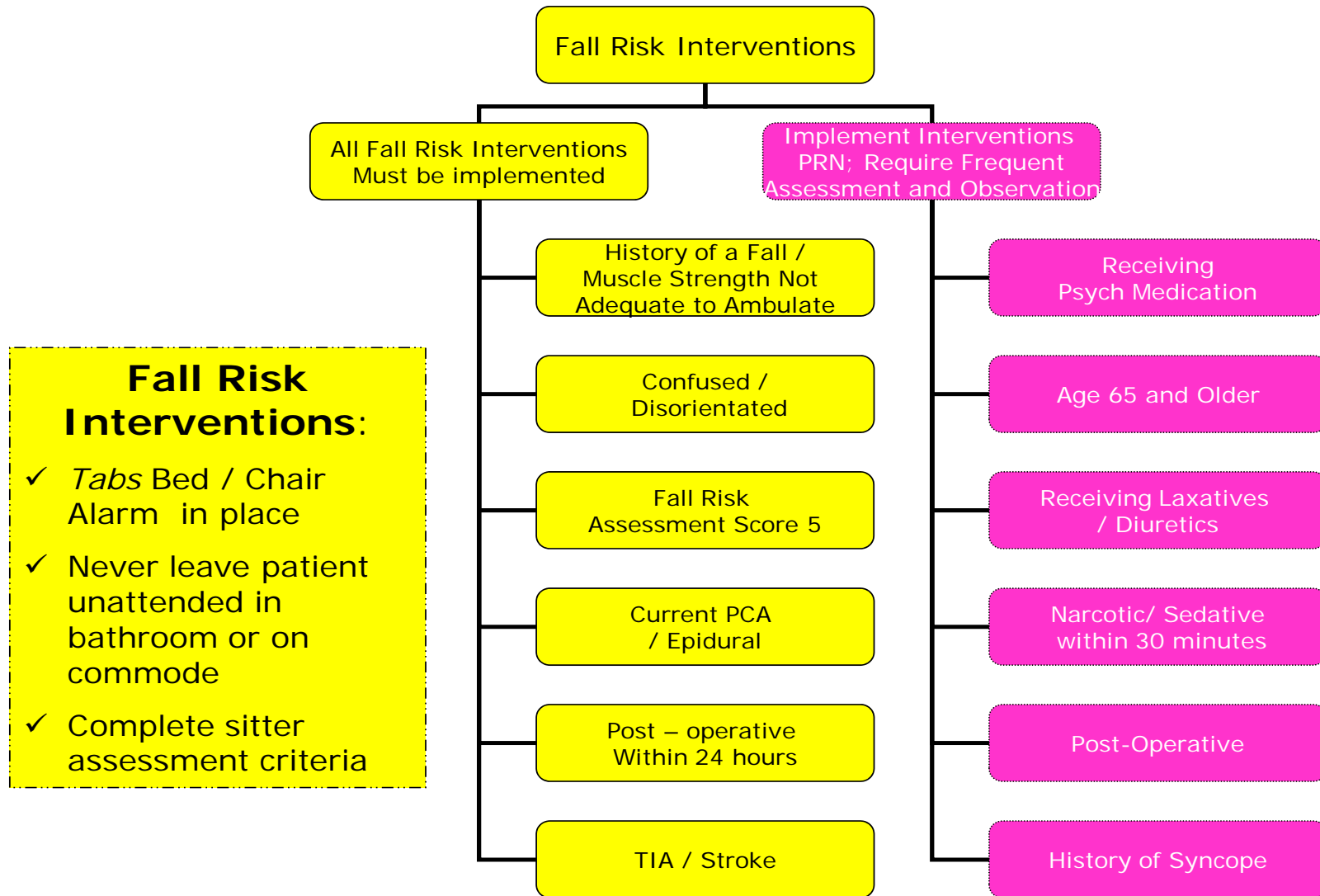
- 3rd floor
- 4th floor
- 5th floor
- Hope Unit
- Radiology
- Emergency Department
- Surgery

# Falls

- See following grid regarding determining if patient is a Falls Risk
- Fall Risk Identifiers:
  - Orange name band
  - Yellow gown
  - Door sign
- Fall Risk Interventions:
  - Bed Alarm
  - Never leave patient alone in bathroom
  - Assess need for a sitter
  - Use assistive equipment as needed



# Falls



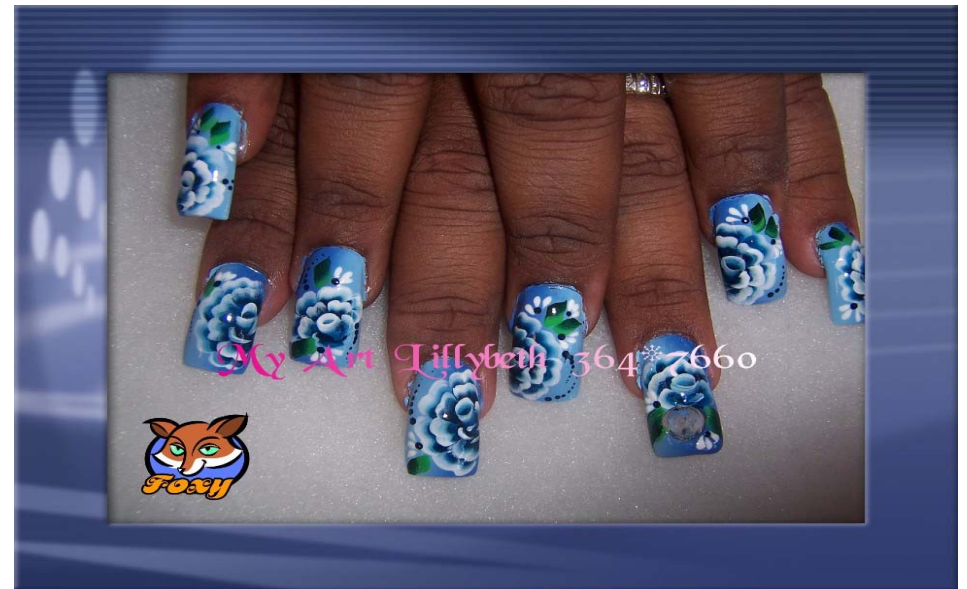
**Note: If patient falls, use Post Fall Assessment intervention in Meditech and reassess.**

# Basic Infection Control

Hand Hygiene	
Hand Washing (Soap & Water)	Hand Sanitizing (Alcohol-based Gel)
<ul style="list-style-type: none"><li>▪ <u>Before and after</u> you work your shift</li><li>▪ After using the washroom</li><li>▪ Before and after eating, drinking or handling food</li><li>▪ After your skin comes in contact with blood, body fluids, mucous membranes, non-intact skin, secretions, excretions, and contaminated items</li><li>▪ Whenever your hands become visibly soiled</li></ul>	<ul style="list-style-type: none"><li>▪ <u>Before and after</u> patient contact</li><li>▪ Before putting on and after removing gloves and other personal protective equipment (PPE)</li><li>▪ After blowing your nose or covering a sneeze or cough</li></ul>

# Artificial Nails

- These are not permitted for direct patient caregivers and outpatient care settings
- Glitter, appliqués, and cracked nail polish also harbors organisms and contributes to the spread of infection in the health care setting



- Not permitted for individuals whose responsibilities include the handling of patient care supplies/equipment or food

# Standard Precautions

- Assume that everyone is infectious
- Includes:
  - Blood
  - Body fluids
  - Secretions
  - Excretions
  - Non-intact skin
  - Mucous membranes
  - Sweat only body fluid excluded (unless visibly contaminated with blood)

# PPE: When should I use it?

- When there is reasonable chance that you will come into contact with potentially contaminated surfaces or substances
- Remember: masks with eye shields for procedures where splashing can occur. This step is often discounted, but DOES happen (e.g. draining a foley catheter, drawing blood from an arterial line)
- Remember: PPE is an occupational practice that protects healthcare workers from acquiring infections and prevents the transmission of microorganisms from patient to patient



# Influenza Vaccination

- Influenza is a respiratory disease that kills, on average, 36,000 Americans every year.
- The Influenza virus may be shed for up to 48 hours *before* symptoms begin. Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include: fever/chills • sore throat • muscle aches • fatigue cough • headache • runny or stuffy nose
- Influenza can be diagnosed through symptoms review and can also be diagnosed by a nasopharyngeal swab test.
- Influenza viruses change often, making annual vaccination necessary.
- It takes up to 2 weeks for protection to develop after the shot.
- Influenza vaccines cannot transmit influenza. They do not prevent all flu-like disease.
- Influenza vaccination is safe to receive unless you have a severe allergy to eggs, have a history of Guillain-Barré Syndrome, or had an allergic reaction to the vaccine in the past.
- A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.
- Mild problems associated with influenza vaccination: soreness, redness, or swelling where the shot was given ; hoarseness; sore, red or itchy eyes; cough, fever • aches • headache • itching • fatigue

**Presence Health requires annual influenza vaccination for healthcare worker employees in order to reduce the transmission of influenza**



# Protect yourself & others from the flu!

- Wash / Sanitize your hands frequently
- **Get the flu vaccine each fall**
- Avoid close contact with people who are sick
- Wear a mask if you are caring for a patient who is coughing / sneezing
- Offer patients and visitors a mask if they are sick
- Cover your cough (& sneeze)
- Stay home if your are sick
- If you do not take the influenza vaccine you need to wear a mask while providing patient care for the flu season, as directed by Employee Health

# Tuberculosis

- Organism : Mycobacterium Tuberculosis
- Airborne Transmission
- Susceptible Host : Everyone
- Risk Factors:
  - Foreign Born
  - High Risk Occupations
  - Suppressed Immune System (HIV Infection, Substance Abuse, etc)
  - Resident of
    - Correctional Facility
    - Nursing Home
    - Homeless Shelter
- Requires 3 negative sputum smears to discontinue isolation

# Tb Infection vs. Disease

## INFECTION

- Positive PPD skin test
  - Organism is INACTIVE
- Patient is NOT SICK but could become sick later
- NOT INFECTIOUS

## DISEASE

- Patient is SICK
  - INFECTIOUS
- Needs to be Isolated

# Isolation Precautions must be documented in Patient's EMR

Software by MEDITECH

Pmmcortho,Test3

DOB: 10/11/1945 66 M  
DM0000000190 / M000000155  
4 Ortho/Neuro F01C0428-A ADMIN

Allergy/AdvReac: Hydromorphone, Penicillin, Urokinase

Enter/Edit Patient Data

Height

Body Surface Area

Weight

Managing Physician:

Primary Diagnosis:

Secondary Diagnosis:

Add'l Proc:

Colonized w/ resist.org:

SOURCE:

Isolation Precautions

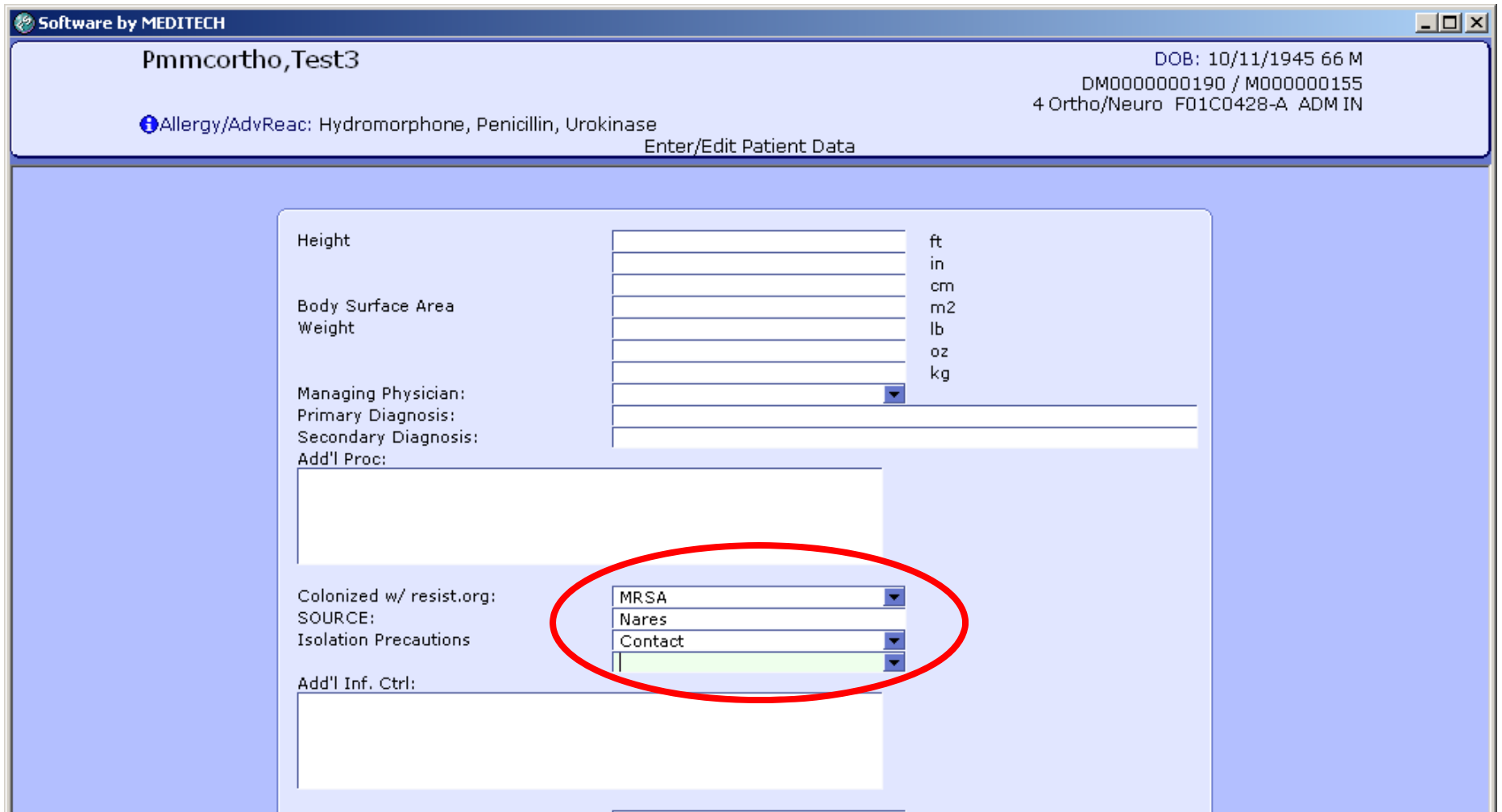
Add'l Inf. Ctrl:

ft  
in  
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kg

MRSA

Nares

Contact



# CONTACT PRECAUTIONS



Visitors: Report to nurse before entering

Visitantes: Favor de notificar a la(el) enfermera(o) de su presencia antes de entrar a la habitación. Gracias.

(In addition to Standard Precautions)

EVERYONE ENTERING ROOM: On entering the room, you must:		Yes	No
	Gown	✓	
	Gloves	✓	
	Alcohol hand gel/foam	✓	
	Isolation mask (use as per standard precautions)		X

- Use dedicated equipment (i.e. stethoscope, blood pressure cuff, etc) or clean between patient use.
- Remove gown and gloves before leaving the patient room.
- Hand hygiene must be performed immediately before and after glove use.
  - Use alcohol hand foam if hands are not visibly soiled
  - Wash with soap and water for at least 15 seconds if hands are visibly soiled

#### DURING TRANSPORT:

Ensure "Ticket to Ride" indicates contact precautions.

Clean gown and clean sheet on patient.

# SPECIAL CONTACT PRECAUTIONS



Visitors: Report to nurse before entering

Visitantes: Favor de notificar a la(el) enfermera(o) de su presencia antes de entrar a la habitación. Gracias.

(In addition to Standard Precautions)

EVERYONE ENTERING ROOM: On entering the room, you must:		Yes	No
	Gown	✓	
	Gloves	✓	
	Handwashing (with soap and water)	✓	
	Bleach	✓	
	Alcohol hand gel/foam (should not be used after patient contact)		X
	Isolation mask (use as per standard precautions)		X

- Use dedicated equipment (i.e. stethoscope, blood pressure cuff, etc) or clean between patient use.
- Remove gown and gloves before leaving the patient room.
- Hand hygiene must be performed immediately before and after glove use.
  - Wash with soap and water for at least 15 seconds if hands are visibly soiled
  - **Do not use** alcohol hand gel/foam after patient contact
- Use bleach for cleaning and disinfecting of environment and reusable patient care equipment

#### DURING TRANSPORT:

Ensure that "Ticket to Ride" indicates Special Contact Precautions.

Clean gown and clean linen on patient.

# DROPLET PRECAUTIONS



**Visitors:** Report to nurse before entering

**Visitantes:** Favor de notificar a la(el) enfermera(o) de su presencia antes de entrar a la habitación. Gracias.

(In addition to Standard Precautions)

EVERYONE ENTERING ROOM: On entering the room, you must:		Yes	No
	<b>Isolation mask</b>	✓	
	<b>Alcohol hand gel/foam</b>	✓	
	<b>Gloves</b> (use per standard precautions)		✗
	<b>Gown</b> (use per standard precautions)		✗

- Hand hygiene must be performed immediately before and after patient care.
  - Use alcohol hand foam if hands are not visibly soiled
  - Wash with soap and water for at least 15 seconds if hands are visibly soiled
- Visitors wear isolation mask

## DURING TRANSPORT:

Ensure "Ticket to Ride" indicates Droplet Precautions.

Patient wears an isolation mask when outside of their room.



# AIRBORNE PRECAUTIONS



Visitors: Report to nurse before entering

Visitantes: Favor de notificar a la(el) enfermera(o) de su presencia antes de entrar a la habitación. Gracias.

(In addition to Standard Precautions)

EVERYONE ENTERING ROOM :		Yes	No
On entering the room, you must:			
	<b>N95 mask</b>	✓	
	<b>Alcohol hand gel/foam</b>	✓	
	<b>Gloves</b> (use per standard precautions)		✗
	<b>Gown</b> (use per standard precautions)		✗

- Negative pressure room required.
- Keep room door closed.
- Provide visitors a N95 mask, instruct on its use, encourage its use.
- **No children visitors**
- Hand hygiene must be performed immediately before and after patient care.
  - Use alcohol hand gel/foam if hands are not visibly soiled
  - Wash with soap and water for at least 15 seconds if hands are visibly soiled

## DURING TRANSPORT:

- Patient wears a regular isolation mask (not N95).
- Ensure that "Ticket to Ride" indicates Airborne Isolation precautions and that the receiving department is aware of that type of isolation BEFORE bringing the patient there.



# Cleaning and Disinfection of Portable Shared Patient Care Equipment

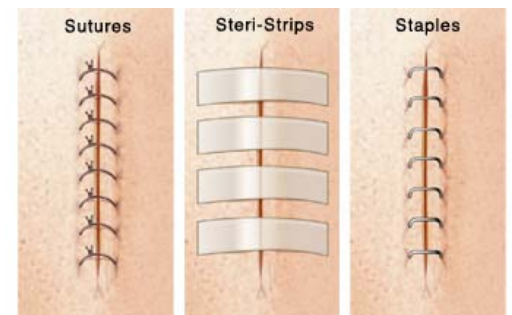
- Equipment must be cleaned (step 1) and then disinfected (step 2) according to manufacturer recommendations and PMMC policy
- Equipment is cleaned on a routine basis, and upon discharge
- Always wear gloves when handling and disinfecting equipment
- Clean equipment is identified with clear plastic bags
- Don't leave soiled equipment out in halls. Learn where soiled equipment is stored and/or cleaned in your department.
- PMMC uses high-alcohol disinfectant wipes (purple tops), and bleach-containing disinfectant wipes (white tops), depending on the isolation precautions
- Hands-on training on pieces of equipment in your department will be demonstrated during your department orientation.



# Preventing Surgical Site Infections (SSI)

## Surgical Care Improvement Project (SCIP) prevention measures :

- Timely administration of an appropriate pre-operative antimicrobial prophylaxis.
- Discontinue use of antibiotics within 24 hours after surgery (or 48 hours for cardiac surgery).
- Hair removal with clippers or depilatory.
- Post-operative blood glucose control following cardiac surgery.
- Chlorhexidine Gluconate (CHG) pre-operative skin cleansing for hips/knees and CABGs, and operative skin prep
- Patient pre-operative education
- Post-operative wound and dressing care
- Patient discharge incision care instructions

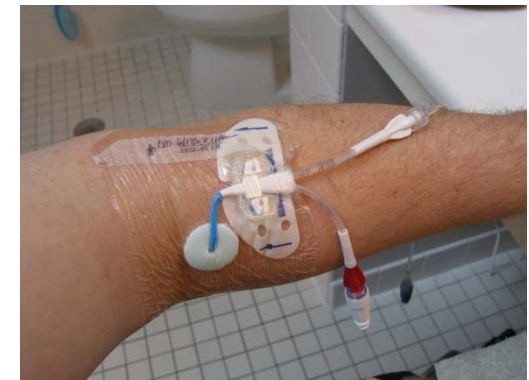


# Preventing Central-Line Associated Bloodstream Infections (CLABSI)

- DualCaps<sup>®</sup> alcohol caps on all ends and y-sites



- Review of need every day – remove as soon as medically feasible
- Biopatch<sup>®</sup> CHG disk at insertion sites on all central lines
- Utilization of Central Line Insertion “bundle” which includes:
  - 1. Hand hygiene prior to insertion
  - 2. Maximal barrier precautions upon insertion
  - 3. Chlorhexidine skin antiseptis
  - 4. Optimal catheter site selection
  - 5. Daily review of line necessity



# Preventing Catheter-associated Urinary Tract Infections (CAUTI)

- Aseptic technique during insertion
- Specific rationale for insertion
- Daily review of need
- Remove as soon as medically feasible
- Never raise the drainage bag above the level of the bladder
- Aseptic technique in specimen collection practices



# Prevention of C-Diff transmission

- Careful antibiotic use
- Diet
- Hand Hygiene with soap and water
- Environmental disinfection with bleach wipes



# Prevention of Ventilator-acquired Pneumonia (VAP)

- The key components of the IHI Ventilator Bundle are:
  - Elevation of the Head of the Bed
  - Daily "Sedation Vacations" and Assessment of Readiness to Extubate
  - Peptic Ulcer Disease Prophylaxis
  - Deep Venous Thrombosis Prophylaxis
  - Daily Oral Care with Chlorhexidine



# Exposure to Infectious Diseases and Bloodborne Pathogens Control Plan

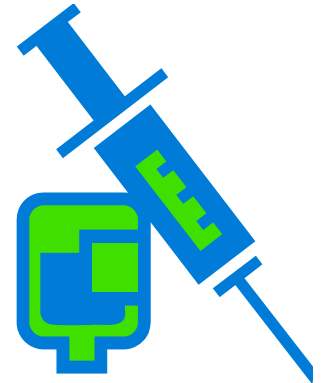
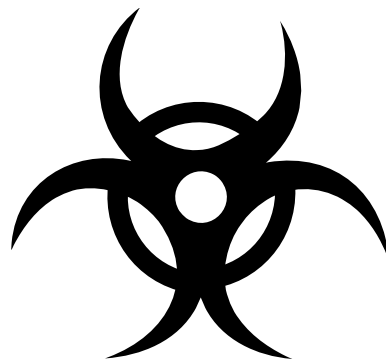
## EXPOSURE DETERMINATION

- **Category I** job- everyone who has the job is at risk for exposure
- **Category II**- only some people who have the job have duties that put them at risk for exposure
- **Category III** - no one who has the job is at risk for exposure

# What Can You Do?

## Engineering Controls

- **SHARPS CONTAINERS**
- **NEEDLELESS SYSTEMS**
- **SAFETY DEVICES ON SHARPS**
- **BIOHAZARD SIGNAGE**





# Work Practice Controls

- **Proper Hand Hygiene**
- **Standard Precautions**
- **Use appropriate PPE & Isolation Precautions**
- **Restrict eating, drinking, applying cosmetics, handling contact lenses in areas where exposure might exist**
- **Not recapping needles, scalpels**

# POST EXPOSURE

- **WASH / FLUSH**
- **REPORT IMMEDIATELY to Supervisor**
- **Evaluation & Testing done through  
OCCUPATIONAL HEALTH  
ED on off-shifts**
- **CONFIDENTIAL evaluation & follow-up**

# Needs of a Dying Patient

- Physiological: good symptom control
- Safety: a feeling of security
- Love: expression of affection/human contact (touch)
- Understanding: explanation about symptoms of disease and the opportunity to discuss the process of dying
- Acceptance: regardless of mood and sociability
- Self-Esteem: involvement in decision making, particularly as physical dependency on others increases
- The opportunity to give as well as to receive

# Disruptive and Impaired Licensed Independent Practitioners

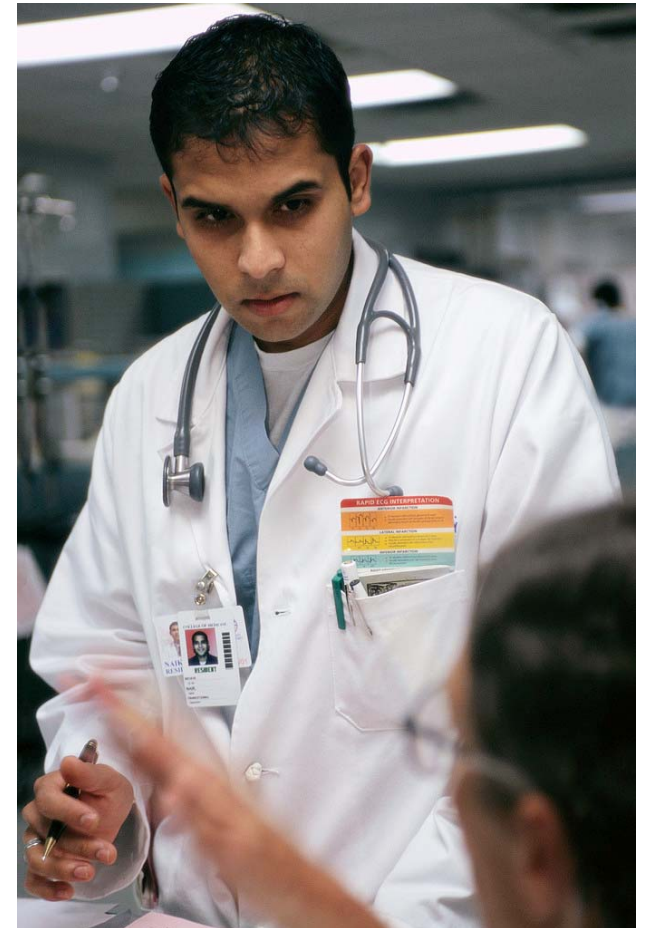
- Presence Health is committed to providing a safe environment of care for patients and an optimum practice environment for physicians and clinicians.
- Disruptive behavior is defined as a “chronic” pattern of contentious, threatening, litigious behavior that deviates significantly from the cultural norm of the peer group, creating an atmosphere that interferes with the efficient function of the health care staff and the institution.
- This behavior may be, but is not necessarily, related to substance abuse/dependency.

# Disruptive Licensed Independent Practitioner (LIP) Defined

The disruptive LIP often lacks the ability of self observation.

The disruptive LIP views:

- Themselves as Clinically superior
- Other members of the health care team as less competent or incompetent, weak and/or vulnerable
- Themselves as champions for their patients



# Recognizing Impairment

*Drug and/or alcohol impairment should be ruled out prior to addressing the issue as purely negative behavior*

- Physical appearance
- Personality or behavior changes
- Deterioration of hygiene or appearance
- Frequent or unusual accidents
- Multiple prescriptions

## Disruptive actions cause:

- A distraction from the goal of providing optimum patient care
- A decrease in morale
- Increase level of workplace stress
- Inordinate time spent by staff appeasing or avoiding the physician
- Increased potential for malpractice litigation

## What Can You Do?

**Organizational staff, including hospital employees, who observe or are subjected to, inappropriate behavior by a LIP are responsible for communication with their supervisor about the incident**

# Abuse

- Physical: An act that results in bodily harm, injury, impairment or disease (Hitting, slapping, sexual coercion/assault, incorrect positioning, forced feeding/medicating, improper use of restraints)
- Psychological: Inflicts emotional pain or distress (Verbal scolding, harassment, intimidation, threatening punishment or deprivation, isolation)
- Financial: Taking control of resources of another through misrepresentation, coercion or outright theft for personal gain

# Neglect

- Physical: Failure to provide goods/services necessary for the health and well being (Withholding adequate meals/hydration, therapy, hygiene, failure to provide physical aids or safety)
- Psychological: Failure to provide social stimulation (Leaving someone alone for long periods of time, failing to provide companionship or links to the outside world)
- Financial: Failure to use available resources to sustain or restore health and security (Improper level of care when resources available to provide the proper level of care, sudden transfer of assets)



# Child Abuse/Neglect Symptoms

- Abuse
  - Unexplained or questionable scars, burns, welts, bruises or fractures
  - Unnecessary confinement
  - Witnessed beatings
  - Sexual abuse
  - Emotional abuse
  - Withdrawn, angry or unusual behavior exhibited by the child.
- Neglect
  - Malnourishment, failure to thrive and grown
  - Lack of medical care
  - Filthy or unsafe environment
  - Poor hygiene and personal care
  - Absence of parents/appropriate supervision
  - Irregular school attendance

# Adult Abuse/Neglect Symptoms

- Abuse
  - Witnessed beatings
  - Emotional abuse
  - Sexual abuse
  - Unexplained or questionable scars, welts, bruises or fractures
  - Unexplained or questionable burns
  - Signs of unnecessary confinement
  - Financial exploitation
- Neglect
  - Hazardous housing
  - Failure to administer prescribed medications or seek medical care for the adult
  - Any situation where there is failure to provide for the needs of the adult that result in physical harm to that person

# Mandated Reporter

- **Mandated reporters** are professionals who, in the ordinary course of their work and because they have regular contact with children, disabled persons, senior citizens, or other identified vulnerable populations, are required to report (or cause a report to be made) whenever financial, physical, sexual or other types of abuse has been observed or is suspected, or when there is evidence of neglect knowledge of an incident, or an imminent risk of serious harm
- These professionals can be held liable by both the civil and criminal legal systems for intentionally failing to make a report but their name can also be said unidentified.
- **The Illinois Abused and Neglected Children's Reporting Act ("ANCRA")**

# Resources Available

- PMMC/PH Policies
- Internal Resources
  - Social Work and Case Management Department
    - Director X2620
  - Nursing Supervisors, Managers, Directors
- Community Resources:
  - DCFS (age birth to about 18 years): 800-252-2837
  - Office of Inspector General (disabled, 18-59): 800-368-1463
  - Senior Services (home or independent living): 800-252-8966
  - IDPH (if from nursing home): 800-252-4343
  - Self-Neglect
    - >60, Senior Services 630-897-4035
    - <60, OIG 800-368-1463 (may not take report)
  - Mutual Ground (Domestic Violence, Rape 18-59)
    - No mandated reporting for this population
      - Hotline: 630-897-0080
      - Sexual Assault: 630-897-8383
      - Advocacy: 630-897-8009

# Pain Management

- ❖ STANDARD – The identification and treatment of pain is an important component of the plan of care.
- ❖ PAIN ASSESSMENT – To be completed:
  - ✓ On Admission (establish acceptable level of pain)
  - ✓ Upon initial assessment
  - ✓ With routine Vital Signs (the 5<sup>th</sup> vital)
  - ✓ On patient's report of pain
  - ✓ Upon Hourly Rounding by PCT and RN
  - ✓ Before and after interventions
  - ✓ At discharge and transfer



# Pain Management

- If the pain level is unacceptable to the patient, a pain intervention must be initiated and documented
- Reassessment
  - 30 minutes after IV, IM or SQ medication
  - 1 hour after PO medication
  - As appropriate following non-pharmacologic intervention
- Documentation
  - Assessments and Reassessments
  - Effectiveness of intervention with pain score
  - Patient education on care plan



# Pain Management

- Patient\Family Education– Review with patient and family and document
  - ✓ Patient Rights regarding pain
  - ✓ Importance of pain management
  - ✓ Pain assessment process
  - ✓ Methods for pain management
  - ✓ PCA Pump and Epidural
  - ✓ Discharge instructions and assessment of patient / family understanding

# Pain Management

- Patient Satisfaction - Ask yourself:
  - ✓ Was everything done to control the patient's pain?
  - ✓ Was the amount of pain medication given sufficient?
  - ✓ Were medications/interventions administered timely?
  - ✓ Did you tell the patient about medication side effects?



# Team Work

Healthcare teams are groups of clinicians and non-clinicians with specific skillsets, training, or educational backgrounds that work interdependently to achieve an objective of improving a patient's health. One member of a team cannot independently achieve the objective without the assistance of others. Additionally, each team member's behaviors may affect the patient's/client's outcomes and affect the dynamics of the team.

Successful team members contribute ideas and solutions, recognize and respect differences, value the ideas and contributions of others, and listen and share information. Team members should not be afraid to ask questions and get clarification when necessary. They should also fully participate in the team and keep commitments, but be flexible to and respectful of the needs of other team members. Team members should be accountable for their responsibilities and effectively communicate with one another.

Clearly defining goals, identifying the responsibility of team members, and having clear expectations helps create a successful team and builds a mutual trust between team members.

# Organ Donation

Over 112,000 people in the U.S. are waiting for an organ transplant.

- **Continue treatment:** Maintain hemodynamic stability to ensure that donation remains an option.
- **Make the referral: Call 800/545-GIFT (4438)**
  - *Within one hour* of identifying ventilator-dependent patient with non-survivable illness, neurologic injury.
  - *Immediately* if patient loses any neurological reflexes.
  - *Immediately* if the removal of life-sustaining care—including pressor support—is being considered and death is likely to occur.
- **Participate in patient care conference:** Care providers and Gift of Hope discuss plan of care when organ donation is an option.
- **Gift of Hope confirms patient's registry status:** Is patient in the Illinois Organ/Tissue Donor Registry?
- **Ensure effective request:** Gift of Hope and hospital professionals collaborate to identify the most effective approach for discussing donation with the family.
- **Assist with donor care:** Work with Gift of Hope to evaluate organ viability/function and optimize organ function.
- **Provide a collaborative environment:** Organ recovery takes place in the OR. Teams from accepting transplant centers arrive and complete organ recovery.

# Tissue Donation

- **Make the referral as soon as possible after death occurs:** Prior to release of the body to a funeral home
- **Provide information:** If patient is an eligible donor, give Gift of Hope's (GOH) tissue donation brochure to family. Obtain phone number where family can be reached
- **Administer ocular care:** Apply saline, then Tape eyes shut, Lift head (elevate), apply Cold compress (TLC)
- **Await further direction:** GOH contacts next-of-kin to discuss tissue donation. GOH notifies hospital staff of outcome and next steps
- **Provide collaborative environment:** Recovery surgery can take place in donor hospital operating room, at GOH surgical suite or at a coroner/medical examiner facility. GOH staff recover tissue and coordinate transport with C/ME and/or funeral home

# Anticoagulant Therapy

- TJC recognizes that anticoagulation therapy is a high risk treatment. This is due to complex dosing, need for follow-up monitoring, and inconsistent patient compliance.
- The risk for patient harm is greatest in patients whose laboratory values for coagulation remain outside of normal
- Reducing the likelihood of patient harm from anticoagulant therapy is a National Patient Safety Goal.

# Anticoagulant Therapy

- Anticoagulants are frequently involved in medication errors (Unfractionated heparin therapy has the highest error rate.
- Most errors occur during administration, but also include: monitoring problems, dosing errors, and label similarities
- Risk Reduction includes:
  - Established dose limits
  - Clearly labeling syringes/containers
  - Timely communicating all lab values
  - Education for patients regarding use of anticoagulants at home

# Blood Products and Transfusions

- Blood and blood components will be administered in a safe, effective, efficient, and standardized manner.
- Supplies Needed: Blood tubing, 250 – 1000 ml bag normal saline, Blood/Blood Bank Transfusion Consent Form, and Blood Bank Transfusion Form
- “Blood Transfusion Information for Patients”, available in English and Spanish, will be given to the patient. The nurse will answer questions and instruct the patient regarding blood administration.
- Obtain an informed consent, according to policy. Witness the signature on the form. The consent must be obtained not more than thirty (30) days in advance of the procedure. The blood consent is valid for the length of hospitalization.

Component	Purpose
Red Blood Cells	To replace blood loss
Fresh Frozen Plasma	To correct coagulation parameters
Platelets	To prevent bleeding
Cryoprecipitate	To replace fibrinogen and Factor VIII

# Blood Transfusions Reactions

- Blood **transfusion reactions** typically occur when the recipients immune system launches a response against blood cells or other components of the transfused product.
- These reactions may occur within the **first few minutes** of transfusion (classified as an acute reaction) or may develop **hours to days later** (delayed reaction).
- If red blood cells are destroyed, the reaction may be classified further as **hemolytic** all other types of reactions are broadly classified as **non-hemolytic**.
- Some reactions result from infectious, chemical, or physical forces or from human error during blood-product preparation or administration.
- **Signs/Symptoms of Transfusion Reaction**: fever, chills, rash/itching, dyspnea, headache, cyanosis, tachycardia, hypotension, cramps, and/or chest discomfort

**Slide 111**

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**k1**

semicolon after hemolytic

klattanzio, 8/29/2012



# If a Blood Transfusions Reaction Occurs:

1

- Stop the transfusion and complete the steps on the bottom of the transfusion form

2

- Check for misidentification of patient or unit and complete a variance report if the patient or unit is incorrect.

3

- Continue to monitor the patient's condition including vitals and physician's orders

4

- Blood Bank may follow up with additional tests (no charge to patient)

5

- Document time, symptoms, notification of physician, treatment and response

# Radiation Therapy

## Radiation: Risks to Healthcare Workers

A **single** procedure also poses little risk to healthcare personnel.

However, some healthcare personnel perform many radiation procedures.

If they do not take appropriate precautions, their long-term exposure to radiation may reach dangerous levels. This can pose significant health risks.

### **Healthcare workers who risk exposure to radiation on a regular basis include:**

- Physicians, nurses, and technicians who work in departments such as:
  - Radiology
  - Nuclear medicine
  - Nuclear cardiology
  - Radiation oncology
  - Cardiac catheterization
- Nurses who care for patients who have been treated with radioactive implants or radioactive medications



# Radiation Therapy

## Limiting Exposure

You must be trained and qualified to care for radioactive patients.

If you are not trained or qualified, do **NOT** enter patient rooms marked with the yellow-and-maroon radiation sign.

If you care for radioactive patients, you should:

- Limit your exposure to radiation

In general:

- Try to reduce the amount of time you are exposed to a source of radiation
- Wear gloves and a lab coat at all times when handling radioactive materials or potentially contaminated materials
- Wash hands after removing gloves
- Always work at the greatest distance possible from a source of radiation
- Use shielding whenever possible
- Wear a radiation dosimetry badge to measure your radiation exposure

# 2013 National Patient Safety Goals

Goal	How PMMC meets
Use at least two ways to identify patients. For example, use the patient's name <i>and</i> date of birth. This is done to make sure that each patient gets the correct medicine and treatment.	Use patient's name band to verify name and date of birth.
Make sure that the correct patient gets the correct blood when they get a blood transfusion.	Required training for all staff giving blood. See Blood Transfusion policy.
Get important test results to the right staff person on time.	Nurse has 30 minutes to notify LIP of any critical results
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.	Proper medication labeling is mandated. See Medication Labeling policy.
Take extra care with patients who take medicines to thin their blood.	See Anticoagulant Therapy slides and policy.

# 2013 National Patient Safety Goals Cont.

Goal	How PMMC Meets
<p>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.</p>	<p>Medication Reconciliation process and documentation. See Medication Reconciliation policy.</p>
<p>Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.</p>	<p>Hand Hygiene Committee, audits, and education.</p>
<p>Use proven guidelines to prevent infections that are difficult to treat.</p>	<p>Infection control practices in place for MDROs.</p>
<p>Use proven guidelines to prevent infection of the blood from central lines.</p>	<p>CLABSI Committee, education, products in place. See policy.</p>

# 2013 National Patient Safety Goals Cont.

Goals	How PMMC Meets
Use proven guidelines to prevent infection after surgery.	SSI Committee, education, etc See Infection Control slides
Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.	CAUTI Committee, education, products, etc. See Infection Control slides
Find out which patients are most likely to try to commit suicide.	Suicide, Violence, and Abuse Screening done on all patients at admission
Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.	Consent, Time Out, Site Marking, see Universal Protocol policy
Mark the correct place on the patient's body where the surgery is to be done.	Site marking is mandatory. See Universal Protocol Policy.
Pause before the surgery to make sure that a mistake is not being made.	Time Out are mandatory. See Universal Protocol Policy.