

# 2019 Annual Mandatory Education CMC Supplement

**Community  
Medical Center** | **RWJBarnabas  
HEALTH**

# CMC Supplement

- The content in this CBL is a supplement to the CBL titled:
  - CO1-2019 Annual Mandatory Education (RWJBH)
- Both modules **MUST** be completed

# CMC Supplement

- Patient Identification
- Compressed Gas Cylinder Safety
- MRI Safety
- Hospital Education about Pregnancy Loss

# Accuracy of Patient Identification

## •Inpatient:

The patient's **name and medical record number** are always compared when a patient has blood drawn, a specimen collected, gets medication, or has any treatment or procedure.

Use a two-person verification process, where one of the two verifying persons will transfuse the blood or blood component.

**Label specimen containers in the presence of the patient**

## •Outpatient:

The patient's **name and date of birth** are always compared when a patient has blood drawn, a specimen collected, gets medication, or has any treatment or procedure.

**Label specimen containers in the presence of the patient**

# COMPRESSED GAS CYLINDER SAFETY

## COMPRESSED GAS CYLINDER STORAGE REQUIREMENTS

Facilities may have up to #12 “E” sized cylinders of compressed gas in storage and available for immediate use in an area without taking any special precautions with regard to separation or enclosure.

When is a cylinder or container **in use** and when it is **in storage**.

- *The cylinder or container that is stationed securely and positioned next to a bed with a patient who might need it at any moment is considered to be in use. A cylinder placed securely on an emergency cart for use in a moment's notice is also considered to be in use.*
- *However, a second cylinder or container next to a patient's bed is considered to be in storage and subject to storage requirements, because a second cylinder, in general, is redundant.*

# MRI SAFETY



# MRI Safety

**PRACTICE**  
**MRI Safety at ALL TIMES**

**THE MAGNETIC FIELD IS ALWAYS ON**  
**24 hrs/day, 365 days/yr.**  
**EVEN WHEN NOT IN USE.**

# MRI Safety

The MRI Suites are zoned into 4 safety areas to assure all patients and staff are safe





# Essentials of MRI Safety

- The greatest risk of injury and damage to the MRI system results from failure to comply with recommended safety procedures.
- All personnel must be thoroughly briefed about the potential risks involved and reminded not to bring any ferromagnetic items into the magnetic field.
- Metal objects can become projectiles in the MRI scanner room
- Pregnant medical personnel should take precautions and remain outside of the magnet room during scanning.

# Essentials of MRI Safety

- The magnetic field can seriously damage or impair the operation of equipment or personal items.
- All Associates or Patients will be screened before entering the MRI scanner room.
- For the safety of Associates and Patients, controlled access areas are established.

# Examples of Metal Objects Becoming Projectiles



# MRI Safety

- MRI scanners are powerful magnets with the ability to attract ferromagnetic objects.
- Any personnel around the MRI suite must be adequately screened for metallic implants *and* personal items before entering the scan room.

# **HOSPITAL EDUCATION ABOUT PREGNANCY LOSS**

# The Patient Experiencing a Pregnancy Loss

## Learning Outcomes

- To enhance your knowledge and personal awareness of someone who has or is experiencing a pregnancy loss
- To provide the skills necessary to interact with families experiencing a pregnancy loss

## Pregnancy Loss

- The nonvoluntary end of a pregnancy from conception, during pregnancy, and up to 28 days of the newborn's life. Also referred to as pregnancy loss.

# Types of Loss

- Ectopic pregnancy: occurs when a fertilized ovum implants outside the uterus; most common is fallopian tube
- Miscarriage: is the lay term for spontaneous abortion. Products of conception are delivered prior to 20 weeks gestation.
- Medical Interruption: termination of pregnancy by medication or procedure because of health risks for the mother, genetic reasons, or fetal anomalies
- Stillbirth: Fetal death after 20 weeks gestation
- Newborn Death (Neonatal Death): Death of a newborn within the first 28 days of life

# Perinatal Bereavement

- **Perinatal bereavement** is the experience of parents that begins immediately following the loss of an infant through death by miscarriage, stillbirth, neonatal loss, or elective termination for fetal anomalies.
- Grief is a symptom of bereavement
  - It is a reaction to all types of loss, not just death, and it is dependent on an individual's unique perception of loss and does not need social recognition or validation by others (i.e., it is the specific subjective feeling that accompanies a loss)



# Door Card



- Door Card: Leaf & Teardrop represent the RTS program
  - Alerts the staff that a pregnancy loss has occurred.
  - Reminder to be sensitive when entering the room
  - Symbolizes love & grief felt when a baby dies
  - Placed outside the room

# What Do I Say?

- What do I say? I'm sorry is the best start, and it means a lot to most patients.
- Explain your role, and why you are there, and what you will be doing for them (her).
- Remember that each patient, each family, each loss is different. What might be important to one may be insignificant to the other.
- Listen to what the loss means to them and direct your care in helping them through.

# Things to Say

- “I’m sorry”
- “I’m sorry, this is not what you expected”
- “I’m so sorry to hear what happened to your baby”
- “I wish this didn’t happen”
- “This must be hard for you”
- “What can I do for you?”
- “You have the right to be angry, confused”
- “Can I call somebody to be with you”

# Things NOT to Say

- “You’re young, you can have more children”
- “Something must have been wrong”
- “It wasn’t meant to be”
- “It’s for the best”
- “At least you were early”
- “At least you didn’t take the baby home”
- “At least you didn’t really know the baby”
- “I know how you feel”
- “Now you have an angel in heaven”
- “Calling the baby a fetus or it”

# Autumn Joy Stillbirth Research and Dignity Act

- “This bill, which is designated...in honor of a baby who was stillborn in this State, requires the establishment of policies and procedures that will ensure the dignified and sensitive management of each stillbirth and of a family’s grieving process following a stillbirth. The bill further requires that complete autopsy information related to stillbirths that occur in the State be collected and reported to the Department of Health (DOH), and requires the establishment of a database for research purposes in order to advance the goal of preventing and reducing the incidence of stillbirths”.

# Autumn Joy Stillbirth Research and Dignity Act

- a law designed to ease the suffering of the parents of stillborn infants and to help researchers learn about and prevent such tragedies, while providing dignified and sensitive management of each stillbirth, in consultation with nursing, psychology and social work professionals.
- Highlights of the bill:
  - 1 :1 nursing care for duration of shift; may have other responsibilities
  - One physician contact for all care of family when communicating about plan of care
  - Bereavement checklist mandated
  - Information on burial services and cremation to be given to patients and family
  - Prepare a memory box with keepsakes
  - Maintain those keepsakes for 1 year if family decides not to take them.
  - **Staff training**

*When a baby dies before it is born or soon after birth, parents face a difficult emotional task: they must try to say goodbye to someone they had little chance to know. They must accept that a life has ended, even though it barely began.*

Thank you!