



Keith A. Fenstemacher
Center for Continuous Learning
Faxton St. Luke's Healthcare

2013-2014 NON-EMPLOYEE ORIENTATION PACKET

Upon review of information contained within this booklet, please complete the evaluation, orientation statement, HIPAA statement and HIV Attestation located in the back. Review your answers and paperwork with:

Linda Reinhardt-Physician Observation 624-6555


Jackie Humphreys/Jerry Plows-Volunteers 624-6142

Melissa Kelly, RN-Education 624-4910
for any comments, concerns or questions.



**WELCOME TO
NEW EMPLOYEE ORIENTATION**

-Welcome -1



OUR ORGANIZATION

-Welcome -2



OUR HISTORY

- ▶ 1875 – Faxton Hospital is established by Theodore Faxton on Sunset Avenue.
- ▶ 1957 – After St. Luke's Home and Hospital and Utica Memorial Hospital merged in 1949, the new St. Luke's Memorial Hospital Center opens on Champlin Avenue.
- ▶ 1997 – Faxton and St. Luke's Memorial combine their governing boards into one common board.
- ▶ 2000 – Consolidation of Faxton's & St. Luke's hospitals
- ▶ 2004 – Relocation of all inpatient services to the Luke's campus and outpatient services to Faxton Campus.

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Mission Statement

TO PROVIDE THE HIGHEST QUALITY
HEALTHCARE IN OUR REGION.

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In order to fulfill the Mission, we
will provide to:

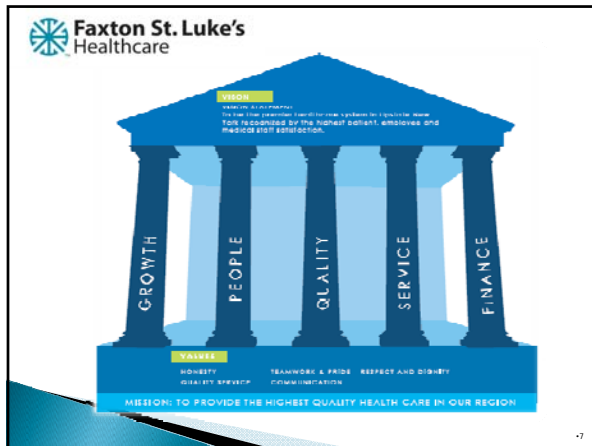
- ▶ Our Community
- ▶ Patients/Residents & Families
- ▶ Medical Staff
- ▶ Employees & Volunteers

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2015 Vision Statement:

To be the *premier* healthcare system in
Upstate New York known for clinical
excellence through exceptional
employees, medical staff, volunteers,
Relationship-Based Care, and financial
strength.

-6



Faxton St. Luke's Healthcare

2014 Corporate Goals

QUALITY PILLAR

- ▶ Reduce Harm Rate
- ▶ Increase Palliative Care Consults
- ▶ Reduce Hospital Acquired Infection Rates
- ▶ Increase percentage of Computerized Physician Orders entered electronically




Faxton St. Luke's Healthcare

2014 Corporate Goals

SERVICE PILLAR

- ▶ Increase patient satisfaction in the Emergency Department
- ▶ Increase patient satisfaction (inpatient) HCAHPS Score



2014 Corporate Goals

PEOPLE & GROWTH PILLARS

- ▶ People:
 - Reduce back injuries to MVN Employees
- ▶ Growth:
 - Expand primary care services
 - Increase Senior Network Health enrollment



2014 Corporate Goals

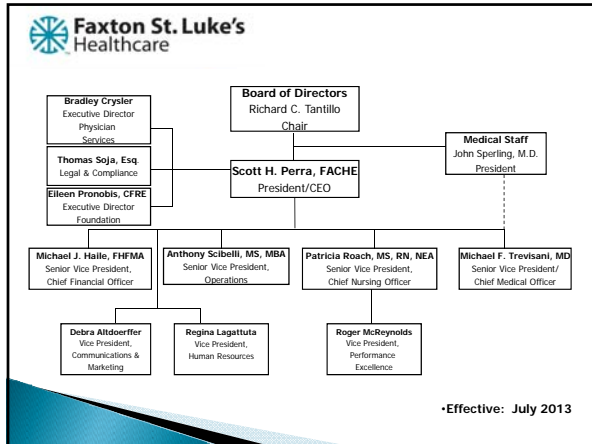
FINANCE PILLAR

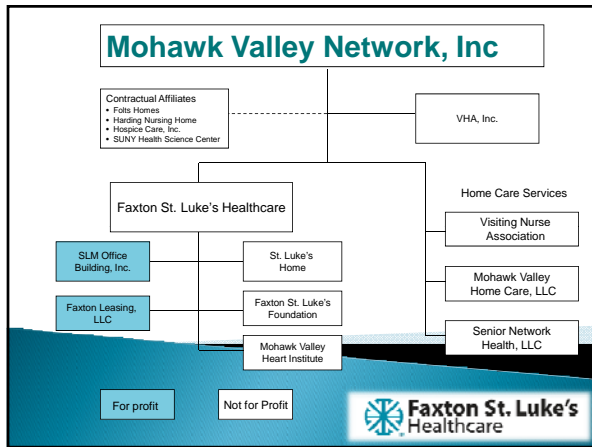
- ▶ Reduce 30 day readmission rate
- ▶ Achieve Operating Margin
- ▶ Increase St. Luke's Home Revenue (payor mix)



THE FIVE PILLARS: Updates







Faxton St. Luke's Healthcare

Celebration of Expertise

Our Centers of Excellence:

- Maternal Child Services
- Regional Cancer Center
- Regional Rehabilitation Center
- Regional Dialysis Services
- Bariatric Center of Excellence
- Stroke Center of Excellence
- Mohawk Valley Heart Institute

1
5

Our Working Environment:

-1

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Our Working Environment:

1. We are a service organization...
2. Who is your customer?
3. What does our customer need?

-1

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Our Working Environment:

These four principles are the foundation for *FISH*:

- ▶ Play
- ▶ Make Their Day
- ▶ Be There
- ▶ Choose Your Attitude



-1

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Core Values

Our core values represent the attitudes and behaviors we believe are important in the daily efforts to carry out our responsibilities, guide our work and achieve our MISSION.

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QUALITY SERVICE

We believe in providing superior quality care and service excellence to our patients, residents, their families, visitors, physicians, volunteers and co-workers in a compassionate, safe, and caring manner.

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HONESTY

We believe in the highest level of personal and professional ethics and standards. Our relationships with patients, residents, physicians, volunteers, families, vendors, and each other will be open, honest and fair.

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1

RESPECT AND DIGNITY

We recognize the honor and dignity of every person and respect each staff member's contribution towards achieving our MISSION.

-2

2

TEAMWORK AND PRIDE

Through teamwork, we promote the sharing of ideas, talents and skills to encourage the personal growth and advancement of each staff member and to provide the highest level of service and quality for our patients.

-2

3

Communication

We will develop and share with the hospital staff, physicians, and community our goals, plans and progress. Our patients/residents will receive timely and accurate information about their care.

-2

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CARE STANDARDS

How they apply to your Annual Performance Review

-2

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Key Points:

1. Our organization is structured in order to create a great place for:
 - Employees to work
 - Patients to receive care
 - Physicians to practice
2. Each of us plays an important role and are accountable to sustain this kind of environment

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Relationship-Based Care

Our philosophy...

Encompasses every relationship we have:
with patients and families,
with **all** colleagues
with ourselves.

RBC - its about relationships!



Relationship-Based Care - Our Hedgehog

Our patients....

- ▶ Greatest gifts of RBC are that RBC increases:
 - Chance to **partner** with patients in their own healing
 - Departments **working together** to provide that positive patient experience
 - Patients have a positive experience, **every time**
 - Staff ~~understand~~ **understand** the importance of their contribution and are **satisfied** with their job
 - Patients receive **safe** care and harm is prevented

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*Every single encounter with our patients
and their family matters...*

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Faxton St. Luke's Healthcare

Relationship-Based Care (RBC)

Faxton St. Luke's Healthcare

Caring for Colleagues

- ▶ Commitment To My Co-Worker

Faxton St. Luke's Healthcare

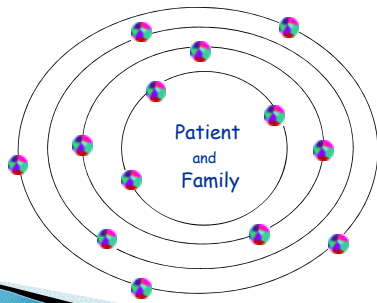
Dimensions of RBC

Reprinted logo with permission from OICM

Faxton-St. Luke's Healthcare RBC Definition

- ▶ Relationship Based Care (RBC) provides a framework for creating a caring and healing environment in which our shared purpose is the delivery of patient and family-focused care and service.
- ▶ Within this framework we have a common vision - patients and families are in the center. Leaders create the environment - every employee is a leader.
- ▶ Interdisciplinary teams work together to fulfill the purpose. Professional nurses implement a primary nursing care delivery model. Resources are maximized to support patient care. Quality outcomes are defined and measured.
- ▶ Relationship Based Care is the foundation of every encounter in our organization. It's all about the relationships.

Our Patient's Universe



What's a UPC or DPC?

- ▶ UPC = Unit Practice Council
- ▶ DPC = Department Practice Council
 - There are 70 Practice Councils all together
 - Members are chosen by peers
 - Look at how they deliver care or service...and think, how can we do this even better?
 - Communicate ideas and look for feedback

Starfish Story...

A small boy was walking along the beach at low tide, where thousands of small starfish, having been washed up, were stranded and doomed to perish.

A man watched as the boy picked up individual starfish and tossed them back into the water.

"I can see you are being very kind," said the watching man. "But there must be a million of them; it can't possibly make any difference."

The boy turned toward the man after tossing another starfish into the ocean and said, "I will for that one."



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The question is.....

What is one thing I can do **in my new role** that will support FSLH's Relationship-Based Care philosophy right away?



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Relationship-Based Care

Key
Ingredient
PASSION!

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COMPLIANCE TRAINING



OBJECTIVES

- To ensure all employees and non-employees possess the knowledge and skills for effective day-to-day decision-making to comply with federal and state laws and regulations, and internal policy governing Faxton St. Luke's.
- To ensure that employees and non-employees across all departments and units uniformly apply the laws, regulations, and policies that govern Faxton St. Luke's.
- To prevent or limit situations that may put Faxton St. Luke's at risk both legally and financially.
- To understand how to report violations of non-compliance of federal and state laws and regulations and internal policies that govern Faxton St. Luke's.
- To promote safe, quality patient services and positive employee relations.

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AGENDA

- I. Compliance
- II. Code of Conduct
- III. Standards of Conduct
- IV. Health Insurance Portability and Accountability Act (HIPAA)
- V. Activity
- VI. Reporting Non-Compliance

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I. COMPLIANCE

WHAT IS COMPLIANCE?

**Compliance is *knowing*
what to do and
doing what is *right*, even when *no*
one is *watching*.**

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COMMITMENT TO ETHICAL AND LEGAL CONDUCT

- Government regulation of the health care industry is increasingly complex.
- Federal and state governments have made health care fraud and abuse a top enforcement priority.
- Faxton St. Luke's Healthcare takes our responsibility to comply with laws and regulations very seriously.
- Faxton St. Luke's Healthcare actively take steps to prevent and detect any violations of laws and correct any violations that may be identified.

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WHY IS THERE A COMPLIANCE PROGRAM?

Faxton St. Luke's is committed to the:

- Highest ethical standards and compliance with laws, rules, regulations, policies, and procedures and our corporate values.
- General Compliance training and awareness efforts are designed to both:
 - Maximize employee compliance with laws and rules
 - Minimize the risk of fines, litigation, and adverse publicity due to non-compliance

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COMPLIANCE PROGRAM ACTIVITIES

The **Compliance Program** is designed to:

- Build awareness of ethics and compliance issues into daily business programs
- Monitor the effectiveness of those processes
- Communicate instances of non-compliance to appropriate officials for actions

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YOUR RESPONSIBILITY

- Each employee and non-employee is expected to perform his or her duties in compliance with rules, regulations, policies, and procedures and our corporate values.

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II. Code of Conduct

CODE OF CONDUCT

- Provides standards on how all members of Faxton St. Luke's will conduct themselves
- Standards that protect and promote organizational integrity
- Serves as a guide to help employees make sound, ethical decisions during day to day activities

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III. Standards of Conduct

PATIENT'S BILL OF RIGHTS

- The Patient's Bill of Rights guides our behavior towards patients and families.
- Each patient is provided with a written statement of their rights and a Notice of Privacy Practices. These statements include:
 - Right to make decisions regarding medical care
 - Right to refuse or accept treatment
 - Right to know how a provider will use and disclose protected health information.
 - Right to informed decision-making
 - Right to know who to contact if they have a question, or complaint about their care or medical record information.

We are all advocates for the rights of our patients, residents and their families.

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PATIENTS' RESPONSIBILITIES

- Patients' have the responsibility to provide information, ask questions, follow instructions, and accept consequences.
- Patients' are expected to be considerate and respectful of hospital personnel and meet their financial commitment.

The safety of our healthcare delivery is enhanced by the involvement of our patients, clients or residents and their family members.

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•PATIENT SELF DETERMINATION ACT

Assistance is provided to patients who may request information on the following:

- Advance Directives
 - Allows the patient a right to give directions regarding medical care
 - Allows an individual to make his/her wishes known for end of life care (Health Care Proxy or Living Will)
- Health Care Proxy
 - Allows the patient to designate someone to make decisions for them.

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•PATIENT SELF DETERMINATION ACT

Living Will

- Allows the patient to provide specific instructions about health care treatment. For example:
 - Specific life sustaining treatment

DNR

- Informs medical professionals not to perform CPR. This means that physicians, nurses and emergency medical personnel will not attempt emergency CPR if the patient's breathing or heartbeat stops.

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EMERGENCY TREATMENT

- We follow the Emergency Treatment and Active Labor Act (EMTALA).
- Patient's are transferred to other facilities **only** if the patient's medical needs cannot be met at our facility and appropriate care is available at another facility.
- The hospital is required to report EMTALA violations to the New York State Department of Health. Violations of EMTALA may result in fines and civil actions, and can also result in an adverse impact to our reputation.

EMTALA requires all patients receive an emergency screening examination and necessary stabilization, regardless of ability to pay.

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DATA QUALITY

It is important that we maintain a high standard of accuracy and completeness in documenting, maintaining and reporting financial and statistical information. This information serves as a basis for managing our business and is important in meeting our obligations to patients, employees, suppliers and the community.

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ACCURACY, RETENTION AND DISPOSAL OF DOCUMENTS

- Employees, students, instructors and physicians are responsible for the integrity and accuracy of our organization's documents and records.
- Any addition, deletion, addendum or correction to a medical record must be completed according to policy.
- Information contained in records and documents cannot be altered or falsified.
- No one may remove records from our facilities without prior authorization.
- Documents and records must be retained in accordance with laws and internal record retention schedules.

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FEDERAL FALSE CLAIMS ACT (FCA)

- Allows a civil action to be brought against a person or organization who:
 - Knowingly presents (or causes to be presented) to the Federal Government a false or fraudulent claim for payment
 - Knowingly uses (or causes to be used) a false record or statement to get a claim paid by the Federal Government
 - Conspires with others to get a false or fraudulent claim paid by the Federal Government
 - Knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal Government

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FEDERAL FALSE CLAIMS ACT (FCA)

- Examples of violations of the FCA
 - A physician who submits a bill to Medicare for medical services she knows she has not provided.
 - A "reverse false claim" may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

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ELECTRONIC COMMUNICATION

All communication systems, including computers, electronic mail, Intranet or Internet access, telephones and voice mail are the property of the organization and are to be used primarily for business purposes in accordance with electronic communications policies and procedures.

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ELECTRONIC COMMUNICATION

Cell Phones

- Use of cell phone cameras and the distribution of photographs or other images is prohibited.

Internet

- Use of internal communication systems or access to the Internet at work to post, store, transmit, download or distribute any threatening, obscene or false material is prohibited.

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SOCIAL NETWORKING

- Employees must remember that information about our patients and their care is private.
- Individuals who post information or photos about patients, with or without using names, are violating HIPAA privacy laws and Faxton St. Luke's privacy policies.
- Employees are prohibited from using these sites while at work and accessing them from any company-owned computer.

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IV. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

•PRIVACY AND SECURITY OF INFORMATION

Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Rule provides federal protections for personal health information and gives patients rights with respect to that information.

At the same time, the Privacy Rule permits the disclosure of personal health information needed for patient treatment, payment and health care operations.

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•WHAT IS PERSONAL HEALTH INFORMATION?

➤ Any information that can help to identify a patient either through written, oral or electronic means. For example:

- Demographic information
 - ◆ Social Security number
 - ◆ Address and phone number
 - ◆ Title
 - ◆ Age
- Clinical information
 - ◆ Diagnosis
 - ◆ Treatment plan

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PROTECTED INFORMATION

Examples of Protected Information are:

- Patient's Personal Health Information (PHI)
- Employee health information
- Company financial information
- Strategic plans
- Proprietary data

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HIV and Confidentiality

Confidentiality Policy HIV Related Information Administrative Directive HM-34

All Administrative Directives can be found on the intranet under
Administrative Manuals

HIV and Confidentiality

- Public Health Law Article 27-F, effective February 1, 1989, provides protection from inappropriate disclosure of HIV-related information about HIV infected/affected New Yorkers.
- No person who obtains confidential HIV-related information may disclose or be compelled to disclose such information.

HIV and Confidentiality

- Under New York State Public Health Law, confidential HIV-related information can only be released with a signed authorization from the patient, guardian or executor of an estate.
- Exceptions to this are found in the Administrative Directive HM-34

HIV Confidential Information Includes:

- Any information that shows a person
 - Had an HIV-related test
 - Has HIV-infection, HIV-related illness, or AIDS
 - Has been exposed to HIV
 - Has one of these conditions, including information on the individual's contacts.

WHAT INFORMATION CAN YOU ACCESS?

- What you ***“need to know”*** to do your job
 - To ensure continuity of care
 - Provide information to physicians and ancillary departments
- HIPAA standards require Faxton St. Luke's to monitor unnecessary or inappropriate access of patients personal health information.
- We monitor access by performing internal audits and investigating allegations reported by patients and staff.

Remember to only use the “minimum necessary” information to accomplish your job.

GOOD PRACTICES TO FOLLOW TO PROTECT PRIVACY

- Respect right to privacy during patient care
 - Knock on the door before entering
 - Draw the curtain when providing care
 - Ask visitors to leave the room during care
- Do not discuss patient information in public areas
 - Cafeteria, elevators, or hallways
 - Social Networking sites

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GOOD PRACTICES TO FOLLOW

- Shred or destroy protected information – use gray confidential recycling bins
- Do not leave documents unattended at copy or fax machines
- Ensure fax number is correct
- Ensure confidential information is secure
- Request ID of unknown visitors
- Position computer screens so information is not visible

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•PRIVACY POLICY

- Refer to Directive HR-10 for standards regarding privacy guidelines
- Violations of HIPAA standards may result in Civil and Criminal penalties for the employee, non-employee and/or Faxton-St. Luke's Healthcare.

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•HIPAA VIOLATION EXAMPLE

U.S. Department of Health & Human Services (HHS) Imposes the First Civil Money Penalty (CMP) – February 22, 2011

- HHS imposes the first CMP for a covered entity's violations of the HIPAA Privacy Rule in the amount of \$4.3 million. Cignet violated 41 patients' rights by denying them access to their medical records when requested between September 2008 and October 2009. The HIPAA Privacy Rule requires that a covered entity provide a patient with a copy of their medical records within 30 (and no later than 60) days of the patient's request.

Clinical Security Breach Alarm

- A memory stick containing the records of 4,500 kids is missing from a speech and hearing clinic at a university hospital in Ontario, Canada. The storage device contains 11 years worth of names, addresses, phone numbers, birthdates, physician information, school and child-care information. If you are a health care facility of any kind, you never transfer identifiable data onto a portable device such as a USB or a laptop. This is an example of how digital technology is heightening security risks and the more convenient they are, the more risk that data will be comprised.

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•REQUESTING HEALTH INFORMATION

- When a patient requests health information, they must:
 1. Contact the Health Information Management Department (Medical Records)
 2. Complete a Release of Information Form
 3. Allow 10 days for processing request
- Employees **may not** access their own electronic health information.
 - An employee must also follow steps 1, 2 and 3 when requesting their personal health information.

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VI. REPORTING NON-COMPLIANCE

WHAT DO YOU DO IF YOU BELIEVE THERE MAY BE A PROBLEM?

1. Discuss your concern with your immediate supervisor
2. Contact the Department Administrator
3. Contact the Compliance Officer
4. Call the Compliance AlertLINE

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•WHAT IS A "WHISTLEBLOWER?"

- To encourage individuals to come forward and report misconduct involving false claims to the federal government, the False Claims Act includes a whistleblower provision.
- This provision allows any person with actual knowledge of an alleged false claim to the government to file a lawsuit on behalf of the U.S. Government.
- The False Claims Act entitles whistleblowers relief by not allowing their employer to retaliate against them if they file an action under the False Claims Act.
- Faxton-St. Luke's provides an internal process for employees to report alleged compliance issues.

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•AlertLINE



•Call at any time, any day.

•All calls are confidential

•AlertLINE is a confidential way to report any work-related activity that may not live up to the high ethical commitment of our values, business practice policies, the law and regulations,

•Only you can bring our values to life.

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•People

SECTION B

HUMAN
RESOURCES

•People

Sexual Harassment
Awareness Training

•People

What is sexual harassment? -
Definition:

- Unwelcome sexual advances, requests for sexual favors, unsolicited and intimidating sexual overtones, or other verbal or physical conduct of a sexual nature which creates a hostile, offensive or intimidating work environment.

•People

What is sexual harassment? -

Examples:

- Threatening or taking adverse employment actions if sexual favors are not granted.
- Demands for sexual favors in exchange for favorable or preferential treatment
- Unwelcome flirtations
- Propositions or advances
- Unwelcome physical contact

•People

What is sexual harassment? -

Examples:

- Leering, improper gestures or offensive remarks
- Unwelcome comments about appearance
- Sexual jokes and/or inappropriate use of sexually explicit or offensive language
- Display of sexually suggestive objects or pictures

•People

There are 2 kinds of Sexual Harassment:

- Quid Pro Quo
- Hostile Work Environment

•People

Quid Pro Quo:

- "This for that" or "in exchange for"
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission to or rejection of such conduct is used as the basis for employment decisions affecting the individual.

•People

Hostile Work Environment

- Verbal or physical conduct of a sexual nature when such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

•People

Determining Hostile Work Environment Harassment

- Reasonable person considers conduct offensive.
- Perception of the victim is that person's reality.
- "No" always means "no".
- Harassment need not be through direct physical or verbal conduct.

•People

Obligations - Reporting & Investigating

- Harassment and discrimination are taken seriously by FSLH.
- Prompt investigation(s) will be undertaken.
- Confidentiality will be respected (cannot always be guaranteed).
- However, alleged harasser will be interviewed.

•People

Report to:

- Human Resources
 - 624-6727
- Your Immediate Supervisor
- MVN Alert Line
 - 1-800-954-9418

•People

In Conclusion:

- FSLH will conduct a prompt, discreet investigation of all harassment complaints and take the appropriate action to ensure that any harassment stops and retaliation does not occur.

•People

Cultural Sensitivity & Language Assistance

•People

Cultural Sensitivity & Language Assistance

- Working with people of different cultures occurs on a daily basis in the healthcare environment
- **Culture** means the practices, beliefs, and/or values that are shared by a group of people. By understanding a person's culture, we can better care for and communicate with our patients and co-workers
- It is important to remember cultural beliefs and practices are learned. People practice health beliefs from a very young age
- When interacting with people from diverse cultural backgrounds, several key concepts should be considered:
 - Communication style
 - Views about health
 - Family values
 - Spiritual needs

•People

Cultural Diversity & Language Assistance

- **Steps are taken not only to identify the primary language of our LEP (Limited English Proficiency) customer, but also to establish a proper interpreting service as quickly as possible.**

•People

Occupational Exposure
or Injury

•People

Occupational Exposures

- Musculoskeletal injuries- Improper pt/material handling & ergonomics
- Bloodborne Pathogen Exposures: sharps, needlestick, spills, splashes, and bites
- Occupational Exposures to infections/chemicals
- Minor abrasions, cuts, bruises
- Contusions and fractures

•People

Injury Management

- Non-Employees with an occupational exposure or injury **must** be evaluated in the ED
- A safety report needs to be filled out and send to Quality Management Department within 24 hours of incident

• People

Post Exposure Care

- Wash needlestick, abrasions, and lacerations with mild soap and water
- Flush splashes to eyes, nose, mouth and skin with water
- Irrigate eyes with clean water, saline, or sterile eye irrigants

Do not use betadine, bleach, or other caustic agents on the skin. Do not milk the wound

• People

Post Exposure Care

- HCV and HBsAB will be done if Hepatitis B series has been completed
- HBIG and Hep B series are recommended if a Hep B series was not done or HBsAB is negative
- Tetanus will be administered if it has not been done in >10years
- HIV testing and P.E.P.

**Safety
First**

Clinical Engineering & Equipment Management

Published by: Clinical Engineering, Quality Management
Published: Keith Roach, January 6, 2014

www.faxtonstluke.com

Safety
First

Clinical Engineering & Equipment Management

- Our medical, nursing, and support staffs, as well as allied health professionals, rely on medical equipment to help provide care for our patients.
- Accidents involving medical equipment that breaks or fails can harm our patients **and** our healthcare providers who are using the equipment.
 - Protect our patients, yourself and your family.
- Get smart about Clinical Engineering and Equipment Management.

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Safety
First

What we know...

- In 2013 there were over **6200** pieces of medical equipment in the FSLH system.
- In 2013 Clinical Engineering completed:
 - **6639** preventive maintenance and inspections.
 - **3502** Equipment Repairs.

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Safety
First

Basic Information

<p>•What is Medical Equipment?</p> <ul style="list-style-type: none"> • Anesthesia machines • Defibrillators • IV Pumps • Blood pressure units • Beds • Patient room furniture • Scales 	<p>•What is Equipment Management?</p> <ul style="list-style-type: none"> • A process that helps reduce the risk of using medical equipment <ul style="list-style-type: none"> •Repairing equipment •Maintaining equipment •Inspecting equipment •A process that helps to provide a safe environment for our staff and our patients.
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www.faxtonstluke.com

**Safety
First**

Basic Information

- **What is Clinical Engineering?**
- The department responsible for the oversight of our Equipment Management program.
- Clinical Engineering:
 - Repairs equipment
 - Maintains equipment
 - Inspects equipment
 - Keeps records of all its activities and information about all of our equipment.

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**Safety
First**

Basic Information

- **How do I Contact Clinical Engineering?**
- Hours of operation: M-F 7a-3p.
3p-7a; on-call – **Contact Hospital Supervisor**
Sat/Sun on-call – **Contact Hospital Supervisor**
- Telephone number: 624-6868
Select from the menu
If no answer, please leave a message.
- If an emergency page: Faxton – ext. 6200 pager #105
St. Luke's – ext. 6200 pager #170

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**Safety
First**

Impact on our Employees

- Defective or broken equipment pose a safety hazard to our employees.
- Physical injuries may include back, head, neck, elbow and wrist injuries.
 - There is also a risk of electrical shock.
 - Employees miss work and are financially harmed.
- Employees involved in an incident with defective or broken equipment where a patient is harmed are often emotionally impacted.

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Safety
First

Impact on Patients, Families and Visitors

- Patients can face misdiagnosis or have false readings if equipment is not calibrated.
- Patients can be harmed if equipment does not function properly.
- Patients can experience delays or cancellations in diagnostic tests or treatments when equipment doesn't work properly.
- Patients, families and visitors may also experience other problems when our employees are injured, such as:
 - Reduced staff available to help them.
 - Staff members who are physically limited in their ability to provide care due to injuries.
 - Reductions in quality of care due to staff availability or limitations.

WWW.FAXTONSTLUKES.COM

Safety
First

GETTING SMART - Preventative Maintenance

- How can I tell if a piece of equipment is safe for use?
 - All medical equipment is labeled with an inspection sticker.
 - Each year the inspection sticker will come in a different color.
 - Stickers contain important safety information
 - It is everyone's responsibility to ensure equipment is within the inspection period prior to use and to understand the information on the inspection tag.

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Safety
First

GETTING SMART - Preventative Maintenance

- Sticker for unit due for inspection in 2014
- **White** = Needs inspection in 2014
- Sticker for unit that has been inspected in 2014 and is now due in 2015.
- **Yellow** = Needs inspection in 2015

MEDICAL ENGINEERING

Inspection Expires
01 / 31 / 2014

•Check Expiration Date! Preventive Maintenance is due during the printed month.

MEDICAL ENGINEERING

Inspection Expires
01 / 31 / 2015

• ***A tag of any other color means the inspection is out of date. Remove the equipment from service and follow the process for equipment needing repair (See the next slide)

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**Safety
First**

GETTING SMART - Device Repairs

•What do I do if Medical Equipment needs to be repaired?

- Complete a **RED** "Service Required" tag and attach it to the equipment.
- Place the equipment in the area designated for broken/dirty equipment.
- Defective equipment will be picked up from the designated areas during morning rounds by Clinical Engineering and afternoon rounds by Transport.
 - For URGENT REPAIRS:
 - Call or page the Clinical Engineering department to the unit.
 - Complete service required tag after Clinical Engineering and other healthcare staff have assessed the situation and addressed immediate concerns.
- If equipment breaks or fails while it is being used on a patient, a Patient Safety Report must be completed.

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GETTING SMART - Device Repairs Red Tags

•Tips for Success:

- 1) Fill out completely!
- 2) Be descriptive. Don't just write "broken."
- 3) If problem occurs during patient use also include:
 - C.E. number of unit
 - Serial number if no C.E.
- 4) Follow all of the steps!

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Take Action You make the difference!

- Staff members are our trusted front line experts. You use equipment every day, trust your instincts if things "don't seem right."
- Inspect equipment before you use it. (Remember, you are an expert!)
- Immediately remove defective or broken equipment from use and follow the right steps to get it returned to Clinical Engineering for repair.
- If you see equipment that is out of the inspection date, remove it from service and call Clinical Engineering. Remember for 2014:
 - White tags are due in 2014. Check the expiration date, units are due during the printed month.
 - Yellow tags mean the units are inspected through 2015.
- If there is a problem after 3:00 pm, call the Hospital Supervisor for help.

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References

- FSLH Administrative Directive EC-4- Medical Equipment/Repair/Maintenance
- FSLH Administrative Directive EC-11- Medical Device Recall/Hazard Notification & Equipment Event
- FSLH Administrative Directive EC-12- FDA Medical Device Act
- FSLH Administrative Directive EC-42 – Defective Equipment Return Policy

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HazMat Awareness, Safety & Emergency Management

New Hire Orientation Training

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Definition of a Hazardous Material


• There is **NO** one definition.

- OSHA definition:
- **Hazardous Chemical:** Any substance to which exposure "results or may result in adverse affects on the health or safety of employees;" or "any chemical which is a physical hazard or a health hazard."
- *29 CFR 1910.1200 (c)*

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Chemical Information Resources **Safety First**

- Container Labels
- Material Safety Data Sheets (MSDS's) also known as Safety Data Sheets
 - FSLH IntraNet
 - If an MSDS/SDS is not listed online, contact the Safety Officer
 - Emergency Dept
- Poison Control Center
- Emergency Response Guidebook



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Globally Harmonized System of Classification and Labeling of Chemicals (GHS)

Safety First

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MSDS / SDS and labeling **Safety First**




- ❖ Located on the IntraNet
- ❖ Backup copy in the Emergency Department
- ❖ If an MSDS/SDS is not available, download one from the manufacturer's website (to ensure it is the most up to date) and email to Michelle Reece so she can upload into the data base
- ❖ If transferring a chemical to another container ("secondary container") you must print a new label for that container.
 - ❖ IntraNet: Go to "Quicklinks" drop down menu
 - ❖ Click "MSDS info"
 - ❖ Find your MSDS/SDS
 - ❖ Open the MSDS/SDS
 - ❖ "Print" whichever size label you want and apply to container(s)


Ensure container always contains a legible label and is stored properly

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•OUT With the OLD!

- ✓ Material Safety Data Sheets (MSDS) 
- ✓ Chemical information hard to read 
- ✓ MSDSs do not look the same 

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First

•Globally Harmonized System

•IN with the NEW!

- ✓ Developed by the United Nations





✓ *GHS is Worldwide*

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First

•IN with the NEW!

- ✓ Uniform Information




- Same Categories
- Information in the Same Order
- Common Symbols

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•What is changing: Label Requirements

New Signal Words **Safety First**


“Warning” – less severe hazard
 “Danger” – more severe hazard

Standardized Hazard Statements

Examples – “Highly flammable liquid and vapor”,
 “Causes skin irritation”

Standardized Precautionary Statements


Examples – “Wear protective gloves”, “Do not breathe vapors”

Pictograms 

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•GHS

•Common Symbols to label hazards of the products



GHS PICTOGRAM CHART MSDS direct

Physical Hazards

Health & Environment Hazards



Personal Protective Equipment (PPE)

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•New Common Symbols (Pictograms) – Physical Hazards


Flame

•This symbol indicates the presence of flammable materials, self-reactive substances or mixtures, which in combination emit flammable gases.


Gas Cylinder

•This symbol represents compressed, liquefied, refrigerated liquefied, or dissolved gasses.



Flame over Circle

•Flame over circle represents oxidizing gases, liquids or solids.



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**•New Common Symbols
•(Pictograms) – Physical Hazards**

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• Corrosion


•Materials with this symbol can cause skin corrosion or serious eye damage.

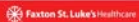
•And corrosive to metals.



•Exploding Bomb

•This symbol represents unstable explosives. It can also mean self-reactive substances or mixtures.




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**•New Common Symbols
•(Pictograms) – Health**

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•Person

•Materials that affect respiratory sensitization, germ cell mutagenicity, carcinogenicity, reproductive toxicity, specific target organ toxicity following single and/ or repeated exposures.




•Exclamation Mark


•Materials have acute toxicity (oral, dermal, inhalation), skin or eye irritation/sensitization or specific target organ toxicity like respiratory irritation or narcotic effect.



•Skull & Crossbones

•Materials have acute toxicity (oral, dermal, inhalation).




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•(Pictograms) – [PPE]

**GH
Safety
First**


•Personal Protect Equipment Symbols




•Hand Protection




•Mask




•Face Shield




•Safety Glasses




•Protective Clothing



•Hearing Protection



•Hair Net

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•Globally Harmonized System of Classification and Labeling of Chemicals **Safety First**

- ❖ **World-wide Common Approach**
- ❖ **For YOUR protection when working with chemicals**
 - ❖ **Know GHS!**
 - ❖ **Protect yourself!**

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•Chemical spills **Safety First**

- Refer to Administrative directives EC-10 and/or OS-6.
- Clean up incidental spills in accordance with manufacturers guidelines and wearing appropriate PPE
- If spill is too large to clean up, SIN (Safety of yourself and others, Isolate the area, Notify your supervisor and call 333 if necessary)
- **Always** complete a Safety Report in MIDAS if a chemical spill occurs, with or without patient, employee or resident harm or exposure.

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HazMat spills... **Safety First**

•INTERNAL



Spilled Liquids

•EXTERNAL



Traffic Accident
Medical Aid
Fire, Person Down, etc.

• Initial report may NOT indicate presence of hazardous

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**Safety
First**

Definition of Spill Types

- **Incidental Spill**
 - Spill that can be cleaned up in first 10-15 minutes without risk of overexposure (above Cal/OSHA short-term or Ceiling Limits) to
- **Emergency Response Spill**
 - Requires Haz Mat Response if risk of overexposure to employees. (Tech)

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**Safety
First**

SAFETY

ISOLATION

NOTIFICATION



SIN: The Correct Awareness Level Response to Internal Spills and Contaminated Patients

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**Safety
First**

S

I

N


First, last, and always



• DON'T BE A HERO !!



- Get the big picture.
- Can you handle it?
- What are the risks?
- What do you know?
- What don't you know?

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S
I

• SOLATION

Safety First

- If someone has something on them don't let them go
- If others haven't been exposed don't let them have contact with the chemicals

Isolate the scene and deny

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S
N

- Call your Supervisor
- Call 333 if needed



Safety First

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Directed Self Decontamination
(Generally conducted in the Emergency Department using the Decon Shower)



Safety First

What are your first ACTIONS?


- **S**•**SAFETY**: Do not touch the patient or allow anyone else to have patient contact.
- **I**•**ISOLATION**: Get the patient out of the area to a predesignated location!!!
- **N**•**NOTIFICATION**: Activate your facility's protocol for a haz mat incident.

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**Safety
First**

Directed Self Decontamination

What are your first concerns?




- Is this patient contaminated with a hazardous material?
- How can contamination of the ED (or other area) and its occupants be minimized?
- How can the patient be managed so that they can receive medical care?

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Decon Team

- In addition to Orientation and Annual Training, all Decon Team members receive 10 hours of initial training and participate in training at least every other month.
- Environmental Services receives 2 hours of Awareness Training along with training on how to assemble and disassemble the Decon Tent
- Please contact your Supervisor if interested in joining this invaluable team.

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Personal Protective Equipment (PPE)


- What is it???

 - Protective equipment YOU need to do your job safely!

 - What are some examples?

- What do you do if you feel PPE is inadequate or not available at ALL times?

 - Who do you speak with first?
 - If you feel it's not resolved, who do you contact?

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HazMat additional info and summary

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First

- Administrative Directives:
 - EC-10: Hazardous Waste Disposal and Chemical Spill Plan
 - OS-6: Hazard Communication (HazCom) Plan
 - OS-8: PPE
- MSDS/SDS:
 - Located on the intranet
 - If you find that an MSDS/SDS is not online, what do you do?
- What does S-I-N mean?

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Emergency Codes and Conditions

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First

- Actions taken are dependent upon situation
 - Remove self, peers and patients from danger if possible
 - Prepare patients for transport if necessary
- Always use “333” to announce a code
- Do NOT call the switchboard or Hospital Supervisor for “updates” or to offer assistance
- You will receive further instructions from your supervisor

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Code A (Abduction or attempted abduction)

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First

- It can happen anywhere on our campus.
- It can happen to anyone, but statistics show it generally involves infants / children under 14 years old.
- An abductor usually knows the environment/facility where they are committing the abduction.

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Proactive measures against abduction **Safety First**

- Protective monitoring system installed on Maternity, Labor and Delivery, Nursery and Pediatrics.
- All children born in our facility are banded and activated in the code alert system.
- Response and containment plan is activated when an attempted or actual child abduction occurs.
- Once notified, the switchboard will immediately announce over the overhead paging system "Code A" along with the age of the child and description (ex: "11 Years Old or 6 Months old, last seen wearing a red shirt and black pants")

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What Should I Do? **Safety First**

- Speak to your supervisor immediately upon hire to ensure you know your department's role and your assignment!!!
- Managers will assign all available staff to search for the missing person and contain/monitor stairwells, exits and elevators on or near their units/departments in accordance with our RI-2, Code A Policy.
- No visitor entrance/exit, elevator or stairwell traffic is allowed until the Code A is "all clear."


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What should I do if I encounter a potential abductor? **Safety First**

- Stay Calm
- DO NOT ATTEMPT TO PHYSICALLY INTERVENE
- Do not take action that could cause a potential abductor to harm the child.
- Approach the suspicious person in a non-threatening manner, facing the person at a safe distance (4 feet provides good reactionary distance)
- Speak with a calm, steady voice and explain that the hospital is on alert for possible infant/child abduction and employees are stopping everyone.
- Instruct the nearest co-worker or bystander to call for security assistance.
- Attempt to delay the suspect by keeping them in front of you.
- If the person refuses to comply let them leave but note the suspect's identifying features, bags and bundles. Keep your distance when following and note their vehicle, or, means of leaving the facility. Use paper and pen to write down your observations.

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What is a...Code Red?



☛ RACE:


- Rescue
- Alarm
- Contain

☛ Extinguish: IF you have been properly trained to use a fire extinguisher.


☛ A-B-C fire extinguishers - This is the multipurpose dry chemical extinguisher.

- Water mist
- Other types

☛ Always monitor for a potential CODE A during a CODE Red


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What is a...Code E?




EVACUATION!!!


- Horizontal (Initial evacuation method)
 - Do not wait for direction (can be conducted without hearing "CODE E" overhead page), immediately move patients in the event of a fire or other dangerous condition.
 - Verify patient rooms are safe, close doors to protect the patient(s)
 - Move to a different zone on the same floor
- Vertical
 - This is *generally a planned evacuation*
 - Move to a lower floor level
 - Will be assisted by other staff, fire, EMS, etc.

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Priorities for Evacuation of Patients




- Patients in immediate danger
- Ambulatory patients
- Bed patients with equipment
 - Orthopedic equipment, IV, O2, etc...
- Except for removing all persons from immediate dangers, there may be no partial or complete evacuation without specific orders from area supervisors
- All personnel should follow the evacuation procedure outlined in the evacuation plan
- Use stairways when conducting vertical evacuations

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Code Red and Medical Gas valves

Safety First


- In the event of an actual fire in your location (e.g.: visible flames)
 - staff is to immediately switch applicable patients at the direction of the Charge Nurse to portable oxygen tanks
 - shut off the oxygen valve on the wall once all patients have been switched to portable oxygen
- In the event of a fire in another area (e.g.: with or without smoke in your area)
 - Staff may be directed by the following staff to immediately switch applicable patients to portable oxygen tanks followed by shutting off the oxygen valves located in their area:
 - Hospital Supervisor, Nurse Manager, Charge Nurse, Respiratory Therapist, Administrator On Call (AOC), Safety Officer, FSLH Fire Marshall or Director of Engineering.

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Other Emergency Codes

Safety First

- Code M
- Code W (All clear)
- Code S
- Code Blue
- Code L (All clear)
- Code Orange (All clear)

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Workplace Security

July 2013
 Christopher Kilmartin, Manager, Security Services (624-6146)
 Sharon Palmer, Director, Project Management & Support Services (624-6296)

Safety First

The Security Management Plan is designed to promote a secure environment for patients and residents, visitors, employees, volunteers and medical staff. A secured environment is everyone's responsibility.

- See something, say something. If you see any suspicious behavior or activity, report it to Security immediately.
- All employees, medical staff and volunteers are responsible to immediately report actual or perceived threats, acts of aggression or any other acts of violence. Threats, acts of aggression, or any other acts of violence will not be tolerated.
- All employees, medical staff and volunteers are responsible for participating in measures to reduce risks of violence.

Take Action: You Can Make the Difference

Use Established Security Devices and Measures, for example:

- Do not prop open secured doors.
- At St. Luke's Campus, direct all visitors to the Emergency Department entrance between the hours of 9 PM-5 AM for screening by Security...NO EXCEPTIONS.
- Report any missing/lost key or badge swipe to Security immediately.
- Notify Security if you are aware of a patient/resident with a restraining order in place.
- Notify Security if you have a Restraining Order or an Order of Protection in place for your protection.
- Do not allow visitors to piggy-back (draft) behind you when entering a secured entrance. If this does occur and you are uncomfortable approaching the visitor, notify Security immediately with location of breach and a description of individual.
- Notify Security if you observe suspicious person(s), theft, vandalism, or unsafe conditions in our facilities or on our grounds.
- Any employee, patients, or visitors who are in need of a personal escort to and from their vehicle, while on Faxton or St. Luke's Campuses, may request an escort by Security.
- Upon resignation/termination all keys and badge swipe need to be turned into your director or manager.


Security: URGENT: 624-6333
 Non-Urgent: 624-6146 – St. Luke's
 Non-Urgent: 624-6212 – Faxton

For Manpower Assistance (Code M), Weapon Display/Hostage (Code W) or Active Shooter situation (Code Silver), or other emergent situation, dial Extension 333 (or 624-6333). If at an offsite FSLH location, contact County 911 (Dial 9-911) for law enforcement, then notify Security 624-6333.

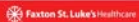
Notify switchboard and have Security paged.

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Security



- We have 24/7 Security at SL's.
- All Security Officers have advanced training including Emergency Management.
- Ensure your valuables are locked at all times.
- Report missing items and patient lost & found *immediately* to the Security Office
- Report any suspicious activity.
- Attempt to walk to your vehicles in groups if possible. Contact Security for an escort if necessary.
- Advise security if you have a restraining or refrain-from order


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Workplace violence




HR-13: Workplace Violence Prevention and Response

- Workplace Violence - Any aggressive act that may, during the course of employment, threaten the safety of an employee or have an impact on any employee's physical, emotional or psychological well-being or cause damage to company property.
- There is zero tolerance at any location while representing FSLH, or while engaged in FSLH business.
- REPORT threats, acts of aggression (including horizontal violence), or any other acts of violence to Human Resources, to supervision, to the Hospital Supervisor, or Security.
- When a workplace violence act occurs, Security and Assistant Vice President of Human Resources or designee shall be contacted immediately. For offsite clinic locations, law enforcement shall be called immediately, followed by contacting Security and Human Resources.
- After the safety of the workplace has been restored the Human Resource department or their designee will assess the incident and determine whether the Threat Assessment Response Team requires activation.


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Workplace Harassment – Horizontal Violence (HV) also known as Bullying & Sexual Harassment




HR-21: Workplace Harassment – Horizontal Violence (HV) also known as Bullying & Sexual Harassment

- HV (Bullying) includes all acts of unkindness, discourtesy, sabotage, divisiveness, infighting, lack of cohesiveness, scapegoating and criticism.
- Allowing HV (Bullying) to go unaddressed in the workplace can lead to the following (not an all-inclusive list), all of which constitute harm to the employee/victim and could ultimately have a negative impact on patient care and our lives:
 - Reduced self-esteem
 - Difficulty with morale, emotional control and/or motivation
 - Physical effects which include but are not limited to loss of sleep, the development of nervous and anxiety disorders, eating disorders, hypertension, etc.
 - Depression
 - Impaired personal relationships
 - Increased time out of work or attendance issues

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First**

- Employees who feel they are victims of HV (Bullying)
 - Speak with the perpetrator in a neutral and safe setting if they feel comfortable doing so
 - If this does not yield any results, contact your immediate manager, a supervisor, human resources or call the hotline (see HR-21 Administrative Directive)
 - If you are unable to address the issue with your manager or supervisor, contact the Human Resources Department for assistance.
- Take comprehensive notes on the incidences, identifying clearly the behavior that constitutes horizontal violence (HV).
- Alert your manager/supervisor or Human Resources if you feel you need extra support (i.e. Employee Assistance Program).

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First**

Summary of Workplace violence and harassment


- Review the policies
- Know your rights!
- ZERO tolerance
- Communicate early with your supervisor

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Emergency Management

- System used: National Incident Management System / Hospital Incident Command System (NIMS/HICS)
- Helps us quickly assess, organize, direct and control the response.
- Our overall goal is to do the greatest good for the greatest number of people, and to minimize the impact of an event on the hospital, staff, and patients.


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WHY HICS?




- Core of a crisis management system using an all hazards approach
- Flexible organizational chart
- Standardized job descriptions
- Predictable chain of command
- Common language
- Strengthens our disaster Preparedness






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Overview of HICS




- When our HICS plan is activated, the person in charge of the hospital's response is called the *Incident Commander (IC)*.
- The IC gathers information about the incident, decides how the hospital should respond, and what actions to should take.
- Leadership and direction of the emergency takes place in the *Hospital Command Center (HCC)*
 - Primary location: Boyle Boardroom (SL's campus)
 - Secondary locations: Sogg's Room and Weaver Conference Room
- The IC leads four *sections*: Logistics, Planning, Finance/Administration, and Operations.
 - What do these sections do?

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What should I know in order to be prepared for an incident?



- How to find and use the section of the Emergency Operations Plan (EOP) that applies to what you do.
 - The Emergency Operations Plan is located on the Intranet Portal along with a hardcopy in each Hospital Command Center
- What your role is in an emergency and how to do it.
- How to use any special equipment that your job requires.
- How to communicate with others.
- How to get help using the chain of command.
- How to solve problems that come up while doing your job.

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Types of HICS activation:

- **VIRTUAL:** Senior Management may activate the EOP by contacting key individuals via phone and/or radio vice an overhead page dependent upon the situation/disaster. Full activation of a Hospital Command Center is not needed.
- **ACTUAL**
 - 1) Via phone, radio or other notification method
 - 2) Dialing "333" and having an overhead CODE D paged.
 - Both methods: Incident Management Team members (IMT – Incident Commander and staff) report to HCC for briefing.

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What should I do in an emergency?

- If you discover the emergency, make an appropriate notification (for example, pull the fire alarm for a fire, or tell your supervisor if a chemical spills).
- Return to your department if it is safe to do so
- Remember that you and your department may be asked to do something unusual or different than your normal assignment. How well and quickly you carry out these jobs may be critical to the safety and success of the hospital's mission and our patients. Your flexibility and cooperation in a crisis are very important.
- Do not call the Hospital Supervisor or Switchboard unless directed to do so.

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First

What if I'm off-duty?

If you are off-duty and you hear about an emergency at the hospital or in the community:

- Make arrangements to come to work early in case your help is requested.
- If not requested, report as scheduled for your next regular shift.
- If you are unable to come to work as scheduled, try to contact your supervisor for instructions.

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What do I say to folks who ask for information?

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- Fellow employees
 - Pass on FACTS
 - Do NOT spread rumors or unverified information
 - Refer them to their supervisors
- Patients and families
 - Ensure their safety and well-being
 - Be truthful and reassuring
 - Refer them to your supervisor
- Media and the general public
 - Refer them to the Public Information Officer (PIO) or the Communications and Marketing Office

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EM Summary

Safety First

- Regardless of job title, who *commands* an incident?
- Where is the Emergency Operations Plan (EOP) located?
- Who is your first contact when you need assistance?
- What TWO types of HICS activation are there?
- Ensure you review the "flip chart" in your department and online!!!

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For more information, contact:

Safety First

- Your supervisor (always first)
- Jack Zito, Director of Performance Improvement, Interim Director of Safety & Emergency Preparedness 272-7391 (Safety Officer)
- Kevin Leach, Engineering Operations Manager & FSLH/MVN Fire Marshall, x-6240
- Chris Kilmartin, Security Operations Manager, x-6146
- John Gaetano, Director of Facilities Management, x-6209

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- The next series of slides contains additional information that you are required to know and is beneficial to the safety of yourself, your patients and fellow employees.
- Please review these slides and contact your Supervisor or the Safety Officer with any questions.

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How do we talk to each other during an emergency at work?

If we lose normal telephone service, we may communicate using alternate means, including:

- Portable handheld radios
- Cellular phones
- Plain Old Telephone Service lines (POTS)
- Computer messages and e-mail
- Pagers
- Overhead public address announcements
- Runners and written messages
- HAM Radio



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The Offender for Code A

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First**

Can be anyone. Statistics show they

- Are generally a female.
- Range in age from 12 to 53 but are generally in their early 20s.
- Usually has no prior criminal record. If there is a prior criminal record it is often for fraudulent activity such as shoplifting, bad checks or forgery.
- Are compulsive.
- Suffer from low self-esteem.
- Often fake one or more pregnancies.
- Rely on manipulation and lying as coping mechanisms in their interpersonal relationships.

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Governing Agencies

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- DOH – Department of Health
- NIMS – National Incident Management System
- HICS – Hospital Incident Command System
- DNV - Det Norske Veritas
- NFPA – National Fire Protection Association
- OSHA – Occupational Safety and Health Administration
- EPA – Environmental Protection Agency
- DEC – NYS Department of Environmental Conservation
- LSC – Life Safety Code
- NEC – National Electric Code

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Faxton St. Luke's Healthcare

•People

SECTION F

Keith A. Fenstemacher Center for
Continuous Learning

• People

Mission Statement:

To carry on the legacy of a strong commitment and passion for learning of our former Chief Executive Officer, Keith A. Fenstermacher, by:

- promoting an environment of continuous, life-long learning among our patients, their families, employees, physicians, volunteers and the public
- in order to create a healthier, more vibrant organization and community

• People

Vision Statement:

We are becoming a learning center of excellence,

well known in our community for:

- providing exceptional learning opportunities
- a supportive environment with quality instruction
- promoting Relationship Based Care
- meeting the personal and professional needs of participants
- supporting wellness, prevention, and treatment and the most current - high quality - best practices within healthcare.

• People

Learning Philosophy:

Our philosophy, which will contribute to MVN/FSLH becoming a learning organization:

- Holistic approach: body, mind, emotions, spirit
- Inward journey leading to self discovery
- Outward journey to apply what is learned
- Positively impacts relationships
- Continually expands one's ability to contribute to the organization
- Learning is shared with the greater community

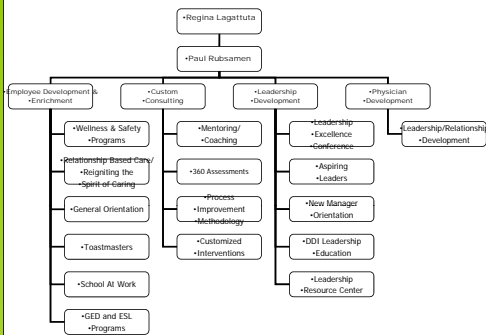
(Based upon Peter Senge's The Fifth Discipline and Creative Health Care Management's Relationship Based Care.)

• People

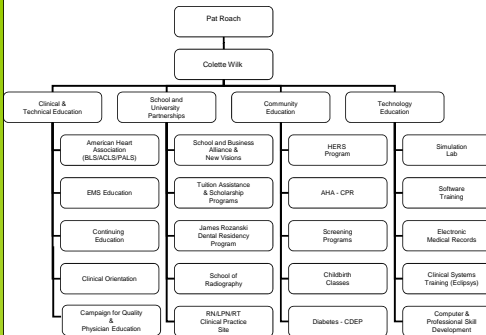
A Variety of offerings

- To promote:
- Professional Development
- Personal Development
- Patient Care & Safety

• People



• People



•People

•Other Avenues for Self Development

- Tuition Reimbursement
- Certification Bonuses (not requirement of Job)
 - 500.00 Annual Bonus/One time Bonus for each additional
- Library Services



Patient Care

Patients are in the center of all that we do.....

Ensuring the Highest Level of Care is Consistently Provided to All Patients

- Patient Identification
- Patient Populations
- Pain Assessment
- Abuse and Neglect
- Fall Prevention
- Service Response Center
- Organ Donation
- Bariatric/Stroke Centers of Excellence
- SHARPS safety
- Reporting of Issues



Patient Identifiers

- All patients must be identified in two ways:
 - First Name and Last Name
 - Date of Birth
- Before anyone works with or communicates with a patient in any way, the identification must be verified
 - No exceptions
- When a staff member places an ID bracelet on the patient they will initial the bracelet signifying that they have verified the ID



Why is Lifespan Specific Care Important?

- Ensures Quality of Care and Patient Safety
- Impacts Patient Satisfaction
- Improves Job Performance
- Meets The National Standards

• *Every person is an individual*
All individuals share certain qualities at each stage of life...

Patient Populations

- Infant and Toddlers (0-3 years)
- Preschool (3-5 years)
 - Major Health Concerns
 - Nutrition
 - Growth and development
 - Immunizations and routine exams/screenings
 - Safety and security

Patient Populations

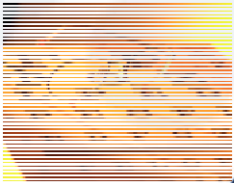
- Middle Childhood (6-12 years)
 - Emotional/social changes
 - Growing independences
 - Increasing sense of right and wrong
- Adolescence (12-17 years)
 - Emotional/social changes
 - More concern about body image, looks, and clothes
 - More interest in and influence by peer group

Patient Populations

- **Young Adults (18-39 years)**
 - Concerns
 - College, career
 - Marriage, starting a family
- **Middle Adults (40-65 years)**
 - Concerns
 - Empty Nest
 - Aging parents

Patient Populations

- **Older Adults (65 years and over)**
 - Concerns
 - Loss of parents, spouse, family and friends
 - Own health issues
 - **Communication Challenges**
 - Vision
 - Hearing
 - Speech
 - Mobility
 - Coordination
 - Concentration





Pain... The 5th Vital Sign

ASSESSMENT

- Patient's self report
- Report of parent, family, significant other
- Behaviors
- Communicate any patient concerns with nurse
- Remember all patients will display pain in different ways. Be aware of how different cultures display pain.

ASSESSMENT

- Responses to unrelieved pain include
 - Depression
 - Weight gain
 - Insomnia
 - Introversion
 - Fatigue
 - Suicide ideation
- Discuss pain control with the patient
 - Previous experience with pain
 - Location
 - characteristics

PAIN CLASSIFICATIONS

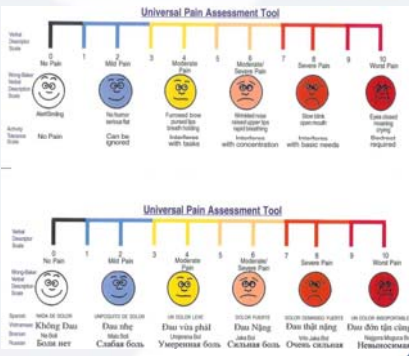
Acute
Subsides as healing takes place
Brief duration, <6 months

Chronic
Prolonged > 3-6 months
Recurrent acute

Acute Pain Management

- The pain scale at FSLH is 0-10
- Languages:
 - Spanish
 - Vietnamese
 - Bosnian
 - Russian
- Colors, Numbers and Faces
- Rulers and posters are available

PAIN SCALE



Acute Pain Management

- Other pain scales include;
 - Unresponsive adult
 - NIPS (neonatal)
 - FLACC (child scale)
- All pain scales at FSLH are 0-10
- Nursing must document unmet goals, ineffective pain control and interventions
- Must reassess within 120 minutes and document outcome



Abuse and Neglect

- The policy of FSLH is to provide screening to all patients for suspected abuse and domestic violence, and to inform people of their legal rights and resources to assist them.
- Domestic Violence, abuse and neglect occur in every race, culture, social class, age group and in every type of relationship.
- Every employee at FSLH is responsible to report a potential or actual case of abuse or neglect

•Inpatients: “Your Rights as a Hospital Patient.”
•Outpatients: “Victims Rights Notice.”

Barriers to Disclosure of Domestic Violence

- Abuser Threats and Control
- Victim Fears and Perceptions
- Language, Culture and Religion
- Immigration Status
- Sexual Orientation

Types of Domestic Violence/Abuse

- Physical
 - Non-accidental trauma, complaint does not match injury
- Sexual
 - Molestation by an adult or significantly older child for gratification of the perpetrator
- Emotional
 - Abnormalities in care giving such as aggression or unusual punishment that damage psychological well-being
- Neglect
 - Failure of a caretaker to adequately provide basic human needs of clothing, food, shelter, education or medical care
- Financial
 - Misuse of assets by caretaker

Mandated Reporting/Responsibilities

- All personnel who are licensed through the state of New York are obligated to report abuse or neglect, whether inside or outside the facility!
- All staff should report any suspicions to the nurse caring for the patient
- Notify Case Management
- All information is confidential and protected by HIPPA



FALL

- A fall is defined as any event in which a person voluntarily or involuntarily comes to rest on the floor or at a lower level.
- Persons lowered to the floor or **“caught”** before hitting the floor will be considered falls for reporting purposes.
- Follow policy guidelines, EC-21

Fall Prevention

- **All** members of the FSLH team are responsible for:
 - Identifying people at risk for falls
 - Reporting fall risk patients to their supervisor or the nurse
 - Participate in lowering the risk of falling for patients, visitors and staff
 - Identify areas of concern such as wet spills and hallway blockages and report them to Service Response.

Identifying Patients at Risk for Falls

- All patients are assessed, by an RN, and identified upon admission and reassessed after procedures, surgeries, medication for pain, seizure disorder, new onset confusion and the addition of medications that totals > 4 meds.
- Patients are assigned a safety level
 - Low Risk
 - All patients
 - Moderate Risk
 - Alert and oriented, but with one or more factors that impact mobility
 - Orange Bracelet
 - High Risk
 - Patients with a history of falls, unwilling or unable to follow direction, confused or disoriented.
 - Orange Bracelet with a black dot.
- Patients are assessed using the fall risk assessment tool.

Identification

Bed Entrapment

- Bed entrapment is defined as:
 - Injury or death that may be caused by a patient getting caught, trapped or entangled in any part of the bed
 - Strangulation or Suffocation
 - Serious injury from climbing over the rails
 - Inducing agitation
 - Bruising

• 7 Entrapment Zones

• Entrapment Zone 1 Entrapment Zone 2 Entrapment Zone 3

• Entrapment Zone 4 Entrapment Zone 5 Entrapment Zone 6

• Entrapment Zone 7



Service Response

- It is the ongoing mission of the Service Response Department to process, assign and oversee timely completion of work requests for the Patient Experience Departments of Transport
 - *Transport
 - *Linen Services
 - *Environmental Services
 - *Courier
 - *Nutritional Services
 - *Catering

Different Areas of SRC

- Nutritional Services
 - Café special orders
 - Patient requests
- Transport
 - Patient moves
 - Central sterile equipment
 - Stockroom items

Different Areas of SRC

- Catering
 - Meeting room set ups and breakdown
 - Items needed during functions
- Linen Services
 - Sheets, towels isolation gowns etc
- Courier
 - Messenger services

Different Areas of SRC

- Environmental Services
 - Spills
 - Sharps containers
 - Confidata bins
 - Room cleaning



Service Response Center

- Open 7 days a week
 - 0600-2200
- Patients or staff can call
- Dial 5700

- Additionally, SRC promotes an environment that is customer focused and proactive.



The Center For Donation & Transplant

- Non-profit organization dedicated to increasing organ and tissue donation and retrieval of donor organs and tissue
 - Approximately 100,000 patients are waiting for a life-saving transplant in the United States
 - Every 14 minutes, another name is added to the waiting list
 - An average of 17 people die every day due to the lack of transplantable organs.

Organ Transplants

- One donor can save or enhance the life of up to 50 people.
- Transplantable organs in the human body:
 - Heart
 - Lungs
 - Liver
 - Kidneys
 - Intestine
 - Pancreas

Tissue Donations

- Hundreds of thousands of people benefit from some form of tissue transplantation every year
 - Donated **bone** can prevent amputation in patients suffering from bone cancer
 - **Tendons and cartilage** can replace tissue lost or injured due to trauma, disease or infection
 - **Veins** can be used to re-establish blood circulation in heart bypass surgery, helping to prevent heart attacks
 - **Skin** may be used to help save the lives of severe burn victims
 - **Heart valves** have the ability to “grow” with younger patients, reducing the need for repeated surgery
 - **Cornea** recipients are often given the chance to see for the first time.

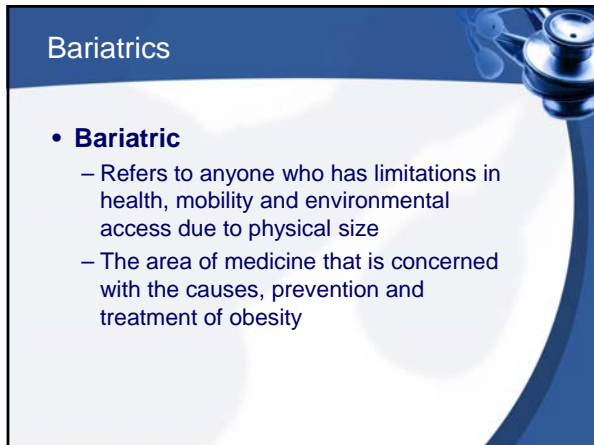
Becoming a Donor

- New York State residents can join the Donate Life Registry to document your decision to be an organ/tissue donor.
- The registry is a legal document of gift, meaning that enrolling in the registry is your legal consent to donate organs/tissues if medically possible after death.
- The registry is a confidential database maintained by the New York State Department of Health.

FSLH Centers of Excellence

Bariatric Surgery
Stroke Program







Patient Safety

- **Bariatric Equipment**
 - Beds
 - Chairs
 - Recliners
 - Commodes
 - Walkers
 - Wheelchairs



FSLH Primary Stroke Center
Designated in December 2008

Primary Stroke Center

- **What does it take to become a Primary Stroke Center?**
 - NYS DOH designation
 - Must provide 24 coverage for acute stroke care with the following;
 - Neurology, Imaging, Care Standards
 - All nurses who care for stroke patients must have an initial 8 hours of education and then 4 hours every year thereafter.

Primary Stroke Center

- Every stroke patient must be brought to the nearest stroke designated hospital unless life threatening
- We must be able to provide stroke care including all the necessary medical imaging
 - 24 Hours a day
 - 7 days a week
 - 365 days a year
- We also provide education to each and every stroke patient as well as the community.



SHARPS Safety

Imagine reaching into the chutes with only a pair of gloves to protect you.....



And finding this.....



.....SMALL sample of the items found in OUR laundry everyday.

Dispose of your sharps in a sharps container.



Do not try to stuff more into an overfull container.



Please:

- Call SRC at 5700 when you notice a sharps container is getting full, and they will have it changed.
- DO NOT dispose of sharps in the linen or regular trash. They belong in sharps containers ONLY!
- DO NOT leave needles or other items in beds, on the floor, or on tables.
- Please use caution when changing linen or if you find a SHARP.

Protect your Back
Learn the Right Moves!

*It's the people.
It's the care.*

Partners in Care
Learning Together

•236

Back Safety

- Your back is at work 24 hours a day.
- It takes part in almost every move you make.
- Because of its workload, your back is prone to injury.

Back Injuries

- Are extremely painful.
- Are difficult to heal.
- Are frequently recurring.
- Affect everything you do.



Back Injuries

Preventing back injuries is a major safety challenge. For those who suffer from back injury:

- Only 3% receive training in preventing back injuries.
- 97% receive medical treatment.

Learn the Right Moves

The best way to prevent back injuries is to learn the right moves:

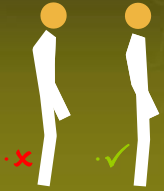
- Practice good posture—maintain your back's natural curves.
- Practice good body mechanics and work techniques—good habits reduce the strain placed on the back.
- Maintain physical fitness.



Posture

Practice good posture:

- Stand or sit up straight.
- Keep knees slightly bent while standing.
- Keep your ears, shoulders, hips, and ankles in a straight line while standing.
- Tuck in buttocks.




Good Body Mechanics & Work Techniques

Lifting

Remember your **BACK** when lifting:

- B—Back Straight
- A—Avoid Twisting
- C—Close to the body
- K—Keep the lift smooth (don't jerk)

Always lift with your legs!



Good Body Mechanics & Work Techniques

Standing/walking


- Keep your weight equal on both feet or with one foot up resting on a low stool.
- Change positions often.
- Keep head high, chin tucked in, toes straight ahead.
- Wear comfortable, low-heeled shoes (less than 4 cm high) with good support.
- Take short rest breaks.



Good Body Mechanics & Work Techniques

Driving


- Adjust car seat so your knees are just below hip level.
- Sit up straight.
- Keep both hands on the steering wheel.
- Use a lumbar support (or rolled-up towel) to support your lower back.



Good Body Mechanics & Work Techniques

Sitting

- Sit up straight and firmly against the back of the chair.
- Keep both feet flat on the floor.
- Keep knees at or slightly lower than the level of your hips.
- Protect your lower back with a lumbar support (or rolled-up towel).



Good Body Mechanics & Work Techniques

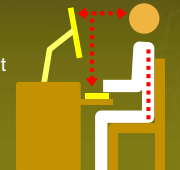
Sleeping

- Sleep on a firm mattress.
- Sleep on your side with a pillow between your bent knees or on your back with a pillow under knees.
- Never sleep on your stomach, which can twist your neck and strain your back.

Good Body Mechanics & Work Techniques

Computer workstations

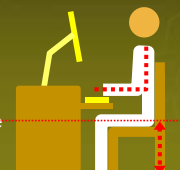
- Keep the keyboard directly in front of you.
- Place the screen at a comfortable distance.
- Adjust the top of the screen to be at eye level.
- Maintain your back in neutral posture.
- Avoid extended reaches.



Good Body Mechanics & Work Techniques

Computer workstations

- Keep forearms and hands horizontal, with your elbows vertically under your shoulders (no angle at the wrist).
- Adjust the chair's height so that your knees are level or slightly below your hips and both feet are flat on the floor.



Good Body Mechanics & Work Techniques

Manual Material Handling

1. Decrease the weight lifted by:

- Modifying size, shape, and/or number of objects.
- Repackaging load.
- Holding objects close to your body.
- Distributing the weight of the load evenly.
- Using lifting teams (ask for help).
- Using lift assist devices (e.g., carts, dollies, forklifts, cranes).

Good Body Mechanics & Work Techniques

Manual Material Handling ... continued

2. Improve the effectiveness of your work space by:

- Ensuring clear and easy access to load.
- Turning by moving your feet and your whole body.
- Minimizing bending, twisting, and reaching below mid-thigh, above shoulder height, and beyond 50 cm.

Good Body Mechanics & Work Techniques

Manual Material Handling ... continued

3. Minimize frequently repeated and lengthy tasks that are the most tiring by:

- Alternating heavy tasks with lighter ones.
- Using larger muscle groups (e.g., thighs).
- Reducing the number of times a load is lifted.
- Reducing the pace of the task.

Maintain Physical Fitness

Poor physical fitness can increase the likelihood of a back injury.

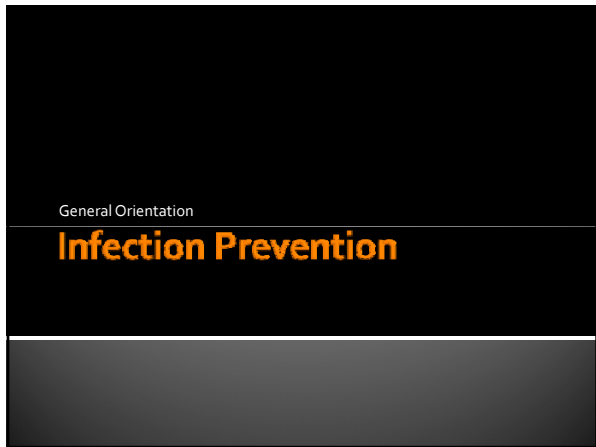
Regular exercise:

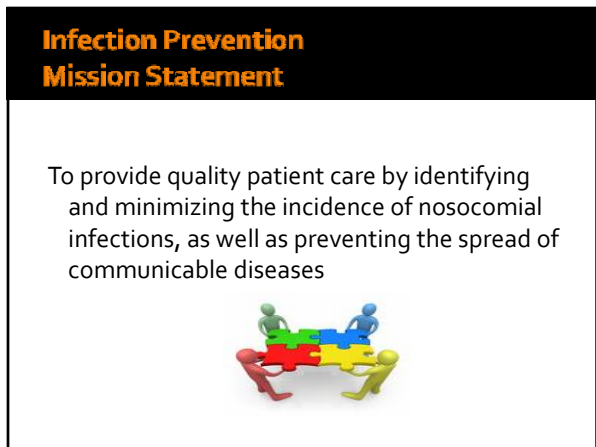
- Strengthens back and abdominal muscles
- Promotes weight control.
- Keeps bones healthy and strong.



•A sample stretching exercise against a wall









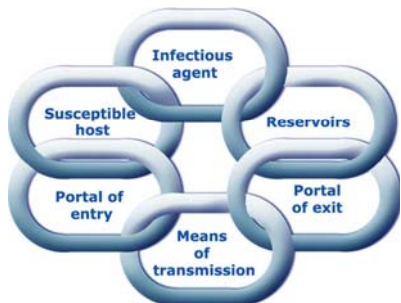
By understanding and following Infection Prevention guidelines, we can prevent unnecessary hospital-acquired infections

By choosing to work in healthcare, we understand that we are at risk of coming into contact with germs that can cause disease by spreading from person to person



To protect yourself, follow Infection Prevention guidelines

Chain of Infection



Keep yourself and our patients safe!

- Hand hygiene, hand hygiene, hand hygiene!
- Respiratory Etiquette
- Stay home if ill!
- Keep immunizations current
- Follow appropriate precautions
- Patient hygiene
- Appropriate specimen collection
- Handling of patient use items

Standard Precautions

- All patients, all situations, all the time!
- Perform hand hygiene before and after care
- For any anticipated or potential exposure to:
 - blood,
 - body fluid,
 - secretions,
 - non-intact skin,
 - or mucus membranes-



MUST WEAR APPROPRIATE PPE!

Personal Protective Equipment

Use what you need... PROTECT YOURSELF!



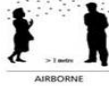
OSHA MANDATE: SAFE USE OF PPE

- Provided by employer
- Accessible
- Prevents blood or body fluid from contaminating the employee or clothing



Transmission-based precautions

- IN ADDITION to standard precautions
- Depends on mode of transmission of disease in question
- Includes:
 - Contact
 - Droplet
 - Airborne



AIRBORNE

Contact Precautions

Contact Precautions

IN ADDITION TO STANDARD PRECAUTIONS



Check with nursing staff before entering patient room.



1. Wash hands with soap and water or use the alcohol hand rub before applying gloves.



2. Wear gloves at all times in room. Breakage before leaving room. After hands are used and when in contact hand sanitizer.



3. Wear gloves when entering patient room, remove before leaving room.

-Transmitted by contact with patients, equipment, and objects

-Directly or indirectly

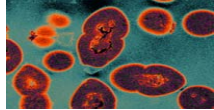
-Wear gown and gloves when in room

-Hand hygiene before and after donning gloves

-In addition to standard precautions

Multi-Drug Resistant Organisms

- MRSA, VRE, KPC, ESBL, MDR- GNs, some strains of C. diff
- Organism has developed resistance to at least one drug that used to treat it.
- Can easily be passed to other hospitalized patients by healthcare workers, can be deadly to weakened patients
- Use **contact precautions** to prevent the spread of these organisms in the hospital



Clostridium Difficile

Contact precautions-use **RED** sign



Use **BLEACH** when cleaning, **WASH HANDS** after care!

Gowns and Gloves

- Protect YOU
- Protect your OTHER PATIENTS
- Protect your CO-WORKERS
- Protect your FAMILY



Droplet Precautions

DROPLET PRECAUTIONS IN ADDITION TO STANDARD PRECAUTIONS



Check with Nursing Staff before entering room.



To reduce transmission maintain a distance of at least 3 feet from patients.

Surgical mask is required at ALL TIMES when entering room.

Wash hands when leaving room.

Transmitted by droplets through the air (3-6 feet)

Wear surgical mask when caring for patient

In addition to standard precautions

Droplet organisms



Respiratory Etiquette

- Coughing into your hand can spread germs
- When coughing or sneezing, use your elbow



Airborne Precautions

AIRBORNE PRECAUTIONS
IN ADDITION TO STANDARD PRECAUTIONS



Organisms travel freely through the air, long distances on air currents

Wear N-95 Respirator mask

Check with Nursing Staff before entering room.



Keep door closed at ALL TIMES.

N-95 mask is required at ALL TIMES when entering room.

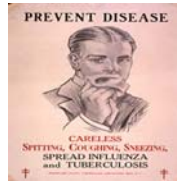
Wash hands when leaving room.

In addition to standard precautions

Tuberculosis (TB)

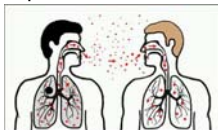


- TB is a dangerous, very contagious disease found worldwide
- Caused by *Mycobacterium tuberculosis*
- Nearly 11,000 new cases found in the U.S. each year
- Increasing prevalence



TB

- Caused by inhaling infectious particles into the lung
- Increased risk: unsanitary conditions, close quarters with infected persons, immunocompromised



TB

- Can have "Latent" infection and not "active" disease
- Latent-exposure, may be treated, not transmissible
- Active-disease is occurring, signs and symptoms are present



TB-Case Study

- Patient comes in with history of previous positive Mantoux test, and is coughing and producing bloody sputum.
 - What do you do first?
- **ISOLATE!**



Communication is the KEY!



AIRBORNE PRECAUTIONS
IN ADDITION TO STANDARD PRECAUTIONS

STOP

Check with Nursing Staff before entering room

Check with Nursing Staff before entering room

DROPLET PRECAUTIONS
IN ADDITION TO STANDARD PRECAUTIONS

STOP

Check with Nursing Staff before entering room

Check with Nursing Staff before entering room

Contact Precautions
IN ADDITION TO STANDARD PRECAUTIONS

STOP

Check with nursing staff before entering patient room

Bloodborne Pathogens

- Hepatitis B, Hepatitis C, HIV
- May be transmitted by exposure to blood or body fluids
- Use great care when handling sharps
- Always properly dispose of sharps, do not leave them unattended for ANY reason!
- Use **standard precautions** to protect yourself



OSHA Bloodborne Pathogen Exposure Control Plan

- Designed to eliminate or minimize employee exposure to blood, body fluids, or other potentially infectious material
- Exposure determination based on job duties



Disposal of Sharps

- Always dispose of sharps or syringes in appropriate sharps containers
- Never leave sharps unattended
- **DO NOT PUT YOUR COWORKERS AT RISK!**



Hepatitis B

- Serious liver disease caused by Hepatitis B virus
- 800,000-1.2 million chronic cases in the U.S. currently
- Rates of infection declining due to immunization
- High-risk for transmission in healthcare with needlestick injuries or blood/body fluid exposures
- Leads to liver failure, liver cancer, death



Hepatitis C

- Serious liver disease caused by Hepatitis C virus
- 3.2 million chronic cases in the U.S. currently
- NO IMMUNIZATION
- 75-80% of cases go on to become chronic
- High-risk of transmission in healthcare due to needlestick injuries or blood exposures
- Leads to liver failure, liver cancer, death



Symptoms of Hepatitis

- 20-30% of newly infected patients develop symptoms such as
 - Fever
 - Abdominal pain
 - Jaundice
 - Fatigue
- Many cases will be ASYMPTOMATIC



Transmission of Hepatitis

- Transmitted in healthcare settings by needlestick injuries or blood exposure
- Hepatitis B and C both can **SURVIVE FOR 7 DAYS IN DRIED BLOOD!**
- Always use standard precautions if a risk of contacting blood or body fluids is present

Human Immunodeficiency Virus (HIV)

- HIV is the virus that leads to AIDS
- Transmitted in healthcare setting by needlestick injuries or blood/body fluid exposures
- No threat of contracting HIV through casual contact
- Does not survive well in the environment



Cleanliness is EVERYONE'S Responsibility!

- Use hospital approved disinfectant for cleaning
- Before and after the shift, whenever a spill occurs
- Keep the environment NEAT and ORGANIZED
- Use PPE if necessary, perform hand hygiene
- Do not pick up broken glass with your hands



Blood Spill Kit

- Used to clean up spills of blood or other potentially infectious body fluids
- Wear PPE, perform hand hygiene
- Saturate area with Virex TB, then wipe clean
- ES personnel can mop clean after infectious material is wiped away



What equipment should I use?

BLUE is beautiful, GREEN is gunky

- If GREEN tag is present: item is DIRTY
- If BLUE tag is present: item is CLEAN
- Any item obtained from CS (IV poles, bedside commodes) must go back to CS for decontamination prior to being re-used
- Any item kept on the floor should be cleaned with appropriate disinfectant before re-use

Handling of Patient Items



- Linens
- Belongings
- Care Items
- Housekeeping
- Hospital Equipment

Biohazards

- Potentially infectious material may be present
- USE CAUTION



Hazards in the workplace

- OSHA engineering controls
 - Sharps containers
 - Safety needles
 - Negative pressure-rooms



Food and Drink

- No food or drink in patient care areas
- Do not place food or drink where potentially infectious material may be present
- Food or drink may not be kept in medication or blood refrigerators



Keeping our Patients SAFE

- Don't come to work if SICK
- Get your IMMUNIZATIONS
- Keep our patients SAFE!



What is "hand hygiene?"

- Washing your hands with soap and water
 - Using alcohol hand sanitizer



Alcohol Hand Sanitizers are the best!



If your hands are visibly dirty...



USE SOAP AND WATER!

If your hands are not visibly dirty, then alcohol sanitizer is more effective, less irritating, takes less time, and is more accessible!

When do I perform Hand Hygiene?

- Before and after contact with a patient or the patient's immediate environment!
- Before and after putting on gloves
- Before and after eating, drinking, or after using the bathroom



Hand hygiene *before* patient contact is for the patient...

Hand hygiene *after* patient contact is for you, your family, and your other patients.



Why do I need to perform hand hygiene BEFORE I put on gloves??

- Gloves only reduce hand contamination by 70-80%!!
- Gloves do NOT provide an impermeable barrier!!
- You are still at risk of transmitting dangerous microorganisms to your patients EVEN if you are wearing gloves.
- Performing ADEQUATE hand hygiene is the ONLY way to protect you, your family, and your other patients!

But I didn't touch the patient...do I still need to perform hand hygiene??

YES!!



Bacteria can live for **DAYS** on patient care equipment and surfaces!

How do I wash my hands correctly?

If your hands are visibly soiled...

- Wet hands with water
- Apply soap
- Rub hands together for 15 seconds, focusing on fingertips and fingernails
- Rinse under running water
- Dry with paper towel
- Turn off faucet with paper towel





How do I use alcohol sanitizer correctly?

- Apply hand rub to the palm of hand
- Rub hands together, covering all surfaces (concentrating on the fingertips and nails)
 - Let dry



Don't Forget Who is at the Center!



- Your patients count on you to keep them safe and get them back home!

Thank you!

- The Infection Prevention Department:
 - Heather Bernard, BSN, RN, CIC
 - Mary Boyd, BSN, RN, CIC
 - Susan Giglio, BSN, RN
 - Stacey Jaskolka, BSN, RN
 - Earlena Rood, BSN, RN
 - Joseph Scarafile, BSN, RN
 - Jenni McFadden, Administrative Assistant





•Faxton St. Luke's Healthcare

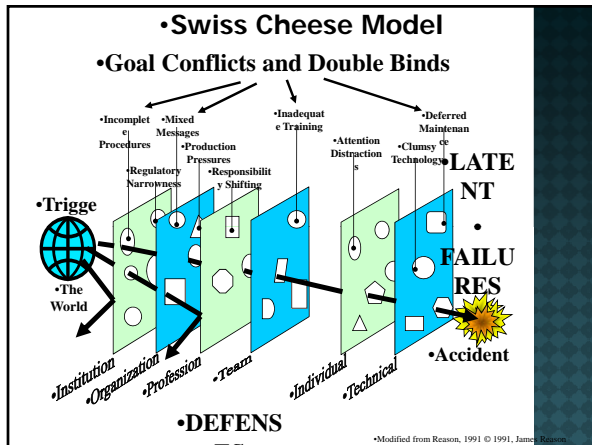
•QUALITY MANAGEMENT
& PATIENT SAFETY

MEDICAL ERROR FACTS

- More people die in a given year from medical errors than from MVAs, Breast cancer or AIDS.
- At least 1.5 million U.S. residents are harmed or killed each year because of medication errors.
- Total national costs of preventable adverse events are estimated at 17-29 BILLION dollars.

MEDICAL ERRORS

- ❑ Accidents are a form of information about a system/process
- ❑ Identify weaknesses or breakdowns that can cause harm to the patient.
- ❑ Human error (60-80% of all errors)
- ❑ Systems/processes that are reliable and safe help people make less mistakes



What is QUALITY?

Quality is meeting or exceeding the customer's needs or expectations.

- ❑ Customers can be internal or external.
- ❑ Customers define what quality is.
- ❑ You need to know and understand **ALL** the customer's requirements to achieve quality outcomes.



Healthcare QUALITY

- Customers define Quality Healthcare as:
 - ❑ Safe - Avoid injury to patients from care intended to help them.
 - ❑ Timely - Reduce wait times and sometimes harmful delays.
 - ❑ Effective - Provide services based on scientific knowledge
 - ❑ Efficient - Avoid waste, including waste of equipment, supplies, ideas, and energy.
 - ❑ Equitable - Provide care that does not vary in quality due to gender, ethnicity.
 - ❑ Patient-Centered - Provide services based on scientific knowledge to all who could benefit, and not to those not likely to benefit.

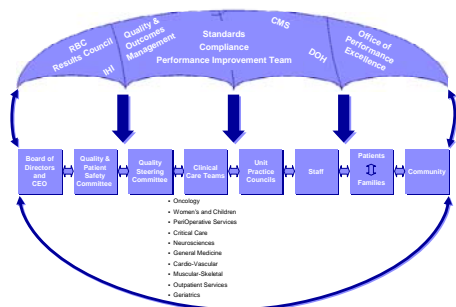


PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PLAN (LD-23)

Describes the structure, methods, and controls we use for assuring the delivery of quality patient care to our community.



Performance Improvement/Quality Structure



SYSTEMS APPROACH

- ❑ The Performance Improvement and patient safety plan emphasizes on a SYSTEMS approach to quality healthcare.
- ❑ The Processes rarely operate in isolation of one another and they must be considered in relation to the other processes that impact them.
- ❑ This “systems” approach makes each person within the organization responsible for SAFE QUALITY CARE/SERVICES.



PERFORMANCE IMPROVEMENT

- ❑ Performance Improvement means continuously;
Measuring,
Assessing,
and Improving the safety and quality of care delivered to the patients.
- ❑ The ultimate goal is **Improvement in Patient Outcomes.**



PROCESS MANAGEMENT METHODOLOGY

- ④ Standard improvement model to drive process improvement for inpatient outcomes and safety
 - ❑ Define - the process goals that are consistent with customer demands.
 - ❑ Measure - the current process and collect relevant data.
 - ❑ Analyze - to verify relationship and identify root cause.
 - ❑ Improve - to optimize the process.
 - ❑ Control - to ensure sustainability.



2013 CORPORATE GOALS

Corporate Goals for Safe Quality Care include:

- ❑ **Core Measures**

Centers for Medicare and Medicaid Services

Heart Failure

Pneumonia

Myocardial Infarction (Heart Attack)

Surgical Care Improvement Project (SCIP)

- ❑ **Reduce incidents of Medical HARM**

Falls, Medication Errors)

- ❑ **Reduce 30 Day Readmissions**



CORPORATE GOALS

- ❑ Corporate Goals promote **Safe Quality of Care**

- ❑ Developed by Leadership and approved by the Board of Directors

- ❑ Departmental and Unit goals and objectives support the Corporate Goals



Patient Safety Goals

- ❑ Improve the accuracy of patient identification.

- ❑ Improve the effectiveness of communication among caregivers.

- ❑ Improve the safety of using medication.

- ❑ Reduce the risk of health care-associated infections.

- ❑ Accurately and completely reconcile medications across the continuum of care.

Patient Safety Goals

- ❑ Reduce the risk of patient harm resulting from falls.
- ❑ Prevent health care-associated pressure ulcers.
- ❑ The organization identifies safety risks inherent in its patient population, such as high risk for falls, decubitus.
- ❑ Tracking adverse events over time is a useful way to tell if changes being made are improving the safety of the care processes.

NEVER EVENTS

Centers for Medicare & Medicaid (CMS) defines Never Events;

Medical errors that should never happen and that are either costly or common.

QUALITY = \$\$\$\$\$

Examples:

- Foreign Body left in patient
- Falls and Trauma
- Wrong Blood Transfusion
- Infections

SENTINEL EVENTS

Sentinel events are **unexpected occurrences** that have the potential to cause death or serious physical or psychological impairment of patients

NYPORTS - New York Patient Occurrence Reporting and Tracking System

Reportable to the New York State Department of Health

- Unexpected Death,
- Impairment of limb, organ or body function
- Wrong patient, wrong site surgical procedure
- Malfunction of equipment during treatment



SENTINEL EVENTS

- ❑ Investigation of sentinel events is an activity of Quality Management.
- ❑ These investigations are conducted to; identify root causes for the events
- ❑ Correct the causes and/or put processes in place before harm comes to another person.



SAFETY ISSUE IDENTIFIED

- ❑ Immediately handle the problem if necessary to avoid further harm to patients and others.
- ❑ Notify your supervisor.
- ❑ Call the Safety Hotline at 624-6300 and leave a message describing the occurrence.
- ❑ Complete a Safety Report and send to the Quality Management Office.

SAFETY REPORTS

- ❑ Safety Reports are completed for out-of-the-ordinary or occurrence which may cause and/or actual injury to an individual (patient, visitor, student) or damage to hospital property.
- ❑ These occurrences are investigated to determine if there is a system (process) or individual performance issue.

SAFETY REPORTS

- ❑ Occurrences included, but not limited to;
 - Equipment Failure
 - Slip/Fall
 - Procedure/Test/Treatment Related
 - Medications/Blood/IV
 - Miscellaneous
 - Elopement
 - Fire
 - Needle stick
 - Spill/Leak

SAFETY REPORTS

- ❑ Documentation the following on the Safety Reports;
 - Identify the Occurrence
 - Location of the event
 - Persons involved
 - Description of the event
 - Outcomes if known
 - Persons contacted (Supervisor, MD)

CORRECTIVE ACTION

Corrective Action may be initiated as a result of:

- ❑ Occurrence out of the ordinary.
- ❑ Re-occurring problem within a process.
- ❑ Internal audits.
- ❑ Customer complaint.
- ❑ Supplier or subcontractor issue.
- ❑ Identification of any other condition that does not comply with the documented management system or regulatory (accreditation) standard.



CORRECTIVE ACTION - 5 STEPS

□ There are **five** (5) steps in the Corrective Action process:

1. Stop the problem.
2. Implement an interim solution.
3. Find the **root** cause of the problem.
4. Implement actions to prevent the problem from re-occurring.
5. Remedial action (counseling, education)



JUST CULTURE

Safety Culture includes "JUST CULTURE"

Just Culture

- Learning culture versus a blaming culture
- Learning from unsafe acts
- Promotes a questioning attitude
- Promotes change
- Committed to excellence
- Fosters personal accountability

PATIENT CARE ISSUES

□ In the event you feel that Faxton St. Luke's Healthcare is not properly addressing patient care issues, any staff member, patient, or family may call;

New York State Department of Health
Complaint Hospital Intake Program
1-800-804-5447

QUALITY POLICY

Faxton St. Luke's Healthcare provides the highest Quality of Care in our region using evidence based practice that is safe, timely, effective, efficient, equitable, patient-centered and is supported by continuous quality improvement.

CONCLUSIONS

- ❑ EVERYONE at Faxton St. Luke's Healthcare is responsible for SAFETY AND QUALITY!
- ❑ Safety Reports are completed for out-of-the-ordinary or occurrence which may cause and/or actual injury to an individual (patient, visitor, student) or damage to hospital property.
- ❑ Contact the Patient Safety Hotline with concerns of Patient Safety and Quality Care.

Quality Care Management Department

- ❑ Questions regarding this presentation or Patient Safety or Performance Improvement, please contact the Quality Care Management Office at 624-6300.

- ❑ Thank you!

2013

Dress Code

- Personal Hygiene
 - Hair-must be restrained in clinical areas and nutrition, a natural shade
 - Perfumes/colognes-light scents and use sparingly
 - Nails-short, neat, no artificial in clinical areas (neutral polish if not chipped)
- Clothing
 - Clinical-neat, clean, hospital or your own scrubs if not in a surgical area (no solid black)
 - Non Clinical-neat, clean, business casual, or as assigned by your department
 - Proper undergarments a must

Dress Code

- Footwear-clean, polished, and safe in relation to the job being performed.
- No open toed, open back shoes are allowed in clinical areas
- A form of stockings or socks must be worn at all times.
- Jewelry-max of 2 rings, earrings per ear, and bracelets(in non clinical areas)
- Identification-name badge above the waist, picture and name visible at all times

Parking

- > Make sure your vehicle(s) are registered.
- > Get your parking sticker from Human Resources or Security
- > Employee parking is designated with white lines.
- > Visitor parking is designated with yellow lines.

DRUG-FREE WORKPLACE

- No employee on FSLH premises will be under the influence of any substance, whether alcohol or drugs (legal or illegal), except an authorized substance with management's approval. If an employee is discovered in possession of an unauthorized substance, security shall be called to the scene and the substance will be destroyed. No employee will use, sell, purchase, distribute, dispense, manufacture or possess any quantity of a substance, whether alcohol or drugs, except for possession and use of an authorized substance with management's approval

•TOBACCO

- FSLH is a tobacco free environment, you may not smoke on the premises.
- If you smoke you must leave the campus to smoke.

Social Media Policy Highlights

- No confidential patient or family member information may be discussed. No photos or details may be posted.
- Social media and/or social networking sites may not be used to disparage FSLH or anyone affiliated with FSLH, including employees.
- Social media and/or social networking sites may not be used to bully, harass, humiliate, threaten or discriminate against anyone affiliated with FSLH, including employees.
- Internal or proprietary information may not be disclosed using social media and/or social networking sites.
- Employees are not allowed to access social media/social networking sites during the work day unless they obtain approval from their Department Manager or unless it is work related.
