MISSION

What is the mission of Trinity Health Care?

Our Mission
We, Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities.

Our Core Values
Reverence
We honor the sacredness and dignity of every person
Commitment to Those Who are Poor
We stand with and serve those who are poor, especially the most vulnerable.
Justice
We foster right relationships to promote the common good, including sustainability of Earth.
Stewardship
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
Integrity
We are faithful to who we say we are.

Our Vision
As a mission-driven health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

LIFE SAFETY

What is the fire code at SFMC?
Code Red
What does RACE mean?
Acronym for responding in a fire situation.

- Rescue any person in immediate danger.
- Alarm – announce code Red, pull the alarm, call the operator at 54000 report the exact location of fire.
- Confine the fire. Close all doors and windows. Obtain extinguishers.
- Extinguish the fire, if it is a small fire (no larger than trash can) if not, evacuate the area.

What does PASS mean?
Acronym for using a fire extinguisher

- Pull the pin
- Aim the extinguisher - at the base of the fire
- Squeeze the handle
- Sweep – back and forth at the base of the fire.

What are the three types of extinguishers used at SFMC?

- “A” Water -used for paper and trash fires
- “ABC” Multipurpose – Can be used on any type of fire
- “CO2” Chemical & electrical fires
What are the Hospital evacuation procedures?

Horizontal evacuation first- Move through the fire doors to the area adjacent.
Vertical evacuation – down to another floor-only if necessary

Take patient records if safety permits.

What are the Emergency codes?

<table>
<thead>
<tr>
<th>Emergency Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>Emergency Phone Number Dial 4000</strong></td>
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<tr>
<td><strong>Code Triage:</strong> Activate Hospital Incident Command Center</td>
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<tr>
<td><strong>Code Red:</strong> Fire – Rescue Alarm Contain Extinguish</td>
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<tr>
<td><strong>Code Blue:</strong> Cardiac/Resp. Arrest Adult</td>
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<tr>
<td><strong>Code White:</strong> Cardiac/Resp. Arrest Child</td>
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<tr>
<td><strong>Code Yellow:</strong> Bomb</td>
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<tr>
<td><strong>Code Silver:</strong> Hostage/Weapons</td>
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<tr>
<td><strong>Code Gray:</strong> Violence</td>
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<tr>
<td><strong>Code Amber:</strong> Child Abduction</td>
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<tr>
<td><strong>Code Orange:</strong> HazMat – 1. Remove 2. Call 4000 3. Contain</td>
</tr>
<tr>
<td>SDS: Located SFMC Computer WEB/Dept. Specific Work Area</td>
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<tr>
<td><strong>Code Green:</strong> ALL CLEAR Return to normal operations</td>
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Active Shooter

How to respond when an active shooter is in your vicinity:

1) Run
   - *Have an escape route and plan in mind*
   - *Leave your belongings behind*
   - *Keep your hands visible*

2) Hide
   - *Hide in an area out of the shooter's way*
   - *Block entry to your hiding place and lock the doors*
   - *Silence your cell phone and/or pager*

3) Fight
   - *As a last resort and only when your life is in imminent danger*
   - *Attempt to incapacitate the shooter*
   - *Act with physical aggression and throw items at the active shooter*
   - **CALL 911 WHEN IT IS SAFE TO DO SO**

Who should be contacted regarding a utility failure?
Facilities Management at ext. 55077 or 55236.
Page on call shifts or call the Operator via “0”

What department should be contacted if a medical device is not working properly?
Clinical Engineering at ext. 55019. Clinical Engineering is also responsible for preventive maintenance on all medical equipment.

What are Interim Life Safety Measures?
Safety measures designed to provide a safe environment during renovations and/or construction.

Who is the Safety Officer?
Duane Cline 609-599-6260 ext. 56260
What are OSHA Standards and where can they be found?

OSHA Standards protect workers from all known and as yet unknown diseases transmitted by blood and body fluids. The SFMC Exposure Control plan will help you do your job safely. It can be found in the Infectious Control Department.

What are Universal or Standard Precautions?
Universal or Standard precautions means you treat all blood and other potentially infectious body fluids as if they are infectious.

What can be used as Personal Protective Equipment?
Gloves, Masks and Gowns are personal protective equipment and should be worn whenever you may come in contact with blood, body fluids or infectious material.

What is the single most effective way to prevent the spread of infection?

Hand washing, using proper technique: friction (rubbing hands together), soap, warm water, and scrubbing for at least 15 seconds is the best way to prevent the spread of infection to your patients, yourself and others. Wash hands before and after using gloves.
Hand Sanitizers are also available for hand hygiene. They are available outside and inside each patient room. Remember to wash both before and after patient contact. Routine hand-washing must be performed when you are caring for patients with C diff or your hands are visibly soiled.

What are Blood-borne Pathogens?

Blood-borne pathogens are microorganisms that are present in human blood & can cause disease. They include HIV (human immunodeficiency virus), hepatitis B & hepatitis C. Hepatitis B is the major infectious blood-borne hazard you face on the job. It can be contacted through blood & even touching contaminated environmental surfaces. Hepatitis C & HIV can also be contacted through blood-borne exposures. It is extremely important to avoid accidental injury from needles, scalpels & broken glass or through open cuts & mucous membrane exposures.

Which blood-borne pathogens can you be protected against through immunization?

Only Hepatitis B. A vaccine given as a series of three injections over a six-month period will protect you. Contact the Employee Health Office for more information.

What should you do if you are exposed to blood or body fluids?

- Wash or flush area immediately
- Notify Manager or Administrative Supervisor, then
- Report to Employee Health or ED and complete an accident investigation form.
- Draw blood from source if known
Who is responsible for Infection Prevention at SFMC?
Natalie Johnston, RN, ext. 56338 or beeper 4554.

Goals of the Infection Control Program are:
• To provide a safe environment for Patients, Employees and visitors.
• Monitor and isolate patients with Infectious disease.
• Active surveillance of Patients with infections.
• Act as a liaison on hospital committees.
• Review all MDRO cultures including CRE (carbapenem-resistant enterobacteriaceae) to expedite isolation and treat accordingly.

How often should I get a PPD?
All employees are required to have an annual PPD.

NEW MEDICATION MANAGEMENT (MM) STANDARD
ANTIMICROBIAL STEWARDSHIP
Effective January 1, 2017

• Medication Management (MM.09.01.01) – Developed by the Joint Commission, CDC, WHO and CMS.
• CMS also developing a Condition(s) of Participation (CoP) which aligns The Joint Commission Standard with CMS.
• Standard MM.09.01.01 – Advocates that acute care hospitals have an antimicrobial stewardship program based on current scientific literature.
• Goal – To reduce the use of inappropriate antimicrobials in all healthcare settings due to increased resistance.
  SFMC currently has a multi-disciplinary antimicrobial stewardship committee comprised of an infectious Disease Physician, Infection Preventionist, Pharmacists and Practitioners.
  Initiatives include:
• Selection of the optimal antimicrobial drug regimen, dose, duration of therapy, and route of administration to maximize cure while limiting toxicity.
• De-escalate therapy: use more narrow-spectrum antibiotics when cultures/sensitivities are known.
• Formulary restrictions: certain antibiotics must be approved by Infectious Diseases due to high cost/broad spectrum/high toxicity.
• Antibiotic Time Out: re-assess the need and appropriateness of antimicrobial therapy after 48-72 hours, when more clinical and laboratory information is available.
• IV to PO Conversion in 24 hours if patient meets criteria.
• Optimize clinical outcomes while decreasing toxicity and cost, reduce the incidence of Clostridium difficile infections by eliminating unnecessary antibiotic usage, decrease resistance by limiting selection of resistant strains.
• Collect, analyze and take action on improvement opportunities identified
RISK MANAGEMENT

How do I get in touch with the Risk Management Department?
Kathy Vaccaro is the Chief Integrity & Compliance Officer. She can be reached at ext. 55034 or beeper 8635.
Eric Yuscavage is Manager of Quality. He can be reached at ext. 55138.

What is Confidentiality?
All information about a patient including written documentation, verbal discussion, and information accessed through the computer and faxed information is considered confidential. Only healthcare workers directly involved in the care of the patient have a need to know. This information is to be kept confidential both inside and outside of the hospital setting. Confidentiality is a patient right as defined by New Jersey Department of Health and The Joint Commission (TJC). Safeguarding this right is an ethical and legal obligation of all of us who work in the healthcare system.

What is an Advance Directive?
POLST—Provider Orders for Life Sustaining Treatment
An advance directive is a document that allows a patient to direct who will make healthcare decision on his/her behalf. It can also state a patient’s wishes for medical treatment if he/she becomes unable to decide in the future.

What is Corporate Compliance?
Corporate compliance is a program that helps us conduct our business in accordance with the highest ethical standards, helps employees, managers & governing body identify & prevent improper conduct, and helps us to comply with governmental laws & regulations. Our Standards of Conduct are:
· Exercise good faith and honesty in all dealings and transactions.
· Create a workplace that fosters community, respects the inherent dignity of every person, promotes employee participation and ensure safety and well-being.
· Maintain a high level of knowledge and skill among all who serve in order to provide high quality care.
· Provide accurate and truthful information in all transactions.
· Maintain and protect the confidentiality of patient, employee, and organizational information.
· Exercise responsible stewardship of both human and financial resources.
· Avoid conflicts of interest and/or the appearance of conflicts.
Confidential hotline number for reporting suspected violations is (877) 477-4661

Who can take patient/family complaints?
Any employee can take complaints.

What is an occurrence and how do you report it?
An occurrence is defined as an unusual or unexpected event or a situation that is a departure from the standard of care. They may or may not result in injury to patient, visitor or staff. The occurrence report is used to document an occurrence involving a patient or visitor. Workers Compensation Investigation Report is used to report an occurrence with employees.
What are staff rights?

Employees have the right not to take part in aspects of patient care/treatment under certain circumstance due to conflicts with personal cultural and/or religious/ethical values.

What is performance improvement?

Performance improvement is an approach that emphasizes continuous improvement of work processes. This process uses various tools & techniques to help analyze problems & improve work patterns.

What is the performance improvement method used at SFMC?

SFMC’s approach to improving performance is PDCA/PDSA. These letters stand for:

P – plan. In this step we describe the current process, measure & analyze, focus on improvement opportunities, identify root causes and generate & choose solutions.

D – do. Here we develop & implement a pilot study.

C – check. In this step we evaluate the results of the pilot and draw conclusion. Or S= Study

A – act. Finally we standardize & monitor the change.

How is performance improvement used for patient safety?

Performance improvement is used to continually and to systematically improve the quality of processes and key functions related to patient care and patient safety. Some examples of PI activities: Customer satisfaction survey, outcome measurement, performance indicators, and department/unit based improvement projects.

Staff participates by:

• Giving input at department meetings
• Attending in-services and training
• Participating in committees, teams & taskforces
• Collecting data & monitoring activities in work areas
• Providing suggestions to improve quality, patient safety and patient care.
**What is the Institutional Ethics Committee**

It is a hospital administrative committee with members from the community and various departments in the hospital. This committee creates a forum for study and discussion of biomedical, ethical and moral issues affecting the hospital, its staff and its patients.

**All Patients MUST be informed of Their Rights!**

There is a copy of The Patient Bill of rights posted in key locations throughout the healthcare system, including each patient room.

Each patient receives a written statement in the patient information packet via the patient handbooks.

**Do we measure patient satisfaction?**

Yes. Information on patient satisfaction is collected by Press Ganey and is then shared with hospital Administration. These results help the hospital in maintaining quality.

**What is the Safe Medical Device Act?**

It is a federal law that requires that any serious injury to a patient or employee may need to be reported to the FDA and to the manufacturer of the medical device. A reportable incident is one that reasonably suggests that the medical device contributed to the death, serious injury or serious illness of a patient or employee. Occurrences involving a medical device must be reported immediately.

**What is a “Sentinel Event”?**

According to TJC, a sentinel event is an unexpected occurrence involving death or serious physical or psychological injury or risk thereof.” These events need immediate investigation and response to prevent the event from happening again.

**What is “Root Cause Analysis, also called RCA”**

Formal model to review adverse events, near misses, and process improvement to prevent patient harm or poor patient outcomes.

**What is HIPAA?**

HIPAA (Health Insurance Portability & Accountability Act) is a federal law that requires we have policies & procedures for

- Maintaining the security of patient information
- Ensuring confidentiality of patient information
- Preventing unauthorized use or disclosure of patient information

This law covers both electronic and paper information.
SECURITY

How do you contact the Security Department?

The extension for security is 55207 or 56260. If there is no answer, call the operator and have security paged. If you need security in an emergency dial 54000 and tell the operator the type of emergency you have and the location.

Who should wear an ID badge?

All employees, the badge should be visible and worn above the waist.

HAZMAT

What is a Safety Data Sheet?

Safety Data Sheets (SDS's) are basic communication tools that give details on the chemical product, how to use it safely, and are monitored annually.

Where can SDS's be found?

SDS's are located on the SFMC online portal. Using the Favorites bar open "Safety Data Sheets" then use search to find your product. The Manager, Safety & Security/Hazmat Coordinator, Duane Cline has the central files and departmental hazmat files. He can be reached at ext. 56260.

What is considered regulated medical waste?

Regulated medical waste is any waste product capable of producing infectious disease. Examples of material that should be placed in red bags are: soiled dressings/bandages, all blood & blood products, contaminated gloves, waste from isolation patients, and empty IV bags & tubing.

What is recyclable?

Items such as: paper (not napkins), cans, certain plastic bottles (1, 2 or 3 on bottom) are recyclable. Confidential paper must be placed in a special Shred-It container for proper disposal.
AGE CONSIDERATIONS

We provide care to adult and geriatric patients. Staff is educated annually on age specific considerations, so that we may provide services that are age appropriate. Our Emergency department provides care for Peds, adult and geriatric patients, staff are educated appropriately.

- **Adult (18-64 yrs)**
  - consider culture & lifestyle patterns
  - desire accurate information to assist in decision making
  - include significant other in education
  - encourage questions
  - may have multiple health problems - trying to deal with them all

- **Geriatric (65 & older)**
  - speak distinctly
  - slow the pace of instructions but do not talk down
  - may get cold easily, ensure warmth, consider ability to chew, taste, visual acuity, hearing & cognitive function

NOISE REDUCTION CAMPAIGN

“Quiet……Healing in Progress”

A quiet environment is important for patient healing and patient satisfaction. A noisy environment contributes to patient stress, delayed healing and dissatisfaction.

**ALL** colleagues can help toward creating a healing environment for patients:

- Use a quiet speaking voice to converse.
- Be quiet in patient areas. (Avoid shouting in hallways, banging doors and equipment, and loud talking.
- If you carry a cell phone, companion phone or beeper, please put it on vibrate or low volume.
- Avoid noisy activities when patients are sleeping.

HARASSMENT FREE WORKPLACE ENVIRONMENT

- All forms of assault and harassment are prohibited.
- A work environment free of assault and/or harassment, that extends to patients, students, colleagues, visitors, vendors, contractors and other persons who enter SFMC.
- Forms of harassment include sexual, race, color, religion, national origin, age disability or sexual preference.
EFFECTIVE COMMUNICATION

WITH PERSONS WITH LANGUAGE OR SENSORY BARRIERS

All staff has 24-hour access to medical interpreters through Cyracom’s telephonic interpretation services and to the American Sign Language through Cyracom’s video remote interpretation. Dual-handset telephones (blue) are located in each patient room throughout the Medical Center. When staff uses Cyracom’s telephonic interpretation services, Cyracom will document the Cyracom employee identification number of the interpreter used. Staff may access this service on the designated computer that has a camera and internet access. Instructions on how to use the equipment are attached to the computer. Cyracom has a video communication capability and is stored in a secure location and the Nursing Supervisor or Manager must be notified in order to access the equipment. In the event that the Cyracom video remote interpretation service is down, on-site Sign Language services may be obtained by the ASL Interpreter Referral Service at 1-800-275-7551. Use of an on-site interpreter must be approved by the Nursing Supervisor or Manager.

In addition to the above methods of communication, bilingual staff may provide care or translation in a language other than English if deemed qualified to do so by St. Francis Medical Center. Language competency will be evaluated by a validated outside source that adheres to the Standards for Educational and Psychological Testing. Staff may not provide interpretation or care in a language other than English during critical medical situations or for medical procedures that require explanation by a physician. In such cases, staff must use Cyracom telephonic interpretation.

If we deny services because of our inability to communicate, we are breaking Medicare/Medicaid laws on Access to Services.

STROKE

The warning signs of stroke are:

- Sudden weakness or numbness of the face, arm, or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headaches with no known cause

Dial 54000 and request a "Rapid Response/Stroke Alert" stating your location.

SPILLS

In case of a spill on the tile floor:

Look for **POP UP SAFETY CONES** that are mounted throughout the Medical Center. Open the cone and place it near the spill to alert anyone of the danger.

If there are no cones nearby, do not leave the spill unattended. Ask the next staff person who comes along to call Environmental Services to alert them to the spill.

**EMERGENCY PROCEDURES**

**Chemical Spill - Think CLEAN**

- Contain the spill
- Leave the area
- Emergency procedures are to be followed
- Access SDS (SDS provides directions for clean-up if spill is small, less than 1 quart)
- Notify EVS, Security, Hazmat Coordinator/Duane Cline by calling ext. 54000
EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT

(EMTALA)

- A Federal Law to assure that hospitals that receive Medicare/Medicaid funding maintain a dedicated Emergency Room, assess and stabilize, or transfer patients with emergency conditions without consideration of ability to pay.

- Applies everywhere on "hospital property" and within 250 yards of the main buildings.

- Applies when a person comes to a dedicated emergency department (DED) and requests exam or treatment for a medical condition.

- EMTALA requires
  - Medical Screening Exam (MSE) by a Qualified Medical Person
  - Determination of existence of Emergency medical condition
  - Stabilization of emergency medical condition and/or transfer to an appropriate facility should present facility not have required specialized services
  - Stabilization = treatment provided, stabilized condition, and transfer to another facility than can and has agreed to provide appropriate care.

- In case of transfer. Sending physician/facility is responsible for determining:
  - Appropriate mode of transfer
  - Level of care needed and attendants
  - Necessary equipment is available
  - Medical records
  - Name of accepting physician and facility

- The four D's of EMTALA
  - Don't turn anyone away
  - Do a medical screening exam for anyone who requests one
  - Don't discriminate
  - Document everything
RESTRAINTS/SECLUSION, USE AND APPLICATION

The policy is located on the Intranet Nursing Department folder: "Policy Manual-Patient Care Clinical."

Preventing Restraint/Seclusion Use

A nursing assessment must be performed and less restrictive alternative measures considered and/or attempted before restraints are considered.

Use of restraint or seclusion

• All interventions attempted and the rationale for the use of restraint or seclusion must be placed in the medical record.
• The name of the family member notified about the use of restraints and the time of notification are placed in the medical record.

Physician Orders

Orders for restraint or seclusion must contain the following elements:

• Date and time, Reason for restraint/seclusion in behavioral terms, Type of restraint/seclusion to be used, Duration (time limit), Orders can never be written as PRN or as a standing order.

• Regardless of the rationale for use of restraint, when patients are released from restraint or seclusion and exhibit behavior than can only be managed through the reapplication of restraint or seclusion, a new order is required. Restraints cannot be discontinued and restarted under the same order.

Time Limits for Orders

Time limits for violent, self-destructive behavior:

• An order must be obtained every 4 hours for continuous use of restraints with adults 18 years of age or older and a face-to-face evaluation by a physician must be completed every 8 hours.
• At the 4th hour RN may evaluate and obtain verbal order to continue restraint.

Patient Safety Check

• The patient in restraints must be visually checked continuously or periodically, as determined by patient condition. If periodically, visual observation must occur at least once per hour for non-violent/non self-destructive.
• Every 15 minutes for violent, self-destructive.

Patient Monitoring

Re: Specific checks and regulations are outlined in Nursing Documentation Flow Sheet and are inclusive of: Circulation, Release for Care, Skin Care/ROM/Positioning, Toileting, Food/Fluid, OOB Activity, Bathing.

QUICK TIPS

• Regulatory reporting of all patients deaths, while in restraints or seclusion, within 24 hours of removal or within 7 days after restraint/seclusion is removed.
• After 24 hours, before writing a new order for restraint or seclusion, a physician or LIP who is responsible for the care of the patient, must see and assess the patient.
• Restraint or seclusion may only be imposed to ensure the immediate safety of the patient, a staff member or others.
• The attending physician must be consulted within one hour, if the attending physician did not order the restraint. Restraint or seclusion should be discontinued at the earliest possible time.
Left Blank for printing purposes
Safety Refreshers
Post Learning Exercise

Print Name__________________________________________________________
Department________________________________________ Date________________

Instructions: Place a T (true) or F (false) in the space provided for each question. When completed, return post learning to the Education Department.

1. An occurrence is defined as an unusual or unexpected event or situation.  T or F

2. SFMC’s approach to improving performance is PDCA or PDSA.  T or F

3. You should call the Security Department by dialing 0 if you need help with a person who is becoming out of control.  T or F

4. SDS’s can only be found in the central file.  T or F

5. The Corporate compliance program helps us to conduct our business in accordance with the highest ethical standards.  T or F

6. Commitment To Those Who Are Poor is one of our values.  T or F

7. We need to be aware of specific age considerations so we can provide appropriate care & services.  T or F

8. An ABC fire extinguisher can be used on any fire.  T or F

9. The acronym for the correct response to a fire situation is PASS.  T or F

10. “Code Red” indicates that the disaster plan is to be activated.  T or F

11. The Facilities department is contacted for a utility failure.  T or F

12. Improve the accuracy of patient identification is one of TJC’s National Patient Safety Goals.  T or F

13. Hand washing is the most effective way to stop the spread of infections.  T or F

14. Every employee must have a PPD at least annually.  T or F
15. HIPAA deals with confidentiality of patient information.

16. MRSA, C-Diff, VRE & CRE are considered multi drug resistant organisms and patients must be isolated when identified.

17. All gloves are considered medical waste and should be placed in a red bag.

18. A sentinel event is an unexpected occurrence involving death or serious injury.

19. The Institutional Ethics Committee assists in settling conflicts in the course of a patient's treatment.

20. Facilities should be contacted if a piece of medical equipment is not functioning properly.

21. The way to respond when an Active Shooter is in your vicinity is RUN-HIDE-FIGHT.

22. EMTALA is a Federal Law that applies to a hospital that receives Medicare/Medicaid funding with a Dedicated Emergency Department and requires a Medical Screening Exam (MSE) and Stabilization of patients requesting an exam or treatment for any medical condition.