

CLINICAL & NON-CLINICAL ORIENTATION MODULE



ST. LUKE'S

INTRODUCTION

Welcome to McLaren St. Luke's. To assure a safe environment for patients, visitors, employees and affiliating students/observers, an orientation to various aspects of the organization is required based on the training requirements from regulatory agencies (OSHA, The Joint Commission, etc.).

To receive credit for this program, please:

- View this Clinical and Non-Clinical Orientation Module in its entirety
- Let your facility know the date of completed so they can complete the McLaren Verification of Required Documentation Statement and return the statement to the appropriate contact at McLaren St. Luke's

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- Hazardous Materials
- Patient Safety
- Patients Rights
- Identification of Abuse & Neglect
- Error Prevention

PROGRAM OBJECTIVES & CORE CONCEPTS

After reviewing this presentation, the learner will be able to:

1. Provide an overview of McLaren St. Luke's
2. State the mission, vision, and values of McLaren St. Luke's
3. Discuss McLaren St. Luke's commitment in providing a safe environment for all
3. Explain and/or demonstrate safety codes, fire safety, and devices common to the health care institution
4. Verbalize identification of hazardous materials and proper precautions needed when using hazardous materials
5. Describe the infection cycle and methods used to break this cycle in the health care institution
6. Discuss the importance of confidentiality and HIPAA requirements in the health care system

MISSION & VISION

Mission

McLaren Health Care will be the best value in health care as defined by outcomes and cost.

Vision

McLaren will be the recognized leader and preferred provider of health care services to the communities we serve.

GUIDING PRINCIPLE & VALUES

Guiding Principle

To provide healthcare as we expect for our own family.

Values

Safety...of our patients and staff

Excellence...in all that we do

Respect...for everyone all the time

Value...in all that we offer

Enthusiasm...as our way of life

McLaren St. Luke's

- Accredited by The Joint Commission
- Primary Plus Stroke Center Certified
- Cardiac Rehabilitation Certification
- College of American Pathologist (CAP) Laboratory Certification
- Intersocietal Accreditation Commission Echo and Vascular Lab

McLaren St. Luke's

Heart Center

- Low/high risk cardiac cath patients
- Open heart services
- Cardiovascular and thoracic surgery
- Device placement
- Electrophysiology Lab (EP)/Hybrid OR

Medical-Surgical

- 3 units: 3 West, 3 East and Observation Unit
- 3 West- primarily medical unit; care of developmentally disabled patients, COVID Med-Surg Unit
- 3 East - primarily medical unit with some GYN, ENT, and general surgery patients
- Observation Unit – Short stay patients

McLaren St. Luke's

Observation Unit

- Medical observation
- Abdominal Pain
- Syncope
- Chest Pain
- TIA
- Patients only meeting observation criteria – there is a vast array of diagnosis that will come to the observation unit

Intensive Care Services

- 12 Level One ICU beds
 - Dialysis Treatment care
- 16 Level Two beds (Medical Stepdown) emphasis on neuro care
- 17 Level Two beds (Cardiac Stepdown) emphasis on cardiovascular care

McLaren St. Luke's

Emergency Department

- 24 beds in the main ED with 2 Triage Holding beds
- Board Certified Attending Emergency Physicians 24/7

Surgical Services

- 24/7 care provided as needed
- Xi-da Vinci robotic capable
- Navigational (sinus) cases
- Total Joint Replacements
- Increased volume of neuro surgical cases

McLaren St. Luke's

Ancillary Services include

- Full suite of ancillary diagnostic services on site
- Off-site for Lab, Physical Therapy, and Radiology
- Pain Clinic
- Wound Care Clinic
- Sleep Lab

Hospital Accreditation

On 2/1/2022, McLaren St. Luke's became officially Joint Commission accredited.

Accreditation is triennial (every 3 years) on site. At 12 and 24 months, an Inter Cycle Monitoring review of our standards compliance is completed to evaluate our progress.

TJC Standards are available on-line on the MSL page under the Human Resources tab.

Findings are rated on a Safer Matrix format that ranks severity and frequency for the level of the finding.

Questions?? Please contact: Jean.Sandrock@stlukeshospital.com

Or call 419-893-5934

INFECTION PREVENTION & CONTROL

All Healthcare Professionals within McLaren St. Luke's are responsible for:

- Hepatitis B vaccinations
- Post-exposure evaluation and follow-up
- Record keeping for injuries
- Exposure Control training – initial and ongoing

HOW CAN YOU BREAK THE CHAIN OF INFECTION

Hand Hygiene-Always!

- Before contact with patient, *whether or not gloves will be worn*
- Before accessing devices, or starting a procedure
- After contact with patient or surroundings
- After removing gloves
- After blood or body fluid exposure risk
- After using bathroom, coughing, sneezing, blowing nose
- When entering a patient room and when exiting a patient room
- It may be necessary to wash hands between tasks and procedures, on the same patient, to prevent cross-contamination of different body sites

Any direct patient care provider with exudative lesions, weeping dermatitis, or any condition which prevents performing hand hygiene (e.g. casts, braces, splints), is restricted from direct patient care until condition resolves.

PROCEDURE FOR HAND HYGIENE

Effective methods of hand hygiene include:

- Hand washing with soap and water
 - Use this method if hands are visibly soiled
- Hand sanitization with alcohol based waterless hand sanitizer

Hand Hygiene with Alcohol Based Hand Gel	Hand Hygiene with Soap and Water
<ul style="list-style-type: none">• Apply sanitizer to palm of one hand• Rub hands together• Cover all surfaces of hands and fingers with sanitizer• Rub hands until dry	<ul style="list-style-type: none">• Thoroughly wet hands and wrist with water (hold hands downward so runoff goes into the sink)• Apply soap with vigorous contact on all surfaces and between fingertips for a minimum of 20 seconds• Rinse thoroughly under running water with hands in a downward position• Dry hands with paper towel• Use paper towel to turn off faucet (considered contaminated)• Discard into wastebasket

RESPIRATORY PROTECTION

Masks

- Wear when disease producing microorganisms can potentially be transmitted through the air from the patient coughing or sneezing.
- Discard after each use or during extended use. Discard when it becomes moist.

Particulate Respirators are required for respiratory protection from:

- Tuberculosis (see Tuberculosis Prevention Program)
- Varicella
- Airborne emerging infectious diseases and airborne bioterrorist events
- Particulate Respirators available:
 - **Disposable (N95)** - requires annual medical evaluation and fit-testing
 - Perform Seal check prior to entering room
 - **Reusable (CAPR)** – (controlled air purifying respirator) - requires annual training and a medical evaluation

ISOLATION PRECAUTIONS

- Use isolation precautions, in addition to standard precautions, to prevent the spread of certain diseases when standard precautions are not sufficient.
- Categories of isolation precautions are based upon how the disease is transmitted:
 - Contact
 - Droplet
 - Airborne
 - Contact Enteric
 - Droplet Plus
 - Heightened Precautions
 - Airborne Plus Precautions

ISOLATION PRECAUTIONS

- Each type of precaution has its own requirements for additional PPE, procedures, and special rooms.
- A patient in isolation precautions will be identified with an isolation precautions card on or near the room door.
- Additional methods of communication include:
 - Blue banner section of the patient's chart
- Termination of MDRO isolation: MRSA, VRE, ESBL, CPE, MDRO
 - Only resolved after specific criteria
 - Contact Infection Prevention
- Termination of Airborne Precautions for TB
 - Airborne Precautions may only be terminated if specific criteria are met
 - Contact Infection Prevention
- For additional information on isolation precaution topics, refer to the Isolation Manuals located in Intranet Forms
 - Hospital Intranet Page/My Work/Documents

ISOLATION PRECAUTION SIGNS

- All Isolation Precaution signs will have a **yellow** boarder with its own unique header color as listed below. Beneath the header the sign will list the specific instructions required for that precaution.

CONTACT PRECAUTIONS

AIRBORN PRECAUTIONS

DROPLET PRECAUTIONS

DROPLET PLUS PRECAUTIONS

CONTACT-ENTERIC PRECAUTIONS

HEIGHTENED PRECAUTIONS

AIRBORN PLUS PRECAUTIONS

SHARPS SAFETY

- DO NOT recap, bend, break, or cut needles
- Use extreme care when handling, cleaning, or disposing of sharps
- Use mechanical means to pick up broken glass (dustpan & cardboard, tongs, forceps, etc.)
- All sharps must be rendered safe as soon as possible after use and before disposal in hospital approved puncture resistant containers
 - Containers should be changed when “full” sign appears or when $\frac{3}{4}$ full
 - Place full locked containers in red biohazard bins for proper disposal

INFECTION PREVENTION & CONTROL

Lab Specimens

- Place lab Specimens in designated, leak proof containers
- Use a lab-approved container and double bag in sealed plastic BioHazard bags to send specimens through the pneumatic tube system

Disinfection (low level)

- Use hospital-approved disinfectant wipe
 - Wear gloves when using disinfectant
- Clean the item by scrubbing to remove visible dirt, organic material, and debris
 - Scrub from the least soiled areas to the most soiled areas
 - Scrub from high surfaces to low surfaces ensuring the surface is well saturated
- Always allow the disinfectant to air dry

INFECTION PREVENTION & CONTROL

Food & Drink

- May not be kept in refrigerators, freezers, shelves, cabinets, or counter tops where body fluids are present
- Please keep drinks in the break room or at the hydration station and food in the breakroom of your department

Other Considerations

- Perform procedures involving body fluids in a way to minimize splashing, spraying, and spattering
- Do not apply cosmetics, eat, drink, or handle contact lenses in areas where occupational exposure may occur

INFECTION PREVENTION & CONTROL

Infectious Waste

- All medical waste is considered potentially infectious
- Wear gloves when handling infectious waste bags
- Wear a cover gown and gloves when cleaning-up broken waste bags
 - Facial protection is needed if body fluids are encountered
- Items to place in RED trash bags:
 - Items dripping, saturated, or caked with blood
 - Medical sharps, such as needles, scalpels, lancets, or any sharp objects (first put in sharps disposal box)
 - Blood & blood products
 - Cultures and stocks in the lab
 - Suction canisters

INFECTION PREVENTION & CONTROL

Laundry

- Wear gloves when handling soiled laundry
- Laundry bags MUST be used to transport soiled linen
- Handle soiled laundry as little as possible
- Bag laundry at point of use, tie and double knot (plastic bags) before taking to the linen bin in the dirty utility room

COMMUNICATION OF HAZARDS

The biohazard symbol or the word “Biohazard” is used to designate:

- Contaminated materials including refrigerators and freezers containing blood/body fluids
- Containers used to store, transport or ship *off-site* infectious materials
- Red bags are used to designate infectious waste (regulated medical waste)
- Yellow bags are used to designate chemotherapy waste
- Clear specimen bags are used to transport specimens

BLOOD/BODY FLUID EXPOSURES

It is REQUIRED, by all healthcare providers, to perform their duties in a manner to ensure patients, visitors, co-workers, and themselves, are free from exposure to blood/body fluids.

What Constitutes an Exposure to HIV, Hepatitis B and Hepatitis C?

- Body fluids with the potential to transmit HIV, Hepatitis B, and Hepatitis C include:
 - Blood
 - Fluid containing visible blood
 - Other fluids (semen, vaginal secretions, cerebral spinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids)

EXPOSURE

Significant Exposure

- Blood/body fluid gains entrance into the body through:
 - A percutaneous injury (needle stick or other penetrating sharps event) with contaminated sharp
 - Exposure to mucous membrane (eyes, inside nose or mouth)
 - Exposure to non-intact skin (skin with dermatitis, abrasion, open wound, hangnails, cuts, chafing, acne, etc.)
 - A human bite if it results in blood exposure to either the bite recipient or the person inflicting the bite

Non-Significant Exposure

- Blood/body fluid contacts intact skin

DISEASE RISKS FROM EXPOSURE

Hepatitis B Virus

- 6%-30% risk after an exposure to infected blood

Hepatitis C Virus

- 1.8% risk after an exposure to infected blood

HIV Virus

- 0.3% risk after an exposure to infected blood in a hollow-bore needle
- Risk can be somewhat higher if source patient has end-staged AIDS

POST EXPOSURE GUIDELINES

- Wash/flush exposed area immediately with soap and water
- If personal clothes are contaminated, remove and get loaner scrubs
 - Bag clothes in a plastic laundry bag, tie, label with owner name and department, then take to laundry for decontamination
 - Clothes will be processed and ready in 2-3 days and are to be exchanged for borrowed scrubs
- Call the “Ouch Line” and complete an online Incident Report form
- Post-exposure medical evaluation and follow-up will be handled confidentially
 - Appropriate counseling and instruction for follow-up will be provided
 - A physician will determine if and what treatment is needed

TB PREVENTION PROGRAM

- The TB (Tuberculosis) Prevention Program is derived from the CDC guidelines and OSHA standards
- TB is spread through the air from one person to another
 - Bacteria are put into the air when a person with active TB disease of the lungs or throat speaks, cough, or sneezes
 - People nearby may breathe in these bacteria and become infected.

Patient Room Placement

- Place any patient suspected or known to have active TB in an AIIR (Airborne Infection Isolation Room)
 - The purpose of these rooms are to isolate patients, who are likely to have infectious TB, from other people and prevent escape of droplet nuclei from the room

TB PREVENTION PROGRAM

Visitors

- Keep visitors to a minimum
- Keep visits short
- Instruct visitors to leave the room if the patient begins to cough
- Must wear a surgical or isolation mask
 - *Please Note: It is against Federal Law to give a respirator to a person who has not been trained/fit-tested to wear a respirator.*

TB PREVENTION PROGRAM

Initiation of Airborne Precautions for TB

- Initiate Airborne Precautions when either the patient has signs and symptoms suggestive of TB, or an AFB smear is positive
- You must be trained/fit tested on the N-95 respirator or CAPR hood before caring for patients who require a respirator for care

Termination of Airborne Precautions for TB

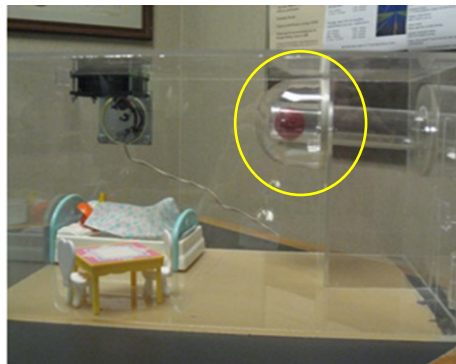
- Airborne Precautions may only be terminated if specific criteria are met
- Contact Infection Prevention

TB PREVENTION PROGRAM

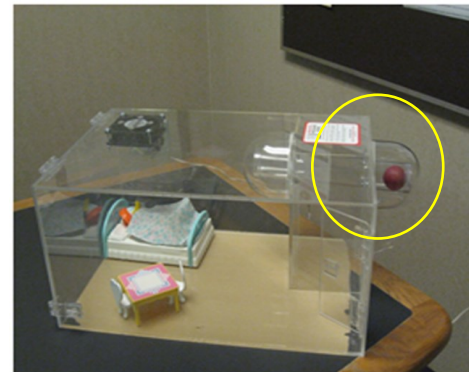
Maintaining Appropriate Ventilation in AIR Room

- Door must remain closed
 - If the isolation room has an anteroom, the doors to both rooms must be kept closed.
- Make sure the room has negative air pressure daily by documenting the presence of the red ball inside the tube.
- Upon discharge of patient or termination of Airborne Precautions, the isolation room must be allowed to "air" to achieve 99.9% removal efficiency prior to admitting another patient.

**Red ball
inside room =
Negative Air**



**Red ball
outside room =
Positive Air**



EMERGING INFECTIOUS DISEASE COVID-19

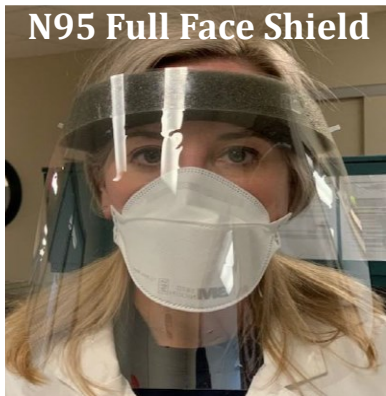
McLaren St. Luke's instituted the following guidelines for all healthcare personal/employees to maintain the safety of all healthcare workers, patients and visitors:

- Protection for the eyes, nose and mouth is a priority
- Procedural masks are **ALWAYS** to be worn
- Cloth mask may be worn upon arriving and leaving shift; however, the CDC does not recommend the use of cloth during shifts
- Cloth masks are to be washed daily by employee
- Face shield or goggles must be worn, in addition to surgical/procedural masks, in all patient rooms or anticipated contact with visitors for all employees while county level of transmission is substantial or high
- Personal eyeglasses and contact lenses are not considered adequate eye protection
- Self-monitoring-employees are advised to log and self-monitor for fever and signs and symptoms of COVID-19

PPE FOR COVID-19 OR PUI

CAPR

- Reuse disposable lens cover
- Clean with alcohol wipe
- Store in a new plastic zip-lock bag with an open alcohol wipe
- Label with your name.



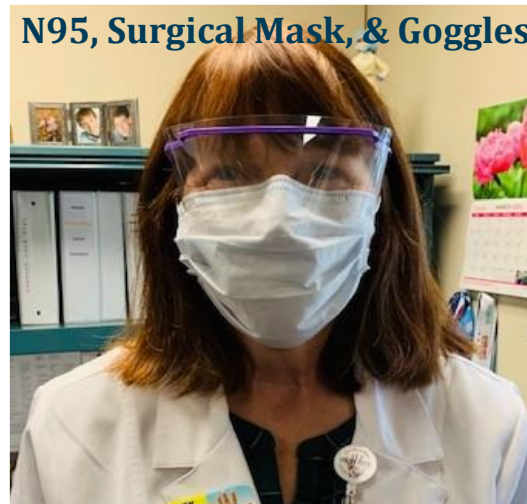
N95 Respirator with Full Face Shield

- Reuse face shield
 - Clean with an alcohol wipe
 - Store in a new plastic zip-lock bag with an open alcohol wipe
- Reuse N95
 - Store in a new paper bag labeled with your name

PPE FOR COVID-19 OR PUI

N95 Respirator with Surgical Mask & Goggles

- Surgical mask over N95 with goggles
- Discard surgical mask after each use
- Goggles can be wiped with an alcohol wipe and reused
 - Store in a new plastic bag



XENEX ROBOT

- Creates the safest and cleanest environment for our patients and their loved ones with the LightStrike Full Spectrum™ UV Disinfection Robot
- Disinfects with powerful UV light
- Decreases infections, especially in the operating room
- Used in areas that have an increased chance for infection (ICC, OR, etc.)

It's one additional step we take to protect our patients!

CORPORATE COMPLIANCE & CONFIDENTIALITY



ST. LUKE'S

HIPAA

Set of federal privacy regulations that:

- Protects patient information - also known as Protected Health Information (PHI)
- Guarantees certain rights to patients pertaining to their PHI including:
 - Right to amend their health information
 - Right to access their health information
 - Right to request a restriction on how healthcare providers use and disclose their PHI

Healthcare workers can use or disclose PHI for 3 reasons:

- Treatment
- Payment
- Healthcare Operation

HIPAA REMINDERS FOR HEALTHCARE WORKERS

- HIPAA is focused on **PROTECTING** the patient's health information.
- Every HealthCare Worker needs to remember it is their responsibility to **PROTECT** PHI.
- All planned uses must be shared with the patient by the Notice of Privacy Practices ahead of time and acknowledged.
- Special uses, such as photography unrelated to care, require written consent.
- Unauthorized access may result in disciplinary action, fines, and jail time.

RELEASE OF INFORMATION

- The public must ask for patient by name.
- Check directory for patient's confidentiality status.
 - If **NO RESTRICTIONS**, you may give location, send call or person to clinical area.
 - If a **PRIVACY PATIENT** say, "I'm sorry; I have no information about a patient by that name. You may want to check with the family."

Release of PHI to family or designated person

- Patient may tell anyone their PHI.
 - Send visitors or phone call directly to patient unless Privacy Patient.
- Patient may designate a representative(s) they want involved in their care.
 - A special privacy card with phone numbers/room number/floor and the patient's Security Code will be provided.
 - Staff will verify the numbers before information is given out.
- In an emergency, or if the patient is incapacitated, use your best judgment, in the best interest of the patient.

PROTECTED HEALTH INFORMATION INCLUDES

PHI Includes:

- Demographic information (name, address, email, SSN)
- Clinical information (diagnosis, test results, social history)
- Billing information (charges, collection status)
- Type of service patient is receiving now
- Type of service patient will receive in the future

Make sure you are PROTECTING all types of PHI!

SAFEGAUARDING PHI

Cover it!

- Position or shield computer screens away from public areas
- Move fax machines to secure areas

Lock it up!

- Password protect and encrypt electronic data

Talk in private!

- Do not name patients by name, unless necessary for safety
- Save PHI for private times or ask others to leave room

Dispose of PHI securely!

- Put paper in secure shredder bins

Allow access to healthcare operations areas by those who are authorized to be there!

- Know identity of those on unit and their authority to access PHI
- Must be wearing ID badges (employees, students/observers, vendors, etc.)

HIPAA COMPUTER REMINDERS

- Never share your log in and password with anyone
- Log off your computer if you are going to be away from your workstation
- Notify Help Desk if you detect a virus
- Protect the privacy of patients and the confidentiality of McLaren St. Luke's business information
- Penalties can range up to \$1,500,000 and 10 years in prison

ACCESS TO YOUR OWN HEALTH INFORMATION

- If you have been a patient at McLaren St. Luke's, your health information is contained in our information systems.
- McLaren St. Luke's policies do not allow you to access your own information or that of your family, friends or co-workers, etc.

You may ONLY access the health information systems to gain information you need to do your job!

- If you need to access your health information, contact the medical record department or contact your healthcare provider.

SUSPECT A BREACH?

- Report all possible breaches to a supervisor immediately.
- The law now requires that we notify the patient AND the government of the breach if there is a risk of harm to the patient.
- The supervisor and the Privacy Officer will determine if a breach has actually occurred.
- Examples of possible breaches:
 - Faxing patient information to a wrong fax number.
 - Leaving a message for a patient at a wrong phone number.
 - Including one patient's information in another's discharge packet.
 - Misplacing a laptop, or other electronic device, that stores patient information.

REPORTING A BREACH

- If a patient and/or family have a complaint, they should speak with McLaren St. Luke's Privacy Officer at 419-893-5906 or the nursing floor manager.
- If an employee sees a violation, they should report it to their patient care supervisor/manager/director and complete a Safety First (RL6) report.
 - They can also call the Compliance Hotline at 419-897-8462 to report a concern.
- If HIPAA policies are violated, McLaren St. Luke's can place employees in discipline, ask volunteers or students/observers to leave, notify Medical Staff Quality Committee regarding physician violations, and terminate contracts with business associates.

SOCIAL MEDIA POLICY

- Use McLaren St. Luke's e-mail for health system business only.
- Do not forward health system e-mail to a personal e-mail account.
- Make sure your e-mails are professional in all respects.
- Do not post patient information or confidential health system information on Facebook or any social media platform.
- Even if the information cannot be linked to specific individuals, it cannot be posted.
 - Even a posting that **does not** contain the patient's name may be considered a breach and subject you to discipline.
- Protect the privacy of patients and the confidentiality of health system business information.

COMPLIANCE CONSIDERATIONS

False Claims Act

- Both civil and criminal provisions
 - Example: Billing for unnecessary services or services not provided

Medicare and Medicaid Anti-kickback Statutes

- It is a crime to knowingly and willfully solicit or accept payment for referring a patient to another person/entity for the furnishing of any item or service for which payment may be made by the Medicare or Medicaid programs.

Stark I, II & III

- Prohibits physicians from referring Medicare and Medicaid patients to a hospital or other entity for the provision of “designated health services”, if the physician or immediate family member has a financial relationship with that entity, unless an exception exists.

COMPLIANCE CONSIDERATIONS

Tax Exempt Standards

- All 501(c)(3) non-profit organizations may not pay more than “reasonable” compensation to a private individual, or entity, from which it purchases services or items.

Fraud

- An intentional false representation or concealment of a material fact intended to induce another to act in a particular way, resulting in his or her injury.

The Fair and Accurate Credit Transaction Act of 2003 (FACTA)

- The purpose of this law as it applies to healthcare is to detect, prevent and mitigate identity theft.

DIVERSITY

Why is Diversity important at McLaren St. Luke's?

- Diversity is an important initiative because it facilitates a workforce that acknowledges and respects differences. Differences include race, gender, ethnicity, age, sexual orientation, physical ability, language, parental or marital status, job experience, religion, geographic location, thinking style, and more.

How does McLaren St. Luke's define Diversity?

- Diversity is about acknowledging many differences and similarities that make us unique.
- It refers to the collective mixture of people and the differences they bring to the workplace and the patient care environment.

DIVERSITY

The Three Key Elements of Diversity are:

- Cultural and Linguistic Appropriate Services (CLAS)
- Representative workforce
- Inclusive work environment - A workforce that is more representative of our community, in general, helps us to provide culturally and linguistically appropriate care where necessary to meet the needs of our diverse patients.

DIVERSITY

How diverse is our patient population?

- The patient population is very diverse.
- The broad spectrum of diversity includes race, national origin, physical ability, religion, insurance status and literacy.
- The racial diversity consists of Caucasian/White, Black/African American, Hispanic/Latino and Asian/Pacific Islander.
- Some of the languages, that our patients speak are English, Spanish, German, Russian, Chinese, and Vietnamese.

DIVERSITY

How diverse is our patient population?

- Some of our patients are deaf and/or blind. These patients use sign language to speak or read Braille material.
- Our patients have various religious/spiritual beliefs that include Catholicism, Baptist, Muslim, and Judaism
- To better assist patients that are not literate in reading, many patient education materials are written at a reading level of sixth grade or lower

DIVERSITY

What do I do when my patient is deaf or does not speak English?

- Resources are available to help with communication with deaf or limited English patients.
 - Ask if the patient would like to have an interpreter at no cost.
- Do not use a child to interpret information.
 - The preference is to not use any family member to interpret.
- Please discuss with our staff how to arrange for sign or foreign language interpreter.

DIVERSITY

What activities during patient care could be altered due to cultural diversity?

- Patients have different views about health and illness
- During the course of caring for a patient, standard activities, such as dietary and hygiene considerations, may need to be changed to accommodate the needs of our patients.
- Examples:
 - Patients that are Muslim and Jewish fast from eating and/or drinking liquids from sunrise to sunset at certain times during the year.
 - Patients that are Catholic and Christian fast from eating certain foods during the Lenten season.
 - Asian patients may adhere to a rigid diet consisting of certain foods that will quickly replenish nutrients lost from delivering a baby.

DIVERSITY

Your role as a Healthcare Provider:

- Provide culturally competent care to patients, families, visitorsall customers.
- Be responsible to be culturally sensitive and possess knowledge, skills and an accepting attitude towards those who are different than you.
- Be aware, understand and attend to each patient with respect.

F.A.I.R.

Feedback

- Provide information on expectations and how well they are being met; given early and often.

Assistance

- Help others when they need it. Make sure others have what they need in order to work to their fullest potential. Encourage, equip or train people to enable them to work in the most productive manner.

Inclusion

- Find ways to include people. Make sure everyone has an opportunity to fully participate in the workplace. Recognize and respond to the needs of all. Talk about coworkers in supportive ways rather than criticizing them behind their backs.

Respect

- Treat people the way they want to be treated. Establish and maintain a work environment that is free of offensive practices and conditions.

CODE OF CONDUCT

Purpose

- Provide a policy to outline the hospital's commitment to ensuring high ethical conduct and integrity in all of its corporate activities.
- To show value and respect
- Set an expectation on how to treat others with respect, courtesy, and dignity.
- Set an expectation of how employees should conduct themselves professionally and in a cooperative manner.

CODE OF CONDUCT

Standards of Conduct

- Everyone is responsible to adhere to the rules of behavior and conduct outlined by McLaren St. Luke's
 - Board of Trustees
 - Employees
 - Medical Staff
 - Volunteers
 - Patients
 - Visitors

Each person should act in a mature and responsible way at all times

CODE OF CONDUCT

Unacceptable Activities:

- Egregious instances of disruptive behavior (gross misconduct): assault, criminal acts. There is **ZERO** tolerance in the hospital!
- Threatening or abusive language towards others: belittling, berating personal attacks, irreverent, unprofessional commentary
- Obscene or abusive language toward co-workers, physicians, patients or visitor
- Indifference or rudeness towards a patient or employee
- Disorderly/antagonistic conduct
- Malicious gossip
- Bullying, intimidating or threatening behavior
- Harassment: sexual, racial, or other
- Failure to comply with hospital or medical staff policies/procedures
- Damaging, misplacing, or misusing hospital property

CODE OF CONDUCT

Consequences

- Violation of the Code of Conduct
 - Investigation
 - Disciplinary action
 - Possible removal of privileges
- Complaints from patients or families regarding physicians are addressed through Hospital Policy Careline Concerns.

TOBACCO REGULATIONS

- McLaren St. Luke's has established a tobacco free environment in order to:
 - Reduce the risks associated with smoking to the patient
 - Reduce the risks of passive smoke to other patients and staff
- For visitors, patients, and staff, any tobacco use is prohibited throughout the campus.
- All care team members are encouraged to courteously remind visitors of the tobacco regulations whenever they see a violation.

SAFETY/SECURITY

*McLaren St. Luke's is committed to facilitating a safe environment for all.
Job one for everyone!*

- **Make sure that patients are safe!**
- **Be sure you have the right patient!**
 - Best method is to scan the ID band and
 - Compare 2 patient identifiers: Name & birthdate (you may also use MRN) against the listed paperwork for:
 - Blood Administration (in addition to checking the blood band)
 - Blood Specimen for all blood specimen draws
 - Medication Administration
 - Any Treatment or Procedure
 - Verify information patient verbalized, by checking armband, MAR, lab order, or other hard copy patient identification that is carried into the room.

SAFETY/SECURITY

- **Make sure the right person gives the patient care.**
- **Communicate correctly and timely!**
 - Verbal Orders and Critical Values
 - Be sure you Hear it.....Write It.....and Read it back!
- **Make sure patient equipment and supplies are in working order and used correctly.**
 - Pay attention to signs and labels.
 - Check equipment before you use it (i.e. electrical wire and plugs, wheelchair brakes, etc.).
 - Report any electrical cords that have cracked and are worn.
 - Keep electrical cords away from water and heat.
 - Needles & Sharps
 - Dispose of needles immediately after use
 - Use medical sharps containers
 - Do not recap needles

SAFETY/SECURITY

- **Provide a safe and secure environment for all patients, families, staff and visitors.**
 - Perform hand hygiene before and after each patient contact, after restroom use, and before and after eating.
 - O₂ safety:
 - *Always secure cylinder – If cylinder is tipped over, the stem can be knocked off and cylinder becomes an unguided missile. DO NOT lay an oxygen tank on a wheelchair or a bed.*
 - Temporary storage – mount on wheelchair or stretcher
 - Long term storage – secure oxygen tank storage racks
 - Equipment Alarms
 - Be sure the alarms are always on, parameters are on and audible, and alarms are responded to.

SAFETY/SECURITY

- **Before doing anything with a patient, ask yourself:**
 - ✓ **Is this safe?**
 - ✓ **What could go wrong?**
 - ✓ **How can I stop wrong things from happening?**
 - ✓ **Is this the best way to do it?**
 - ✓ **Do I know how to do this correctly, according to policy and procedure?**
 - ✓ **Am I the right person to do this?**

FIRE SAFETY

Code **RED**

- **Rescue patients in immediate danger first** - if the fire and/or smoke danger is imminent, close by or life threatening.
- Evacuate to a safer area on the unit.
- Move ambulatory patients first.
- Move non-ambulatory patients in the most practical manner possible.
- Remember to check all rooms for stragglers and ***close the doors after you leave the room.***
- Do not prop fire doors open. Have someone hold the doors as you pass through them. Close them when done.

R – Rescue

A – Alarm

C – Contain

E – Extinguish

P – Pull pin

A - Aim

S - Squeeze

S – Sweep/spray

FIRE SAFETY

Evacuation

- Types of fire evacuation:
 - **Horizontal evacuation**
 - Moving people from any section of the building where danger exists from smoke or fire to an area on the same floor of the same building which is protected by a fire (smoke) door.
 - **Vertical evacuation**
 - Moving patients down to a safe area, one to two floors below the fire.
 - Never use elevators.

EVACUATION SAFETY

Total Evacuation

- Everyone is removed from the building because of dense smoke, fumes or other danger
- Those evacuated first should be those in immediate danger and floor by floor; this will be determined by the *incident commander*.
- If time permits, patient charts should be gathered and moved with the patients also.

Methods to move Non-Ambulatory Patients

- Move the entire bed
- Use a cart
- Wheelchair
- Blanket drag – Head first with six or eight inches of blanket extending beyond the head

WEATHER SAFETY

Code GRAY

- **Severe Weather Conditions:**
 - Tornado Watch
 - Tornado Warning
 - Thunderstorm Watch
 - Thunderstorm Warning
- **Your Actions:**
 - Close all shades, drapes and blinds to minimize the danger from flying glass.
 - Move away from areas that may be a danger.
 - Entrances, glass enclosed waiting areas (due to flying glass)
 - Move to inner hallways, enclosures, etc.

UTILITIES SAFETY

- If the electrical system fails, the generators go on in 10-15 seconds.
- Have all critical patient care equipment plugged into the critical power outlets, which are color coded **RED**.
- Safety principles when working with electricity:
 - Patient care equipment should be connected to the receptacle closest to the patient.
 - Unplug and plug in all electrical equipment with the power switch in the **OFF** position.
 - Never pull plugs from the wall by pulling on the cord.

PATIENT SAFETY CODES- OHIO

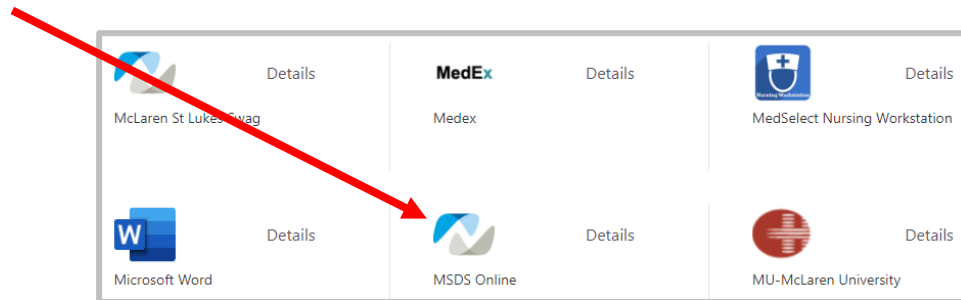
- **ADAM** Missing Child/Infant Abduction
- **BLACK** Bomb Threat
- **BLUE** Medical Emergency
- **BROWN** Missing Adult Patient
- **COPPER** Communications Disruption or Failure
- **GRAY** Severe Weather
- **GREEN** Evacuation
- **MAGENTA** Radioactive Substance Hazard

PATIENT SAFETY CODES- OHIO

- **ORANGE** Hazardous Material Spill
- **PINK** Pediatric Medical Emergency
- **RED** Fire
- **SILVER** Violent Incident involving weapon (use or threatened use) or hostage situation
- **VIOLET** Combative or verbally abusive patient, visitor, or staff
- **WHITE** Snow or other Transportation Emergency
- **YELLOW** Disaster

HAZARDOUS MATERIALS

- Every employee, volunteer, and student/observers must be aware of proper handling of hazardous materials that are in the health care environment.
- The definition of a hazardous material is “any substance which has the capacity to produce personal injury or illness to man through *ingestion, inhalation, or absorption through body surfaces.*”
- Material safety data sheets (MSDS) for hazardous materials are available on **McLaren St. Luke’s Intranet** under Applications. **Please see the computer access orientation page for access to McLaren St. Luke’s Intranet**



CRITICAL TEST REPORTING

Certain diagnostic and monitoring tests have been determined to have a critical value to the care of the patient. When test results are at the critical level, immediate communication must occur. The performing department (e.g. lab or radiology) will call a member of the care team with the results.

- The caller is responsible for documenting date and time of call and name of person receiving the critical results.
- All critical test results and critical values must be read back by the receiving individual to ensure accuracy.
- The primary care nurse is responsible for reporting the critical values to the ordering physician.
 - The date and time of report shall be documented in the medical record.
 - Communication of critical values to the ordering physician should occur prior to discharge to another level of care.

PATIENT SAFETY: UNIVERSAL PROTOCOL

Time Out

- Prior to initiation of surgical/invasive procedures, *regardless of location in the hospital*, patient identification must occur according to hospital policy.

Marking the Site

- Must occur if procedure/surgery involves laterality (right or left), multiple levels (spine), or multiple structures (toes and fingers).
- Site is marked by physician using his/her initials.
- Final verification **Time Out** must occur.
- Failure of any of these to happen requires postponement of the procedure.
- The surgeon has final determination of the surgical site, and is responsible for verification of x-rays, and other imaging studies.

Site Marking and Time Out may only be waived in procedures designated as “emergency”.

PATIENT SAFETY: FALL PREVENTION

- Falls are the result of *patient-related factors* (confusion, etc.), *co-morbidities* (hypotension, UTI, etc.), and *the environment* (wet floors, slippers, etc.).
- Patients must be assessed for fall risk upon admission to the hospital and are re-assessed at least every 24 hours.
- Fall prevention strategies are based upon individual patient need.
- All patients, regardless of fall risk, should be oriented to the room environment, lights, call system, side rails, and level of assistance needed.

PATIENT SAFETY: FALL PREVENTION

Routine safety interventions:

- Hourly patient rounding
- Call light in reach – “Call Don’t Fall”
- Bed wheels locked
- 2 Side rails up at all times
- Ensure the environment is free of hazards for falls
- Bed in lowest position
- Furniture neatly arranged
- Rest periods for tired patients
- Answer calls in timely manner

PATIENT SAFETY: SAFE PATIENT HANDLING (SPH)

You may encounter SPH equipment during clinical rotations and while precepting at McLaren St. Luke's.

Please understand, it is hospital policy that students/observers **do not** utilize any SPH equipment unless under the direct guidance/supervision of trained hospital employees to ensure the safety of our patients and employees.

PATIENT SAFETY: SAFE PATIENT HANDLING (SPH)

The below pictures are to help you become familiar with the non-disposable SPH linen items you may encounter to ensure proper handling of soiled items



Maxi Tube



Maxi Slides



Repositioning Slings
Embroidered on lower left seam

PATIENT SAFETY: SAFE PATIENT HANDLING (SPH)

Upon patient discharge or if linen becomes soiled
PLEASE take special care of SPH linen:

- All non-disposable SPH items are placed in a specific bin just for SPH linen to be laundered

Maxi Tubes ~ Maxi Slides ~ Repositioning Slings

- There is a SPH linen bin located in every department's soiled utility room
- The bins are labeled '*Soiled SPH items only*' and should contain a clear bag for ease of identification of SPH items



PATIENT SAFETY: TRANSFUSION REACTION MANAGEMENT

- *The first 15 minutes of the infusion is one of the most critical times for a transfusion reaction to occur;* therefore, nursing personnel should remain with the patient for those 15 minutes.
- Patients who experience signs and symptoms of a transfusion reaction, during or within approximately 4 hours after transfusion, shall be managed for transfusion reaction.
- Transfusion reactions may occur during or after a transfusion or up to 24 hours post transfusion.

PATIENT SAFETY: TRANSFUSION REACTION MANAGEMENT

- Notify RN of change in vital signs or if the patient demonstrates signs/symptoms of a reaction. Physician and blood bank need notified timely.
- Due to the anesthetized state of the patient and the rapidity of which multiple units may be administered in the OR, a reaction may be delayed.
- The most common complication of a blood transfusion reaction is febrile non-hemolytic (FNH) caused by an immune response to cytokines or white blood cells in the stored blood.
- During, or shortly after, a whole blood or other blood product transfusion, the patient's temperature will **increase by 1 degree C** or more in the absence of any other stimuli.

NOTE: All body temperatures shall be obtained from the same site (oral, axillary, aural or rectal) using the same device.

PATIENT SAFETY: TRANSFUSION REACTION MANAGEMENT

Signs/symptoms of a possible blood transfusion reaction:

- **Fever increase**
 ≥ 1 degree C or ≥ 2 F
- Flushing
- Pain at infusion site
- Chills
- Shock
- Severe lower back pain
- Chest pain
- Headache
- Perspiration
- Perspiration
- Hypotension
- Difficulty Breathing
- Urticaria
- Nausea
- Hypertension
- Skin Pallor
- Joint Pain
- Hematuria
- Oozing from wound or venipuncture site

MEDICATION SAFETY

Safe Medication Administration:

- The following need to be done *every med, every time!*
 - Double identification of the patient
 - Complete medication order
 - Five rights of Medication Administration
Patient - Drug - Dose - Route - Time
 - Trace all lines/tubes from the patient to the equipment
(Assure the tubing is actually IV, NG, etc.)
 - Double check calculations
 - Does the med make sense for this patient at this time?
If not, **STOP** and ask!
- Double checks are required with another nurse for high risk and pediatric medications. Be sure to check the specific hospital policy.

MEDICATION SAFETY

Adverse Drug Events

- Definition: An undesirable or unexpected event that requires discontinuing a drug, modifying a dose, prolonging hospitalization, or providing supportive treatment.
- Assess for adverse drug events with all medications.
- Ensure that the medication is being given at the correct time in relation to the patient's treatment plan or diet.
- When an adverse drug event is observed, a report in Risk Management System Safety First must be made promptly.

Examples of Adverse Drug Events (including, but not limited to):

- Diarrhea
- Hives
- Seizures
- Headache
- Rash
- Bradycardia
- Abnormal lab values
- Bleeding from anticoagulants
- Difficulty breathing
- Altered mental status

SERVICE EXCELLENCE

To assure every patient experience is the best it can be, each day, we each need to answer three simple questions:

- What did I do today to be the best at what I do? *(Excellence)*
- What did I do today to find a better way forward in delivering high-quality, compassionate care? *(Integrity)*
- What did I do today to treat our patients and each other with respect and dignity? *(Compassion and Teamwork)*

HOURLY ROUNDING: PROACTIVE VS. REACTIVE

Research has shown that hourly rounding:

- Reduces call light usage
- Reduces patient falls
- Reduces hospital acquired pressure ulcers
- Improves patient perception of pain management
- Increases patient satisfaction

PROVIDING SAFE QUALITY CARE

Every Patient - Every Employee - Every Time

Hourly Rounding includes checking on the patient's:

- Pain/Comfort
- Position
- Potty/Toileting
- Possessions/Call Light
- Communication/Courtesy
- Offer C.A.R.E. Channel 77

- It Is important to anticipate patient needs
 - Be proactive vs. reactive (address patient needs *before* they ask)
- **Every** team member should ask prior to leaving the room: "Is there anything else I can do for you? *I have time.*"

If you need additional help with a patient's request, notify the nurse or nursing tech directly.

CLEANLINESS OF HOSPITAL ENVIRONMENT

- Everyone is responsible for maintaining cleanliness. Do your part to clean up after yourself.
- Take the time to notice and take action when you see trash overflowing, litter/clutter in halls, or other cleanliness concerns.
- Notify Environmental Services if a patient expresses that the room has not been cleaned to their satisfaction.

RESPONSIVENESS OF HOSPITAL STAFF

Response to call button

- It is important to our patients that once their call is answered, they get help in a timely fashion.
- Good rule of thumb - anyone within a 5 foot range of a call light should respond to the call to see what the patient needs.

Getting help to the bathroom

- It's important to our patients that they get timely help when they need to use the bathroom.
- Be sure to notify the appropriate person quickly, if you cannot help the patient.

SERVICE RECOVERY

- Every employee should feel empowered to initiate service recovery when a patient/customer has received less than excellent service.
- The best person to initiate service recovery is the person who discovers the issue.
- The best way to start service recovery is to acknowledge the complaint and apologize for not meeting expectations.
 - “I am sorry that we didn’t meet your expectations”.

PATIENT RIGHTS

Choices

- Patients have a right to make choices regarding care that affects him/her.
- Protect your patient's right to choose by offering choices as you care for them.

Privacy

- This is an important right! The patient has a right to privacy behind a closed door/curtain.
- Respect privacy by always knocking or checking before entering and wait for a response.
- If you accidentally interrupt the patient, quickly excuse yourself and leave the room.
- Make sure privacy is provided during care by drawing the curtains around the bed or shutting the patient's door. Keep the patient's body as covered as possible while providing care.

PATIENT RIGHTS

End-of-Life Care

- Patients have the right to receive treatments to manage symptoms and keep them comfortable at the end of life, known as palliative care.
- Palliative care can also help people manage symptoms of non-life-limiting conditions, such as rheumatoid arthritis.
- The goal is to help people maintain comfort and quality of life, regardless of whether their disease is curable.
- Based on patient preferences, palliative care may be combined with other treatments to prolong life or to cure the condition.

SPEAK UP

The “Speak Up” program is sponsored by safety-focused organizations and urges patients to get involved in their care.

- **Speak up** – Patients have the right to ask questions if they do not understand or have concerns.
- **Pay attention** to the care they receive – Make sure they are getting the right treatments and/or medications.
- **Educate** themselves about their diagnosis, medical tests and the treatment plan.
- **Ask** a trusted family member or friend to be their advocate.
- **Know** what medications they are taking and why they take them.
- **Use** a hospital they trust.
- **Participate** in all decisions about their treatment.

PAIN MANAGEMENT

- The best and most reliable source for identifying pain is the *patient's own verbal communication*.
- If the patient cannot tell someone about the pain, body language and physiological status can provide clues to the presence of pain.
- Nonverbal behaviors should not be used to refute a patient's verbal complaint of pain.

IDENTIFICATION OF PEDIATRIC ABUSE

Physical

- Unexplained cuts, burns, bruises, fractures
- Problems at school
- Fear of adults
- Self-destructive or suicidal behavior
- Physical condition does not match explanation from caregiver

Emotional

- Depression
- Hostility
- Lack of concentration
- Eating Disorders

Sexual

- Pain or bleeding with urination or defecation
- Inappropriate interest/knowledge of sexual acts
- Nightmares and bed wetting
- Changes in appetite
- Secretiveness

Neglect

- Lack of care
- Unbathed/dirty
- Extreme hunger

IDENTIFICATION OF ELDER / DEVELOPMENTALLY DISABLED ADULT ABUSE

Physical

- Burns
- Unexplained cuts, bruises, fractures
- Signs of being restrained

Neglect

- Dehydration/Malnutrition
- Extreme hunger
- Bed sores
- Unbathed/dirty

Emotional

- Depression
- Non-communicative
- Caregiver belittles, threatens, or controls patient

Sexual

- Bruises around breasts, inner thighs, or genitals
- Unexplained venereal disease
- Unexplained vaginal, penile, or anal bleeding

Financial Exploitation of Elders

- Sudden close relationship with a much younger person
- The caregiver's only means of support is the patient.
- The caregiver restricts the elder's contact with the community.

IDENTIFICATION OF DOMESTIC VIOLENCE

Physical

- Discrepancy between injury and history given by patient
- Verbal admission of abuse
- Multiple injuries in varying degrees of healing
- Disproportionate amount of time between injury and time medical treatment is sought
- Injuries on areas that are normally covered by clothing
- History of being “accident prone”
- Untreated old injuries

Psychological or Verbal Abuse

- Complaints of chronic pain
- Bizarre or inappropriate history
- Alcohol or drug abuse history in patient or spouse
- Depression regarding family situation
- Previous suicide attempts

Sexual

- Assault
- Rape

ERROR PREVENTION

Building a Culture of Safety and Reliability

Education for those with limited patient contact AND a limited timeframe in the facility or always under supervision of employee or faculty.

EXPECTATIONS

- McLaren St. Luke's expects that each person (regardless of employment status) will know and use key behaviors to improve overall patient and staff safety.
- Please feel free to ask any McLaren St. Luke's educator or employee any questions you may have after completing this module.

Integration is the key to success!

- **Integration** of these safety behaviors is key to reaching our goal of "Zero" events of harm.
- **Integration** means that these behaviors become part of the normal thoughts and actions of everyone associated with McLaren St. Luke's.
- **Integration** also means that these behaviors become the framework for the total patient experience (Safety, Clinical Quality and Service Quality).

WHAT IS SAFETY?

S - Sense the error

A - Act to prevent it

F - Follow Safety Guidelines

E - Enquire into accident/deaths

T - Take appropriate remedial measure

Y - Your responsibility

What Patients Want:

- Don't hurt me
- Heal me
- Show me you care

Medical Errors are the 3rd - 6th leading cause of death in the U.S.

WHAT PATIENTS WANT

Don't Hurt Me:

- Personal commitment to patient safety
 - Speak up for safety with **ARCC**:
 - **Ask** a question,
 - **Request** a change
 - Voice a **Concern**
 - Use **Chain** of command
 - Peer checking and coaching
 - Report problems, errors or events
 - Stop, reflect and resolve
- Clear communication - SBAR, Hand-off communication
- Attention to details—self check using **STAR: Stop – Think – Act - Review**

Heal Me:

- Knowledge, skills and processes by which we delivery high quality, evidence-based care
- Providing the best patient care possible

Show Me You Care:

- Show empathy and compassion
- Preserve dignity and respect
- Engage with patients, families, care providers and fellow employees

SERIOUS SAFETY EVENTS (SSE)

Serious Safety Event

- Reaches the patient
- Results in moderate to severe harm or death

Serious
Safety
Events

Precursor Safety Event

- Reaches the patient
- Results in minimal harm or no detectable harm

Precursor
Safety
Events

Near Miss Safety Event

- Does not reach the patient
- Error is caught by a detection barrier or by chance

Near Miss Safety Event

SERIOUS SAFETY EVENTS (SSE)

Examples of SSE:

- Wrong site/side surgery or procedure
- Medication or blood/blood product error
- Falls with injury
- Needle sticks
- Hospital acquired infections
- Delayed diagnosis or incorrect diagnosis



REPORTING PATIENT EVENTS

Risk Management **MUST** know about any event that:

- **MAY** cause harm to a patient if allowed to recur.
 - **Near Miss Events** – Event did not reach the patient.
 - **Precursor Safety Events** – Event reached patient, resulted in no injury.
- **HAS** caused any degree of harm to a patient.
 - **Serious Safety Event:**
 - **Death**
 - **Severe Permanent Harm** (loss of limb, impairment of a major function e.g. loss of sight, fertility)
 - **Moderate Permanent Harm** (Expected to be permanent, but not interfere with ADLs e.g. disfigurement.)
 - **Severe Temporary Harm** (Resulting in higher level of care or additional major procedure e.g. fall with hip fracture →OR.)
 - **Moderate Temporary Harm** (Resulting in increased monitoring or minor procedure e.g. x-ray to rule/out injury.)

BEHAVIORAL EXPECTATIONS #1

Safety Toolkit

- Personal Commitment to Safety - I will demonstrate a personal and a team commitment to safety.
- Be Assertive - Use ARCC - “I have a concern.”
- Ask a co-worker to review your plan - “Two heads are better than one.”
- Look Out for Each Other - Point out hazards and correct unsafe and unproductive behaviors.

- Speak up for safety using ARCC
- Peer checking and peer coaching
- Report problems, errors and events
- Stop, reflect and resolve

- Ask clarifying questions
- Three-way repeat backs/read backs
- SBAR
- Handoff communication
- Self check using STAR

STOP, REFLECT & RESOLVE

STOP when uncertain!

- Review your plan.
- Resolve the concern.
- Reassess your actions.

Reflect (internal check)

- Does this make sense?
- Is it correct?
- Is this what is expected to happen?

Resolve (external check)

- Consult an expert.
- It's okay not to know...it's NOT okay to not find out.

REPORT SAFETY INCIDENTS

- **Just Culture** is a concept related to systems thinking emphasizing mistakes occurring generally, as a product of faulty processes.
- Reporting allows for trending and identification of process problems/failures and is **not** intended for use of punishment or placing blame.
- Submit an on-line report Safety First so that trends can be identified.
- Report the small things and Near Misses - it's important!
- Don't assume someone knows and will take care of it.
- Access Safety First
 - Log in to OurMSL
 - My Work
 - Applications
 - Safety First



Safety First

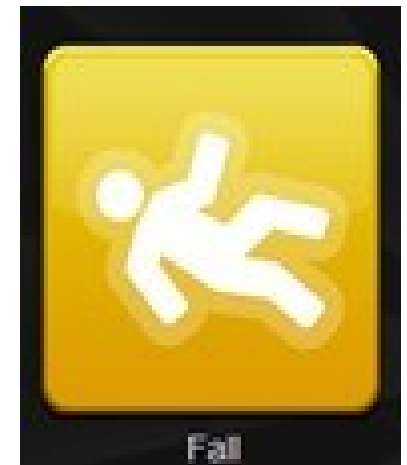
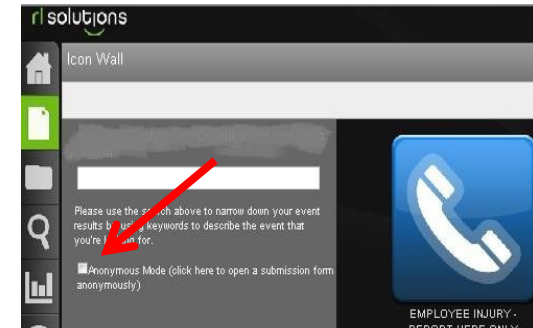
REPORT SAFETY INCIDENTS

Reporting Anonymously

- Check the box to report anonymously.
- Safety First does not identify the submitter or the IP address of the computer.

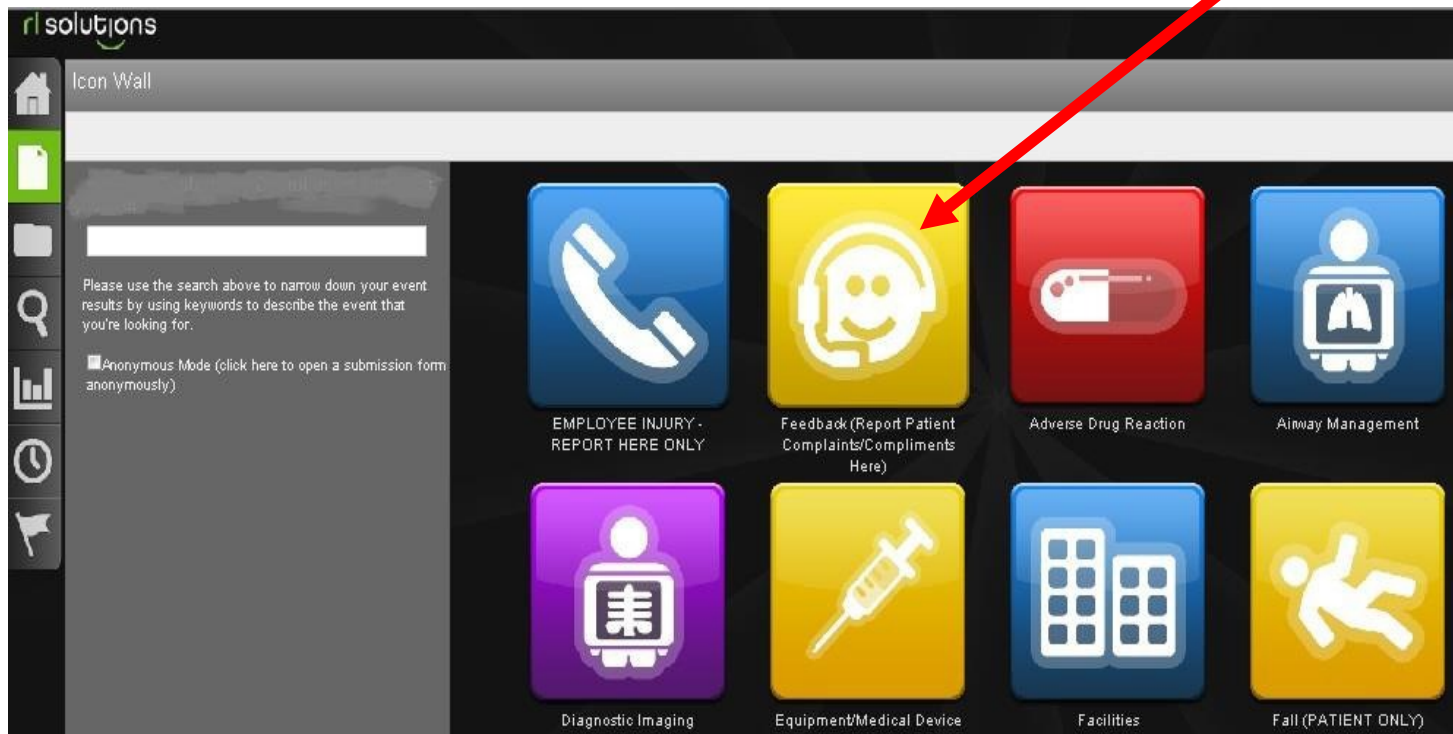
How to use Safety First

- The reporter will select the icon (such as fall) that matches the event or complaint to be reported and the correct form will open.
- As selections are made in the form, additional selections will open to help assure needed information is provided.
- Once the report is completed and submitted, it is electronically routed to additional individuals for follow-up and tracking.



SAFETY FIRST

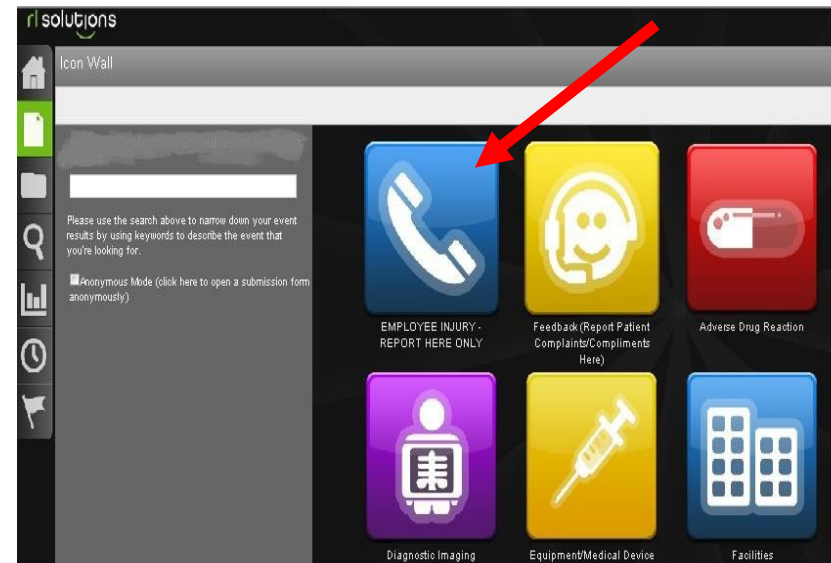
Complaints and Compliments are reported using a special icon labeled “Feedback”.



SAFETY FIRST

Employee Events (Including Students/Observers & Faculty)

- “Employee Event” is a special icon regardless of the cause of event (fall, needle stick, etc.)
- For reporting an employee event, with or without actual injury, be sure to select the “employee event” icon.
- **DO NOT USE** fall, infection, etc. for **EMPLOYEE** events. You will be unable to complete the report since “Employee” is not a choice for “Type of Person Affected/Involved” when using the other icons.



BEHAVIORAL EXPECTATIONS #2

- Everyone is accountable for *Clear & Complete Communication*.
- Tools to help, include:
 - 3-Way communication
 - Clarifying questions
 - Phonetic & Numeric clarifications
 - SBAR for action
 - Handoff communication/Bedside Report

THREE WAY COMMUNICATION

- Read + Repeat Back + Acknowledgment
 - “That is correct”

SBAR is one example of a standardized framework for a team to communicate about the patient’s condition.

Situation—what is the situation, patient, or project?

Background—what is important information, problems, and precautions?

Assessment—what is your evaluation of the situation, problems, and precautions?

Recommendation—what is your recommendation, request, or plan?

HANDOFF COMMUNICATION

Ask Clarifying Questions:

- Asking clarifying questions can decrease the risk of error by 2 ½ times.
 - Example: “15...that’s one-five correct?”
- Make sure that you understand the **WHY?** and **HOW?** related to the situation.
 - **Patient/Project:** What is to be handed off?
 - **Plan:** What is to happen next—the main effort?
 - **Past History/Purpose of plan:** The desired outcome
 - **Problems:** What is known to be different, unusual, or complicating about this patient or project?
 - **Precautions:** What might be anticipated to be different, unusual, or complicating about this patient or project?

BEHAVIORAL EXPECTATIONS #3

Pay attention to details-STAR

- **Stop**—Pause to focus attention on task at hand.
- **Think**—Understand **WHAT** is to be done, plan actions, decide what to do if the unexpected happens.
- **Act**—Carry out the planned task.
- **Review**—Verify you get the expected/desired results.

Errors occur when under time pressure, stressed, or faced with interruptions and distractions.

STAR can decrease chance of mental slip 10 fold!

PATIENT SAFETY STARTS
WITH YOU!

Thank You!