Non-Clinical Orientation Module

St. Luke's Hospital
Health, plus care.™

One hospital

Safety, Quality Care, Infection Prevention & Control

11/07/17

St. Luke's Hospital mission: Together, we provide exceptional care for our community, inspire hope and promote wellness.

Your role is important in helping us uphold this mission.

Table of Contents

- St. Luke's Hospital Overview
- DNV: ISO & NIAHO
- St. Luke's Hospital Values & Visions
- Infection Prevention and Control
- Robot
- Corporate Compliance & Confidentiality
- Diversity
- Code of Conduct
- Tobacco
- Safety/Security
- Fire Safety/Evacuations/Weather
- Patient Safety Codes
- Hazardous Materials
- Error Prevention

Introduction

Welcome to St. Luke's Hospital. To assure a safe environment for patients, visitors, employees and affiliating students, an orientation to various aspects of the organization is required including content on Safety/Quality, Infection Prevention and Control, Management of the Environment of Care, etc., based on the training requirements from regulatory agencies (OSHA, ISO/NIAHO, etc.).

To receive credit for this program, please print and complete below forms and give to your Human Resource representative:

- View Non-Clinical Orientation Module
- Attestation Form – Clinical & Non-Clinical
- Health Requirements Form (or copy of school document with required health information)

Program Objectives - Core Concepts

The core concepts, as outlined in the following objectives, are integrated into course curriculum.

After reviewing the content of this program, the learner will be able to:

1. Provide an overview of St. Luke's Hospital
2. State the mission, vision, and values of St. Luke's
3. Discuss 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 in the health care system, including the requirements of HIPAA

Did You Know?...

St. Luke's Hospital is:

- An independent hospital
- Accredited by DNV-GL Health Care
- Chest Pain Center Accredited
- Heart Failure Accredited
- Primary Stroke Center Accredited
- Pulmonary and Cardiac Rehabilitation Accredited
- Hyperbaric Accredited

DNV-GL
(Det Norske Veritas-Germanischer Lloyd)
Health Care

St. Luke's Hospital Accreditation Partner

DNV- GL is one of the 4 deemed status agencies that conduct hospital accreditation across the country for CMS.

DNV uses 2 sets of standards to provide a Quality Management System to organizations.

National Integrated Accredited Health Care Organization NIAHO

International Organizations of Standards ISO

Our NIAHO standards cover the CMS conditions of Participation standards.

ISO standards cover our business plan and our Quality Management Plan

DVN comes to assess our progress in continual process improvement every year. Every 3 years we are certified in both our ISO and NIAHO standards compliance. The in-between years are considered periodic visits and we receive a report every year on what we need to improve or become compliant.

DNV has different findings that may be issued:

- ➤ **NC 1 Conditional** (non- conformity Level 1 – conditional – this means there is a very serious issue that could potentially shut down your hospital until the issue is rectified.)
- ➤ **NC 1** - (finding is significant, the survey team deems a process is not in existence or non-functional.)
- ➤ **NC 2** – (lesser finding – typically means the process exists but is not functioning as well as expected, or education is needed etc.)
- ➤ **OFI** (Opportunity for Improvement) – something needs to be tweaked to be a better process
- ➤ **NWE** (Note Worthy Effort) – this finding is a recognition of good processes, ideas etc.

It is everyone's responsibility for Process Improvement. YOU can make a difference by speaking up if something doesn't look right, following our policies and processes, documentation, participating in Performance Improvement projects, talking with the survey team, and participating in Internal Audits in your area.

What does it mean to <u>you</u> to be working at an ISO / NIAHO accredited hospital?

- **You** are working at an organization that is committed to *Continuous Quality Improvement.*

- **You** are a part of the Quality and Safety system at St. Luke's.

- **You** are a part of helping to reduce variation to make our practices and processes safer for our patients.

- **Your** contributions are relevant and important in making our Quality Objectives achievable.

- **You** are working for an organization where Quality is valued and recognized by our International ISO accreditation.

Welcome to St. Luke's Hospital as you join us on our Quality Journey…

Contact SLH Clinical Quality : Jean Sandrock at 419-893-5934 or Bev Malczewski at 419-893-5951 for questions or more explanation.

Did You Know?...

Our Heart Center cares for:

- Low/high risk cardiac cath patients
- Open heart services
- Cardio vascular and thoracic surgery
- Device placement
  (IVS—1st floor and CVU/CVOR—2nd floor)

Our Emergency Department (1st floor)

- 39,000 visits annually
- 24 beds in the main ED with 2 Triage Holding beds
- 7 beds in Emergency Express, open 11a-11p
- Board Certified Attending Emergency Physicians 24/7

Did You Know?...

Our Surgical Services consists of (1st floor):

- Full suite of 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

Our Intensive Care Services (2nd floor):

- 14 Level One ICU beds (ICC-Back)
- 12 Level Two beds (ICC-Front)
- 15 Level Two beds (ICC-North) emphasis on neuro care

Did You Know?...

Our Family Birthing Center (3rd floor):
- Approximately 850 deliveries per year
- Level 1 Nursery designation
- Family Friendly environment

Our Medical-Surgical Care (2nd & 3rd floor):
- 3 units: 2 East, 3 East, and 3 West
- 2 East—primarily medical unit; dialysis, care of developmentally disabled patients
- 3 East—primarily medical unit with some GYN, ENT, and general surgery patients
- 3 West—primarily surgical patients with mix of orthopedic and neuro surgeries

Did You Know?...

Our Ancillary Services include (1st floor and Basement):
- Full suite of ancillary diagnostic services on site
- Off-site for Lab, Physical Therapy, and Radiology
- Pain Clinic
- Wound Healing Institute
- Diabetes Center
- Sleep Lab

At St. Luke's, we hold ourselves and each other accountable for meeting expectations that ensure we live by our Mission and Values.

The foundation for our Values is to treat others as we would like to be treated.

Every member of our organization is accountable for making a positive impact on those whom we serve.

St. Luke's Values

WE ARE ONE. UNITED BY THESE VALUES.

One hospital

One Hospital Stands Apart

- Integrity
- Excellence
- Compassion
- Respect
- Dedication
- Teamwork

St. Luke's Vision

To become the region's healthcare leader by:

One hospital

- Enhancing individual and community health
- Delivering the best quality, service and value in healthcare
- Growing patient and payer preference

St. Luke's Vision
To become the region's healthcare leader by:

One hospital

- Distinguishing ourselves by the quality of our people
- Valuing our physician partners
- Building a seamless continuum of care around our core services with our partners

Infection Prevention and Control

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

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

BREAKING THE CHAIN OF INFECTION

- Breaking the chain of infection involves ALL healthcare workers!

- The best way to break the chain of infection is to follow the hand hygiene protocol.

- Your role in breaking the chain of infection is:
    - Always wash your hands; use of gloves does not preclude the need for hand washing.
    - Wash hands before and after eating, and after using the toilet.
    - Wash hands whenever you enter or exit a patient room.

PROCEDURE FOR HAND HYGIENE

Your role in breaking the chain of infection is to ALWAYS clean your hands. Hand washing (using soap and water) and hand sanitization (using alcohol based waterless hand sanitizer) are equally effective in de-germing the hands. If hands are visibly soiled, hand washing is recommended. Remember…

…Hand Hygiene with Alcohol Based Hand Gel:	…Hand Hygiene with Soap and Water:	…When to wash your hands:
1. Apply the sanitizer to the palm of one hand and rub hands together. 2. Cover all surfaces of the hands and fingers with sanitizer. 3. Rub hands until dry.	1. Thoroughly wet hands and wrists with water – holding hands downward at all times so runoff goes into the sink. 2. Apply soap with vigorous contact on all surfaces and between fingertips <u>for a minimum of 15 seconds</u>. 3. Rinse thoroughly under running water while keeping hands in a downward position. 4. Dry hands with paper towels. Use paper towel to turn off faucet (considered contaminated); discard into wastebasket.	1. Before and after eating, and using the toilet. 2. Immediately after removing your gloves. 3. In between patient contacts. 4. After touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. (The use of gloves does not preclude the need for hand washing).

Infection Prevention and Control

- **STANDARD PRECAUTIONS**
  - All patients are considered potentially infected with bloodborne pathogens (e.g. HIV, hepatitis B, hepatitis C, syphilis, etc.)

  - To assure you have the minimum risk of being exposed or transmitting these pathogens to someone else **always use Personal Protective Equipment (PPE) to minimize the risk** of skin and mucous membrane contact with patient blood/body fluids, mucous membranes, and non-intact skin, biological specimens, instruments, and surfaces contaminated with blood and body fluids

  - PPE includes Gloves, Masks, Gowns, and Face Shields

  - Hand hygiene is always required before and after patient contact

Infection Prevention and Control

- **ISOLATION PRECAUTIONS**
  - Use isolation precautions, in addition to Standard Precautions, to prevent the spread of certain diseases when Standard Precautions are not sufficient.
  - The categories of isolation precautions are based upon how the disease is transmitted:
    - Contact
    - Droplet
    - Airborne
    - Droplet Plus
    - Contact Enteric
  - Each type of precaution has its own requirements for additional PPE, procedures, and special rooms.

Infection Prevention and Control

- **ISOLATION PRECAUTIONS CONTINUED**

  - A patient, in isolation precautions, will be identified with an isolation precautions card on or near the room door.
  - Additional methods of communication include:
    - Matching sticker on/in the patient's chart;
    - Alert noted in middle of printed face sheet.
  - For additional information on isolation precaution topics refer to the online Infection Prevention manual.

Infection Prevention and Control

- **Contact Precautions** for MRSA, VRE, ESBL, R.Acinet, lice, major draining wounds, etc.
  - Wear gloves and gown upon entering room

Infection Prevention and Control

- **Contact – ENTERIC Precautions** for unexplained diarrhea or confirmed C.diff

  - Wear gloves and gown upon entering room (including visitors)
  - Use bleach disinfecting product for all cleaning
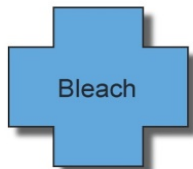

CONTACT – ENTERIC PRECAUTIONS

UPDATED 11/13

- Wear gloves upon entry.
- Wear gown upon entry.
- Use bleach disinfecting product for all cleaning.

Bleach

VISITORS:
Wear gloves on entry, and gown if caring for the patient.

CLEAN HANDS WHEN ENTERING AND LEAVING THE ROOM

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Infection Prevention and Control

Droplet Precautions for N. Meningitidis, Pertussis, Strep throat, or pneumonia in infants and young children, etc.
  – Wear mask upon entering room

DROPLET PRECAUTIONS

▪ Wear mask upon entry.

VISITORS:
Wear regular mask upon entry.

Infection Prevention and Control

Droplet PLUS Precautions for suspected or confirmed influenza
- – Wear an isolation mask upon entering room
- – Wear respirator (CAPR or N-95) during: bronchoscopy, open suctioning, intubation, extubation, or sputum induction

DROPLET PLUS

All healthcare workers entering room must:

Wear an _isolation mask_ upon entry.

Wear a _Respirator_ (PAPR or N95) during: bronchoscopy, open suctioning, intubation, extubation or sputum induction.

CLEAN HANDS WHEN ENTERING · AND LEAVING THE ROOM ·

Wear other PPE as needed for Standard Precautions.

Gloves   Gown   Face shield

Visitors: Wear mask to go in room.

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Infection Prevention and Control

Airborne Precautions for TB or rule-out TB, measles, etc.

– Wear N-95 or CAPR upon entering room (must be fit-tested on N-95 or trained on CAPR annually)
– Airborne **Infection Isolation Room required**
– **Door must be kept** closed at all times
– Daily check of negative pressure

AIRBORNE PRECAUTIONS

- Airborne Infection Isolation Room required.
- Wear N-95 respirator or higher (PAPR) upon entry. Must be fit tested (N-95) or trained (PAPR).
- Keep door closed at all times to maintain negative pressure.

VISITORS:
Check with nurse before entering.
Wear regular mask upon entry.

CLEAN HANDS WHEN ENTERING AND LEAVING THE ROOM

Infection Prevention and Control - PPE

PERSONAL PROTECTIVE EQUIPMENT (PPE)
- Use PPE when exposure to blood/body fluids is anticipated.
- St. Luke's Hospital will supply, clean, launder, replace, and dispose of PPE at no cost to the healthcare provider.
- Remove all PPE before leaving work area.

❖ **Body Protection**
   - General work clothes (scrubs) are not a protective barrier and are not considered PPE. Scrubs are provided when environmental contaminants on street clothes are a concern (e.g. Surgery).
- PPE consist of gloves, gown, and mask/goggles

Infection Prevention and Control- PPE

RESPIRATORY PROTECTION

Masks

- Wear when disease producing microorganisms transmitted through the air from the patient coughing or sneezing.
- Discard after each use or during extended use, when moist from breath.

Particulate Respirators are required for respiratory protection from:

- Tuberculosis (see Tuberculosis Prevention Program).
- Airborne emerging infectious diseases and airborne bioterrorist events
- Particulate Respirators available:
    - **disposable (N95)** - requires annual medical evaluation and fit-testing.
    - **reusable (CAPR)** - powered air purifying respirator) - requires annual training and a medical evaluation

Infection Prevention and Control

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

Infection Prevention and Control

- **Food and drink** may not be kept in refrigerators, freezers, shelves, cabinets, or counter tops where body fluids are present.
- **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.
  - Cap and place disposable suction canisters, when ready for disposal, into red bags at point of use and take to the red infectious waste tubs for disposal.

Infection Prevention and 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).

– Never send red bags down the trash chute.

– Items 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 and Control

LAUNDRY

– Handle soiled laundry as little as possible, bag at point of use, tie (plastic bags) or close (reusable bags), before sending down a laundry chute.

– Wear gloves when handling soiled laundry.

– Laundry bags MUST be used to transport soiled linen

Infection Prevention and Control

COMMUNICATION OF HAZARDS

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

- Contaminated materials, including: refrigerators and freezers containing blood/body fluids materials
- Containers used to store, transport or ship _off-site_ infectious materials contaminated work surfaces
- 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

Infection Prevention and Control

COMPLIANCE / NON-COMPLIANCE

- 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.
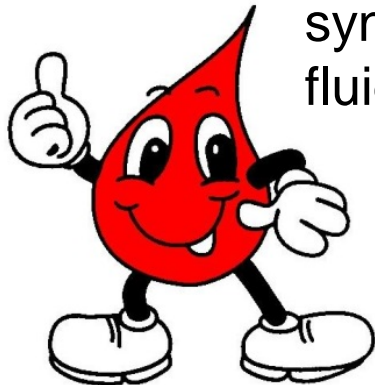
Infection Prevention and Control

BLOOD/BODY FLUID EXPOSURES

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)

Infection Prevention and Control

Significant Exposure - blood/body fluid gains entrance into the body

through:

- – A percutaneous injury (needle stick or other penetrating sharps event) with contaminated sharp.
- – A blood/body fluid exposure to mucous membrane (eyes,

  inside nose or mouth).
- – A blood/body fluid 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

Infection Prevention and Control

<u>Post Exposure Guidelines</u>

- 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 (do not send down laundry chute). 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 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.

Infection Prevention and Control

Incident / Near Miss

- An 'incident' is when a healthcare provider is truly exposed to blood/body fluids (e.g. needlestick, blood splashed into the eyes).

- A 'near miss' is when a healthcare provider is put at risk of exposure to blood/body fluids, but it is unclear if the provider truly was exposed (e.g. isolation door is not labeled, improperly bagged specimen is sent through the pneumatic tube system and not bagged, etc.).

Infection Prevention and Control

TB Prevention Program

- The TB Prevention Program is derived from the CDC guidelines and OSHA standards.

- **Patient Room Placement**
  - Place any patient suspected or known to have active TB in an AIIR (Airborne Infection Isolation Room). AIIRs with ante-rooms are preferred
    - The purpose of the isolation room is to isolate patients, who are likely to have infectious TB, from other people and prevent escape of droplet nuclei from the room.

- **Visitors**
  - Keep visitors to a minimum, keep their visits short, and instruct them 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.***

Infection Prevention and Control

- **Initiation of Airborne Precautions for TB**

  – Initiate Airborne Precautions when either the patient has signs and symptoms suggestive of TB, or 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 by the physician, if specific criteria are met.

Infection Prevention and Control

- **Maintaining Appropriate Ventilation in AIIR Room**

  - AIIR Door to the AIIR room must remain closed. If the isolation room has an anteroom, the doors to both rooms must be kept closed.
  - Room pressure must be monitored daily when used as an AIIR.

- "Airing" the AIIR room (with the door closed)

  - 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. This "airing" time should be posted near the isolation room doors. The room is still considered "dirty" until this airing is completed.

Infection Prevention and Control

HEALTHCARE WORKER EXPOSURE TO TB

- **What Constitutes an Exposure to Tuberculosis?**
  - TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat speaks, coughs or sneezes. People nearby may breathe in these bacteria and become infected.
- **Determining if the exposure was significant.**
  - A significant exposure is defined as being in the same breathing space as the patient for >15 minutes or being coughed or sneezed upon by the patient, while the patient was not wearing a mask.

Content adapted from the St. Luke's Exposure Control Plan and TB Prevention Plan located in PolicyStat under infection prevention policies.

XENEX®
GERM-ZAPPING ROBOTS™

Disinfects with Powerful UV Light

- Creating the safest and cleanest environment for our patients and their loved ones with the LightStrike Full Spectrum™ UV Disinfection Robot.
- Decrease in infections, especially in the operating room
- Used in any area that has an increased chance for infection, especially ICC, OR, and more.

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

LET'S TALK ABOUT Corporate Compliance and Confidentiality

HIPAA

HIPAA is a set of federal privacy regulations that:

- Protects patient information- also known as Protected Health Information (PHI) and

- Guarantees certain rights to patients pertaining to their PHI

USE AND DISCLOSURE OF PHI:

- Healthcare workers can use or disclose PHI for three reasons:
    - Treatment
    - Payment
    - Health Care Operations

HIPAA GUARANTEES RIGHTS

- HIPAA guarantees patients certain rights, including:
  - The right to amend their health information
  - The right to access their health information
  - The right to request a restriction on how healthcare providers use and disclose their PHI.

Notes:

- 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

PATIENT'S RIGHT FOR RESTRICTION…

- Patient's have the right to ask for certain restrictions on the use and disclosure of their PHI.
  - ❖ Ex: Patient asks us to restrict the disclosure of information to their friends and family.
  - ❖ Ex: Patient asks that we restrict the use of their information for fundraising purposes or for research.
- The healthcare provider is not obligated to approve requests, but they do need to consider the request and notify the patient of their decision.
- Each request will be evaluated separately

PROCESS FOR PATIENTS TO REQUEST A RESTRICTION:

- Patients must put their request for restriction in writing.

- The patient will be notified of our decision in writing and a copy of the decision will also be documented in the medical record.

Release of Information

- The public must ask for the patient by name.
- Check directory for patient's confidentiality status
  - If NO RESTRICTIONS, 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.
  - ✓ Special privacy card with phone numbers/room number/floor and the patient's Security Code will be provided
  - ✓ Staff will verify the numbers then information can be given out.
- In an emergency, or if the patient is incapacitated, use your best judgment, in the best interest of the patient.

Interdisciplinary Sharing of PHI

Telephone:
- Verify the identity and authority of the caller

Paper mail/courier:
- Verify identity and authority and fax number of the receiver.
- A fax cover sheet with confidentiality statement is required outside of St. Luke's

![St. Luke's Hospital — Health, plus care.]

A FEW OTHER HIPAA REMINDERS

- HIPAA is focused at <u>PROTECTING</u> the patient's health information (PHI).

- Every HealthCare Worker needs to remember it is their responsibility to <u>PROTECT</u> PHI.

DID YOU KNOW THAT PROTECTED HEALTH INFORMATION 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!

56

ACCESS TO YOUR OWN HEALTH INFORMATION

- If you have been a patient at St. Luke's, your health information is contained in our information systems.

- However, 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.

OTHER'S HEALTH INFORMATION

- Curious how a patient is doing? Don't ask and Don't tell unless you, and the other person, need to know to do your job.

- Also known as gossip, this behavior is prohibited.

- Remember, St. Luke's policies only permit you, to discuss patient information, with those who need to know to do their job.

Safeguarding PHI

- Watch it!
- 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, vendors, etc.)

SUSPECT A BREECH?

- 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 BREECH?

- If a patient and/or family have a complaint, they should speak with St. Luke's Hospital Privacy Officer at 419-893-5906 or nursing floor manager

- If an employee sees a violation, they should report it to their patient care supervisor/manager/director and complete a RL6 report. They can also call the Compliance Hotline at 419-897-8462 to report a concern.

- If HIPAA policies are violated, St. Luke's Hospital can place employees in discipline, ask volunteers or students to leave, notify Medical Staff Quality Committee regarding physician violations, and terminate contracts with business associates

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 St. Luke's business information.
- Penalties can range up to $1,500,000 and 10 years in prison

Don't
FORGET!

ST. LUKE'S SOCIAL MEDIA POLICY

- Use 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.

- 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 of St. Luke's policies and subject you to discipline.

- Protect the privacy of patients and the confidentiality of health system business information.

Other Compliance Considerations

- **False Claims Act**: both civil and criminal provisions
  e.g. billing for unnecessary services or services not provided

- **Medicare and Medicaid Anti-kickback Statues**: makes it 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.

Other 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** is defined as 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

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

A. 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.

Diversity

Q. How does St Luke's Hospital define Diversity?

A. 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

Q. How diverse is our patient population?

A. 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. Other patients are deaf and/or blind. These patients use sign language to speak or read Braille material.

Diversity

– 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 speaks another language than English?**
  - Resources are available to help you communicate 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

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

A. 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. Some examples include:

- 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, visitors….all 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.

- **F**eedback—providing information on expectations and how well they are being met; given early and often
- **A**ssistance—helping someone when they need it. Make sure others have what they need in order to work to their fullest potential. Encouragement, equipment or training people to enable them to work in the most productive manner
- **I**nclusion—finding ways to include people. Making sure everyone has an opportunity to fully participate in the workplace. Recognizing and responding to the needs of all. Talking about coworkers in supportive ways rather than criticizing them behind their backs.
- **R**espect—treating people the way they want to be treated. Establishing and maintaining a work environment that is free of offensive practices and conditions.

Code of Conduct

PURPOSE:

- Provide a policy to outline the Hospital's commitments 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

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)

Code of Conduct

<u>STANDARDS OF CONDUCT</u>:

- Everyone is responsible to adhere to the rules of behavior and conduct outlined by St. Luke's

    - Board of Trustees

    - Employees

    - Volunteers

    - Patients

    - Visitors

    - Medical Staff

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

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)

Code of Conduct

<u>UNACCEPTABLE ACTIVITIES</u>:

- Egregious instances of disruptive behavior (gross misconduct): assault, criminal acts. There is <u>**ZERO**</u> 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

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)

Code of Conduct

UNACCEPTABLE ACTIVITIES:

- 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

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)

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.

(Adapted from the 2015 Educational Packet for Allied Health Employees, Contract Employees, and Physicians)

Tobacco Regulations

- 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

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

* Provide a safe and secure environment for all patients, families, staff and visitors.
  – Perform hand hygiene after restroom use and before and after eating.
* Make sure equipment and supplies are in working order and used correctly.
  – Pay attention to signs and labels
  – Check equipment before you use: (i.e. electrical wire and plugs, wheelchair brakes)
    • Report any electrical cords that have cracked and are worn.
    • Keep electrical cords away from water and heat

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

R – rescue   P – pull pin
A – alarm   A - aim
C – contain   S - squeeze
E – extinguish   S – sweep/spray

- **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.

EVACUATION

Types of fire evacuation:

1. **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
2. **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 or 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:**

1. **Move the entire bed.**

2. **Use of a cart.**

3. **Wheelchair.**

4. **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
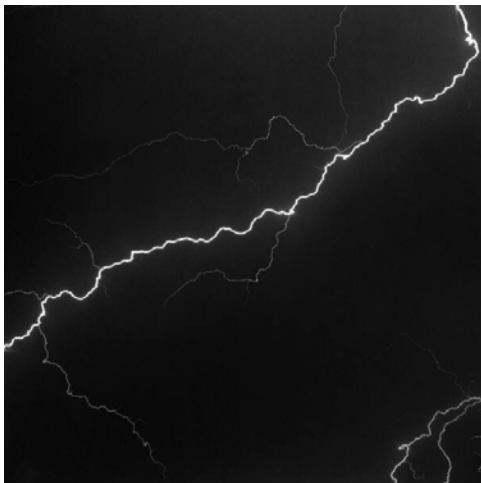
YOUR ACTIONS ?

- If you are away from your unit, return to it immediately.
- Close all shades, drapes, and blinds to minimize the danger from flying glass.
- Escort employees, visitors or others from areas that may be a danger; i.e., entrances, glass enclosed waiting areas due to flying glass. Move persons to inner hallways, enclosures, etc.
- Locate flashlights in the department.

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 - <u>Ohio</u>

- <u>ADAM</u>   Missing Child / Infant Abduction
- <u>BLACK</u>   Bomb Threat
- <u>BLUE</u>   Medical Emergency
- <u>BROWN</u>   Missing Adult Patient
- <u>COPPER</u>   Communications Disruption or Failure
- <u>GRAY</u>   Severe Weather
- <u>GREEN</u>   Evacuation
- <u>MAGENTA</u> (Coming Soon) Radioactive substance hazard

Patient Safety Codes - <u>Ohio</u>

- <u>ORANGE</u>   Hazardous Material Spill
- <u>RED</u>   Fire
- <u>SILVER</u>   Violent Incident involving WEAPON (use or threatened use) or HOSTAGE SITUATION
- <u>VIOLET</u>   Combative or verbally abusive patient, visitor, or staff
- <u>WHITE</u>   Snow or other Transportation Emergency
- <u>YELLOW</u>   Disaster

Hazardous Materials

- Every employee, volunteer, and student 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 <u>ingestion, inhalation, or absorption through body surfaces</u>."

- Material safety data sheets (MSDS) for hazardous materials are available on OurSLH under Applications. Please see the computer access orientation page for access to OurSLH.

St. Luke's Hospital
Health, plus care.™

OurSLH

My Life & Career   News & Events   Culture & People   Hospital   My Work

Applications

Forms

Health Information Management

Laboratories Specimen Collection Manual

Nursing Staff Development

All Apps

	Details		Details		Details		Details
ADP Login		AIMS EasyNet Facilities Work Or...est		CaterTrax		ChartMaxx Web	
ER Lab Pager	Details	HealthStream Learning Center	Details	HMG - Nrs Manager - Resident Pager	Details	iCare Physician Portal	Details
iPrivileges	Details	Lexicomp Pharmacy & Medicatio...nce	Details	Medex	Details	MSDS Online	Details

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

- It is important to our patients that they get help in a timely fashion

- 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".

ERROR PREVENTION

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

Building a Culture of Safety and Reliability

Expectations

- St. Luke's Hospital expect 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 St. Luke's educator, or employee, any questions you may have after completing this module.

Integration is 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 St. Luke's Hospital

- **Integration** also means that these behaviors become the framework for the total patient experience (Safety, Clinical Quality, and Service Quality)

The Patient Experience

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.

Don't Hurt Me

- Personal commitment to patient safety
  - Speak up for safety with ARCC:

    Ask a question,

    Request a change

    Voice a **C**oncern

    Use **C**hain 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, **T**hink, **A**ct, **R**eview

Heal Me

- Knowledge, skills and processes by which we deliver 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 follow employees

Serious Safety Event
• Reaches the patient
• Results in moderate to severe harm or death

Precursor Safety Event
• Reaches the patient
• Results in minimal harm or no detectable harm

Near Miss Safety Event
• Does not reach the patient
• Error is caught by a detection barrier
  or by chance

Serious
Safety
Events

Precursor
Safety
Events

Near Miss Safety Event

Serious Safety Events (SSE)

Deviates from Best Practice Care → **Causing** → **Moderate to Severe Harm or Death** = **Serious Safety Event**

- 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
- Etc…

To Error is Human

- 44,000 to 98,000 patient deaths per year from medical errors
- >1800 patient events reported annually on average
  - More likely 1800 + 1080 = 2880 annually
    - (1800 x 60% unreported errors)
- HealthGrades 2005 reports 1 death for every 382 admissions!

Precursor Safety Events

- **Breakdown in System, Process and/or Human Factor**
  - Wrong test ordered AND performed
  - Wrong drug in patients bin AND administered
  - Wrong diet delivered to room AND eaten

- **Reaches the patient**
  - Not detected during the check, double check
  - Validates the safety nets have holes

- **Report these patient safety breaches**
  - Allows investigation into & understanding of event
  - Allows intervention to prevents a recurrence

Blocking Events

Think about what you're doing – don't let your mind wander – stay focused

- Know WHO you're supposed to treat
- Know WHAT you're supposed to do
- Know WHEN you're supposed to do it
- Know WHY you're doing what you're doing
- Know HOW to do what you're trying to do
- Know WHAT to expect after you do what you're doing

Near Miss Safety Event

- Breakdown in System, Process and/or Human Factor
  - Wrong test ordered but not performed
  - Wrong drug in patients bin but not administered
  - Wrong diet delivered to room but not eaten

- Doesn't reach the patient
  - Intercepted during the check, double check
  - Validates the safety nets are intact

- Report these patient safety breaches
  - Allows investigation into & understanding of event
  - Can't trust same "good catch" to happen elsewhere
  - Allows intervention to prevent a recurrence

The Swiss-Cheese Effect

Multiple Barriers - technology, processes, and people - designed to stop active errors (our "defense in depth")

EVENTS of HARM

Active Errors by individuals result in initiating action(s)

Latent Weaknesses in barriers
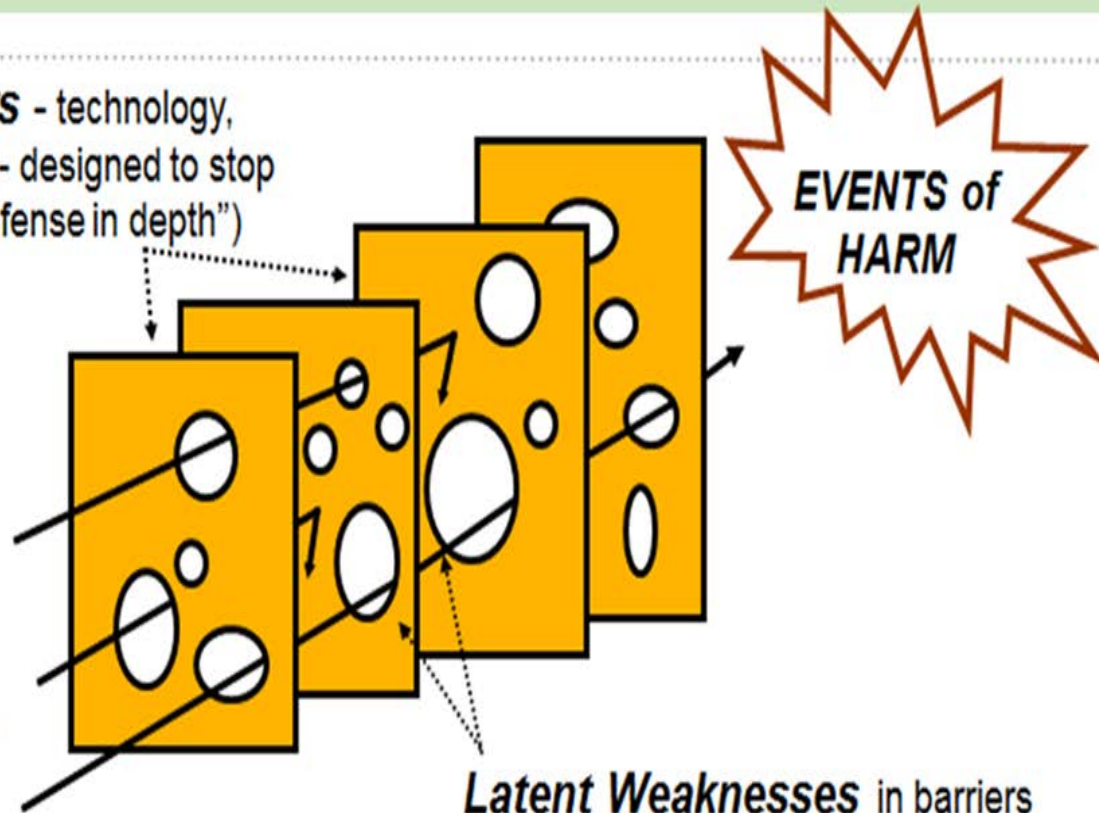
PREVENT   **DETECT & CORRECT**

How do Serious Safety Events Occur?

High Risk Situation + **High Risk Behavior** = **Safety Event**

High Risk Situation can not always be prevented but we can alter our High Risk Behavior

Skill-Based Events

- Routine, frequent tasks in a familiar setting that you can perform without much thought—auto-pilot

- Slip—unintended wrong doing

- Lapse—fail to do what should have been done

- Fumble—mishandle or blunder

Stop and think before acting

These are the "slap your head" "What was I thinking?" types of errors.

Rule-Based Events

Responding to situations be recalling or using rules previously learned

- Used the wrong rule—taught incorrectly
- Misapplied a rule—knew correct response but chose incorrect response to situation
- Non-compliance—chose not to follow the rule at all (thought their way was best)

Learn right rule, think twice, be aware of increased risk

Happens with Fast-paced changes

Knowledge-Based Events

Problem solving in a new, unfamiliar situation. You come up with the answer by:

- Using what you know

- Taking a guess

- Figuring it out by trial-and-error

Stop and find an expert who knows the correct answer

Happens with complex and new situations

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 1 - 5
    - **Severity 1 – Death**
    - **Severity 2 – Severe Permanent Harm** (loss of limb, impairment of a major function e.g. loss of sight, fertility)
    - **Severity 3 – Moderate Permanent Harm** (expected to be permanent but not interfere w ADLs e.g. disfigurement)
    - **Severity 4 – Severe Temporary Harm** (resulting in higher level of care or additional major procedure e.g. fall w hip fx →OR)
    - **Severity 5 – Moderate Temporary Harm** (resulting in increased monitoring or minor procedure e.g. x-ray to r/o injury)

Behavioral Expectations #1

- 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

Safety Toolkit

- 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
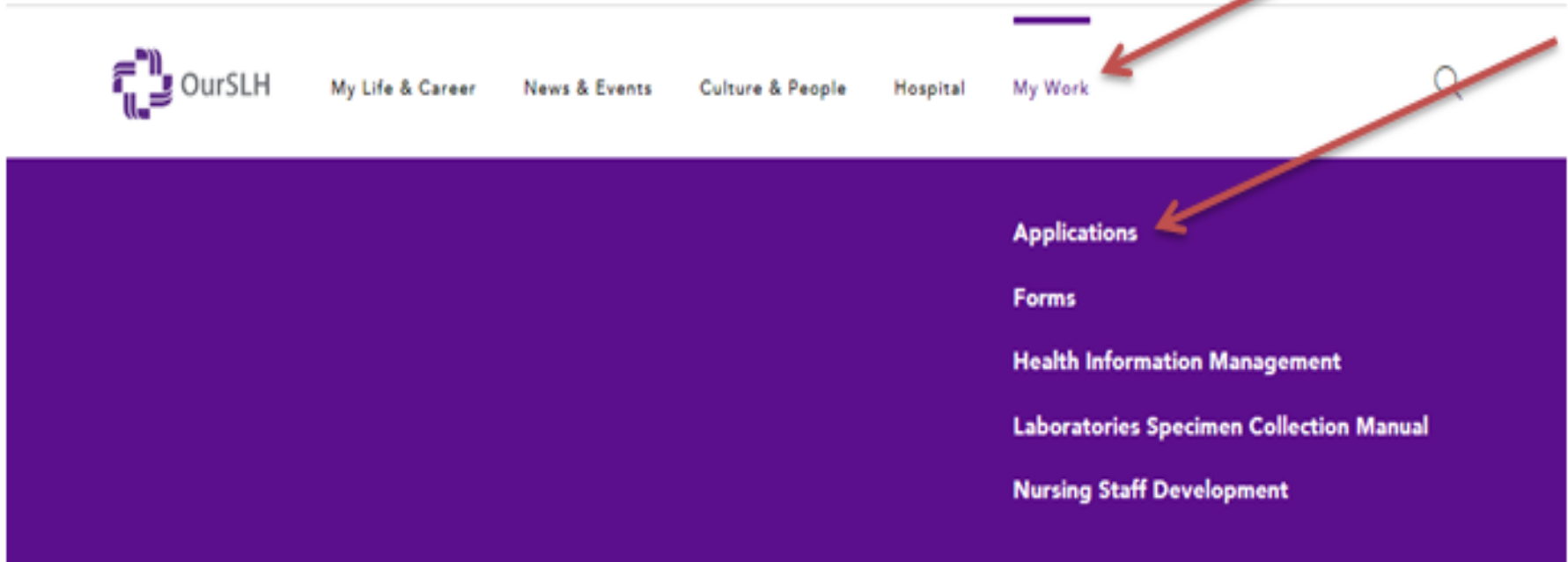
Stop, Reflect and Resolve

- 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

- Reporting allows for trending and identification of process problems, not to punish those involved

- Submit an on-line report (RL-6) so that trends can be identified

- Report the small things and Near Misses, it important

- Don't assume someone knows and will take care of it

REPORTING ANONYMOUSLY

Check the box to report anonymously

RL6 does not identify the submitter or the IP address of the computer.

HOW TO USE RL6

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.
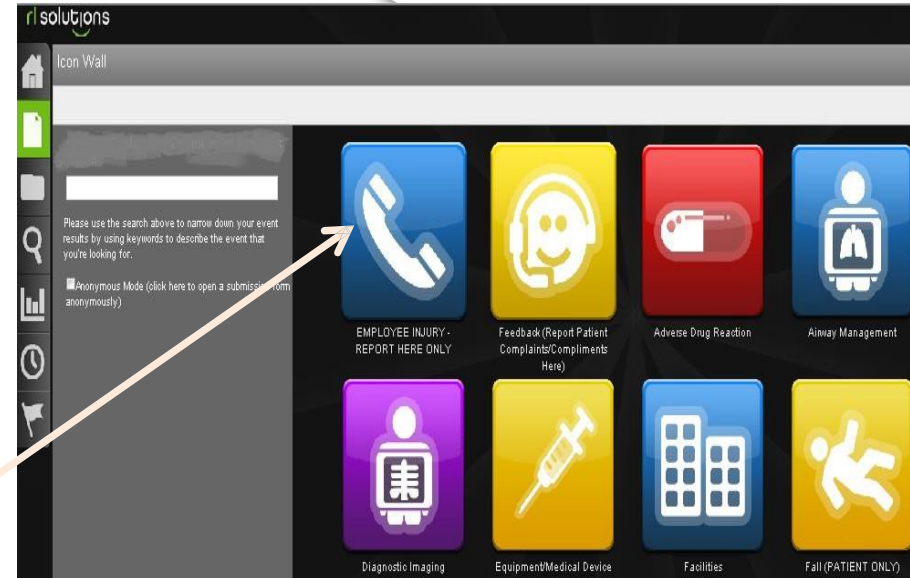
Once the report is completed and submitted, it is electronically routed to additional individuals for follow-up and tracking.

COMPLAINT MANAGEMENT
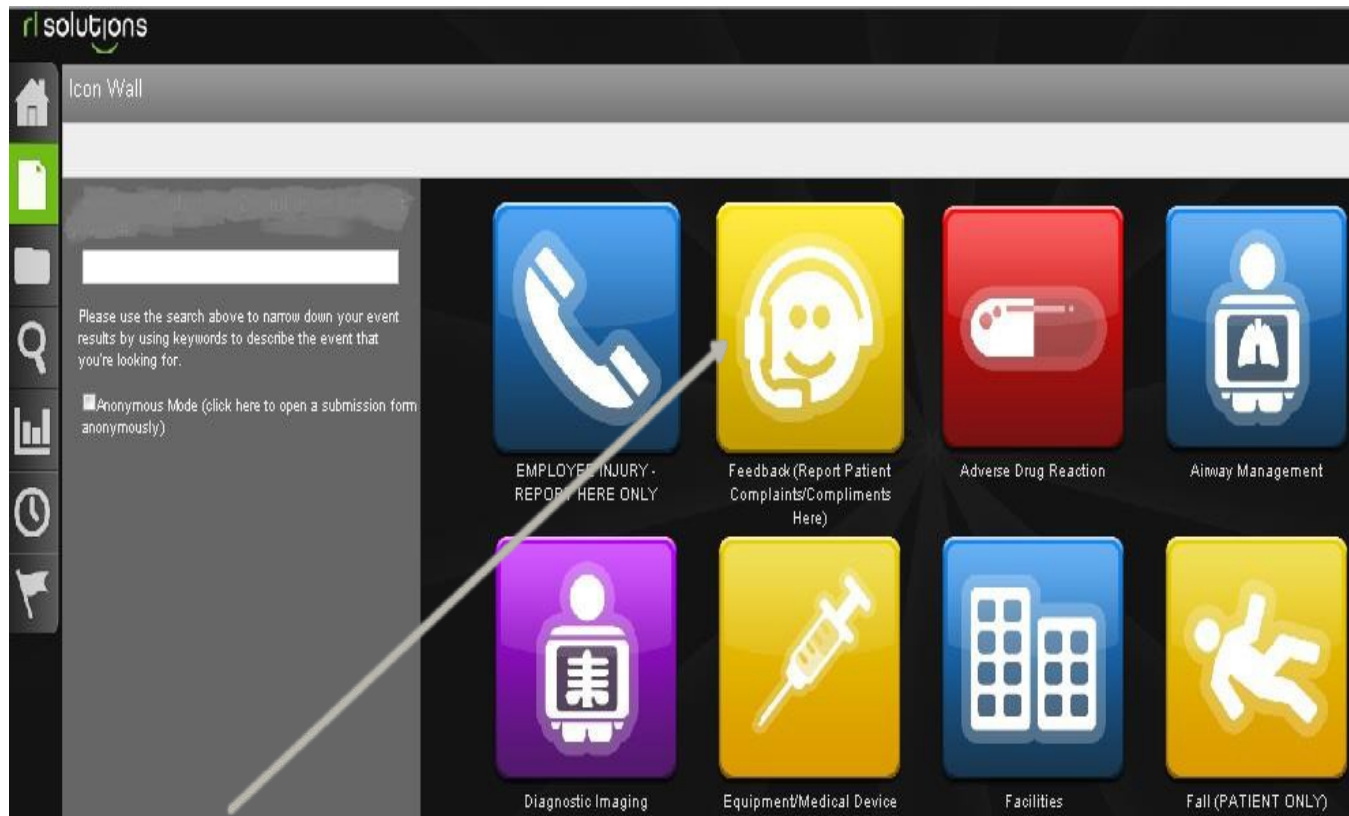
Complaints and Compliments are reported using a special icon labeled **"Feedback"**.

FOR EMPLOYEE EVENTS (INCLUDING STUDENTS & 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
  - Clarifying questions
  - 3-way communication
  - Phonetic & Numeric clarifications
  - SBAR for action
  - Handoff communication/Bedside Report

Ask Clarifying Questions

- Asking clarifying questions can decrease the risk of error by 2 ½ times

- Make sure that you understand the WHY? and HOW? related to the situation

Example: "15…that's one-five correct?"

Three Way Communication

- Read + Repeat Back + Acknowledgment

   "That is correct"

SBAR

- **S**ituation—what is the situation, patient, or project?

- **B**ackground—what is important information, problems, and precautions?

- **A**ssessment—what is your evaluation of the situation, problems, and precautions?

- **R**ecommendation—what is your recommendation, request, or plan?

Handoff Communication

- 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: **S**top—**T**hink—**A**ct—**R**eview

- **S**top—pause to focus attention on task at hand
- **T**hink—understand WHAT is to be done, plan actions, decide what to do if the unexpected happens
- **A**ct—carry out the planned task
- **R**eview—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!