



Fletcher, NC

BARE Facts

2009 – 2010

BASIC ANNUAL REQUIRED EDUCATION FOR ASSOCIATES

In order to satisfy your education requirements, you must review the following information, take the quiz and return the completed quiz to Human Resources (HR) or your school instructor. If you have any questions while reading the following information, please contact HR or your school instructor.

Safety

Emergency Codes

Apgar	Black	Blue	Decon	Orange	Pink	Yellow	Red	Strong	Silver	i	Amber	Search
Newborn in distress	Severe Weather Alert	Respiratory Cardiac Arrest	Hazardous Materials Exposure	Bomb Threat	Infant Abduction	Disaster	Fire	Violent Combative Patient	Hostage Situation	Cerner Down	Missing Child	Missing Vulnerable Adult

Code Decon

Code Decon is called when there is a need to prevent persons contaminated by hazardous substances, including chemical or biological agents, from entering the hospital until properly decontaminated. Only designated, trained Decon Team members respond to Code Decon.

Code i

Code *i* is announced over the public address system when Cerner is in a downtime. This code will alert associates that Cerner is currently unavailable either due to a scheduled or unscheduled downtime. Associates should implement appropriate downtime process and procedures. Review the downtime procedure for your department. Once the downtime is completed and Cerner is available, a public address announcement will be made as follows—“Code *i* ALL CLEAR”.

Code Pink vs Code Amber

Code Pink is called when a newborn who has been born at PRH and is missing prior to discharge. Code Amber is any infant or child missing anywhere in the hospital. The important thing to do is cover all possible exits until a “Code Pink” or “Code Amber, All Clear” is announced. Monitor for any child or infant leaving the hospital. Be observant for people leaving with bags, boxes, or containers that a newborn baby or small child could be placed in. Report anything suspicious to 5555.

Code Strong

The purpose of Code Strong is to provide a safe environment for patients, visitors and associates. In the event that an associate feels the welfare of a patient, visitor or associate is threatened, Code Strong may be initiated in that area of the hospital by calling the 5555. Off-site offices will call 911. Key associates who have completed a Crisis Prevention Institute (CPI) course are expected to respond in the hospital. CPI courses (e.g. Nonviolent Crisis Intervention Training) are offered throughout the year in the hospital. If you would like to attend the course talk with your manager.

Code Search

Code Search is a missing vulnerable adult patient (e.g. elderly, disabled, confused) who has wandered away from his/her unit (usually wearing a hospital ID band). During this code, cover all exits. Search all areas looking for a place where a vulnerable adult patient may hide.

Details of all emergency codes are found on PRH intranet.

- To activate all codes in PRH, pick up telephone and dial 5555. Inform operator what code is to be called.
- Off-site offices will always dial 911 for emergencies.

Weapons of Mass Destruction

After the events of September 11, 2001 a heightened awareness of disaster and bioterrorism preparedness developed across the United States. The Department of Homeland Security was formed. Among its many functions is to protect the nation's infrastructure and to coordinate our nation's response for future emergencies.

Weapons of Mass Destruction (WMD) are known as CBRNE agents – chemical, biological, radiological, nuclear and explosives. On-line as well as on-site training in WMD is available for hospital associates.

Park Ridge Hospital also employs an Emergency Management Director who develops and maintains the Emergency Operations Plan (EOP), the Emergency Management Program and the Decon Team.

Emergency Operations Plan (EOP)

The Emergency Operations Plan, previously known as the Emergency Preparedness Plan contains specific information needed to respond in a disaster situation. There are four phases of a disaster – Preparedness, Response, Mitigation and Recovery.

It is the policy of Park Ridge Hospital to use the Hospital Incident Command System (HICS) – a system that defines hospital command structure and roles in a disaster event. Per a U.S. Presidential Directive, we also use the National Incident Management System (NIMS) format. This system allows response agencies (e.g. fire, law enforcement, hospitals, government agencies) to communicate using common terminology. We are also required to be NIMS compliant for Federal and State funding purposes.

The EOP contains information for disaster response including specific incident plans, job action sheets which provide information for specific job roles during a disaster event, and a third section which contains additional information that may be needed such as vendors, supply sources and other emergency agency contact information.

The EOP is located on the hospital intranet with printed copies kept in Administration and the Emergency Dept. This plan must be exercised at least twice per year by the hospital and at least annually at off-campus locations.

Park Ridge Hospital participates in local, regional and state emergency planning. We also submit a daily report of bed status and available medical specialty services to the state office for updating in the event of a large scale disaster.

**To access “Emergency Management Program (EOP)” and “Emergency Management Plan”:
go to PRH intranet, click on Emergency
Management in the gray box.**

Potential exposure to a Hazardous Material, is addressed in a separate response plan titled “Decontamination of Hazardous Materials” We also maintain a fixed decontamination system, a portable decontamination shower and a decontamination team who can assist the victim and prevent contamination of the facility.

**To access “Decontamination of Hazardous”,
go to PRH intranet, click on policies, then
click on Plans, then on Environment of Care.**

Q: What do I do if I am confronted by someone who says they have been exposed to a chemical?

A: First and foremost, ensure your own safety and the safety of those around you. You will not be able to help anyone if you become a victim, and you may even make things worse. Have the victim exit the building the same way that he/she came in. Reassure the victim that we will take all of the steps necessary to care for him/her. Note: the victim may be hurting other people by contaminating the building. Then call the case manager and he/she will initiate a “Code Decon”. The Decon Team will assemble the equipment, provide decontamination of the victim and then bring him/her back into the building for needed medical care. The Administrator on Call or Director of Case Management will decide if a “Code Yellow” should be called, based on the number of contaminated victims and the demand for hospital equipment and personnel.

Q: What do I do if I am at home and contacted to come in for an Emergency Incident?

A: Report to the cafeteria to await further instructions.

Q: Where are some of the key functions located during an Emergency Incident?

- * The Hospital Command Center will be located in PRH boardroom (backup will be in the Respiratory Department).
- * The staffing pool will be in the cafeteria.
- * The families of victims will be in the main lobby.
- * The media will be routed to the parking lot.
- * The Emergency Room will serve as triage.
- * Admissions will be located in Outpatient Surgery.
- * All discharges will be through the main lobby.
- * PRMA staff may be called in by PRMA administration if needed.

Back Safety

Preventing Back Injury

- Back injuries are usually caused by improper lifting, sitting, pulling, etc.
- Most back injuries are not caused by a single incident but occur over a period of time!

Lifting

- Get assistance when the load is too heavy or large.
- When you are ready to lift, stand with your feet spread apart and bend your knees instead of your back.
- Lift with your leg keeping your back straight.
- Keep the load close to your body and avoid twisting.

Lifting/Moving Patients

- Use lifting or transfer devices if available to ease the move.
- Adjust the patient's bed height to get the patient in a better position to move.
- If a patient starts to fall, assist to the floor gently.

Bending/Reaching

- When reaching for low objects, do not bend at the waist. Instead, bend at the knees.

Pushing/Pulling

- Push rather than pull whenever possible.

Office Ergonomics

- Adjust chair height so feet are touching floor.
- Adjust computer display to be at eye level.
- Adjust computer keyboard height so hands are at or below elbow level.
- Use document holder if available.
- Avoid twisting in chair.
- Maintain good posture.
- Take frequent breaks from sitting or standing.

Electrical Safety

DO

*DO become familiar with "Electrical Safety" policy located on PRH intranet in the Safety policy folder.

*DO protect yourself and patients from electrical shock.

*DO check all medical equipment for an inspection sticker before use, and immediately notify the BioMed Department if equipment does not have a sticker.

*DO inspect all patient's personal equipment from home for a UL label and intact cord and plug.

*DO be extra careful with IV poles, as the combination of electricity, metal, and fluids easily conducts electricity.

*DO check the floor and your hands for moisture before touching equipment or patients.

*DO report any electrical hazard or incident to your supervisor and the Engineering Department.

*DO fill out a work order and attach to the malfunctioned equipment and call Biomedical Engineering Department.

*DO know that the red outlets are "Live" outlets for emergency and life maintaining use when the hospital is on emergency power.

DON'T

*DON'T use medical equipment that has **not been** inspected by the BioMed Department.

*DON'T use multiple extension cords or extension outlets or run electrical cords through doorways.

*DON'T continue to use faulty equipment.

*DON'T overload circuits.

*DON'T use electrically operated decorations.

Fire Safety

In a hospital setting, fires are most commonly caused by malfunctioning electrical equipment or smoking. It is your responsibility to provide as safe an environment as possible for your patients. To help protect your patients, learn what to do in case a fire occurs. If anything in a patients room catches on fire follow the **R.A.C.E.** reminders.

R = Remove the patient from immediate danger.

A = Activate by pulling the nearest fire ALARM — Call Ext. 5555, "Code RED" and give the location, or dial 911 for locations other than the main hospital.

C = Confine or contain the fire — CLOSE the DOOR to that room.

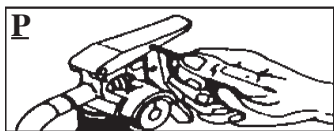
E = Evacuate. The charge person in your area at the time of the emergency must determine whether it is necessary to evacuate other patients. Know how to utilize the sheet slide technique. Once a room is evacuated, place a pillow/linen on the floor in front of the door. The fire extinguisher is to be placed in front of the closed door of the room where the fire is located.

For information, see "Fire Plan" in policies under the Plans folder on PRH intranet. It has a complete plan for partial to full evacuation. Each off-site office should refer to their fire evacuation policy.

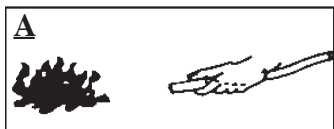
**Remember,
all PRH and PRMA properties are
NON-SMOKING FOR ASSOCIATES.**

Fire Extinguishers — It is your responsibility to know where the extinguishers, pull stations, firewalls, doorways and exits are located in your area. If you cannot locate them, check with your supervisor. Do not use an elevator during a fire or fire alarm.

The fire extinguishers in Park Ridge Hospital facilities can put out all types of fires. To operate a portable fire extinguisher think of **P.A.S.S.**



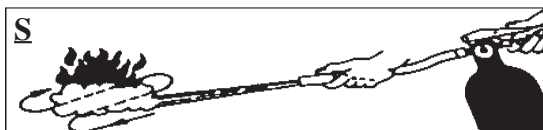
P Pull the pin.



A Aim the hose at the base of the fire.



S Squeeze the handle.



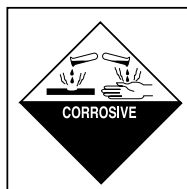
S Sweep the hose from side to side.

Hazardous Chemicals Safety

As a health care employee, it is your responsibility to know the chemicals in your work place. Information on chemicals is located in the Material Safety Data Sheet (MSDS). MSDS can be located on PRH intranet under “MSDS Resources” in the gray box.

MSDS contains the following:

- Substance name;
- Hazardous ingredients;
- Precautions and safety equipment to be used when using the chemical;
- Correct use and quantity per size of job to be performed;
- First aid procedures;
- Spill and disposal procedures.



All containers should be labeled with the name of the chemical, name and address of the manufacturer and the physical and health hazards of the product. Always wear the specified Personal Protective Equipment (e.g. gloves, aprons, eye protection, mask) when using hazardous chemicals.

If you spill a chemical, follow these steps:

1. Isolate the area.
2. Notify your supervisor.

3. Follow MSDS guidelines for the chemical.
4. Notify the Engineering Department and Safety Officer.
5. Clean up kits are available.

Disposal:

- MSDS provides guidelines for any and all disposal of chemicals.

Life Safety

1. All hallways in the hospital should be maintained free of equipment. When **attended** equipment is in a hallway, it should be on wheels and only on one side of the corridor.
2. All debris and spills should be picked up or cleaned up immediately. Take personal responsibility for clean up.
3. All exits and stair wells should be free and clear of anything.
4. No items should be stored closer than 18 inches below a sprinkler-head.
5. Report all unsafe situations or building/grounds conditions which could cause injury and/or slow evacuation through exits from the hospital in case of an emergency.

Oxygen Safety

The oxygen cylinders used when transporting patients can be dangerous missiles if they become damaged. By following the safety rules listed below, you can help prevent accidents which could harm patients, visitors, or staff.

- Never leave oxygen cylinders freestanding or leaning against a wall.
- Secure oxygen cylinders in a supporting cart or rack.
- When transporting a patient on oxygen via bed or stretcher, make sure oxygen cylinders are secure to prevent dropping the cylinder or allowing contact with walls, elevators, etc. Use cylinder holders to secure oxygen cylinders.
- Always use both hands when handling cylinders and never grasp the cylinder by the stem.
- Never drag cylinders across the floor.

Please contact a respiratory therapist if you experience any problems or have questions about oxygen or oxygen safety.

Park Ridge Hospital Mission Includes:

- ✧ COMMITMENT TO GOD
- ✧ COMMITMENT TO PATIENTS
- ✧ COMMITMENT TO ASSOCIATES
- ✧ COMMITMENT TO COMMUNITY
- ✧ COMMITMENT TO SHARE AND SERVE

Infection Prevention and Control

Contaminated Clothing

Clothing that is contaminated with blood, body fluid or other infectious materials is not to be taken home to be laundered. Clothing should be removed by rolling from the waist band down or from the bottom of the top up in such a way as to avoid contaminating yourself. Place clothing in a red plastic biohazard bag, close the bag and label the outside of the bag with your name, work unit or school, and phone number. Give this bag to the on-duty Case Manager or Office Coordinator to give to Environmental Services. Your clothing will be laundered and returned to you. Have spare clothing, underwear and shoes available to use in case your clothes become contaminated.

Exposure and Sharps Safety

To prevent blood and body fluid exposures always:

- Wear a mask with a face shield if there is any chance of contamination of your mouth, nose or eyes;
- Use sharps with safety engineered devices;
- Use the point-lok for any non-safety needle;
- Dispose of all sharps and syringes in a sharps container with the safety device activated;
- Wear gloves when giving injections, doing fingersticks, drawing blood, or starting IVs.

Safe Injections and Medication Usage Practices

- “One needle, one syringe, used on one patient, only one time” is our practice.
- Multidose vials will be discarded 28 days after being opened. The date the vial is opened will be written on a label and affixed to the vial or handwritten on the vial label. The only exception to this is State supplied multidose vial vaccines. These will be used until the stamped manufacturer’s expiration date.

Hand Hygiene

Performing hand hygiene reduces the transmission of germs to our patients and to ourselves thus decreasing the risk of healthcare associated infections. Not only are germs transmitted from other humans but also from inanimate objects such as telephones, computer keyboards, items in the patient’s room, etc.

Perform hand hygiene (HH) with **soap and water or alcohol based hand rubs or gel wipes**:

- Before eating, drinking, handling food or applying makeup;
- On arriving to and before leaving work;

- Before and after any contact with a patient or any item in the patient’s environment;
- Any time you handle contaminated equipment or surfaces;
- Prior to putting on and after removing gloves.

HH must be performed with **soap and water** in the following circumstances:

- Your hands are visibly dirty or are contaminated with blood, body fluid, other infectious materials, or from contact with non-intact skin;
- You work in nutritional services;
- You are caring for a patient with *Clostridium difficile* (C. diff);
- After using the restroom, sneezing or blowing your nose;
- After approximately ten uses of Cal-Stat.

Whether performing HH with soap and water, alcohol rub or gel wipes, the activity should take 15 – 20 seconds to complete.

Isolation and Infection Prevention and Control Information

All Infection Prevention and Control, and departmental specific policies are located on the PRH intranet.

Isolation books with isolation signs are available on all the inpatient units.

Standard Precautions

Standard precautions is based on the principle that all blood, body fluids, excretions, secretions, non-intact skin, mucous membranes and contaminated items or equipment in the patient environment contain germs that can be transmitted.

Standard precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status. Prevention practices would include hand hygiene, use of personal protective equipment (e.g. gloves, gowns, mask, eye protection or face shield), N95 masks, PAPRs (powered air purifying respirators), use of respiratory etiquette and safe injection methods.

Transmission-Based Precautions

The transmission-based isolation precautions are airborne, contact and droplet. Whether used singly or in combination, the transmission-based precautions are always used in addition to standard precautions.

Airborne Precautions (2 types)

N95 Airborne:

- This type of isolation must be used for a patient with TB, SARs, or Avian flu.
- The patient must be in a negative pressure room and a work order must be completed for Engineering to check on the pressure.
- N95 mask must be worn by all staff entering the room.
- An isolation mask must be worn by the patient if they leave the room and by any visitors that enter the room.
- The door to the patient's room must be closed and an "Enter by Anteroom Door" sign must be placed on the door to the room (for rooms 307 and 334).

Non N95 Airborne Precautions:

- This isolation precaution must be used for a patient with chickenpox, shingles, etc.
- Staff and visitors must wear an isolation mask when entering room.
- The patient must wear an isolation mask when leaving their room.
- The door to the patient's room must be closed.

Contact Precautions (2 types)

Contact Isolation:

- This type of isolation must be utilized for organisms that can be spread by direct or indirect contact such as MRSA, VRE, etc.
- Gowns and gloves **must** be worn.

C. diff Contact Isolation (contact sign with brown bar):

- Universal symbol for 'no' must be attached to the Cal-Stat dispensers inside and outside of the patient's room.
- Gowns and gloves are **mandatory**.
- Hands must be washed with **soap and water** when leaving the patient's room.

Droplet Precautions

- Droplet precautions prevent the transmission of germs spread through contact with respiratory secretions that are propelled through the air for short distances (3 feet). This precaution must be used for illnesses such as influenza, mumps, etc.
- Staff and visitors must wear isolation masks when entering the room.
- Patients must wear an isolation mask when leaving the room.

Protective Precautions

This precaution is used at the discretion of the physician for immunocompromised patients.

Administrative

Associate Health Department

What to do if a work injury occurs. . .

1. Notify your department head, manager, or coordinator of injury immediately.
2. If injury is not severe (e.g. trauma, bleeding excessively or life threatening) the associate needs to report to Associate Health Department for treatment or triage, Monday through Thursday, 8:30 am to 5:00 pm and Friday, 8:30 am to 12:00 pm. If a physician is needed, an appointment will be scheduled for the same day. If after hours and not life threatening, the associate should report to or call the Associate Health Department the next workday.
3. All injuries need to be reported to Adventist Health Care online at <http://sscimiisnlb.ahss.org>. If not available call 866-359-3455. A report is mandatory in order to process your claim and pay your bills.
4. If treated in ER all billing and paperwork, as well as any work restrictions, need to come through Associate Health Department. They will contact your supervisor. ER visits are not allowed unless there is a true emergency. If

you go to ER during business hours for a non-emergency you may be responsible for payment.

5. The associate health department will monitor and assist you in your recovery.

If a Sharps or Blood/Body Fluid Exposure occurs. . .

1. Obtain the exposure control packet located in your department. All departments have them available. If you cannot find the exposure packet, go to hospital intranet and download the appropriate packet for your work area (e.g. Park Ridge Hospital associate, Park Ridge Medical associate, or Park Ridge Home Health associate). Go to HR/Associate Health Section. The exposure control packet is located at the bottom of the page in PDF format.
2. Complete the information as indicated in the exposure control packet.
3. Send completed packet to the Associate Health Department. All exposures are put into a surveillance system. **IT IS IMPERATIVE THAT THE INCIDENT INVESTIGATION FORM (located in the exposure control packet) BE COMPLETED WITHIN 24 HOURS. THE INFORMA-**

TION MUST BE ACCURATE AND YOU MUST IDENTIFY THE ITEM THAT CAUSED THE INJURY.

Associate Health Department has over-the-counter medications and can test for strep throat and influenza. The Associate Health Department is here for you. Stop by. Confidential help is available for all our associates.

Compass Point... Our Code of Conduct Program

Everyone employed with Park Ridge Hospital and our associated health care businesses are representatives of the larger organization of Adventist Health System. Standards based on our corporate values have been developed to help guide our daily work as we carry out our mission in health care.

1. We are committed to honoring all legal requirements and fulfilling our regulatory responsibilities.
2. We are committed to delivering medically necessary health care in a compassionate and respectful manner.
3. We are committed to ensuring accurate and reliable patient and organizational records.
4. We are committed to maintaining contacts with government officials in a professional manner, affirming the high integrity of the organization.
5. We are committed to openness, honesty, and accuracy in billing for services.
6. We are committed to carrying out our public and commercial communications in a manner consistent with our mission.
7. Conflicts of interest can occur in any organization so we continually examine our practices to identify, avoid, or eliminate potential areas of conflict.

We strive to meet our expectations and high ethical standards 100 percent of the time, but if you are aware of a situation that misses the mark, you may have a moral or legal responsibility to bring it to light. Several options are available to all associates:

- First, if possible, bring it to the attention of your supervisor;
- Or you can contact the PRH Compliance Officer, Ronnie Metcalf, at 650-6965;
- Or if you are not comfortable with these options you may call the Guideline toll-free anytime, day or night at **1-888-92 GUIDE (924-8433)**. The Guideline is staffed by an independent company and calls are never traced or recorded. A confidential report based on the information you provide will be forwarded to our corporate office for follow up investigation.

Using a unique ID number assigned during your call, you can confidentially call back later to check on the status of the investigation.

Even though we follow the right path in our business, it's always good to have a compass to check our bearings from time to time!

Confidentiality of Patient Information

The Health Insurance Portability and Accountability Act, also known as HIPAA, is a federal regulation that guarantees patients a right to privacy and a right to access their protected health information. Protected health information includes but is not limited to patient name, demographics, diagnosis, and treatment.

Associates, volunteers and students are required to refrain from viewing and sharing patient information (e.g. written, verbal, fax, or electronic), with anyone not directly related to the patient's care, or authorized by the patient to receive confidential information.

Any violations of the HIPAA Privacy Regulation should be reported to the PRH Compliance and Privacy Officer, Ronnie Metcalf, at 650-6965.

Remember, having access to health information doesn't give you the right to access.

Cultural Diversity

We value the diversity of our patients, associates, business partners and visitors and treat them with kindness and respect regardless of their background, race, religion or culture. We want to continue to develop, promote and maintain a workplace where everyone is treated with respect and dignity. This involves all of us – and is supported by how we communicate with each other.

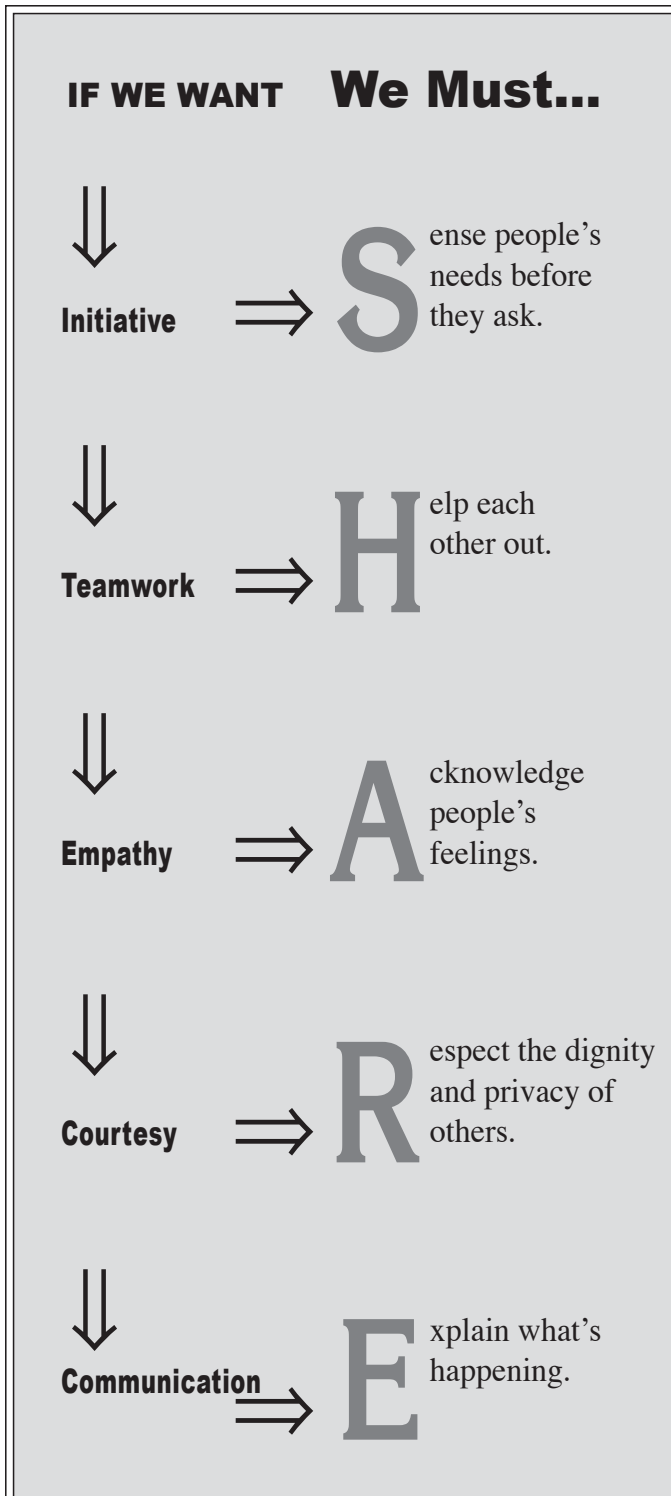
Here are a few tips to learning to communicate respectfully in a diverse world.

- 1) Individualize – Treat people as individuals instead of members of a set.
- 2) Check for Assumptions – Question and examine all assumptions prior to commenting.
- 3) Avoid Stereotypical Humor – They are usually embarrassing and demeaning. (Keep this in mind when sending emails and posting items in your workspace).

4) Learn the Hot Spots – Be sensitive to common negative stereotypes about groups.

If you find yourself in a situation where words or behavior are offensive or negatively affect you, try responding with the word – “**Ouch**”. This simple word will promote cultural awareness and change the outcome of the conversation.

Remember, using effective communication skills will promote inclusion and respect in the workplace.



Emergency Medical Treatment & Active Labor Act

The Emergency Medical Treatment and Active Labor Act (EMTALA) was enacted to assure that people who come to a healthcare provider will receive proper evaluation and treatment of possible emergency medical conditions regardless of their ability to pay. *Regardless of where in the organization* a patient presents and requests emergency care, we must comply with this law. If we are found in violation of these regulations, Medicare can and does impose large financial penalties/fines, even if the violation is unintentional!

Key points of the EMTALA law are:

1. We **must** provide a medical screening exam to anyone who comes to us requesting an emergency medical evaluation. A medical *screening exam* is an assessment done by a physician to determine if the patient has an emergency condition. An *emergency medical condition* is an acute condition (including labor of pregnancy and psychiatric disturbances) that without immediate medical attention could result in serious impairment of a body organ or function. (For our Psychiatric or Obstetric patients the screening can be done by specially trained RNs.)
2. Obtaining insurance information and authorization or arrangements for payment of services **cannot** delay the medical screen and **must not** affect any treatment or transfer decisions.
3. Employees and medical staff **must not** make any statements or take any action that would discourage a patient from leaving before evaluation of a possible emergency medical condition.
4. We **must** complete a transfer form for every patient transferred to another facility for further treatment or testing.
5. We **must** verify and document that the receiving facility and receiving physician accepts the transfer of the patient.
6. We **must** send copies of pertinent medical records with the patient or fax as soon as possible.
7. We **must** take and record the patient's vital signs and address any abnormal test results prior to transfer or discharge.
8. We **should not** give advice or try to evaluate a possible emergency condition over the telephone, but should advise the patient to come in for evaluation.
9. We **must** keep a log of everyone presenting for a possible emergency medical condition including diagno-

sis and final disposition. This also includes patients we transfer to other facilities.

Identification for Associates, Auxiliary, Contract Employees, Students

Wear your ID badge to correctly identify yourself to others, for security, keyless entry, and clocking in/out. It must be visible and worn above the waist. Students are to wear their school name badge.

Improving Performance/Quality

Constantly trying to improve the care and service we provide is an important goal for all of us. We know most of the work in any department is guided by a set of steps or by a *process*. In fact, there are many processes we use each day to carry out our work. Improving the steps of our processes is one of the best ways to reach our goal of constant improvement.

We provide quality to our patients when we:

- 1) reduce unwanted variation in our work so we get consistent results;
- 2) deliver services to meet customer needs and expectations;
- 3) and design our work procedures so they help us do things right the first time.

Improvement of any kind happens by the effort of both individuals and teams. In order to get the most out of our improvement actions we need to use a standard problem solving method. The problem solving method used at PRH is called *PDCA*, which is short for *Plan, Do, Check, Act*. Following is an outline of the basic steps:

- Plan:** State the problem and identify the causes.
- Do:** List possible actions, then do the ones that eliminate the causes.
- Check:** Study results of actions to make sure the problem has improved.
- Act:** Lock in effective actions by making them a work routine.

Interpreter Services

As more and more patients who do not speak English seek their health care at Park Ridge Hospital, it is very important that we are knowledgeable about resources available to us.

- Language Line is a service that provides interpretation services in 140 languages, 24 hours a day, 7 days per week. Information on how to access this service is available from your department manager or case

manager. A speaker telephone is used for this service.

- To schedule a Spanish interpreter or to call for a Spanish interpreter, call 681-2102 (Monday through Friday 8:00 am to 5:00 pm). After hours and on weekends, call the hospital operator.
- Spanish liaison is available to assist with cultural issues (681-2102).
- Because Spanish is the non-English language that is most likely to be encountered at Park Ridge Hospital, certain vital documents, such as consent forms and patients rights information, are available in the Spanish language on PRH intranet. **Note:** For any Spanish signed and completed Spanish form, the English version with correct patient ID sticker must also be included in the patient's chart.
- For a certified signing interpreter, contact information is found on PRH intranet under Interpreter Schedule.

Media Disclosure

- Only the Case Manager, the Administrator-on-Call, the Marketing Director, and the President or his designee are authorized to talk to the media.
- No information can be given to media without consent of the patient or his/her healthcare decision maker.

**Please refer to Administrative Policy
“Media Disclosure” on PRH intranet
before disclosure.**

Risk Occurrence Reporting

Definition of occurrence: A *risk occurrence* is anything not expected in the desired care of patients or operation of the facility. This includes unusual events that result in personal injury or property damage/loss and events with the potential for injury or loss (near misses). For employee injuries refer to *Associate Health*, page 6.

1. What *should be reported*?
 - Medication/treatment errors
 - Falls
 - Lost property (e.g. dentures, glasses, money, etc.)
 - Equipment failure resulting in injury to the patient
 - All near misses

2. What *should I do if a risk occurrence happens?*
 - Provide treatment as appropriate. Remove safety hazards.
 - Notify your on-duty supervisor.
 - Complete the Medication Error/Occurrence Reporting Form on PRH intranet.
3. Who *is responsible for completing the intranet form?*
 - The person who observes or finds out about the event is responsible for completion of the form.
4. Should *the event be documented in the patient's chart?*
 - Always document events in the chart.
 - Chart objectively what actually happened, without opinion or judgment.
 - **Do not** document in the chart that a Medication Error/Occurrence Reporting Form has been completed.
5. What *should be charted in the Medication Error/Occurrence Reporting Form?*
 - At minimum, complete all the bold and underlined items.
6. Who *gets the Medication Error/Occurrence Reporting Form?*
 - Risk Manager
7. Am *I going to get myself, or someone else in trouble if I make a report?*
 - The purpose of the report is to track problems to look for patterns. Most of the time patterns show us we have a process problem, not a people problem.
8. Is there *a separate reporting form for "medication related" errors?*
 - No. Medication Error/Occurrence Reporting Form is used for reporting medication errors. Note: for the Select Event Category, choose MIV-Medication/IV/Contrast.
9. Why *should I report an Adverse Drug Reaction (ADR)?*
 - Adverse drug reactions occur frequently and should always be reported, regardless of severity. New drugs are extensively studied before being approved for use in the general population, but quite often, adverse effects (sometimes serious or

life-threatening) are noted after a drug enters the marketplace. ADR reporting may result in prescribing or labeling changes and, in serious cases, may involve withdrawal of the drug from the market. ADRs may be reported by completing the Medication Error/Occurrence Reporting form on the PRH intranet (for Select Event Category, choose MIV-Medication/IV/Contrast—Med-Adverse Drug Reaction) **or** complete the one-page Adverse Drug Reaction Form.

If there is ever a time when you can't decide whether or not to complete a report, remember this:

IF IN DOUBT, FILL IT OUT!

Signs/Symptoms Of Chemical Impairment —

Because healthcare is often a stressful environment, it is important that all associates are knowledgeable about signs and symptoms of impairment. Below are some symptoms that may indicate an individual is at risk for abuse of drugs or alcohol.

- Alcohol smell on breath or in perspiration
- Bloodshot eyes
- Use of strong cologne or always using breath mints
- Quick to blame others
- Sloppy charting
- Constricted or dilated pupils
- Constant nasal congestion, sinus problems, nose-bleeds or an itchy nose with frequent rubbing, chronic cough, sore throat, hoarseness
- Extreme talkativeness and rapid speech
- Slowed, deliberate speech or slurring
- Reduced attention to detail
- Frequent accidents
- Chronically late and unreliable

If an individual displays any of these characteristics, it does not mean that he or she is impaired. If you have concerns about an individual with whom you work, please discuss these concerns with your supervisor.

Patient Care Related

Park Ridge Hospital provides professional health care in an atmosphere of Christian compassion and healing. We value and respect those to whom we give care and service.

Quality of Care and Patient Safety

The safety of our patients and the quality of care we provide are at the heart of our mission. If you have any complaints regarding patient care or safety issues you should:

1. Report your concern directly to your department director. If the director is not available contact the on-duty Case Manager by dialing "0" on any hospital phone or by calling 828-684-8501 from an outside phone. Ask for the Case Manager.
2. Contact the administrator responsible for the area if the director or case manager cannot resolve the concern.

You will receive a prompt response to your concern.

If you have concerns you may also report them to our accrediting body listed below:

Joint Commission on Accreditation
of Health Care Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Toll Free: 800-994-6610
www.jcaho.org

The above Joint Commission (JCAHO) information is located on PRH intranet under Clinical/Medical section

Quality Initiatives at PRH

Center of Medicare and Medicaid Services (CMS) require the following **core measures** to be followed to ensure certain quality care standards are met.

- Pneumonia
- Acute Myocardial Infarction
- Congestive Heart Failure
- Surgical Care Improvement

The following **Present on Admission Indicators** are to be evaluated on all patients on admission with appropriate actions initiated.

- Skin assessment on admission
- Assessment of infections on admission
- Fall prevention

Additional quality measures to be added October 2009.

Advance Directives

Advance Directives are legal documents that indicate a patient's treatment choices when he/she is too ill to communicate with his/her doctor. Examples are Living Wills, MOST forms, DNR forms, and Health Care Power of Attorney.

- Living Wills direct the doctor regarding the use of extraordinary medical treatments that would prolong dying or to stop such treatments if they have already been started.
- A Health Care Power of Attorney is a legal document in which an individual is appointed to make health-care decisions for another person if he/she is no longer able to do so for himself/herself.

It is the responsibility of Park Ridge Hospital to determine whether a patient has or wishes to complete an Advance Directive.

Informed Consent

Patients have the right and responsibility to be informed and participate in decisions involving their healthcare. The patient or Health Care Power of Attorney must be provided sufficient information from the physician in order to make an informed consent. This information includes an explanation of:

- Diagnosis and condition;
- Recommended procedure or treatment;
- Benefits and risks of procedure or treatment;
- Medically acceptable alternatives;
- Benefits and risks of alternative procedures or treatments;
- Potential outcome without treatment or procedure;
- Likelihood of success;
- Risk or benefits of doing nothing.

A consent form reflects the communication between the physician and patient or Health Care Power of Attorney. The patient or Health Care Power of Attorney acknowledges

that informed consent was provided by signing a consent form or by providing verbal consent over the telephone. If the patient is incompetent or incapacitated, consent may be given by a patient’s guardian, Health Care Power of Attorney, spouse or next of kin. Some tests and procedures, such as HIV testing and blood transfusions have specific policies and consent forms. Please follow the protocol outlined in the specific policies concerning these items.

Patient Abuse Or Neglect

Categories of abuse and neglect include:

- Abuse or neglect of children;
- Abuse or neglect of disabled adults, including disabled elderly adults;
- Physical assault;
- Rape or other sexual molestation;
- Domestic abuse.

At the time of presentation to our hospital, a thorough history and physical examination must be completed to include assessment for signs and symptoms of abuse or neglect. Certain injuries and behaviors that may indicate possible violence or abuse include burns, repeated injuries that are difficult to explain as accidental, injuries consistent with the shape of a weapon (such as a belt buckle), fear, depression, and withdrawal. These signs and symptoms do not mean that a patient has suffered abuse or neglect, but must be used as part of the overall evaluation.

North Carolina state law mandates reporting of the following:

- Known or suspected abuse or neglect of children,
- Known or suspected abuse or neglect of disabled adults,
- Certain categories of wounds, injuries, or illnesses.

The individual who knows or suspects that abuse or neglect has occurred must report the information to his/her supervisor who will notify the appropriate authorities.

**For details see Administrative Policy
“Abuse, Caring for Possible Victims”
on PRH intranet.**

Patient Identification

Patient identification is confirmed using at least two patient identifiers (**patient’s name and date of birth**).

**For details see Interdisciplinary Policy
“Patient Identification” on PRH intranet.**

Patient’s Rights and Responsibilities

Patients are given a copy of Patient Rights and Responsibilities on their admission to our hospital.

Patients have the right to:

- ◆ Impartial access to medical care;
- ◆ Medical care within the capability of our hospital;
- ◆ Considerate and respectful care;
- ◆ Know the identity of the persons providing care;
- ◆ Information regarding treatment;
- ◆ Informed consent;
- ◆ Participate in care decisions;
- ◆ Request another physician consultation;
- ◆ Privacy and confidentiality of information;
- ◆ Review the medical record;
- ◆ Have complaints heard, reviewed and resolved;
- ◆ Participate in discussion of ethical issues/dilemmas;
- ◆ To an interpreter if unable to speak English;
- ◆ Complete an Advance Directive;
- ◆ A safe environment;
- ◆ Free from use of restraint except when medically necessary;
- ◆ Communication aides;
- ◆ Consent to or decline to participate in research;
- ◆ Financial information;
- ◆ Protective services;
- ◆ Pastoral counseling;
- ◆ Information regarding care needs after discharge;
- ◆ Effective treatment of pain as possible;
- ◆ Have life-prolonging procedures withheld or withdrawn;
- ◆ Comfort and dignity if terminally ill or dying;
- ◆ Have their families consent to or decline participation in organ donation at the time of death.

Patients are responsible for:

- ◆ Providing accurate and complete health information;
- ◆ Being involved in their care;
- ◆ Reporting perceived safety risk in their care and treatment;
- ◆ Accepting the outcomes if they refuse recommended treatments or procedures;
- ◆ Being respectful and considerate of other patients and health care providers;
- ◆ Following hospital policies and procedures;
- ◆ Providing a copy of their most current Advance Directives to the hospital;
- ◆ Paying their hospital bills as promptly as possible.

**For details see Administrative Policy
“Informed Consent” on PRH intranet.**

2009 National Patient Safety Goals for Hospital

Goal — Improve the accuracy of patient identification. The two patient identifiers used at PRH when providing care, treatment, and services is the patient’s name and date of birth. A process is in place to ensure the patient gets the correct blood type when getting a blood transfusion.

Goal — Improve the effectiveness of communication among caregivers. PRH has in policy that all verbal or telephone orders and reporting of critical test results must be “read-back” (e.g. complete order or test results) and documented. PRH also has an Interdisciplinary Policy on “critical values and test results” that includes the timeliness and documenting of reporting critical values and test results. PRH also has a policy on “Abbreviation List” located in Health Information folder on PRH intranet. It includes abbreviations and dose designations that are not to be used. PRH has developed an Interdepartmental Hand-Off Summary (purple form) that is to be used when transferring a patient from one unit to another or when transferring to another facility.

Goal — Improve the safety of using medications. The PRH pharmacy has developed the SALAD (sound-alike look-alike drugs) program. A list of look-alike/sound-alike medications are reviewed annually and the information is shared with the nursing units. All medication and medication containers (e.g. syringes, basins), or other solutions are to be labeled.

A program involving nursing, pharmacy, and nutritional services has been developed to reduce the risk of patient harm in the use of Heparin, Lovenox, and Coumadin therapy.

Goal — Reduce the risk of health care associated infections. PRH has supported this goal by complying with the CDC hand hygiene guidelines, implementing evidence-based practices to reduce health care associated infections, implementing evidence-based best practices to prevent central line associated bloodstream infections and surgical site infections.

Goal — Accurately and completely reconcile medications across the continuum of care. PRH has instituted a process where medications are reconciled on admission, on transfer and discharge.

Goal — Reduce the risk of patient harm resulting from falls. PRH has an Interdisciplinary Policy “Fall Prevention” on PRH intranet that addresses this issue.

Goal — Encourage patients’ active involvement in their own care as a patient safety strategy. Nursing is reviewing with patients on admission to our hospital ways to reduce injury and encouraging them to share concerns about their safety with associates.

Goal — The organization identifies safety risks inherent in its patient population (e.g. patients that are at risk for suicide). PRH Behavioral Health Units and when indicated by nursing assessment, have a Nursing Policy/Suicide Prevention that guides nursing in addressing this risk.

Goal — Improving recognition and response to changes in a patient’s condition. At the first sign of patient decline at PRH, a Rapid Response team can be called by dialing 5555. A team consisting of an experienced ICU nurse and respiratory therapist respond for immediate stabilization of the patient. Once the patient is stable, the physician will be notified and orders received. The purpose of this team is to help prevent an impending cardiac and/or respiratory arrest. By instituting this protocol PRH has seen a dramatic reduction in Code Blue calls outside the ICU and thus reducing the number of deaths at PRH.

Universal Protocol: PRH has a pre-procedure verification process, a procedural site marking policy, and a time-out procedure in place in order to prevent the wrong person, wrong site and wrong procedure/surgery from occurring.



2009-2010 B.A.R.E. *Facts* Quiz

Basic Annual Required Education For Associates

Answer the following questions. Sign and date on the back. Once completed, tear the quiz off and return this quiz to HR or to your instructor. To pass this quiz, you must answer 36 out of the 40 questions correctly.

Score: _____ /40

1. What is the name of the **Code** that is announced over the public address system that means Cerner is down and downtime procedures are to be implemented? _____
2. What is the **Code** announced over the public address system for hostage situation?

3. What is the **Code** announced over the public address system for a newborn missing from the obstetrics unit prior to discharge? _____
4. What is the **Code** announced over the public address system for a child missing from the medical surgical unit? _____
5. What is the **Code** announced over the public address system for a vulnerable adult that is missing from a unit? _____
6. What telephone number do you dial when reporting any **Code** for your area?

7. What is the **Code** you can request to receive additional help when you feel threatened by a person in the hospital?

8. What plan contains specific information needed for responding appropriately in a disaster situation?

9. What does NIMS stand for?

10. What location are staff members to go to when they are called in from home in response to an Emergency Incident? _____
11. Who can call a **Code Decon**?

12. For electrical safety, the following statements are true **EXCEPT**:
 - a. Medical equipment needs to be inspected by Bio Med Department.
 - b. Hands are to be dry before touching equipment.
 - c. Multiple extension cords can be used in a room.
 - d. A patient's personal equipment needs to have UL label & intact cord and plug.
13. All the following will decrease the risk for a back injury **EXCEPT**:
 - a. Keeping the load as close to your body as possible.
 - b. Bending over at waist to lift.
 - c. Getting assistance when the load is too heavy.
 - d. Pushing rather than pulling whenever possible.
14. What are the letters used as reminders to help you do the appropriate steps for responding to a fire?

15. In responding to fire in the hospital or in a PRMA facility, what does the following letter mean?
A _____

16. During a **Code Red**, what does a pillow or piece of linen on the floor in front of a closed door mean?

17. **P.A.S.S.** is used to remind everyone how to operate a portable fire extinguisher. This stands for:
 - a. Pull, Activate, Shower, Sweep
 - b. Pull, Aim, Squeeze, Spread
 - c. Pull, Aim, Squeeze, Sweep
18. Information about chemicals used in your work area can be found on the PRH intranet.
 - a. **True**
 - b. **False**
19. What does the **H** stand for in **SHARE**?

20. You can perform hand hygiene with alcohol based hand rub or gel wipes when you've been in contact with blood or body fluids.
 - a. **True**
 - b. **False**
21. Hand hygiene should be performed for _____ seconds.
22. Soap and water must be used for hand hygiene when exposed to C. diff.
 - a. **True**
 - b. **False**
23. Use a new needle and a new syringe each time.
 - a. **True**
 - b. **False**
24. Who do you report to first if you are injured while at work?

25. Any injury with sharps or blood/body fluid exposure requires the exposure packet to be completed within 24 hours of occurrence.
a. **True** b. **False**
26. If you are injured at work and the injury is not severe, you need to report to Associate Health Department.
a. **True** b. **False**
27. The Compliance and Code of Conduct Program for Park Ridge Hospital and AHS is called _____.
28. Any violation of the HIPAA Privacy Regulation is to be reported to Compliance and Privacy Officer, Ronnie Metcalf.
a. **True** b. **False**
29. The **EMTALA** law states we must provide a medical screening to anyone who requests an emergency medical evaluation and not delay the medical screening to get insurance information first.
a. **True** b. **False**
30. What is the word we can use in a situation where the behavior or words are offensive to you or others?

31. You are to wear your ID badge at all times above the waist at work to correctly identify yourself to others.
a. **True** b. **False**

32. The method PRH uses to solve quality problems is:
a. ACDP b. COPE
c. PDCA d. CARE
33. For a Spanish speaking interpreter, you can call 681-2102 (Monday through Friday) or the operator after hours.
a. **True** b. **False**
34. All the following are allowed to give information to media
EXCEPT:
a. President or designee
b. Administrator on call
c. Marketing Director
d. Case Manager
e. Department Directors
35. What form should be used to report a patient's lost property, patient's injury, or medication error?

36. Where is this form located?

37. North Carolina state law mandates reporting of all the following categories of abuse and/or neglect **EXCEPT?**
a. Children
b. Disabled adults
c. Certain categories of wounds, infections
d. Domestic violence
38. To whom do you report possible patient abuse or neglect?

39. According to the Patient's Rights, a patient has a right to all the following **EXCEPT:**
a. To an interpreter if unable to speak English
b. To be free from use of restraint(s) unless medically necessary
c. To not follow hospital policies and procedures.
d. Reporting perceived safety risks in their care to staff or to the hospital
e. To privacy and confidentiality of information
40. If you have concerns related to the safety and quality of patient care, you may report this to your department director, case manager (if director not available), administrator, or to Joint Commission.
a. **True** b. **False**

***That's all...
Thank you!***

I have read the entire B.A.R.E. Facts educational material and completed this quiz. I am responsible for the information provided and have the knowledge and skills to perform my job as related to these topics.

Print Signature

Sign Signature

Date

I have reviewed this quiz and shared any corrections with the associate/student.

HR/Instructor

School (if applicable)

Date