



Annual Mandatory Education

Please note: this content contains education which is applicable to all RWJBarnabas Health employees. Please refer to your supervisor and/or other applicable local resources for further information and requirements regarding policies and procedures specific to your facility.

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Who We Are

- ❑ **The RWJBarnabas Health System-** the largest statewide healthcare network, provides consumer-focused comprehensive health services to individuals throughout New Jersey.
- ❑ **Maintain highest standard of care and customer satisfaction**
 - Emphasis on wellness and cost effective health care
 - Maintain the system's healthcare leadership position as the foremost provider in the state of New Jersey
 - Maintain a goal fulfilling, dedicated workforce

Safety Together – Our High Reliability Journey

- We are on a journey towards high reliability, starting in July 2017.
- High reliability means doing right, every time, even in a complex environment (*think- airlines, nuclear power*).
- In healthcare, we work in a complex environment and in high-risk situations which could cause harm to our patients or team members when we experience errors.
- Unfortunately, we are all at risk of experiencing errors (*to err is human, after all*).
- But, we can avoid most errors by practicing certain habits, and working as a team to catch and trap each other's unintentional errors.
- Safety Together is RWJBH's habits and expectations we all must practice to achieve high reliability.

1. Don't harm me.
2. Help me.
3. Be nice to me.



I commit to our *Safety Together* behaviors and tools for our patients, families, visitors and each other....

- S** Speak up for safety
(ARCC, Stop the Line)
- A** Accurately communicate
(SBAR, Repeat- and Read-Backs, Number and Letter Clarifications, Structured Handoffs)
- F** Focus on the task
(STAR)
- E** Exercise and accept a questioning attitude
(Validate and Verify, Clarifying Questions)
- T** Thoughtfully interact
(Five Tones, AIDET)
- Y** You and me together
(Cross-check and Coach, 5:1 Feedback)

Safety together.

RWJBarnabas
HEALTH

Speak Up for Safety

I will speak up and listen when there is a concern.

- Use **ARCC** to escalate safety concerns in an assertive, respectful manner.

Ask a Question

Make a **R**equest

Voice a **C**oncern

If no success...Escalate to your **C**hain of Command

- **Stop the line** if you are uncertain about what you are about to do, if you have questions, if someone else raises a concern or question.

Accurately Communicate

I am responsible for clear and timely communication.

- **SBAR** to communicate problems or concerns-

Situation: The immediate problem with identifying information as necessary.

Background: Review of pertinent information: task to be done, patient information, other conditions

Assessment: Your view of the situation and urgency of action needed

Recommendation: Your suggestion for or request of the other person

- **Repeat Back & Read Back (3-way communication):** sender gives information → receiver repeats back → sender confirms or corrects
- **Number and Letter Clarifications:** Avoid mistakes with sound alike words or numbers (e.g. 'C' as in 'Charlie' or '15...that's one-five'). Use NATO phonetic alphabet.
- **Structured handoffs** provide complete information, as well as spur critical thought and allow time for discussion of highest risks and questions.

Focus on the Task

I will act with intention and focus.

- **STAR- Stop, Think, Act, Review**

Use **STAR** to bring forward your conscious attention when you are performing a task in auto-pilot.

**Exercise and
Accept a
Questioning
Attitude**

*I will follow my
instincts to
resolution and
accept the
questions of others.*

- **Validate & Verify** – a two part action of critical thinking to question when reality doesn't meet our expectations ("See something? Say something!")

Validate – Internal check

Verify – External check with an expert source

- **Ask Clarifying Questions:** ask 1-2 questions to assure you understand the direction or request. Use the phrase, "*I have a clarifying question...*"

**Thoughtfully
Interact**

*I will use a sensitive
and positive tone in
all interactions.*

- **Five Tones:**

1. **Smile and say hello** in hallways, in patient care areas and rooms. Respect when smiling may not be appropriate in somber situations.
2. **Introduce yourself and explain your role**
3. **Pay attention when others talk, turn towards them and be present and mindful.**
4. **Explain** how your action will benefit them and contribute to attaining shared goals.
5. **Provide opportunity for others to ask questions** by pausing or soliciting with, "What questions do you have?"

- **AIDET:**

Acknowledge- Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room

Introduce- Introduce yourself with your name, skill set, professional certification, and experience.

Duration- Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress.

Explanation- Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button

Thank You- sincerely appreciate and thank patients, families, and visitors.

**You and Me
Together**

*We will look out for
each other and be
willing to be
coached.*

- **Cross Check:** Two heads are better than one. Always respond with, "*Thanks for the cross check!*"

- **Coach Each Other with a ratio of 5:1 (positive to negative)**

Encourage safe and productive behaviors (Positive)

Discourage unsafe and unproductive behaviors.(Negative)

Patient Experience

Why it matters.....

*Transcending everything, it is the **right thing** to do*

Patients and their families come to us at their most vulnerable moments

It is our privileged place to care for them

One caring moment in time can make all the difference in creating an exceptional and compassionate experience

Patient Experience

Why it matters.....

- Correlates with improved patient care and quality i.e. likelihood of patient following prescribed care, decreased readmission rates, etc.
- Increased patient loyalty
- Financial Incentives/CMS Value Based Purchasing
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPs)
 - Reports are public now

Patient Experience

- Employee Behaviors (compassion, empathy, listening, explaining) have been identified as the most important factor in reaching a higher level of patient satisfaction.
- We strive to deliver compassionate care for all our patients and their families.
- A positive attitude and engaging behavior through the use of AIDET by all employees are key to achieving this goal.
- **Remember:** It only takes one incident to reverse all the good that is done by others.

Patient Experience

AIDET Communication

<i>Safety</i>	A	Acknowledge
<i>Decrease Anxiety</i>	I	Introduce
<i>Increase Compliance</i>	D	Duration
<i>Quality</i>	E	Explanation
<i>Patient Loyalty</i>	T	Thank You

Acknowledgement:

- Eye contact
- Smile
- Stop whatever you are doing so your patient knows they are the most important person at that time
- Acknowledge the patient by their name

“Good morning, Ms. Jones. We’ve been expecting you. Our staff will take excellent care of you.”

Introduction:

- Welcome
- State your name
- State your department
- State your role in the customer's care

GOOD MORNING MRS. SMITH. MY NAME IS JOHN AND I AM FROM THE DIETARY DEPARTMENT. I AM HERE DELIVERING YOUR BREAKFAST TRAY THIS MORNING. I HOPE YOU ENJOY YOUR MEAL AND PLEASE LET ME KNOW IF THERE IS ANYTHING ELSE I CAN GET YOU. I HAVE THE TIME."

Duration:

- Explain how long before the visit, procedure or process will start
- Explain how long the visit, procedure or process will take
- Explain what will happen afterwards
- Report progress periodically so your customer knows he or she is not forgotten

“Mrs. Baxter, your lab order is fairly complex. It will take me about 10 minutes to get the tests ordered. I apologize for the delay.”

Explanation:

- Explain the procedure in terms understandable to the patient
- Explain who will be involved in providing their care
- Explain if the process will cause pain or discomfort, or if any post procedure instructions are necessary
- Offer to answer any concerns, questions, or resolve any complaints

“The test takes about 30 minutes. The first step is to drink the solution and then we’ll have you wait 20 minutes before we take a blood sample. Would you like to read while you wait?”

Thank You:

- Say, “Thank you for allowing us to provide for your healthcare needs.
- Ask, “Is there anything else I can do for you?”

“Thank you for choosing RWJBarnabas Health. It has been a privilege to care for you. Is there anything else I can do for you?”

Adapted from the book “Hardwiring Excellence” by Quint Studer

Complaint Free Environment Policy

What is the expectation of our employees when they receive a complaint:

- Acknowledge the complaint
- Apologize that we did not meet the patient's or family's expectation
- Fix the problem when able
- Always report the details of the situation right away to their immediate supervisor

What Is Important To Our Patients?

Patients 1st

1. Respond quickly and compassionately to concerns
2. Keep patients and their loved ones informed about waiting times
3. Include patients in treatment and treatment decisions
4. Address emotional and spiritual needs (*empathy*)
5. Be sensitive to inconveniences
6. Review with patients and families their plan of care
7. Respect privacy
8. Provide comfort during tests and treatments
9. Respond promptly to call bell (*beyond answering the light*)
10. Communicate effectively

Patient Experience

Strategies for Effective Communication

Be present in the moment



- Listen without interruption and with the intent to understand
- Remain nonjudgmental
- Provide empathy for the situation
- Be mindful of nonverbal communication gestures
- Let the customer know that you are willing to help
- Redirect your thoughts to the present moment if you become distracted

“Is there anything else that I can do for you?
I have the time.”

The Importance of BEING PRESENT

YOUR PRESENCE SAYS:

IN THIS MOMENT, YOU MATTER TO ME
MORE THAN ANYTHING ELSE



Reflective Moment

Name one positive thing you are going to do differently when interacting with patients and their loved ones as a result of this program.....

Thank you

Patient Experience

Complaint Free Environment Policy

- Employee Behaviors have been identified as the most important factor in reaching a higher level of patient satisfaction.
- We strive to deliver compassionate care for all our patients and their family members during one of their most vulnerable times. The positive attitude, behavior and the use of AIDET or the five tones by employees are key to achieving this goal.
- **Remember:** It only takes one incident to reverse all the good that is done by others.

Complaint Free Environment Policy

What is the expectation of our employees when they receive a complaint:

- Acknowledge the complaint
- Apologize that we did not meet the patient's or family's expectation
- Fix the problem when able
- Always report the details of the situation right away to their immediate supervisor and enter into Verge Reporting system

Risk Management – Reporting Events

- An event (incident) is any unexpected event, occurrence, happening, circumstance or near miss that occurs
- Risks are reported to risk management via electronic event reports in the Verge Event Electronic Reporting System
- Access to the Verge event reporting is on the desktop of all PC's

Verge Safety Reporting

for Patient Events, Non-Patient Events, Employee Events, Patient Relations, and Workplace Violence

To report an event or potential event, click on the **Verge Safety Reporting** icon on your computer's desktop and then select the type of event.



Patient
Events



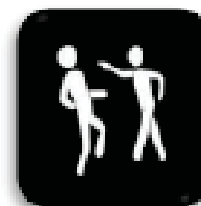
Non-Patient
Events



Employee
Events



Patient
Relations



Workplace
Violence



Safety together.

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Types of Safety Events

Patient Event- involves any event that affects the patient

Non Patient Event- involves any event that does not affect the patient (i.e. visitor related)

Employee Event- involves any event that affects an employee. Anything related to work place violence, should enter in the work place violence module

Patient Relations- involves a complaint or grievance from a patient/family/significant other

Work Place Violence- involves verbal, physical or sexual violence against a staff member/Licensed Independent Practitioner

Event Reporting

❑ Do's

- Enter the event in the applicable Verge module
- Notify Risk Management immediately for serious events
- Document the facts of the event in the patient record

❑ Don'ts

- Do not document in the medical record that an incident report was completed
- Do not print, keep or copy an Incident Report
- Do not notify persons involved that an Incident Report was completed.

Patient Safety Events

- **Adverse Event** :an event that is a negative consequence of care that results in unintended injury or illness , which may or may not have been preventable
- **Sentinel Event**: A Sentinel Event is an unexpected occurrence resulting in death or serious physical, or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.
- **Examples of occurrences** include: Suicide, wrong side surgery, a patient fall that results in death or major permanent loss of function, Infant Abduction, Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities, or death of a patient directly associated with the use of restraints

Additional Patient Safety Reporting

FOR THOSE HOSPITALS WITH PATIENT SAFETY HOTLINE

to report patient safety concerns, issues, errors,
system problems, near misses

- **Enter all events in Verge electronic reporting system**
- Employees are encouraged to call the hotline if used by your hospital
- Information is used to improve patient safety
- Employees will not be punished for reporting issues
- Joint Commission National Patient Safety Goals provide guidelines to prevent errors
- If a serious error occurs, the facility will assess the need for support and/or counseling for those involved



Employees can also call the Joint Commission
if concerned about unresolved quality or safety issues

1-800-994-6610

or

New Jersey DOH 1-800-792-9770

Patient Safety Events

- **What happens after an event is reported?**
 - Within a very short timeframe a Patient Safety Committee meet with leaders of the areas involved who put stopgap measures in place while the RCA or ACA is done.
 - A team meeting is held The RCA (Root Cause Analysis) process is implemented for serious preventable events to determine the root cause(s) and take action to prevent further occurrence.
 - Performance Improvement tools are utilized to help us understand the process issues.
 - Changes to process and procedures are implemented and education is targeted as corrective actions.
 - Specifics of the case are never discussed for privacy reasons.

Disclosure to Patient & Family

- Patients have the right to be informed about the outcome of their care, including unexpected outcomes
- When a health care injury occurs, the patient (*and/or family/representative*) are entitled to a prompt explanation of how the injury occurred and its short-term and long-term effects, the time frame is immediate to 24 hours.
- When an error contributed to the injury, the patient (*and/or family/representative*) should receive a truthful and compassionate explanation about the error and the remedies available to the patient
- Disclosure should be made by the most appropriate members of the health care team (*physician, primary care nurse, charge nurse, social worker, case manager etc.*)
- Documentation of the conversation should be made in the patient's medical record (*please refer to your supervisor for more guidance*)
- *New Jersey Department of Health Patient Safety Act mandates voluntary reporting of serious preventable events within 5 days of occurrence*

Corporate Compliance

- ❑ **Compliance means complying with local and federal workforce laws, regulations, policies, and procedures.**

- ❑ **Compliance Program Goals:**
 - Maintain public trust and patient satisfaction
 - Promote quality and integrity
 - Detect and prevent violations
 - Enhance workforce's understanding of compliance

- ❑ **Importance of Compliance**
 - Employees understand the rules, regulations, and laws that must be followed to protect the employee and promote a fair and ethical workplace
 - Patients receive safe, quality care when rules and regulations are followed
 - Business stays competitive and is able to deliver quality health care by following the rules and regulations

Corporate Compliance

☐ **Code of Conduct**

- The document that consolidates the principles by which we do business and gives employees a set of guidelines for performing day to day activities
- Areas in which violations must be reported
 - Confidentiality
 - Coding and Billing
 - Conflicts of Interest
 - Discrimination
 - Workplace Safety

☐ **Compliance Resources**

- Code of Conduct
- Supervisors and Managers
- Human Resources Department
- Local Compliance Officer
- Help-line Poster
- Compliance Help-line 1-800-780-1140

Health Information Management

❑ Patient Confidentiality



- Safeguarding patient information is an ethical and moral obligation
- The fact that a person is a patient in the hospital is deemed confidential
- Only employees that are responsible for the care of the patient may have access to the medical record
- Employees should not access any information pertaining to a patient, a co-worker, relative, or friend unless required as part of the care provided . This includes their address, phone number, date of birth and any other identifiable information.
- Employees can be disciplined and terminated for breach of confidentiality

❑ Medical Records

- Ensure patient that only authorized personnel have access
- Authorization for a patient/designee review of the record must be signed by the patient, approved by the physician, and the record is reviewed under employee supervision
- Non permanent patient documents must be discarded in the appropriate bins

Health Information Management

☐ **Computers**

- Never share your password
- Log off at the end of a transaction
- Do not leave patient information visible on the screen.
Position screen so information is not in public view

☐ **Communication**

- Do not discuss patients in public areas
- Discuss patient information with those authorized to know

☐ **Release of information is authorized by:**

- Patient's written consent
- Subpoena
- Court Order

Health Information Management



□ HIPAA

- Stands for The **A**merican **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct
- One of the main purposes of this federal law is to protect patient privacy by establishing minimum requirements for use of **P**ersonal **H**ealth **I**nformation (PHI) in healthcare settings.
- PHI is any information relating to a person's health condition, medical treatment or payment for health services that is created or received by the Hospital and that may identify the individual
- Other laws (both State and Federal) provide stronger protections for special categories of PHI (e.g., HIV, substance abuse treatment, certain psychiatric treatment)

Health Information Management

□ HIPAA

Staff Responsibilities

- maintain patient confidentiality at all times
- only access protected health information on a need to know basis
- protect and secure both paper based and electronic health information at all times
- do not mention hospital patients on social media websites of any kind
- follow all HIPAA privacy policies as outlined in the Policies and Procedures Section of your facility's intranet
- promptly report any suspected improper disclosure of PHI to their supervisor, the privacy officer or the compliance help line

Health Information Management

□ HIPAA

- **Three main areas that HIPAA regulations address are:**
 - access to health insurance
 - creating a more efficient health care delivery system
 - enhancing the privacy and security of health information

- **Employee responsibilities include:**
 - at all times employees should maintain patient confidentiality
 - employees must attend annual mandatory educational sessions
 - employees should only access protected health information on a need to know basis
 - employees should protect and secure both paper based and electronic health information at all times

Organizational Ethics/Bioethics

□ We are expected to provide services and care to our patients using the following guidelines:

- Fairly and accurately represent ability to provide services
- Provide services based on the needs of the patient, not on unrelated factors such as race or religion.
- Provide emergency care to all patients
- Treat every patient, visitor and staff member with honesty, respect and dignity.
- Include patients in decisions about their care and treatment

Organizational Ethics/Bioethics

- ❑ The hospital has a multidisciplinary bioethics committee which assists others in the making of difficult decisions with the treatment plan.
- ❑ The ethics committee:
 - Is composed of medical staff, senior management, social workers, hospice, risk management, clergy, and a hospital ethicist.
 - The ethics committee has a representative available 24 hours per day and seven days per week. Anyone can access a consultant by dialing the operator.
- ❑ Functions of the ethics committee include:
 - Policy and procedure development, review, and approval regarding ethical concerns
 - Education
 - Case review



Organizational Ethics/Bioethics

□ Indications for consultation include:

- Disagreement/misunderstanding between patient and physician regarding treatment
- Ethical issues involving questions of legality and/or appropriateness
- Issues of withholding or withdrawing life-sustaining treatment
- Ethical concerns regarding patient's or family's choices
- Interpretation of Advance Directives
- Policy clarification

Patient Rights

□ Patient Rights

- The **Patient Rights Law** is posted throughout the hospital in patients' rooms, in admitting, and in registration areas
- Employees as well as patients need to be familiar with the **Patient Rights Law**

Patient Rights

❑ State of New Jersey Hospital Patient Rights and Responsibilities include:

- Medical Care
- Communication and Information including right to receive medical information in the language of their choice
- Transfers
- Personal Needs
- Freedom from Abuse and Restraints
- Legal Rights
- Medical Records
- Cost of Hospital Care
- Discharge Planning
- Questions and Complaints

Patient Rights

□ Patient Responsibilities Include:

- Provide complete and accurate information
- Report unexpected changes in condition
- Report the need for clarification of a course of action
- Following the prescribed treatment plan
- Keep appointments
- Actions for refusal of treatment
- Fulfillment of financial obligations as promptly as possible
- Following hospital rules and regulations regarding patient care and conduct
- Be considerate of the rights and property of others

Patient Rights

□ Advance Directives

- **Advance directives:** Patients have the right to make decisions about their own health care under New Jersey law. An advance directive is a document which allows the patient to direct their health care wishes when they are unable. An Advance directive refers to treatment preferences and the designation of a surrogate decision- maker in the event that a person should become unable to make medical decisions on her or his own behalf.
- **Advance directives generally fall into categories:**
 - Living Will
 - Health Care Proxy
 - Durable Power of Attorney
 - POLST
- **Our Responsibility includes:**
 - Asking the patient if they have an Advance Medical Directive
 - Obtaining a copy of the patient's Advance Medical Directive
 - Providing the necessary paperwork to complete an Advance Medical Directive

Patient Rights

☐ Living Will

- This is a written document that specifies what types of medical treatment are desired should the individual become incapacitated. A living will can be general or very specific. The most common statement in a living will is to the effect that:
 - If I suffer an incurable, irreversible illness, disease, or condition and my attending physician determines that my condition is terminal, I direct that life-sustaining measures that would serve only to prolong my dying be withheld or discontinued.
 - More specific living wills may include information regarding an individual's desire for such services such as analgesia (pain relief), antibiotics, hydration, feeding, CPR (cardiopulmonary resuscitation) and the use of life-support equipment including ventilators.

Patient Rights

☐ Health Care Proxy

- This is a legal document in which an individual designates another person to make health care decisions if he or she is rendered incapable of making their wishes known. The health care proxy has the same rights to request or refuse treatment that the individual would have if capable of making and communicating decisions.

☐ Durable Power of Attorney

- Through this type of advance directive, an individual executes legal documents which provide the power of attorney to others in the case of an incapacitating medical condition. The durable power of attorney allows an individual to make bank transactions, sign Social Security checks, apply for disability, or simply write checks to pay the utility bill while an individual is medically incapacitated.

Patient Rights

☐ POLST

- POLST – Practitioner Orders for Life-Sustaining Treatment – is a healthcare planning tool that empowers individuals to work closely with their medical team to detail their personal goals and medical preferences when facing a serious illness
- Unlike other documents like an Advance Directive, a completed POLST form is an actual medical order that becomes a part of the individual's medical record. It also is valid in all healthcare settings.
- The POLST form is to be honored if a patient has one.

Supporting our patient's rights to emergency care

EMTALA

- We are required by law to provide emergency treatment to all regardless of age, race, religion, gender, disability, sexual orientation, or ***ability to pay! NO FULL registration before medical screening and initiation of treatment.***

**A medical screening and stabilization exam
MUST be performed on anyone
presenting to the ED or medical
center campus with complaint of a
medical emergency or request for
examination. Includes women in
labor**

IT'S THE LAW

IF YOU HAVE A MEDICAL EMERGENCY
OR ARE IN LABOR,
YOU HAVE THE RIGHT TO RECEIVE,
within the capabilities
of this hospital's staff and facilities:

An appropriate medical
SCREENING EXAMINATION

Necessary STABILIZING TREATMENT
(including treatment for an unborn child)
and, if necessary,

An appropriate TRANSFER to another facility
even if YOU CANNOT PAY or
DO NOT HAVE MEDICAL INSURANCE

or
YOU ARE NOT ENTITLED
TO MEDICARE OR MEDICAID

This hospital DOES participate
in the Medicaid Program

■ ■ BARNABAS HEALTH
■ ■ Newark Beth Israel Medical Center
Children's Hospital of New Jersey

EMTALA

(Emergency Medical Treatment and Labor Act)

• A Federal Regulation

- Mandates that the transfer of patients to another health care facility is based on their health care needs
- Patients are transferred to another facility if they require emergency care or additional psychiatric care that our facility does not provide.
- **Transfer Requirements:**
 - Copies of the patient's medical records
 - **Inter-facility Transfer Form** completed and signed by the physician.
 - Transport equipment and personnel to assure a safe and effective transport for the patient (ambulance).
- *If the patient refuses any of the above, the risks & benefits of that refusal must be explained and documented on Consent/Refusal Form.*
- **Violations are monitored by:**
 - N.J. State Dept. of Health
 - Center for Medicare/ Medicaid Services
 - Fines are substantial. Physicians can be separately fined.
 - Most average \$25,000-50,000.
 - Medicare termination up to 6 months

Restraint: Patient Rights

- Patients have the right not to be restrained
- There are many alternatives that should be tried before considering placing a patient in restraints.
- Restraints include the use of 4 side rails
- Staff who are allowed to apply restraints receive special training
- **Restraints/Seclusion has the potential to produce serious consequences such as physical or psychological harm, loss of dignity, violation of patient rights, and even death.**

Restraint: Patient Rights

Restraint – Definition

Any manual method or physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his arms, legs, body or head. This also includes any drug or medication, when used as a restriction to manage the patient's behavior or restrict freedom of movement, and is not a standard treatment for the patient's condition. **For example, the use of an antipsychotic drug becomes a restraint when used to control patient behavior** (e.g., trying to remove a catheter from one's arm) as opposed to treating a true behavioral health diagnosis.

The State of NJ prohibits the use of medication as a restraint.

Restraint: Patient Rights

Seclusion – Definition

The involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate safety of the patient, staff member and others.

Seclusion requires close monitoring of the patient by trained staff.

Restraints- Patient Rights

Indications for restraints include: prevention of harm to self/others/environment and disruption of treatment when alternative interventions are ineffective

- **Restraints are used as a last resort and always require a face to face evaluation.**
- A physician order is required and is only good for 24 hours for a med surg restraint and 4 hours for a behavioral health restraint
- Patient assessment is required at least every 2 hours
- Use Alternatives first
 - Frequent observation/companionship
 - Increased family visitation
 - Continuous observation
 - Bed and chair alarms
 - Diversional activities
 - Needs anticipation

Pain Management –Patient Rights

- Patients have the right to have their pain managed
- We must assess using the most appropriate tool or scale recognizing age, ability to self report, cultural differences and medical condition will affect which scale /tool we utilize.
- All patients are initially screened for pain whether inpatient or outpatient.
- Upon the presence of pain, we must do a full assessment, intervene, and do a follow up **re-assessment within 1 hour** .
- It is important to consider any personal, cultural, spiritual and/or ethnic beliefs that may impact the patient's perception



Pain Management-Philosophy

RWJBH has proclaimed pain assessment, management and the safe prescribing of Opioids as an organizational priority

Patients have right to

- Receive information about pain and pain relief
- Participate in the development / implementation of care plan
- Expect a timely response to complaints of pain

Any employee observing a patient in pain should make a report to the nurse caring for that patient Immediately.

Possible Signs of Pain

Patient may be:

- Moaning, screaming, crying, grimacing, facial tension
- Agitated, restless
(ex. elderly may become more confused)
- Very quiet and withdrawn
- Refusing or resisting being moved

***Remember, not all patients respond the same way to pain.
Verbal and behavioral response may depend
on culture, gender role, upbringing, etc.***

Safe Prescribing of Opioids

- Prescribers now must check the Prescription Drug monitoring Program database to follow up on patients before prescribing.
- They must limit the number of medications prescribed as well as the number of times that they can re-new the medication order.
- The organization must identify and acquire equipment needed to monitor patients at high risk for adverse outcomes.
- We must educate patient and families about the dangers of Opioid addiction as well as inform them how to safely store Opioids at home and where to discard them legally and safely .
- We should refer patients with opiate addictions to Peer to Peer Counseling who will assist in referrals to Opioid Treatment centers if needed.

Safety Management Program

☐ Provides a safe environment for:

- Employees
- Patients
- Visitors
- Physicians/**LIPs**
- Volunteers

☐ Complies with Federal, State, and local regulations as well as regulatory agencies and accrediting bodies such as:

- **OSHA and other federal regulations**
- **NJ** Department of Health
- Joint Commission/DNV

Environment of Care- Safety Management Program

❑ EMPLOYEE SAFETY RESPONSIBILITIES:

- Every employee is expected to follow departmental and hospital safety policies.
- Personal protective equipment is required as appropriate to the situation as well as procedures and policies.
- Employees are expected to make recommendations for safety management improvement.
- Employees are expected to complete event reports using the electronic incident reporting system (Verge) immediately following an event.

Defining and maintaining a safe environment of care is the oversight responsibility of the Safety Committee who meets on a regular basis to review safety issues, to trend issues and to make recommendations for improving our program.

Environment of Care- Emergency Codes

(Please note that these codes can vary from campus to campus. Please consult with your hospital specific orientation and leadership if clarification is needed.)

- ☐ RED
- ☐ BLUE
- ☐ WHITE
- ☐ AMBER
- ☐ YELLOW
- ☐ GRAY
- ☐ SILVER
- ☐ ORANGE
- ☐ TRIAGE
- ☐ 10
- ☐ 777
- ☐ STEMI
- ☐ STROKE
- ☐ SEPSIS
- ☐ CLEAR

**These
are
used
at all
sites**

**These are
site
specific
refer to
the
hospital
policy**

Fire
Adult Medical Emergency
Pediatric Medical Emergency
Infant/ Child Abduction
Bomb Threat
Security Emergency / Patient Elopement
Person With Weapon / Hostage Situation
HAZMAT Incident
Disaster Situation
Medical Incident
Evacuation
ST – Elevation Myocardial Infarct
Inpatient Stroke Occurrence
Sepsis Huddle
All Clear / End of Code

RAPID RESPONSE

The hospital recognizes and responds to changes in a patient's condition

Why is this important?

A significant number of critically ill patients show warning signs of deterioration in the hours before experiencing a serious and life-threatening event such as a cardiac arrest. An early and **rapid response** to these subtle changes in a patient's condition by a specially trained practitioner(s) may reduce cardiac arrests and help save lives.

Each hospital has a rapid response process for recognizing and responding as soon as possible when a patient's condition appears to be getting worse. Some hospitals have developed Rapid Response Teams (RRT) to respond to these patients whose condition is quickly deteriorating.

Each hospital has written criteria for the rapid response process, usually in a policy or written procedure, describing what to look for in a patient that may indicate early warning signs of deterioration in the patient's condition, and when to call for help. The specially trained practitioner(s) will rapidly assess and treat the patient, possibly avoiding a cardiac arrest and the need to call a "Code Blue". In addition, this rapid response process can help stabilize the patient, and if necessary, help facilitate a transfer to the Intensive Care Unit for continued life-saving care.

Environment of Care-Ergonomics

☐ Posture

- Line up ears, shoulders , and hips
- Use towel roll or pillow for lumbar support when sitting



☐ Bending and Lifting

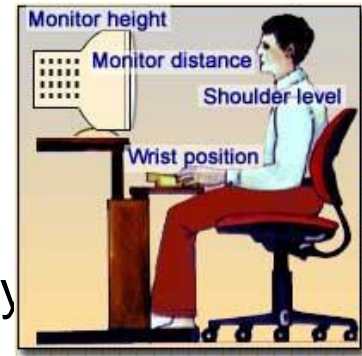
- Avoid lifting when possible
- Use assistive devices or get help
- Use handles and straps when possible
- Bend your knees to let your legs do the work
- Keep abdominal muscles tightened
- Store heavy objects at waist level

☐ Pushing and Pulling

- Push rather than pull
- Avoid leaning over the object and move with the object
- Use whole body to push and not just your arms
- Get help when you need it

Environment of Care- Ergonomics

- ☐ Computer screen should be directly in front of you
- ☐ Keep head balanced over shoulders – looking forward
- ☐ Maintain comfortable eye/monitor distance (24 inches)
- ☐ Position top of screen at or just below eye level unless you wear bifocals, if so drop the monitor height down
- ☐ Place hard copy holders next to the screen
- ☐ Place keyboard at approximately seated elbow height
- ☐ Use adjustable furniture with padded wrist rest and/or arms on chair
- ☐ Look at a far object every 15-30 minutes
- ☐ Take a break and stretch every 1 – 2 hours
 - Roll shoulders
 - Turn head side to side
 - Pull hands/wrists back slowly
 - Hold each stretch for 5-10 seconds



Environment of Care- Security Management

The overall goals of the Security Management Plan are to:

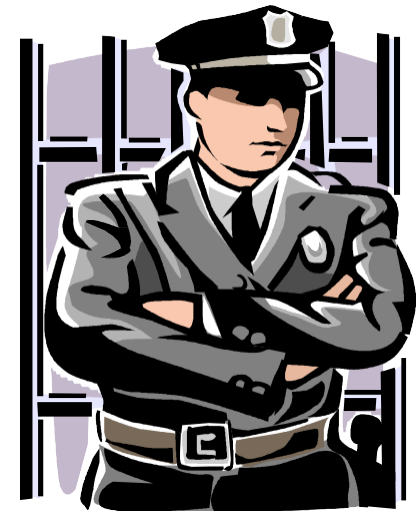
- ☐ Safeguard Hospital and personal property from damage or theft.
- ☐ Maintain an environment conducive to the health and safety of patients, visitors, and employees.
- ☐ Identify and correct security and safety hazards.
- ☐ Maintain order throughout the hospital and to prevent disruptions to the Hospital's operations by persons or groups behaving in an improper manner.

Identification:

- ☐ All employees and volunteers are required to wear identification badges issued by the Security Department
- ☐ Wear your identification badge with pride so that patients and visitors can identify all our employees by name. We also expect all of our employees to introduce themselves when interacting or communicating with patients or visitors

Environment of Care- Security Management

- ❑ **Identification:** everyone needs proper identification
 - Employees, Physicians and Clergy: ID Badges
 - Patients: ID Bracelets
 - Visitors: Visitor Passes
 - Vendors: Temporary Vendor ID Badges
- ❑ **Security Systems**
 - Security patrol
 - Access control with ID badge or pass-code
 - Panic alarms
 - Security cameras
 - Door locks
 - Overhead paging system/emergency codes
 - **Code Gray:** indicates a security/patient elopement emergency



Supporting our Staff

Sexual Harassment Prevention

- **What is Sexual Harassment?**
- **Sexual harassment is any unwanted sexual advances, requests for sexual favors or visual, verbal or physical conduct of a sexual nature when:**
 - submission to such conduct is made a term or condition of employment; or
 - submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual; or
 - such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive working environment because of the persistent, severe or pervasive nature of the conduct.
- **Sexual harassment** of any employee by a supervisor, co-worker or agents of the RWJBH system is an unlawful employment practice and will not be tolerated.
- **Reporting of the Incident:** Any employee who believes that he/ she has been subject to sexual harassment needs to report the conduct to the employee's immediate supervisor. If the employee prefers, the complaint can be reported directly to Human Resources.
- **Investigation of the Complaint:** Human Resources will initiate a prompt investigation of the complaint.
- **Confidentiality:** Confidentiality will be maintained throughout the investigation process to the extent practical and appropriate under the circumstances.

Supporting our Staff

Violence in The Workplace

- RWJBH provides a safe workplace for all employees
- To ensure a safe workplace and to reduce the risk of violence, all employees should review and understand all provisions of this workplace violence position
- Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. This includes physical, verbal or sexual assault/threat

IMMEDIATELY REPORT all incidents to Security and enter the event in Verge Reporting

Any employee determined to have committed such acts will be subject to termination

Environment of Care- Violence in the Workplace

☐ **Risk Factors include:**

- Prevalence of weapons
- Criminal holds
- Behavioral Health Conditions
- Robbery (drugs and money)
- Drug and alcohol abuse
- Long waits leading to frustration
- Distraught family members
- **Brain Injuries**

☐ **Precautions against violence include:**

- Anticipate violence and avoid or mitigate a potential dangerous situation through preparation/training
- Limiting physical responses to workplace altercations unless an adequate response team is available

☐ **Our Facility's tools to promote safety include but are not limited to:**

- Code Gray (security emergency/patient elopement)
- Use of identification measures for patients, employees, physicians, vendors, and visitors
- Panic buttons
- Weapons policy
- Access control
- Security patrols and cameras

Hazardous Materials Management

- Know hazardous materials, health risks, routes of entry into **body (*Inhalation, Contact, Ingestion, Injection*)** and clean-up procedures

Flammables: Combustible explosive material

Corrosives: Acids, caustics, and irritants

Toxins: Poisons to the body's internal organs

Reactives: Unstable materials when mixed produce heat / gas / explosion

Hazard Communications-- OSHA requires:

- Written plan by employer
- Labeling by manufacturer
- Labeling by employee
- Training and education



Waste Removal- Types of Containers

Waste type	Container
Medical waste	RED bag
Regular waste	WHITE/CLEAR bag
Sharps	Rigid plastic container
Chemo Waste	Bucket labeled as Medical Waste to be incinerated
Recycling	BLUE recycling container
Chemical waste	Containers labeled OSHA/EPA requirements
Radioactive waste	Handled by Nuclear Medicine Department

Environment of Care-Hazardous Materials/Waste Management

❑ WHAT DO I DO IF THERE IS A HAZARDOUS MATERIAL SPILL?

- Your first concern will be for the protection of yourself, your co-workers in the area, patients or visitors. *Isolation and evacuation of the immediate area by all persons who are in danger should be your first priority.*
- After isolation and evacuation is completed
 - Specific or universal spill kits are available for these types of situations based on what hazardous substances are present in your department. Spill cleanup must be accomplished by personnel who are trained and certified competent to accomplish this task.
 - Review department spill and clean-up procedures before initiating a clean-up procedure. Refer to the Safety Data Sheets for more information.
 - All materials and items utilized in the clean-up procedure must be properly disposed of as hazardous waste.
 - Hazardous spills under one gallon are handled by hospital personnel, hazardous spills over a gallon must be cleaned up by an outside agency, call your supervisor and the operator and report a hazardous spill
 - Enter the event into Verge

Environment of Care- Hazardous Materials: Safety Data Sheets

- ☐ The Safety Data Sheet is the most detailed documentation on any hazardous substance in the workplace.
 - ☐ Identification (physical and chemical)
 - ☐ Hazardous ingredients
 - ☐ Emergency and first aid procedures
 - ☐ Recommended control measures
 - ☐ Physical and health hazards
 - ☐ Safe handling procedures/protective equipment
 - ☐ Manufacturers name and phone number
- ☐ Each department has access to SDS forms specific to that department. And is required by the Workers Right to Know program;
- ☐ A separate SDS form is available for each hazardous substance used in the department and contains such information as emergency first aid procedures, typical signs and symptoms of exposure, what personal protective equipment must be worn, and the types of hazards the substance presents.
- ☐ SDS are available on the intranet 24 HOURS A DAY.

Environment of Care-Hazardous Materials/Waste Management

- ❑ Compressed gas cylinders can be very dangerous. The gas inside of the cylinder (oxygen, helium, carbon dioxide, etc.) is highly pressurized. If the cylinder becomes cracked or the valve stem breaks off, the cylinder can become a projectile object (a rocket) causing serious injury to people (patients and staff) and damage to the environment.
- ❑ Be sure to follow these simple safety rules when dealing with compressed gas cylinders:
- ❑ **Safety Do's:**
 - **Do** transport cylinders in an approved cylinder carrier or holder.
 - **Do** always store/secure a cylinder with chains or holder.
 - **Do** read the label on the gas cylinder before using it.
 - **Do** call the Respiratory Care Dept. to report any damaged or leaking cylinders or if you are unsure of what to do regarding gas cylinders.
- ❑ **Safety Do Not's:**
 - **Do not** carry the cylinder on a bed stretcher or wheel chair unsecured.
 - **Do not** have compressed gas cylinders near the MRI suite because of the strong magnet force
 - **Do not** store the cylinders without securing them with chains or an approved holder.
 - **Do not** add adapters to make the gas connection fit. All cylinders are specially designed with specific connections to prevent mixing of gases.
 - **Do not** leave any cylinders lying around (freestanding) or near heat.



Environment of Care-Hazardous Materials/Waste Management

☐ Oxygen Tanks

FULL:

- ❖ An oxygen tank is considered **FULL** when it has not been “cracked” (opened).
- ❖ It is found in the **GREEN** cylinder rack or cabinet.

PARTIAL:

- ❖ A partial “In Use” tank is has a pressure reading of greater than 500 psi
- ❖ Once a tank has been opened and put into use it is to be placed in **YELLOW** the cylinder rack or cabinet.



EMPTY:

- ❖ When the gauge is in the **red zone** or reads 500 psi or less, bring it back to the storage rack. This tank is now considered **EMPTY**.
- ❖ Make sure to place any empty tank in the **RED** cylinder rack or cabinet.

All tanks must be secured so not to tip over or drop
ALWAYS CHECK THE GAUGE PRIOR TO USE

Emergency Management

- Disaster- Any event in which the need for resources exceeds the ability to provide those resources.
 - Can lead to an “emergency”
 - The Joint Commission defines an emergency as a natural or man-made event that suddenly or significantly:
 - Disrupts the environment of care
 - Disrupts care and treatment of patients
 - Changes or increases demand for the hospital’s services
- Can occur at any level-institutional, local, county, state or national

Environment of Care- Emergency Management

- ❑ Disasters fall into a combination of categories:
 - **Internal:** disasters that occur within or on one of the RWJBH buildings or locations
 - **External:** disasters that occur in the community
 - **Natural:** disasters that occur as a result of a natural incident
 - **Man-made:** disaster that occur as a result of an accidental or intentional event of human origin

Environment of Care-Emergency Management

❑ Examples of **Internal** disasters include:

- Fires
- Explosions
- Chemical spills
- Flooding
- Utility failure (Power, Water, Telephone, Etc.)
- Loss of healthcare staff due to significant illness

❑ Examples of **External** disasters include:

- Weather related (Hurricanes, Snow Storms, Floods, Etc.)
- Other natural (Earthquakes)
- Man-made (Accidents, Fires, Collapses, Terrorist attacks, Etc.)

Environment of Care-Emergency Management

*During a disaster

- ❑ Each facility has local plans that will define your role based on your specific job
 - Incident guidance will come from the Hospital Command Center
 - Don't leave your assignment until relieved
 - You may be asked to perform roles outside your normal day to day responsibilities
- ❑ Local emergency codes will be in place
- ❑ Additional training will be available at each facility

Environment of Care-Emergency Preparedness

- ❑ **Bi terrorism** is what an enemy hopes to do to us by exposing people to illness, or chemicals that have the capability to cause death. Defined as dangerous germs or biological agents that are put into our surrounding environment with the intent to cause harm, creating panic and fear everywhere
- ❑ **Employer Actions**
 - Education of Emergency Department staff for recognition, isolation, and decontamination
 - Implementation of Standard Precautions
- ❑ **Protective Measures**
 - Utilization of Standard Precautions and Hand Washing
 - Report anything suspicious
 - Avoid direct contact with suspicious items
- ❑ **Resources**
 - Trained Decontamination Teams
 - Personal Protective Equipment and Detection Equipment
 - Decontamination Equipment
 - Special ventilation systems
 - State and Government agencies

Environment of Care-Life Safety

Fire /Evacuation Plan

☐ **Fire Alarm System**

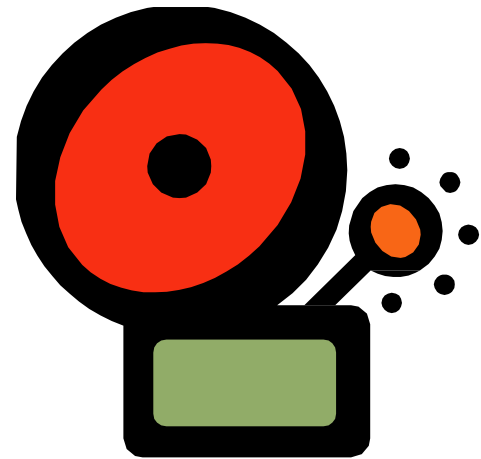
- Use the pull station to activate the alarm
- Notify the operator to announce the code for a fire (Code RED)
- Close the doors
- Clear the corridors

☐ **Compartmentation**

- Fire walls
- Fire and smoke doors
- Automatic/self-closing doors
- Patient room doors

☐ **Employee Responsibility**

- Complete required education
- Attend drills
- Know locations for pull station; fire extinguishers; & fire and smoke doors



Environment of Care-Life Safety

Fire /Evacuation Plan

- ❑ **In the event of a fire emergency or a drill, RWJBH uses the R.A.C.E. procedure, which stands for:**
 - **R** Rescue/move patients to a safe area
 - **A** Alarm: pull alarm; and notify operator of location of the fire
 - **C** Confine by closing all doors
 - **E** Extinguish or Evacuate (extinguish small fires)

- ❑ **Away From the Scene of the Fire**
 - Close all doors
 - Clear corridors
 - Await further instructions / listen to PA system

- ❑ **Evacuation**
 - Horizontal/Initial Evacuation: From one fire compartment to another compartment (through the fire doors)
 - Vertical Evacuation: Going from one floor to the floor below and is only done when a horizontal evacuation is not possible

Environment of Care-Life Safety

Fire /Evacuation Plan

☐ Types of Fires

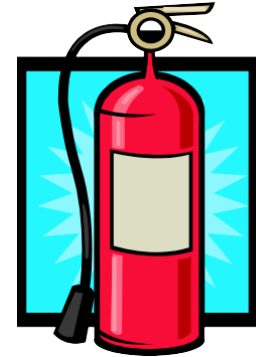
- Class A – ordinary combustibles (ash)
- Class B – flammable liquids (boiling liquids)
- Class C – electrical fires (current)

☐ Fire Extinguishers

- Water Class “A” fires
- CO2 Class “B-C” fires
- Dry Powder Class “B-C” fires
- Dry Powder Class “A-B-C” fires
- Type K Class B – C Fires
(Portable Extinguisher for Cooking Hoods)

☐ Fire Extinguisher Operation (PASS)

- **P** Pull the pin
- **A** Aim the extinguisher at the base of the flames
- **S** Squeeze the trigger while holding the extinguisher upright
- **S** Sweep the extinguisher from side to side



Environment of Care-Life Safety

Fire /Evacuation Plan

EMPLOYEE RESPONSIBILITIES FOR FIRE DRILLS OR EMERGENCIES:

- ☐ In the event of a fire alarm our patients, visitors, or guests are not going to know what to do. They will be looking to you for guidance and direction. **You must know what to do.**
- ☐ Make sure all doors, windows and fire doors are closed in your area.
- ☐ Listen for instructions over PA system or directly from your supervisor.
- ☐ Do not use the elevators. Restrict travel of visitors and staff (moving through doors allows smoke through)
- ☐ Remove all guests or visitors from the corridors immediately and return patients to their rooms.
- ☐ Keep all corridors clear for emergency personnel.

Utility Systems / Electrical Safety

Utility Systems: Electric, Water, Telephone, Nurses Call System, HVAC
(Heating/Ventilation/Air Conditioning)

When a Utility System Fails:

- Notify Plant & Engineering
- Utilize plan in disaster manual
- Use emergency electrical outlets (RED)
- Use emergency phones (RED)

When an Electrical System Fails, Emergency Power will:

- Come on within 10 seconds after loss of commercial power
- Service emergency outlets (RED)
- Light main corridors and stairwells

Environment of Care-Clinical Engineering Department

❑ Safety Tips

- It is everyone's responsibility to make sure equipment is safe and ready for use.
- Always check physical integrity of equipment and accessories (cables, probes, etc.)
- Use your senses!
 - If the device doesn't **sound** right, don't use it. (grinding, hissing)
 - If the device doesn't **look** right, don't use it. (damaged, frayed)
 - If the device doesn't **feel** right, don't use it. (hot to the touch)
 - If the device doesn't **smell** right, don't use it. (burning smell)
- Call biomed before using any new medical equipment in the hospital including demos and rental equipment.
- All equipment that use rechargeable batteries should always be plugged in.
- Code carts and life support equipment should always be plugged into a red (emergency) outlet.
- Defective equipment should be addressed immediately.
- If you or someone in your department has been made aware of a recall for a particular device, please contact biomed.

Environment of Care-Clinical Engineering Department

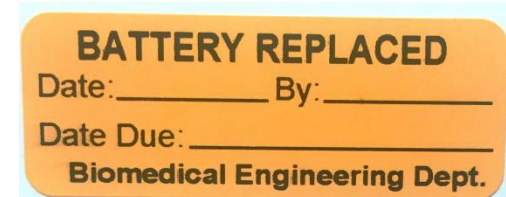
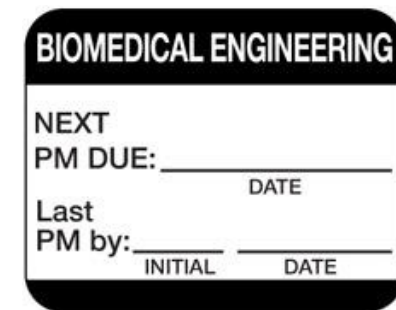
❑ What NOT TO DO!

- Do not use equipment with expired stickers
- Do not plug something in with a missing prong/pin
- Do not use equipment with frayed or defective cables
- Do not use equipment with expired accessories (ex: expired pads for defibrillators)
- Do not use equipment that has no biomed indicator saying it has been checked.
- Do not pull on the power cord without grabbing it near the plug
- Do not wrap cables so tight that it bends/breaks the cable
- Do not wait last minute to have something fixed
- Do not wait last minute to check in equipment before a case
- Do not use tape to fix an issue!

Environment of Care-Clinical Engineering Department

❑ What to Look For

- Identifier Stickers – this is how we identify the device
- Inspection Stickers – this is how we know when it was last serviced
- Battery Stickers – this is how we know when the battery was last replaced



Environment of Care-Clinical Engineering Department

❑ Electrical Failure

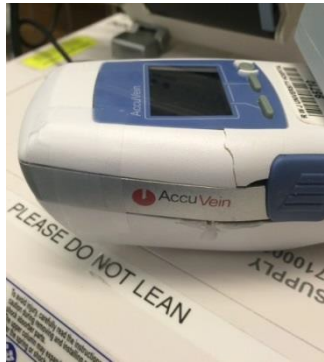
- Make sure critical/life saving equipment is plugged into a red outlet
- Turn off equipment when not in use.
- Have a charging area (on emergency power) to recharge equipment, phones and other devices that are not in use so they are ready
- Do not plug/unplug medical equipment to use the outlet for personal devices

Environment of Care-Clinical Engineering Department

❑ Damaged Equipment- Do Not Use!



Damaged bladder probe



Damaged vein finder



Broken LCD on ultrasound



Boom shroud with tape



Boom shroud hanging



Broken monitor screen

Environment of Care-Clinical Engineering Department



Monitor with broken bezel



Doppler with broken case



Monitor with damaged side panel



Frayed power cord on pump

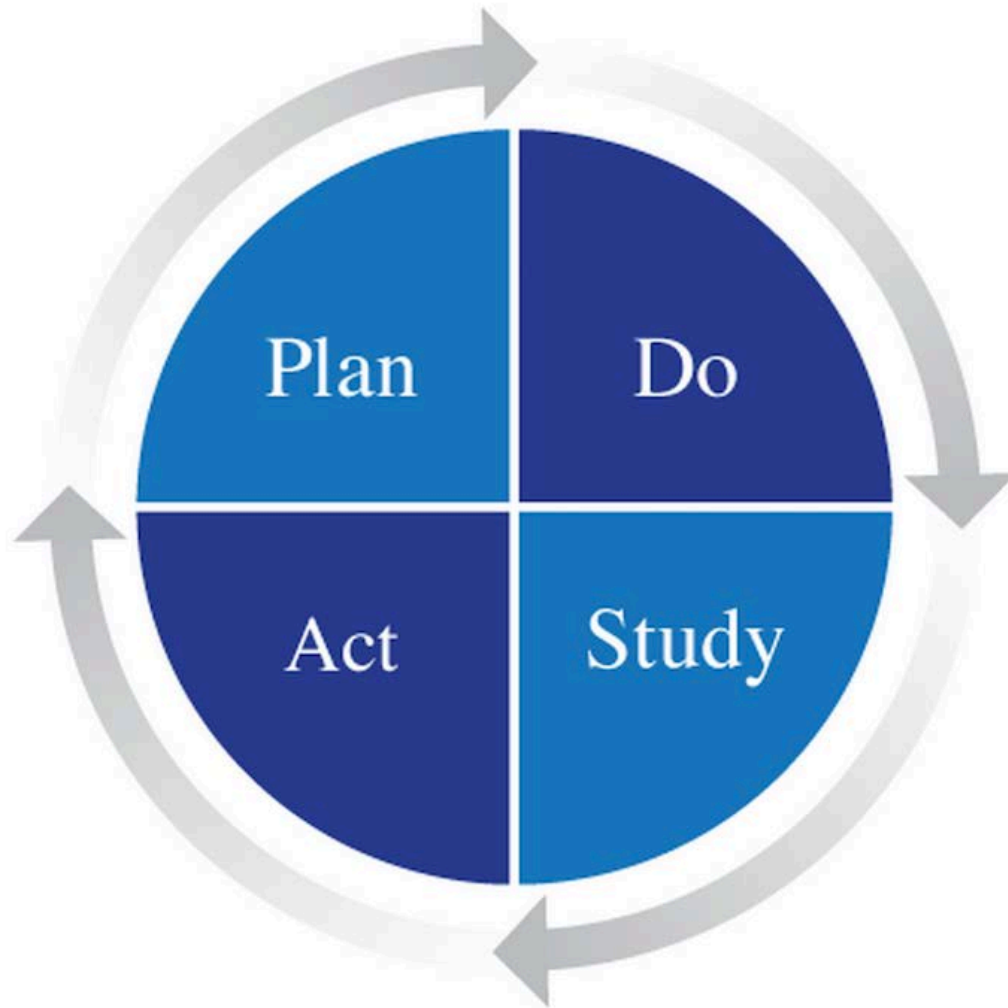
Performance Improvement

- **Quality is defined as the degree to which our patient's healthcare outcomes are consistent with best practices and personal choice**
- We strive for continual improvement of quality for all provided services
- We look at information that tells us how we are doing
- We strive to meet/exceed the customers expectations
- We need to do the right thing and do it well
- We need to remember we are all customers of someone
- It will cost less to do things right the first time

Closing the Gap

- Improvement focuses on closing the gap between:
 - what we know (the scientific evidence and what we know about our patients) and
 - what we do - what practices actually occur and how much inappropriate variation and practitioner preference occurs.

Process Improvement Method



The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Performance Improvement Teams

- Formed when there is a need for improvement or to meet industry standards of care
- Made up of members involved in the process
- Teams receive **“Just in time training”**
 - Expectations
 - Team dynamics
 - Goal Selection
 - Performance Improvement education & tools
 - 6 sigma and lean tools

Performance Improvement Teams

RCA Team

(Root Cause Analysis)

*“Get to the Root
of the problem!”*

- Formed when a serious preventable error occurs
- ***Why did error happen?***
- ***What needs to be fixed so the mistake does not happen again?***

(Failure, Mode, Effects, Analysis)

*“An Ounce of Prevention
is Worth a Pound of Cure”*

- Formed before an error occurs in order to prevent errors
- FMEA scoring helps facilities set priorities for improvements

For both teams, focus is on fixing the process, not individuals

Joint Commission requires each health care facility
to evaluate a process using FMEA

Culture of Safety

- Every workplace generates its own culture of quality and safety - shared ways of thinking and behaving that lead to 'norms' for that setting.
- A desirable culture of safety occurs when:
 - No patient is harmed due to their interaction with health care;
 - No family experiences the pain and frustration of caring for a loved one who is harmed;
 - The organization acknowledges the risk and error-prone nature of health care, promotes open disclosure and fosters reporting, open communication and learning from adverse events in a just and trusting environment;
 - No provider thinks that reporting an adverse event will compromise their career;
 - Health care providers assume shared accountability with the organization to actively seek potentially harmful situations and take action to address these before harm occurs

You can do your part by:

- **Keeping ‘patients first ‘:** Putting yourself into your patient’s shoes and listening to his/her stories keeps us focused on how patients experience our relationship with them.
- **Taking pride in what you do:** “The kind of pride I’m talking about is not the arrogant puffed-up kind: it’s just the whole idea of caring – fiercely caring.” (Red Aurbach, Professional Basketball Coach).
- **“Speaking Up”:** Be alert to the potential for harm. ‘Looking’ does not always mean ‘Seeing’ – ask yourself what you might be missing. Question and report unsafe practices. Discuss these openly so they can be addressed promptly – you may save someone’s life or prevent them from being harmed in our care. Identify opportunities to improve - sometimes the small things can make a big difference to the quality and safety of care. Share your improvement ideas with your team - every idea counts.
- **Meeting standards and increasing reliability:** Make yourself aware of the standards and processes of care for your practice or area, and commit to consistently meeting these.
- **Fostering patient self responsibility:** Provide the education and support to enable patients to assume responsibility for their well-being.
- **Holding yourself accountable:** What will you do to become more aware and improve patient safety in your work setting?

Culture of Safety Activities

- Hourly rounding
- Hand off communication (physician to physician or nurse to nurse for example) /Effective shift to shift report
- Bedside report
- Drills
- Huddles and debriefings
- Using checklists, bundles, and clinical practice guidelines
- Effective feedback and intervention when required
- Reporting events or potential bad events
- Daily audit tools for monitoring key patient indicators

Introduction to National Patient Safety Goals - TJC

- In 2002, The Joint Commission established its National Patient Safety Goals (NPSGs) program; the first set of NPSGs was effective January 1, 2003. The NPSGs were established to help accredited organizations address specific areas of concern in regard to patient safety.
- The very first NPSGs focused on:
 - ✓ Hand Hygiene, this goal remains a priority for all healthcare.

TJC National Patient Safety Goals

✓ **Use at least 2 identifiers when providing care, treatment, services**

- Each hospital uses specific identifiers, make sure you know yours. Here is an example that may be used: Patient full name and medical record (Inpatient) and patient full name, birth date unless patient is banded (Outpatient)
- Label specimens at bedside in presence of patient

✓ **Eliminate transfusion errors related to patient misidentification**

- 2 person verification for transfusions

TJC National Patient Safety Goals

- ✓ **Label all medications, medication containers, other solutions on and off sterile field in perioperative, other procedural settings**
 - Verify all medications both visually and verbally
 - Label all containers and syringes
 - Labeling must occur whenever the med is removed from original packaging to another container
 - Labels are verified both verbally and visually by two qualified individuals whenever the person preparing the med/solution is not the person who will be administering



- ✓ **Timely reporting of critical results of tests, diagnostic procedures**
 - Write down ,then “Read Back” Phone Orders / Critical Results
 - Report Critical Results w/in 60 minutes / document



TJC National Patient Safety Goals

- ✓ **Reduce the likelihood of harm associated with the use of anticoagulant**
 - Have a written policy regarding baseline & ongoing tests
 - Provide education to patients, families and staff

- ✓ **Maintain and communicate accurate patient medication**
 - Obtain current list of medications; “home list”
 - Compare list to orders and resolve discrepancies
 - Provide patient, family with list when discharged or leave
 - Provide medication management information



TJC National Patient Safety Goals

✓ Reduce the risk of health care-associated infections

- Hand washing, fingernail maintenance according to national standards
- Prevent Multi-Drug Resistant Organism Infections
- Prevent Central-Line Associated Blood Infections
- Prevent Surgical Site Infections
- Prevent infections resulting from indwelling urinary catheters

✓ Identify patients at risk for suicide

- Suicide Risk Assessment for patients being treated for emotional or behavioral disorders
- Address safety needs, environmental safety
- Provide the at risk patient with prevention information at discharge



TJC National Patient Safety Goals

- ✓ **Reduce the Harm Associated with Clinical Alarm Systems**
 - When alarms are not properly managed, they can compromise patient safety
 - Alarm noise can desensitize the staff however the lowering of the volume can lead to adverse patient events.
 - We must immediately respond to critical alarms such as heart monitors, pulse ox and ventilator alarms for patient safety .



TJC National Patient Safety Goals



Universal Protocol

- **Conduct a pre-procedure verification process-** use the checklist
- **Mark the procedure site- Physicians** – No nurses or techs are to mark the patient. The proceduralist should this activity
- **A time-out is performed before the procedure-** everyone to stop, verbally acknowledge the correct patient, correct procedure and the correct site.

Must be performed for every surgery, invasive procedure, in the ED, at bedside or procedure room.

TJC National Patient Safety Goals

- **TIME OUT**

The opportunity to catch mistakes *before they happen.*



A pause that everyone takes to become “mindful” of the patient, of the procedure to be performed and the opportunity to speak up about questions, concerns or to clarify important details related to patient safety.

Infection Prevention & Control

Healthcare Associated Infections (HAI)

Each year:

**1 out of every 25 patients hospitalized
will contract a HAI and about 75,000
will die during their hospitalizations.**



Infection Prevention and Control



Keep masks and tissues at all entry points and reception areas to give to patients

Infection Prevention & Control

Standard Precautions



- ☐ Treating all blood and other body fluids, secretions, excretions (except sweat) as if they are infected
- ☐ Proper *Hand Hygiene*
- ☐ *Use Personal Protective Equipment* when there is risk of exposure
- ☐ *Disinfect patient care equipment between each patient use*
- ☐ *Disinfect high touch environmental surfaces*
- ☐ *Sharps Safety – safe handling and disposal in rigid containers*
- ☐ Place specimens in biohazard bags/leak proof containers
- ☐ Resuscitation -Use mouthpieces
- ☐ Patient Placement - Patients requiring isolation may require a private room/area
- ☐ *Be alert* for unexpected patient movement
(ex. cough, sneeze, codes, agitated patients)

Infection Prevention & Control

☐ **HAND HYGIENE SAVES LIVES**

**Hand Hygiene is
the single most
effective step
in preventing
the spread of
hospital acquired
infections**

**Clean In/Clean Out every
patient encounter**



Infection Prevention & Control

Hand Hygiene with soap and water:

- ☐ If hands are visibly soiled
- ☐ Before Eating
- ☐ After using the Restroom
- ☐ Preferably when caring for a patient with *Clostridium difficile*



Infection Prevention & Control

Hand Hygiene

If hands are not visibly soiled the use of alcohol-based hand sanitizer is preferred:

- ☐ “Clean In/Clean Out” upon entering a patient care room or area
- ☐ Before & After donning gloves
- ☐ Before donning sterile gloves when inserting a central line
- ☐ Before inserting a urinary catheter, peripheral line, or other invasive devices that do not require a surgical procedure
- ☐ After contact with patient’s intact skin (e.g. taking a blood pressure), and moving from a contaminated to a clean body site
- ☐ Use hospital approved lotion

Performance Improvement-Infection Control

Hand Hygiene

- ☐ Hospital employees who have direct physical contact with patients, patient equipment, and patient supplies must:
- ☐ Keep fingernails $\frac{1}{4}$ inches or shorter
- ☐ No artificial nails or enhancements
- ☐ Keep nail polish free of chips or cracks
- ☐ No nail jewelry



Infection Prevention & Control

Best Practices to Prevent Healthcare Associated infections due to Multi-Drug Resistant Organisms (MDRO)

- ☐ Hand Hygiene
- ☐ Maintain Contact Precautions including strict adherence to wearing Personal Protective Equipment (PPE)
- ☐ Use disposable BP cuff, stethoscopes, and digital thermometers
- ☐ Clean and Disinfect Shared Equipment
- ☐ Disinfect the Patient Environment
- ☐ Educate patients & families who are infected or colonized with MDROs about HAI prevention strategies

Infection Prevention & Control

Best Practices to Prevent Central Line Associated Bloodstream Infections (CLABSI) During Insertion

- ☐ Prior to insertion, educate patient/family about central line associated bloodstream infection
- ☐ Use Central Line Checklist
- ☐ Perform Hand Hygiene prior to insertion
- ☐ Use Chlorhexidine based antiseptic skin prep
- ☐ Do not use femoral vein unless no other site is available
- ☐ Use Central Line Insertion Kit
- ☐ Use sterile barrier precautions during insertion
- ☐ Discuss need for continuing a central line during Multidisciplinary/Peer Review Bedside Shift Report

Infection Prevention & Control

Best Practices to Prevent Central Line Associated Bloodstream Infections (CLABSI)

Central Line Care and Maintenance:

- ✓ Dressing dry and intact, dated, time and initials present
- ✓ Chlorhexidine Gluconate (CHG) impregnated product applied
- ✓ Appropriate connector caps in place
- ✓ Connector caps in place
- ✓ Presence of alcohol impregnated caps on all ports
- ✓ Documentation of dressing change
- ✓ IV tubing and bags dated and timed
- ✓ Daily Chlorhexidine bath

Infection Prevention & Control

Best Practices for Preventing Surgical Site Infections (SSI)

- Educate patient/family about surgical site infection prevention
- Administer antibiotics prior to surgery and discontinue with 24 hour after surgery
- Use Clippers for Hair Removal prior to the patient coming into the OR

Infection Prevention & Control

Best Practices to Prevent Indwelling Catheter Associated Urinary Tract Infections (CAUTI)

- ☐ Insertion
 - ☐ Insert urinary catheters according to evidenced-based guidelines only for appropriate indication
 - ☐ Use aseptic technique for site preparation, equipment and supplies
 - ☐ Educate patients & families on CAUTI prevention & symptoms of UTI
- ☐ Maintenance
 - ☐ Secure catheter for unobstructed urine flow and drainage
 - ☐ Keep collection system below the bladder without touching the floor
 - ☐ Maintain sterility of the collection system
 - ☐ Use aseptic technique to collect urine samples
 - ☐ Perform daily catheter care with castile soap
 - ☐ Only replace collection systems if compromised, obstructed, or leaking
 - ☐ Prevent dependent loops
- ☐ Ongoing assessment
 - ☐ Limit the use and duration of urinary catheters and remove as soon as possible
 - ☐ Use alternatives to avoid insertion or following removal to avoid reinsertion
 - ☐ Follow “Nurse Driven Protocol” algorithm for discontinuation
 - ☐ Discuss need for continuing a urinary catheter during Multidisciplinary/Peer Review Bedside Shift Report

Infection Prevention & Control

Infection Control Precautions

Contact / Contact Enteric Precautions

Used for diseases spread through direct/indirect contact (eg: hands, contaminated equipment). Examples are: MRSA, VRE, C.difficile, scabies, other and other drug resistant organisms

Requirements:

- ☐ Private room or cohort with patients with same [infection](#)
- ☐ Wear disposable gown and gloves prior to [entering](#) the patient room
- ☐ Remove and discard used disposable gown [and gloves](#) inside of the patient room before exiting the room
- ☐ C. diff- For hand cleaning, SOAP AND WATER is preferred upon exiting the room

Droplet Precautions

Used for diseases that are spread through large droplets, within 3 feet of the patient. Examples are: Meningitis, influenza, pertussis, mumps

Requirements:

- ☐ Private room or cohort with patients with same infection
- ☐ Wear surgical mask prior to entering the patient room; disposable gown and gloves if anticipate contact with infectious secretions



Infection Prevention and Control

Airborne Precautions

Used for diseases spread through the air(infectious airborne droplet nuclei <5 microns transmitted by person to person by the airborne route) Examples: Tuberculosis, Varicella (Chicken Pox), Measles, Disseminated Herpes Zoster (Shingles), MERS (Middle East Respiratory Syndrome)

Requirements:

- ☐ Proper Hand Hygiene
- ☐ Place the patient in a negative pressure room
- ☐ Healthcare workers who have been fit tested wear an N95 respirator mask before entering the room
- ☐ Wear a gown in addition to N95 if the patient has Varicella or Shingles
- ☐ Limit movement and transport of the patient
- ☐ Visitors wear a surgical/isolation mask when in the room with the patient
- ☐ Keep patient room door closed

Infection Prevention & Control

Tuberculosis (TB)

- ❑ **TB Infection** (*caused by bacteria called *Mycobacterium tuberculosis**)
 - TB germs may live in your body without making you sick
 - The Tuberculin Skin Test/QuantiFERON - TB Gold Blood/T-spot Test are the standard methods of identifying persons infected with TB
- ❑ **TB Disease**
 - Attacks the lungs or other body parts (*ex. kidneys, spine*)
 - May spray into the air if a person with TB of the lungs or throat coughs, shouts, or sneezes
- ❑ **TB Signs & Symptoms**
 - Weakness, easily fatigued
 - Loss of appetite, weight
 - Fever, chills
 - Night sweats
 - Persistent productive cough, cough up blood

Infection Prevention & Control

Personal Respiratory Protection

N95 PFR (*particulate filter respirator*)

- ☐ Use when there is an increased risk of exposure to MTB
(*Airborne Precaution/TB isolation rooms*)
- ☐ Use when entering an *Airborne Precaution/TB isolation rooms*
- ☐ Use when performing high hazard procedures
(*bronchoscopy, sputum induction*)
- ☐ Includes:
 - Training, selection and fit of the employee upon hire and annually
 - Repeat fit testing when there is a change in the respirator, if the employee has a change of *weight, facial hair or surgery*

Infection Prevention & Control

Management of TB Patient Suspected or Confirmed

- ☐ Assess patients for symptoms suggestive of TB prior to admission to ensure proper placement
- ☐ Place patients in private negative pressure room with Airborne Precautions sign & initiate Airborne Precautions
- ☐ Instruct patients to cover nose and mouth with a tissue when coughing and/or sneezing
- ☐ Notify the receiving area ahead of time if patient needs a medically essential test (ex. *CT scan*)
- ☐ ***Transport the patient with a surgical mask in place*** (not a N95)
- ☐ Maintain Airborne precautions in all procedure and testing areas

Infection Prevention & Control

OSHA Blood Borne Pathogen Standard

The OSHA Blood Borne Pathogen Standard provides requirements for employers to follow to ensure employee safety with regard to occupational exposure to blood borne pathogens

Health care employees are at risk to exposure to blood borne pathogens

- Three serious blood borne pathogens are:
HIV, Hepatitis B and Hepatitis C
- If you have contact with blood or a contaminated object, you could become infected with a blood borne pathogen

Hepatitis B Vaccine

Your best protection against hepatitis B

- ☐ The vaccine is ***free of charge*** in Employee Health Service
- ☐ It consists of 3 injections over 6 months
- ☐ You must get all doses for the vaccine to work

Our behavior at work is a crucial defense against exposure. Work Practice Controls at the source of the potential hazard are designed to prevent hazards from reaching the employee:

- ☐ **Standard Precautions** treating all blood and other body fluids, secretions, excretions (except sweat) as if they are infected
- ☐ Proper **Hand Hygiene**
- ☐ **Activate the safety feature** of the sharp device
- ☐ **The sharp user is responsible** for safe handling & disposal
- ☐ **Do not recap**, remove, or bend needles
- ☐ Place used sharps in designated **puncture resistant container**
- ☐ Place specimens in **leak proof containers**
- ☐ **Use Personal Protective Equipment** when there is risk of exposure
- ☐ **Be alert** for unexpected patient movement (ex. cough, sneeze, codes, agitated patients

Infection Prevention & Control

Personal Protective Equipment (PPE)

The Barriers to Pathogens:

Gloves, aprons, cover gowns, masks, face shields, eye protection, and Powered Air Purifying Respirator(PAPR)

Gloves

- Must be worn for procedures where blood or body fluids may contact hands (ex. phlebotomy, establishing IV access)

Gowns

- Selected to match expected blood exposure

Goggles

- The eye is more likely to result in infection from blood splashes because the conjunctiva is relatively thin

Face shields

- To provide protection to all face mucous membranes

Infection Prevention & Control

Proper housekeeping is a very important defense against exposure:

- ☐ *Dispose of contaminated sharps in sharps container marked with biohazard symbol.*
- ☐ *Never reach into trash to retrieve an object.*
- ☐ *Place other Contaminated wastes in a leak proof biohazard container/bag.*
- ☐ *Keep equipment and work surfaces clean with an approved disinfectant.*
- ☐ *Call Environmental Services to report*
 - *Full sharps and waste containers*
 - *Spills of blood or body fluids*



Infection Prevention & Control

Wipe Down Your Equipment Between Patient Use



Thoroughly treat surface and allow surface to remain undisturbed according to manufacturer's instructions on label



Infection Prevention & Control

What if I'm exposed to blood or other body fluids?

Wash the exposed area immediately with soap and water

OR

Flush the exposed mucus membrane with water

Report the incident **IMMEDIATELY** to your supervisor

Enter the exposure into Verge

Get medical attention **IMMEDIATELY** from

- Employee Health service or Emergency Dept, as directed by your facility
- Employee Health Service will provide the required post – exposure evaluation and follow-up

Growth and Development

Interaction with various age groups occurs on a daily basis in the healthcare environment. Knowing the developmental characteristics for each age category promotes patient satisfaction.

The following pages provides specific characteristics for each age category.



Infant (0-1 year old)

☐ Development “The baby”

- **The infant can:** suck; cry when needing something; see large objects; hear your voice; feel pain; and feel hot and cold
- **During first year** is able to: smile; turn over; crawl; put objects in mouth; fall off of surfaces; learn by imitation; waive good-bye; and play pat-a-cake

☐ Behaviors

- Likes to be held; likes to be rocked; likes sucking on bottle or pacifier

☐ Anxiety Situations

- When mother is not in sight; loud noises; and close presence of strangers

☐ Stress Responses

- The infant's cry sound like a scream

☐ Needs

- **The infant needs:** food, especially the bottle; to be held and cuddled; to have mother care for infant; lots of sleep at night and naps; to be talked to and looked at; to have toys and blanket with infant at all times

☐ Safety Measures and Promoting Feelings of Security

- Keep crib rails up; use safety belt in high chair, infant seat, and when sitting alone; avoid toys with little pieces to prevent choking; place on back to sleep; warm bottles with hot water not microwaves; test bottle content temperature on your arm prior to feeding; test bath water temperature on your arm before bathing



Toddler (1-3 years old)

☐ Development “The terrible twos”

- **The toddler can:** walk, run, and jump; talk (say “no” “mine” and short sentences); feed self; start to dress self; use toilet, but has accidents; play alone (does not like to share); pay attention for only a very short time; open drawers, doors, and bottles; and get in trouble when left unattended

☐ Behaviors

- Likes to: do everything themselves; have their own way; imitate others; eat only foods that the toddler likes; and become angry and have tantrums

☐ Anxiety Situations

- When mother leaves toddler; when strangers visit; when strangers touch toddler; when fear of being hurt; and darkrooms

☐ Stress Responses

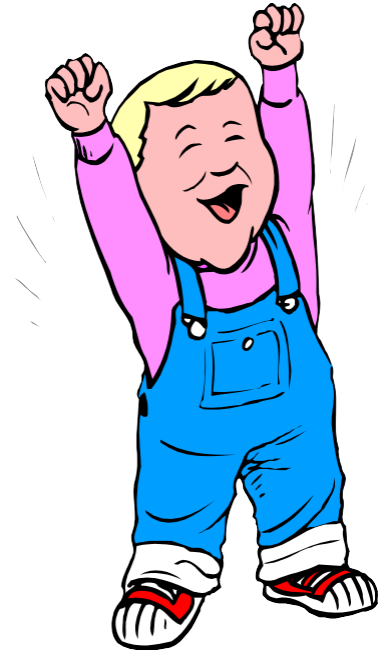
- The toddler cries and says the same word repeatedly

☐ Needs

- **The toddler needs:** favorite blanket or toy; to be read to; simple choices; to know what is being done to them just prior to doing it; to eat favorite foods; to hear how good their behavior is; to be a baby again when ill; to help with procedures; and to be protected from injury and drowning (never leave alone)

☐ Safety Measures and Promoting Feelings of Security

- Constant supervision; normal nap times and home routines; set limits to behaviors; keep small objects away from toddler



Preschooler (3-6 years old)

☐ Development

- Preschoolers can: make things with their hands; play with friends and share; dress and undress self; draw and color; hop, skip, and play ball; do puzzles; play imaginary games with dolls and stuffed animals; boast and tattle; and lose baby teeth and get new ones

☐ Behaviors

- Likes to: ask why and get a response; receive praise; use imagination; and please others

☐ Anxiety Situations

- Illness (thinks being sick is their fault); being left alone in hospital by parents; strange/unfamiliar equipment (fear of being hurt); and use of words that have a different meaning to the preschooler (i.e. "dye" or "die")

☐ Stress Responses

- The preschooler will act younger than their age

☐ Needs

- **The preschooler needs:** to see parents, siblings, and friends; favorite toy or stuffed animal with them; to be asked how they feel; praise and reward for being good; distraction when something is going to hurt; and clear simple explanations of what they are going to experience
- Need to choose for themselves: where to get injections; what to eat; and what to watch on the television

☐ Safety Measures and Promoting Feelings of Security

- Allow child to touch equipment and supplies that are going to be used; demonstrate procedure on a doll or stuffed animal; tell child how they are to act when caring for them



School-Age Child (6-12 years old)

☐ Development

- **School-age children can:** do projects from start to finish; cooperate with others; be part of a team; play by the rules; do real jobs around the house; learn special skills, like music, dancing, and sport; speak like a grown-up; and understand simple explanations
- Developmentally school-age children are: quick; active; well-coordinated; very social; brave or try to look brave; and caring

☐ Behaviors

- Likes: being in control; winning a game; doing well at school; being with friends; and to have an understanding of what is wrong and why it is necessary to be in the hospital

☐ Anxiety Situations

- Fear of: altered body image from illness; not understanding treatments; dying; being put to sleep

☐ Stress Responses

- The school-age child will not cooperate

☐ Needs

- **The school age child needs to:** keep busy; to be independent and important; finish school work and keep up with friends; know what is happening at home and at school; be with friends; write about hospital experience; understand what will happen each day; and talk about feelings and fears



☐ Safety Measures and Promoting Feelings of Security

- Allow child some control over what is happening; allow items from home to be with child; explain procedures in advance everything that will be done; let family help with explanation; help child to appear brave; and provide distraction for pain relief measures

Adolescent (12-18 years old)

☐ Development “Teenager”

- Puberty; breast development; body hair; deepening of voice; rapid growth
- Adolescents: think logically; do most things for themselves; eat a lot; sleep a lot; talk on phone/email a lot; spend a lot of time with friends; and enjoy team sports, music, and art

☐ Behaviors

- Self-conscious; shy about body; interested in sex; loyal to friends; likes to do dangerous things

☐ Anxiety Situations

- Afraid of: dying when sick; losing control

☐ Stress Responses

- Irritable and angry when stressed

☐ Needs

- **The adolescent needs:** privacy (don't talk to, stare at, or undress); friends to visit; to be asked how they feel, what they need, and what their fears are; good listeners; independence, but may still need dependence occasionally; to wear clothes that they like and dress like their friends; and understanding and acceptance of moods

☐ Safety Measures and Promoting Feelings of Security

- Determine best method of learning; allow some control and decision making; don't undress in front of others; keep covered during examination; privacy to talk to friends; answer questions honestly and use medical words; and provide distraction for pain relief



Young Adult (18-30 years old)

☐ Development

- Develop intimate loving relationships; begin career; provide income and support self; get married; have children; and may hide feelings and pain

☐ Behaviors

- Coworkers are important; job is important; own opinions are important; and may say that they are fine when they are not

☐ Needs

- **The young adult needs to:** make own decisions; see the person closest to them; be asked how they feel and what concerns they have; to know how illness may affect job and family life; to know how soon they can leave the hospital; and to know that someone is caring for the children while they are in the hospital

☐ Safety Measures and Promoting Feelings of Security

- Allow person closest to them assist with care if unable to do themselves; teach in detail about care; determine how the adult learns best; and involve adult and person closest to them with planning care



Middle Adult (30-60 years old)

☐ Development

- Skin is wrinkled; lose height; less muscular; receding hair line
- May have trouble with: seeing; remembering; and coordination
- Good with: job and helping others

☐ Behaviors

- Worry about: elderly parents; children leaving home; retirement and money; getting old; handling stress; and changing appearance

☐ Needs

- The middle adult needs to: make decisions and choices; keep busy both physically and mentally; feel useful; be in control; give advice; eat less to maintain same weight; and to know how illness will affect the body, job, and home life

☐ Safety Measures and Promoting Feelings of Security

- Provide encouragement to let others help; keep adult and family informed about condition; make aware of discharge plan; make aware of plan of care; determine best method of learning; keep busy and active; teach about medications, diet, and staying healthy; and protect from infections

Older Adult (60-80 years old)

❑ Development

- Sleeps for shorter periods; may take naps; have trouble chewing; moves more slowly (stiff joints); feels cold easily; diminished vision and hearing; goes to bathroom more frequently; walks with wide short steps; continues to have sexual intercourse
- Appearance: shorter; bent-over posture; weakened muscles; skin is delicate, thin, wrinkled, and damages easily; and hair become thin

❑ Behaviors

- Despair about future; proud of what they have accomplished; worry about health and not being able to care for self;
- Embarrassed about: hearing; eyesight; memory; balance; control of urine; and
- Afraid of dying



❑ Needs

- **The older adult needs to:** talk about past with others; share their wisdom; talk about family, both good and bad; be clean; have a warmer room or extra blankets; see family and grandchildren; have quiet time for naps; eat nourishing meals and snacks; be handled using the palms of your hands instead of your fingers; be needed; talked to while being cared for; and lots of light for reading, writing, or eating

❑ Safety Measures and Promoting Feelings of Security

- Handle gently to prevent skin tears (don't use tape); encourage family to visit; follow advance directive; protect from falls; assist with walking; keep call bell within reach; lock wheelchair, bed, and stretcher wheels; keep bed low; protect from infection; let family help with care; explain and re-explain as necessary and make sure understanding has occurred; keep active with walking and conversation; and make sure glasses/hearing aid/ slippers are used (as applicable)

Oldest Adult (age 80 and older)

❑ Development

- Walks slowly and may be unsteady; eats small tasty meals; can pay attention to one person at a time and needs to be spoken to slowly (yelling is confusing); listens to tapes; watches television or reads large print books; and arms and legs are stiff
- Difficulty with: getting to bathroom on time; remembering what is said to them; constipation; chewing; eyesight; muscle strength; keeping warm; keeping body clean; making decisions



❑ Behaviors

- ▪ Embarrassed by: diminished sight and hearing; forgetfulness; falls; learning slowly; and loss of bowel and bladder control
- ▪ Upset by: not being paid attention to; loved ones dying; being alone for a long period of time; not being understood when wanting something
- ▪ Afraid of: dying alone; not having someone to care for them; not receiving proper care; loss of independence; and becoming a burden to family

❑ Needs

- **The oldest adult needs:** food that is easily chewed and swallowed; small nourishing meals; favorite television programs; extra time to learn anything new; less medicine than a younger person; practice religion and be visited by representative; to be listened to; assistance with bathing; assistance from family; maintain normal daily routine

❑ Safety Measures and Promoting Feelings of Security

- Provide a steady support with walking; assist with filling out menu; teach slowly, a little at a time, and include family; provide extra time to complete tasks; provide reminders in room; remind family to help with care; get out of bed and keep active every day; provide appropriate care; carry out advance directive; provide encouragement; and be careful of delicate skin

Aging Sensitivity

Many of our patients are older adults. The older adult population is the fastest growing portion of our population and in the year 2030 it is estimated that 21.8% of our population will be an older adult. It is necessary to become aware of the differences between illness and the normal aging process in the older adult.

☐ **Vision Issues**

- Often need reading glasses
- Need more light to see accurately
- Need to avoid glare
- May have problems with gray tones
- May have problems with depth perception



☐ **Hearing Issues**

- Hearing loss
- Difficulty in hearing high pitch sounds and raising voice does not help
- Speak slowly in a low clear voice while facing the older adult
- Reduce background noises
- Nonverbal communication reinforces spoken words

Aging Sensitivity

☐ **Memory Loss and Confusion**

- Not part of the normal aging process
- Could be related to:
 - Medications
 - Dehydration/malnutrition
 - Disease

☐ **Communicating with the Memory Impaired**

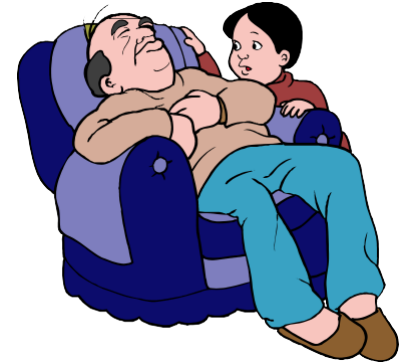
- Approach from the front, calmly
- Call by name
- Be aware of body language
- Use eye contact
- Use visual cues
- Short statements and keep simple
- Don't argue, change subject and provide reassurance



Aging Sensitivity

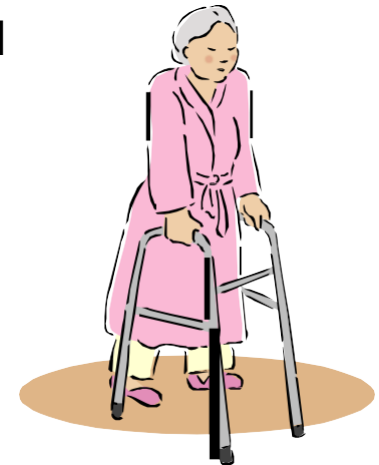
☐ **Sleep Disorders**

- Early morning awakening
- Frequent sleep interruptions (bathroom visits)
- Increased daytime napping due to frequent nighttime interruptions



☐ **Falls and the Elderly**

- Leading cause of accidental death in older adults
- 1 out of 7 falls in the older adult results in a fractured bone
- Risk factors that increases the chance for falls:
 - Confusion
 - Sensory deficits (*sight, hearing, touch*)
 - Use of assistive devices (*canes, walkers*)
 - Impaired mobility/gait/balance
 - Depression
 - Environmental factors (*rugs, steps, stairs*)
 - Joint stiffness



Victim Abuse

- **A supervisor and/or social worker must be notified of all suspected cases of abuse and/or neglect**
- Each victim will be offered, when appropriate hospital and community resources that are available for counseling, information and assistance
- In the case of a child, it is mandatory to report all suspected cases of abuse, sexual abuse and neglect to DCP&P. (formally DYFS)

***Employees are protected by law
for reports made in good faith***

How to identify Abuse and/or Neglect

- **History:** injury is inconsistent with account
(*ex. poor health; multiple injuries in various stages of healing*)
- **Neglect:** basic needs are ignored
(*ex. food, shelter, health care*)
- **Sexual Abuse:** evidence of bruising, bleeding
(*ex. difficulty walking, painful genitals*)
- **Common Injuries:** bruises, head injuries, multiple injuries, odd burns, etc. usually seen in areas typically covered by clothing
(*ex. back and flank area in women*)

Victim Abuse

Types of Abuse

☐ **Child Abuse Neglect** (physical & emotional)

- Repeated injuries with unexplained bruises, welts, or burns
- Neglect of care/ withholding food
- Unusual fearfulness
- **Mandatory Reporting:** DCP&P (previously DYFS)

☐ **Child Abuse Sexual**

- Sexual touch
- Inappropriate talk by caregiver
- **Mandatory Reporting:** DCP&P (previously DYFS)

☐ **Elder Abuse and Neglect**

- Physical injury
- Threats, insults
- Lack of care/withholding food
- Misappropriation of funds
- **Mandatory Reporting:** Adult Protective Services (APS)



Victim Abuse

☐ Domestic Violence

- Physical, emotional and/or financial abuse between partners who live together or who have a child together
- **Reporting:** at victim's request to police or domestic violence agency. If a firearm or knife etc. is used in the assault it must be reported to the police
- If a firearm or knife or destructive device is used in the assault it must be reported to the police

☐ Sexual Assault

- Rape
- Sex with a person who does not or can not consent
- **Reporting:** at victim's request to police or domestic violence agency

Steps to Protect Abuse Victims

- ☐ Interview the patient
- ☐ Plan for safety
- ☐ Document findings
- ☐ Report to appropriate authorities



Final Stages of Life

- ❑ When a person enters the final stage of the dying process, two sets of needs are at work: the person's physical needs and the person's emotional, spiritual, and mental needs.
- ❑ There is a commitment on the part of the hospital and the health care providers to support the patients, their families and caregivers during the end of their life. We do this by enhancing their quality of life, and offering individualized, compassionate and comfortable care.
- ❑ **Normal physical changes expected during the dying process are:**
 - ❑ **Coolness:** hands, arms, feet, and legs and the color of the skin may change. The underside of the body may be darker. Caregivers need to keep the person warm with a soft blanket. Avoid using an electric blanket.
 - ❑ **Sleeping:** changes in metabolism may lead to increased amounts of time spent sleeping. Caregivers can sit with the person holding his or her hand speaking softly and naturally to the individual. Avoid shaking the person awake and speaking loudly to arouse
 - ❑ **Disorientation:** confusion about time, place, and identity of surrounding people may occur due to metabolic changes that affect the patient's mental ability. The caregivers should identify themselves and communicate in simple terms that are easy to understand. Use short sentences and explain briefly what is to be done.

Final Stages of Life

- ❑ **Incontinence:** loss of control of bowel and bladder function may occur with the relaxation of muscles. The caregiver should provide good skin care, change the patient frequently and not express disapproval.
- ❑ **Congestion:** gurgling or rasping sounds may occur with breathing and can be loud. These changes occur with the inability to cough up or swallow secretions. Suctioning can increase secretions and be a source of increased discomfort. The caregiver can gently turn the patient's head from side to side allowing gravity to drain the secretions. Suction only when necessary. Wipe inside of mouth and lips with a moist cloth.
- ❑ **Restlessness:** decreases in oxygen to muscles, nerves, and the brain can lead to restlessness and repetitive motions. The caregiver should maintain good body alignment and not interfere or restrain restless motions. A cool cloth to the forehead can increase physical comfort.
- ❑ **Fluid and Food Decreases:** a decrease in appetite and thirst naturally begins in an attempt for the body to conserve energy. The caregiver should offer small amounts of ice chips or sips of juice to refresh and moisten the mouth and lips. If the patient can swallow, small amounts of fluid may be administered by syringe. Avoid lecturing about not eating more.

Final Stages of Life

- ❑ **Urine Decreases:** output normally decreases and may become tea-colored, concentrated urine. The caregiver should keep the skin clean and dry to prevent breakdown.
- ❑ **Breathing Pattern Change:** normal breathing patterns often change. “Cheyne-Stokes” breathing may occur which is a breathing irregularity consisting of shallow breaths with periods of no breathing for 5 to 60 seconds. Periods of rapid shallow panting-like breathing may also occur. The caregiver can elevate the patient’s head or the head of the bed to support comfort. Comfort may also be obtained by turning the patient on their side..
- **Normal emotional, mental, and spiritual signs and symptoms at the end of life are:**
 - ❑ **Withdrawal:** preparations for leaving or “letting go” of relationships and surroundings may lead to unresponsiveness, withdrawal and possibly a coma-like state. The caregiver should continue to identify themselves when speaking to the patient and speak in a normal tone.

Final Stages of Life

- **Vision-like Experiences or Unusual Communication:** detaching from life and preparation for the transition for what comes next can cause the patient to speak or claim to speak with persons that have already died. This does not indicate a hallucination or a drug reaction. The caregiver should not contradict what the patient is telling them and should not argue about what the patient claims to have seen or heard. Respect should be provided and listening should be done with empathy.
- **Restlessness:** unresolved issues and unfinished business may make it difficult for the patient to let go. This may cause repetitive restless tasks to be performed. The caregiver should take time to discuss these behaviors with over healthcare workers and ask the patient if anything is troubling them that they would like to discuss.
- **Decreased Socialization:** interactions with many people consumes energy that is needed for basic functions and the patient may want to be with a few selected persons. The caregiver should support the patient's wishes and support family members who may feel "left out" or rejected.

Americans with Disabilities Act (ADA)

☐ What is it?

- Federal law enacted in 1990 intended to make American society more accessible to persons with disability
- Aims to eliminate discrimination



☐ Who is protected?

- Anyone with a physical or mental impairment that substantially limits one or more major life activities

☐ Requirements under the law

- Access and equal treatment must be provided to everyone
- Service can not be denied due to disability

Americans with Disabilities Act (ADA)

Vision Impairments

- Provide orientation to surroundings
- Read information to patients
- Provide literature in large print
- Provide magnifiers located on all nursing units
- The hospital provides signage in Braille

Hearing Impairments

- Telephone for the deaf – TTY are available
- The Language Line is available 24x7 for interpretation by certified interpreters .

Physical Impairments

- Handicap parking/ramps/access areas
- Handicap restroom facilities
- Assistive devices

Cultural Diversity

☐ Diversity and Inclusion includes:

- Gender
- Race/color
- Religion
- Ethnicity
- Pregnancy
- Physical abilities
- Sexual orientation
- Ideas/perspectives
- Culture

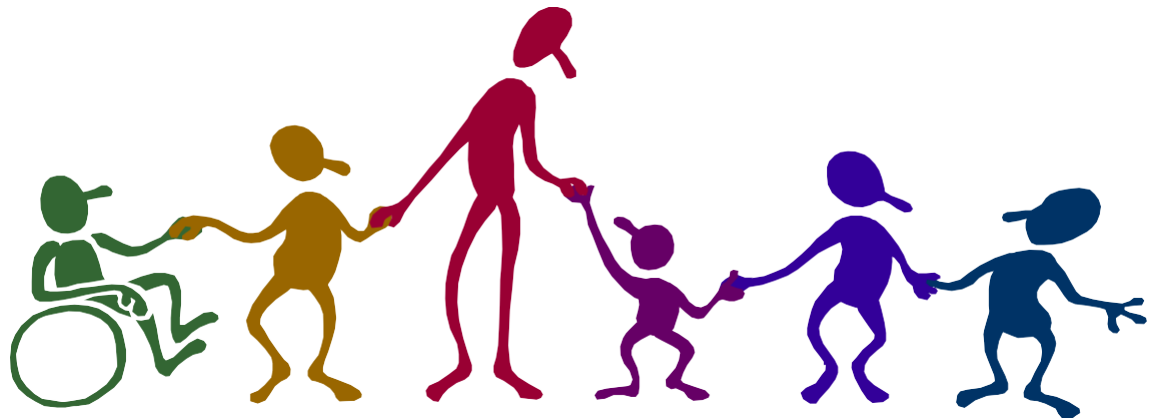


☐ We need to appreciate diversity and inclusion and incorporate aspects of day to day activities in patient care

Cultural Competence

❑ **Cultural Competence:** understanding differences in:

- Eye Contact
- Assigned Role
- Social Setting
- Physical Distance
- Gestures
- Tone of Voice



The state of New Jersey is a heavily populated dense culture with approximately 1,071 persons per square mile.

The Sharing Network

NJ Organ & Tissue Donation Services



- ☐ Refer all deaths regardless of age or diagnosis 1-800- 541-0075
- ☐ Sharing Network needs to be notified prior to any discussion with the family
- ☐ Sharing Network is responsible to approach the family.

Acute Coronary Syndrome

Acute Coronary Syndrome (“ACS”)

- ❑ ACS is a group of symptoms that occur when the heart muscle is not getting enough oxygen. Lack of oxygen causes chest pain and other serious problems.
- ❑ The chest pain from the oxygen-starved heart muscle can progress to a heart attack!
- ❑ ACS if not treated quickly or correctly can result in death! 5 million Americans come to hospitals with chest pain and related symptoms.



Code STEMI

❑ Our System is recognized by The Joint Commission for excellence in Acute Coronary Syndrome and Cardiac Rehab.

❑ **Code STEMI** is an emergency code called to summon a team of expert caregivers for a patient with an elevated ST segment on their EKG.

Heart Attack Warning Signs



- ☐ Chest discomfort:
 - Discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back.
 - It can feel like uncomfortable pressure, squeezing, fullness or pain.
- ☐ Discomfort in other areas of the upper body:
 - Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- ☐ Shortness of breath with or without chest discomfort.
- ☐ Other signs may include :
 - breaking out in a cold sweat,
 - nausea
 - lightheadedness
- ☐ *As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly extreme fatigue, shortness of breath, nausea/vomiting, and back or jaw pain.*
- ☐ **ACT FAST.... Don't wait more than five minutes to call 9-1-1.**

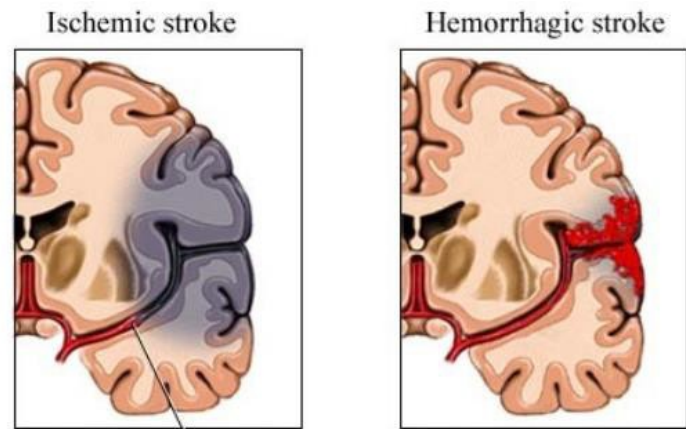
Stroke

- ❑ A stroke occurs when there is an interruption of blood flow to an area of the brain, causing tissue death.

There are 2 types of stroke:

1. Ischemic – due to a blocked blood vessel in the brain
2. Hemorrhagic – due to a ruptured blood vessel in the brain

- ❑ Stroke codes are activated in the hospital to alert the Stroke Team of a potential stroke patient in order to provide prompt and early interventions.



Stroke



Other signs and symptoms include, Sudden Onset of:

- ☐ Severe headache
- ☐ Visual disturbances (double vision, blurred vision, loss of vision) in 1 or both eyes
- ☐ Dizziness, difficulty walking

Important Links

To learn more about the information presented in this packet, please visit the websites below:

❑ The Joint Commission Standards-
<https://www.jointcommission.org/>

❑ OSHA-
<https://www.osha.gov/>

❑ CMS-
<https://www.cms.gov/>