



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.

Outline

Pg

- 3 High Reliability
- 11 Performance Improvement
- 14 Patient Experience
- 16 Reporting of Events
- 22 Violence in the Workplace
- 26 Infection Prevention & Control
- 41 Patient Rights – Restraints, Pain Mgt
- 46 Diversity & Inclusion
- 49 Human Trafficking
- 51 Health Information Management
- 53 Corporate Compliance
- 55 Sexual Harassment
- 57 Environment of Care:

Safety & Security Program, RRT, Ergonomics, Fire
Safety, Hazardous Material & Waste Mgt, Safe
Storage, Utility Systems, Medical Equipment Mgt,
Security Management & Employee Responsibilities

Pg

- 86 Emergency Management
- 89 Americans with Disabilities Act (ADA)
- 92 Cardiovascular Diseases: ACS and Stroke

(For Clinical Staff only)

- 96 Growth and Development: Safety
- 100 Victim Abuse
- 104 Final Stages of Life
- 108 Organ Donation/Sharing Network
- 109 EMTALA
- 111 Restraints & Seclusion
- 114 Pain Recognition and Opioids
- 116 National Patient Safety GOALS
- 119 Antibiotic Stewardship

Safety Together – Our High Reliability Journey

- 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.
 - The next 7 slides highlight and refresh our Safety Together habits and expectations

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

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



Speak up for safety
(ARCC, Stop the Line)

ARCC | *Escalate concerns using ARCC*

Ask a question.

Request an alternative.

Voice a **C**oncern.

Escalate through your
Chain of command.

**"I have a safety
concern."**



STOP the LINE | *Everyone is empowered to stop when uncertain, then:*

Review your plan.

Resolve the concern.

Reassess your actions.



the Line



Safety together.

I will communicate in a clear and timely manner.



Accurately communicate

(SBAR, Repeat- and Read-Backs, Number and Letter Clarifications, Structured Handoffs)

SBAR | *to communicate problems or concerns*

Situation – The immediate problem

Background – The facts

Assessment – Your take

Recommendation – Your suggestion

Repeat- & Read-Backs | *Three-way communication*

Sender initiates communication.

Receiver acknowledges receipt, repeating back.

Sender confirms or corrects.

“That’s Correct.”

Structured Handoffs

Provide complete information.

Allow time.

Discuss questions and greatest risks.

Number and Letter Clarifications | *Avoid mistakes with sound-alike words or numbers*

‘C’ as in ‘Charlie’

‘15,’ that’s one-five’

NATO phonetic alphabet

A	Alpha	J	Juliet	S	Sierra
B	Bravo	K	Kilo	T	Tango
C	Charlie	L	Lima	U	Uniform
D	Delta	M	Mike	V	Victor
E	Echo	N	November	W	Whiskey
F	Foxtrot	O	Oscar	X	X-Ray
G	Golf	P	Papa	Y	Yankee
H	Hotel	Q	Quebec	Z	Zulu
I	India	R	Romeo		

Safety together.

I will act with intention and focus.



Focus on the task (STAR)

STAR | *Bring forward your conscious attention when performing a task*

Stop - Take a 1-2 second pause (makes you 10 times more accurate).

Think - Consider the action you're about to take.

Act - Concentrate and carry out the task.

Review - Make sure the task and result are correct.

Stop



Think



Act



Review



Safety together.

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



Exercise and accept a questioning attitude
(Validate and Verify, Clarifying Questions)

Validate & Verify

Internal check – Ask your internal compass
(does this feel right?).

External check – Ask an expert source.

Ask Clarifying Questions

- in all high-risk situations.
- when information is incomplete.
- when information is not clear.

Safety phrase

**“I have
a clarifying
question.”**



Safety together.

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



Thoughtfully interact
(Five Tones, AIDET)

Five Tones

1. Smile and say hello.
2. Introduce yourself and explain your role.
3. Listen with empathy and intent to understand.
4. Communicate positive intent of your actions.
5. Provide opportunity to ask questions.

AIDET

Acknowledge and welcome

Introduce yourself

Duration for estimated wait time

Explain and listen carefully

Thank you to patients, families, visitors, colleagues



Safety together.

I will look out for my team members and be willing to be coached.



You and me together

(Cross-check and Coach, 5:1 Feedback)

Cross-Check and Coach | *Look out for your team members*

- Offer to check the work of others.
- Point out something that might have gone unnoticed.

5:1 Feedback

Encourage safe behaviors 5 times as often as you correct unsafe behavior.

“Just a Quick Cross Check.”

“Thanks for the Cross Check!”



Safety together.

Performance Improvement

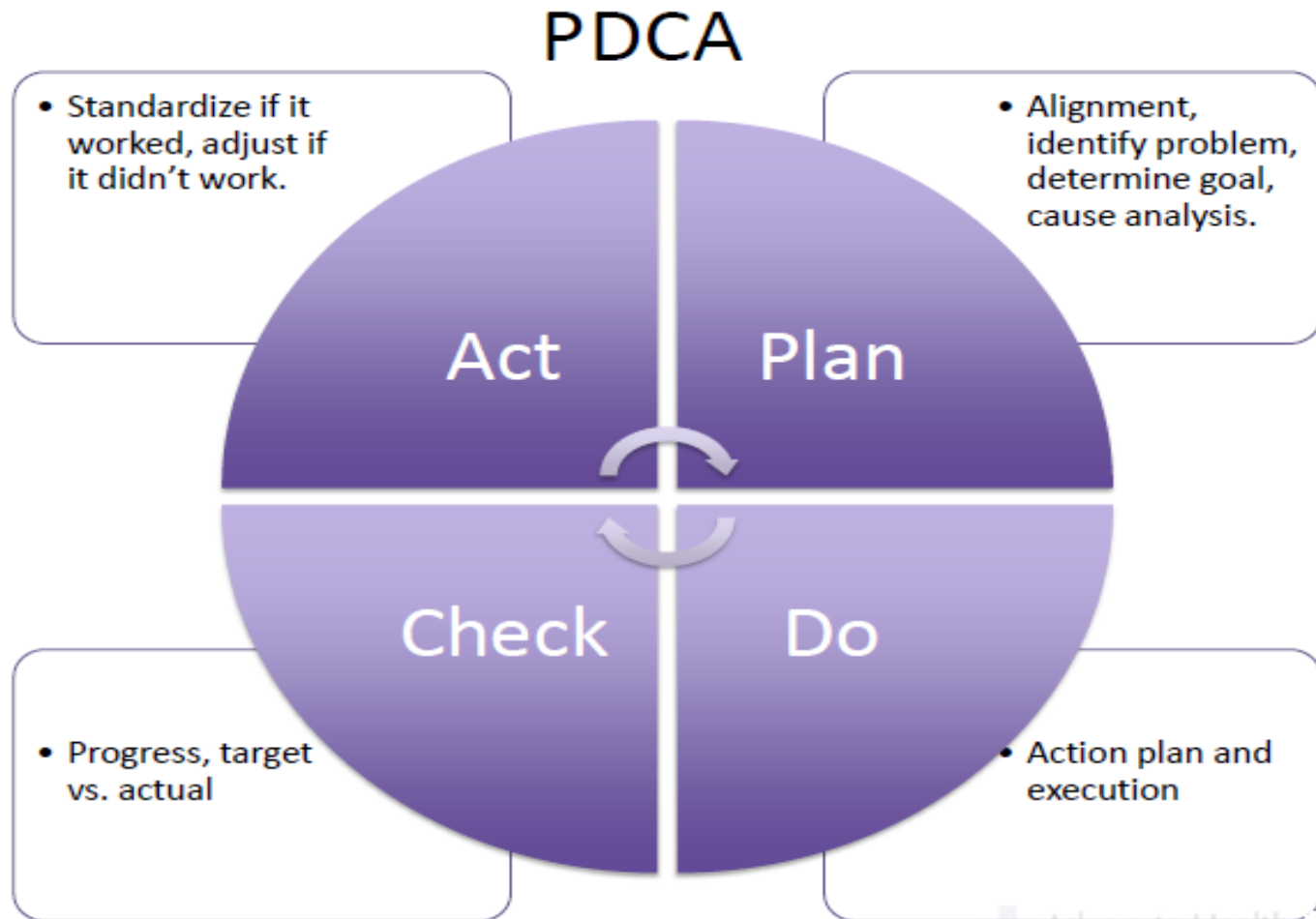
- **Quality is defined as the degree to which our patient's healthcare outcomes are consistent with best practices and personal choice**
- We strive for continual improvement of quality for all provided services
- We look at data/information that tells us how we are doing
- We strive to meet/exceed the customers expectations
- We need to do the right thing and do it well
- 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 (people doing it their way) and practitioner preference occurs.

Process Improvement Method

Plan-Do-Check-Act



Patient Experience & High Reliability

Why it matters.....

- All patients and families need to feel safe
 - Don't Harm Me
 - Help Me
 - Be Nice to Me

Service Recovery

- In case we do not meet the expectations of a patient or family it is important that we try to correct the situation.
- What can you do?
 - Change what you can – listen to the patient explain the issue
 - Adjust the temperature of the room, close the door to give privacy
 - Tell someone that can address the concern of the patient
 - Place the concern into Verge in the Patient Relations module
- **Remember:** It only takes one incident to reverse all the good that is done by others.

Reporting of Events – Risk Management

- 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



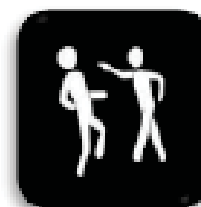
Non-Patient
Events



Employee
Events



Patient
Relations



Workplace
Violence

Safety together.

RWJBarnabas
HEALTH



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, patient or visitor

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

☐ Dont's

- 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

- What happens after an event is reported?
 - All events are reviewed by the area manager where the event occurred and Risk Management.
 - Further investigation if needed will be conducted
 - Events will be discussed at Daily Huddles to raise awareness and possibly brainstorm a solution
 - If it is a serious event – one that caused major harm to a patient a full investigation using Root Cause Analysis methodology will take place. A stopgap measure would be put into place, then after the full investigation, determining the root cause of a preventable event an action plan will be put into place.
 - Action Plans - Changes to structure, process and procedures are implemented.
 - Any disclosure to a patient about a serious event will be done by Risk, Clinical Staff or Director

Patient Safety Reporting

Employees can call the Joint Commission or the NJ Department of Health if concerned about unresolved quality or safety issues

Joint Commission

1-800-994-6610

or

New Jersey DOH

1-800-792-9770



Violence in the Workplace

Supporting & Keeping Our Staff Safe

- RWJBH provides a safe workplace for all employees
 - Workplace violence can range from offensive or threatening language to homicide
 - Health care workers, particularly those providing emergency and psychiatric care, have a higher risk for work-related assaults or threats
 - Risk factors include, but are not limited to:
 - Criminal holds
 - Distraught or angry family members
 - Mental illness
 - Substance abuse
 - Robbery (prevalence of narcotics, money)
 - Employee/grievance collector



Violence in the Workplace

Supporting & Keeping Our Staff Safe

- The New Jersey “Violence Prevention in Health Care Facilities Act” required each facility draft a plan to prevent violence, establish a violence prevention committee, risk assessment and employee training
 - Contact your Human Resources or Security Department to see how to join your local committee or become involved in the System’s efforts to prevent workplace violence
- Report any disruptive behavior, threats and acts whether directed towards an employee, patient, visitor or other
 - Perceived immediate or imminent harm
 - 911
 - Security
 - Senior Leadership
 - Verge
 - All others
 - Security
 - Verge
 - Senior Leadership
 - Law Enforcement
- Tools and resources to support our safety include, but are not limited to:
 - Employee, medical staff, patient, visitor, vendor, volunteer identification and access control (e.g. limited access to high-risk areas)
 - Trained security staff including armed guards where warranted; security patrols
 - De-escalation training
 - Panic buttons
 - Surveillance cameras
 - Employee Assistance Program (EAP)
 - RWJBH Workplace Violence Prevention Committee
 - Your situational awareness!
- Any employee determined to have acted in violation of the policy will be subject to discipline up to, and including, termination of employment



Violence in the Workplace

Supporting & Keeping Our Staff Safe

- **Signs of Escalating Negative Behavior**
 - Chronically disgruntled
 - Clenched fists
 - Escalating loudness, use of profanity
 - Increasingly angry, terse
 - Overly aggressive actions and language
 - Statements about losing control
 - Unreasonably demanding
- **Basic De-escalation Skills**
 - Stand at an angle (less threatening than face-to-face)
 - Maintain a safe distance (approximately four feet)
 - Maintain a relaxed stance
 - Look away at times; do not keep continuous eye contact
 - Move and speak slowly, quietly and confidently
 - Ask why they are angry/upset
 - Actively listen
 - Let them know that you want to resolve the situation; however, do not make promises you cannot keep
 - Do not make threats or set limits that cannot be enforced



Security Management

Active Shooter

- **How to Respond When an Active Shooter is in Your Vicinity:**

- 1. Run**

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

- 2. Hide Out**

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

- 3. Fight**

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the active shooter

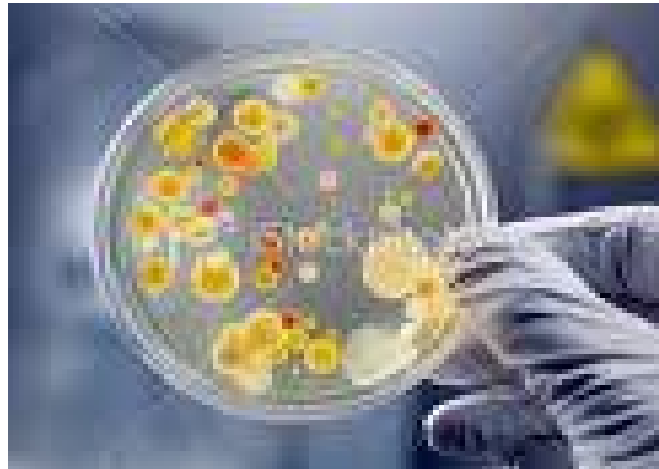
**CALL 911
WHEN IT IS SAFE TO DO SO**

Infection Prevention & Control

Healthcare Associated Infections (HAI)

On any given day, 1 out of every 31 patients has at least 1 healthcare associated infection.

They have developed an infection based on the improper environment cleaning, care we have provided and/or lack of proper hand hygiene



Infection Prevention & Control

HAND HYGIENE SAVES LIVES!

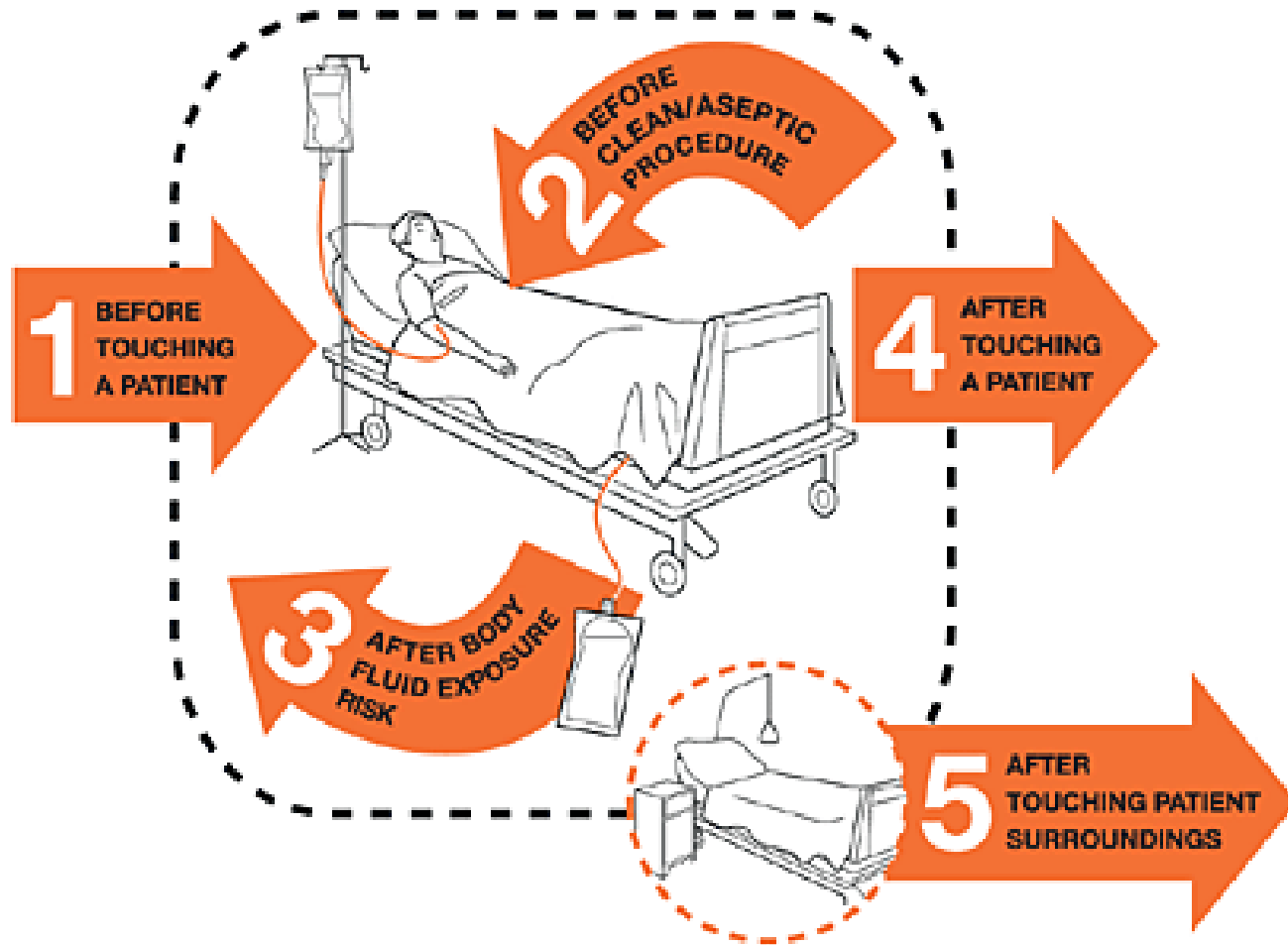
Hand Hygiene is the single most effective step in preventing the spread of infections



***Remember to always,
Clean In/Clean Out
when
entering/exiting patient
room/cubicle***



Remember the 5 Moments of Hand Hygiene



<https://www.youtube.com/watch?v=kOKeFv5VvY4>

Infection Prevention & Control

Hand Hygiene with soap and water:

- ☐ If hands are visibly soiled
- ☐ Before Eating
- ☐ After using the restroom
- ☐ After care of a patient who is C. difficile positive

Hand Hygiene with soap and water or alcohol based sanitizer:

- ☐ Before procedures
- ☐ Putting on or taking off gloves
- ☐ Contact with patients skin no matter what the reason
- ☐ After contact with body fluids not visibly soiled



Infection Prevention and Control

Fingernail Protocol

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 extenders (including wraps, tips, acrylics, etc.)
- ☐ Keep nail polish free of chips or cracks
- ☐ No nail jewelry



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 (such as health care workers) exposure to blood borne pathogens (diseases or germs).

- ❑ Three serious blood borne pathogens that healthcare workers are at risk for exposure include:
 - **HIV**
 - **Hepatitis B**
 - **Hepatitis C**

Infection Prevention & Control

OSHA Blood Borne Pathogen Standard

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 or to the shift supervisor, do not wait!
- ☐ Enter the event/exposure into Verge Employee module
- ☐ Get medical attention immediately from either
 - **Employee Health/Corporate Care Service**
 - **Emergency Department (If Employee Health is not open)**

NOTE: Employee Health/Corporate Care will provide the required post-exposure evaluation and follow-up

Infection Prevention & Control

OSHA Blood Borne Pathogen Standard

Hepatitis B

Your best protection against Hepatitis B (and other diseases like Flu which is mandatory for all employees) is vaccination

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

Infection Prevention & Control

OSHA Blood Borne Pathogen Standard

It is important to use work practice controls that alters the way a task is performed that reduces the likelihood of exposure to blood or other body fluids.

We use **Standard Precautions** that treats all blood and other body fluids, secretions, excretions (except sweat) as if they are infected to protect ourselves and patients:

- ☐ Proper Hand Hygiene
- ☐ Activate the safety feature of the sharp device
- ☐ 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

OSHA Blood Borne Pathogen Standard

- ❑ 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



Preventing Spread of Diseases

- Diseases are spread many different ways – by touching surfaces, equipment or skin (contact), through the air. (Ex. Flu or measles)
- When certain diseases are suspected the patient is placed in Isolation - You can protect yourself and stop the spread of the disease by using the correct Personal Protective Equipment (PPE), use disposable or dedicated equipment, disinfect before leaving the room and follow good hand hygiene.
- It is important to remember if you see an Isolation Sign on a Patient Door that you check with a nurse before entering.

Infection Prevention & Control

Isolation Precautions

Contact Precautions

Enteric Contact Precautions (used for *C. difficile* /diarrheal illness of unknown origin)

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

Requirements:

- ☐ Private room or cohort patients with same infection (Infection Prevention approval)
- ☐ 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



Droplet Precautions

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

Requirements:

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



Infection Prevention & Control

Airborne Precautions

Used for diseases that are spread through the air (small airborne particles transmitted by person to person via airborne route.)

Examples: Tuberculosis, Varicella (Chicken Pox), Measles, Disseminated Herpes Zoster, MERS (SARS)

Requirements:

- ☐ Place the patient in a negative pressure room
- ☐ Healthcare workers who have been fit tested wear N95 respirator mask or PAPR before entering room
- ☐ Remove respirator AFTER exiting the room
- ☐ Wear a gown/gloves in addition to N95 or PAPR if the patient has varicella or shingles
- ☐ If patient needs to be transported, the patient should wear a surgical/isolation mask
- ☐ Visitors should wear a surgical/isolation mask when in the room with the patient
- ☐ Keep patient room door closed

Infection Prevention & Control

Personal Respiratory Protection

N95 PFR (*particulate filter respirator*) or PAPR

- ☐ Use when entering an *Airborne Precaution/TB isolation room*
- ☐ Use when performing any aerosolizing procedures (*ex. bronchoscopy, sputum induction*)
- ☐ Includes:
 - Training, selection and fit testing 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;

(PAPR should be used if facial hair or any other circumstances prevent a full fit with the N95)

Clostridium Difficile Infection

- This is an “opportunistic” infection and is a concern for us
- Was considered to be a healthcare associated infection (from a hospital or nursing home stay) but is now seen in the community, just like MRSA
- It is a result of using antibiotic (kills the good bacteria in the bowels) or if frail or sick and exposed to someone who has been colonized (has the infection but not sick as a result)
- Result is massive diarrhea, may have low blood pressure and can be fatal if not caught early.
- Ways to prevent spreading:
 - Good hand hygiene is key in controlling the spread
 - 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
 - If need to bring equipment into the room make sure it is wiped down thoroughly before exiting room into the hallway
 - When isolation has ended the room needs to be terminally cleaned with sporicidal products

Patient Rights

The NJ **Patient Rights Law** is posted throughout the hospital in patients' rooms, in admitting, and in registration areas.

All the rights are listed as well as a number for a patient to call to complain of their care.

Patient Rights: 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 by designating someone to make the decisions for them (a surrogate) or provides their wishes on care and treatment.
- **Advance directives generally fall into categories:**
 - Living Will (is a document that is signed by a person that names someone to make a decision for them if not able to make decisions themselves or provides guidance of what the person wishes if not able to make the choices themselves)
 - Health Care Proxy (legal document that allows a named person to make healthcare decisions for someone who is not able to do)
 - POLST – Practitioner Order for Life Sustaining Treatment
 - Durable Power of Attorney is not used for making healthcare decisions but for other decisions such as financial issues
- **Our Responsibility includes:**
 - Asking the patient if they have an Advance Medical Directive on admission
 - Obtaining a copy of the patient's Advance Medical Directive and placing on their medical record
 - Providing the necessary paperwork to complete an Advance Medical Directive if the patient requests. A Social Worker can assist the patient. Direct caregivers should not assist the patient

Patient Rights: Use of Restraints

- 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 and monitor restraints in use receive special training. There are policies that guides
- **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.**

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.

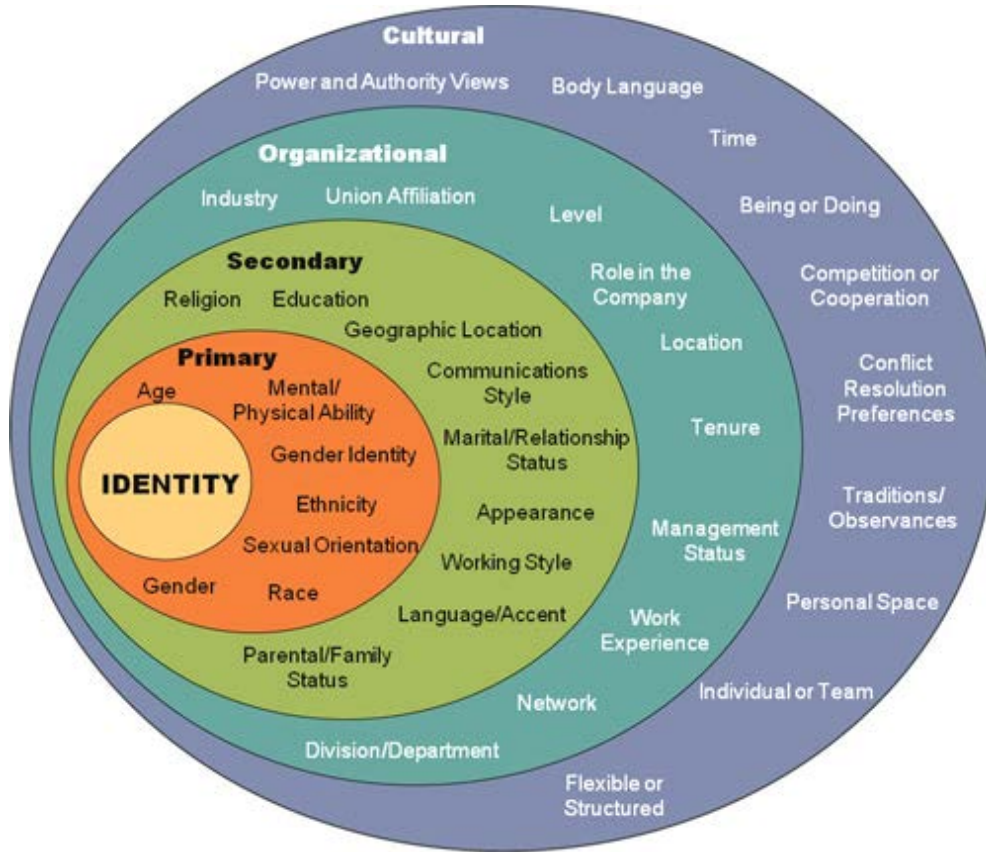
Patient Rights:

Organizational Ethics/Bioethics

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



Dimensions of Diversity



RWJBH defines diversity as a variety of patterns which includes but is not limited to values, customs, differences, and similarities.

Inclusion

Inclusion enables us to harness the power of diversity to achieve its goals by **intentionally embracing an expansive set of attitudes, attributes, cultures, and skills** throughout the system.



Nurturing a Culture of Humility and Competence

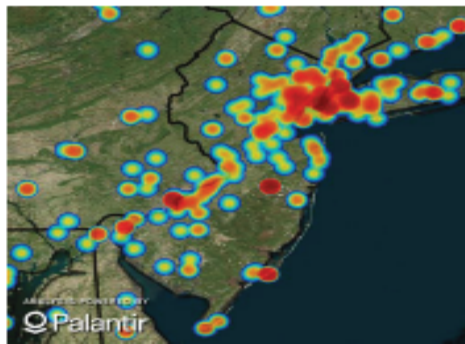
- Cultural humility
 - Being aware of our deficient knowledge having a humble and respectful attitude toward individuals and other cultures.
- Cultural Competence
 - An ongoing learning process ensuring the ability to interact effectively with people of different cultures.



Human Trafficking

What is Human Trafficking? It is a form of modern slavery. It occurs when a trafficker exploits an individual with force, fraud, or coercion to make them perform commercial sex or work/labor.

Human Trafficking is something everyone needs to be aware of and report suspected cases to your supervisor. There is also a hotline for reporting too.



The image above is a heat map that reflects the cases reported to the National Human Trafficking Hotline in 2016. Areas in which greater numbers of cases were reported contain more red shading. Areas in northeast, central, east, and southwest New Jersey contain red shading. This map only reflects cases in which the location of the potential trafficking was known. Some cases may involve more than one location.



701
Cases Reported



1,372
Potential Persons
Trafficked

DEMOGRAPHICS OF POTENTIAL PERSONS TRAFFICKED:

Citizenship

U.S. Citizen/Legal
Permanent Resident: **274**

Foreign National: **172**

Gender

Female: **612**

Male: **63**

Gender Minorities: **3**

Age

Adult: **393**

Minor: **292**

*These statistics are noncumulative. Cases may involve multiple victims and include males and females, foreign nationals and U.S. citizens, and adults and minors. In some cases, callers do not provide demographic information.



Human Trafficking Hotlines



888-373-7888

The National Hotline serves victims and survivors of human trafficking and the anti-trafficking community across the United States and its territories, 24/7, in more than 200 languages. Contact the confidential hotline to report tips, seek services, ask for help, or receive information and statistics related to human trafficking.

LOCAL

New Jersey Human Trafficking Hotline.....**855-363-6548**

The hotline is a 24-hour crisis, resource, and tipline dedicated to addressing instances of human trafficking.

Protecting Patient Information & Privacy

HIPAA: Health Insurance Portability and Accountability Act

- This federal law protects patient privacy by establishing the requirements for **Protected Health Information** (PHI)
- PHI is any information relating to a patient's health condition, treatment or payment for health services
- Other laws provide stronger protection for special categories of PHI (e.g. substance abuse or psychiatric treatment, HIV,)

Health Information Management: HIPAA

Staff Responsibilities for HIPAA

- 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 discuss patient information in public spaces
- Only discuss patient information with those that need to know – those involved in taking care of the patient
- Do not mention hospital patients on social media websites of any kind
- Follow all system and hospital HIPAA privacy policies as outlined on the RWJBH intranet
- Promptly report any suspected improper disclosure of PHI to their supervisor, the privacy or security officer or the compliance help line

Other Ways We Protect Patient Privacy

- Any document that has patient information and not part of the permanent medical record should be disposed of in the locked Shred It boxes
- Never share your passwords
- Shield all Computer screens from prying eyes
- Log out when leaving the computer screen or at the end of the transaction
- Release of Patient Information:
 - Court order – HIM and Risk staff will handle following RWJBH policy
 - If an inpatient requests to see their record they may do so after signing a release, approval by the physician and under the supervision of a clinical person. All outpatients or discharged patients may sign a release form or access through the portal.
 - You may not access even your own records without signing a Medical Record release or through the portal
 - Serious discipline action will occur if you breach the confidentiality or privacy of a patient.

CORPORATE COMPLIANCE

The Code of Conduct defines RWJBarnabas Health's expectations of ethical conduct and compliance for all employees, as well as those who do business with or on behalf of RWJBarnabas Health, including Trustees, Medical Staff members, vendors and volunteers.

Our Mission

- To create and sustain a patient-centered culture of excellence.

Our Vision

- To create the industry standard for quality care and patient satisfaction, always.

Doing the Right Thing

- Know the rules that apply to your job.
- Follow them at all times.
- Speak up if you become aware of an ethical / compliance issue.

Our Commitment

- To consistently act with excellence and integrity in everything we do.
- To maintain high ethical standards and compliance with the law.

Our Expectation

- Read and understand the Code of Conduct
- Act with honesty and integrity. Abide by the Code, as a condition of employment

CORPORATE COMPLIANCE

RWJBarnabas Health strives to excel in everything we do and provide the best possible service to our communities with a strong culture of integrity and ethical decision making. We rely on all of you to do the right thing always, and ask for assistance when in doubt.

Ways to Report a Compliance Issue:

1. Speak with your supervisor or a member of management
2. Speak with a Compliance Officer – Meet the Team:

<https://thebridge.rwjbh.org/compliance/compliance-team.aspx?srcaud=compliance>

While employees are not prohibited from speaking to an investigator, you also are under no obligation to speak to an investigator. If you do choose to speak with an investigator, **IMMEDIATELY CONTACT THE CHIEF EXECUTIVE OFFICER AND THE CORPORATE LEGAL DEPARTMENT.** Do not lie or make false or misleading statements or you may opt to end the conversation at any time.

3. Call the Compliance HelpLine or report through the HelpLine Web Reporting Site

<http://rwjbarnabashealth.alertline.com>

1-800-780-1140

Available 24 hours a day, 7 days a week
Anonymous & Confidential

RWJBarnabas
HEALTH

Sexual Harassment

Supporting & Keeping Our Staff Safe

- **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
 - submission to or rejection of such conduct is used as a basis of employment decisions affecting the individual
 - 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 – even if the behavior is not directed towards that individual
 - Work-related settings such as business trips and business-sponsored social events are included



Sexual Harassment

Supporting & Keeping Our Staff Safe

- **Sexual Harassment**
 - Our work environment is to be free from sexual harassment of any nature
 - It is an unlawful practice and will not be tolerated
 - A harasser may be male or female and does not need to be an employee
 - A victim may be anyone – regardless of sex, gender-identity, age, race, disability or profession
- **Examples of Sexual Harassment**
 - Persistent or repeated unwelcome flirting, sexual advances, sexual comments, pressure for dates or touching
 - Sexually suggestive jokes, gestures, slurs, innuendos directed towards another or sexually-oriented, degrading, vulgar or crude language or comments about another
 - Open display of sexually-oriented pictures, posters, notes, graffiti or material offensive to a reasonable person
- **Reporting Incidents**
 - All perceived incidents are to be reported to a supervisor, senior leader or the Chief Human Resources Officer and will be investigated; confidentiality will be maintained as is practical
 - Any employee found to have participated in prohibited conduct will be subject to disciplinary action up to, and including, termination of employment



Environment of Care

RWJBarnabas
HEALTH



Environment of Care

- Safety Management
- Fire Safety Management
- Hazardous Materials and Waste Management
- Utility Systems Management
- Medical Equipment Management
- Security Management
- Emergency Management

Safety Management

Smoke Free Policy

For safety and health reasons RWJ Barnabas Health has implemented a smoke free environment policy that applies to all hospital owned property, including all offsite locations, all owned and/or leased property and/or equipment by the RWJ Barnabas Health, walkways, sidewalks, driveways and parking areas/parking garages.

Definition: Smoking/tobacco use

“Smoking” means the burning of, inhaling from, exhaling the smoke from, or the possession of a lighted cigar, cigarette, e-cigarettes, vaping, pipe or any other matter or substance; tobacco and tobacco related products including, but not limited to, cigarettes, cigars, chewing (smokeless) tobacco, snuff, and pipe smoking, or any other matter that can be smoked.

Interested in quitting? We can help!

Anyone requesting additional information about smoking cessation programs or support groups can contact the following sites for assistance:

RWJBarnabas Health Employee Assistance Program: **1-800-300-0628**

NJ Quit Line: **1-866-NJ-STOPS**

Quit Net: www.nj.quitnet.com

National Hotline: **1-800-QuitNow**

Safety Management

Reporting Safety Issues

- Report issues to your Department Director or Supervisor
- Call the Safety Management Office to report environmental safety concerns

Employee Safety Responsibilities

- Report hazard immediately
- Know what actions are necessary to eliminate, minimize, or report risks
- Know the safety risks in your environment
- Know what procedures to follow in the event of an incident/accident

Completing an Incident Report (online Verge)

- Incident report must be completed when an employee has an accident or injury. Employee must contact/report to Corporate Care Department immediately
- * If injury occurs off-hours employee should report to the Emergency Department for treatment and then contact Corporate Care the next day

Safety Management

Preventing Slips, Trips and Falls

Preventing Slips, Trips and Falls



The second highest cause of injury of hospital employees is from Slips, Trips and Falls (STF).

Here are ways to prevent slips, trips and falls.

Practice Good Housekeeping

Remember: Accidents can occur when you least expect it.

- ✓ Clean up all spills, debris and/or contaminated floors immediately
- ✓ Identify, provide signage on spills and wet area
- ✓ Keep aisles, corridors and walkways clear of clutter and other obstacles
- ✓ Close drawers / file cabinets
- ✓ Cover or tape down wires, cables and cords
- ✓ Proper use of floor mats and runners
- ✓ Provide adequate lighting for halls and stairwells, especially during night hours



**GET A GRIP...
AVOID THE SLIP**



Watch out for Slippery Stairs, Ramps or uneven surfaces

Greasy or wet stairways, ladder rungs and ramps can be a big surprise because you can't see them in advance.

- ✓ Look before you climb.
- ✓ Use handrails when taking the stairways.
- ✓ Watch out for metal floors and ice on outdoor ramps.
- ✓ Use slip resistant working shoes.



Take Time and Walk Tall

Slips occur most often when you rush.

- ✓ Slow down and pay attention to where you are going
- ✓ Walk flat-footed across slippery surfaces.
- ✓ Adjust your stride to be suitable for the walking area and task.

Exercise more Caution during Inclement Weather

- ✓ Be mindful of unexpected hazards on stairs, ramps, and slopes covered in snow/ice or wet surface due to rain.
- ✓ Removal of snow/ice in parking lots or on sidewalks prevents STF hazards.



Proper use of Ladder and Stepstools

- ✓ Do not use chairs, boxes or other objects to stand on, reach an item or perform work
- ✓ Set up ladders properly and use the buddy system.



RAPID RESPONSE TEAM

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.

If you are concerned about a patient's condition notify the Nurse or call for a Rapid Response – know how to call for the your hospital's RRT Team

Safety Management

Ergonomics

"Work laws or principles" - fitting the worker to the job.

At least 80% of us will experience low back pain or work related injury. Injuries are the result of months/years of poor posture/working habits. Over 4.6 billion spent annually on work related injuries

Causes of Injuries

- Poor posture
- Poor lifting techniques
- Lack of general fitness
- Stress
- Repetitive motions

Preventing Injuries

- *Sitting Posture/Standing Posture*
- Line up ears, shoulders, and hips

Safety Management

Ergonomics

When sitting:

- Use towel roll or pillow when sitting.
- Keep abdominal muscles tightened.

Lifting and bending:

- Avoid lifting when you can.
- Know about the Bending & Lifting Technique
- Use mechanical help or get help if load is heavy
- Use handles and lifting straps when you can
- Bend your knees - let your legs do the work

Pushing & pulling

- Push an object rather than pull it
- Avoid leaning over object you are moving
- Move with the object
- Use your whole body to push, not just your arms
- Get help if you need it



Safety Management

Ergonomics

Computer Use

- Place the computer screen 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
- Move mouse close to centerline of your body
- Place hard copy holders next to the screen
- Place keyboard at approximately seated elbow height
- Work with wrists straight
- Use adjustable furniture with padded wrist rest and/ or arms on chair
- Look at a far object every 15-30 minutes
- Close blinds to decrease glare on the screen



Stretch

- Roll shoulders - Turn head from side to side
- Pull hands/wrists back slowly
- Hold each stretch for 5-10 seconds

Change position often

- Position feet flat on the floor or on adjustable footrest

Fire Safety Management

- Know your specific responsibilities:
 - How to respond to a fire at the scene of the fire and when away from the scene
- Know your facility Fire Plan and where it is located
- Know your area/department specific Fire Plan
- Know the location of fire extinguishers, pull stations, exit and fire doors . These MUST NEVER be blocked
- Keep hallways clear
- Respiratory or nursing is responsible for oxygen shutdown during a fire Know how to turn off the oxygen to your unit or department

Fire Safety Management

Fire Alarm System

What happens when the pull alarm is pulled:

- The alarm sounds (bell or horn)
- Fire doors close (smoke and fire doors)
- The Fire Department is signaled and arrives at site

Compartmentation (best way to prevent the spread of fire)

- Fire walls
- Fire and smoke doors
- Automatic closing doors
- Self-closing doors
- Patient room doors



Fire Safety Management

At the Scene of a Fire

R	➡ Rescue	Move patients to safe area
A	➡ Alarm	Pull the alarm, call operator ***111, use the code 'Fire' to report a fire
C	➡ Confine / Contain	Close all doors
E	➡ Extinguish/Evacuate	Extinguish small fires to save lives

Away From The Scene Of A Fire

- Close all doors
- Clear the corridors
- Listen for the PA announcements



Fire Safety Management

Fire Extinguishers

Class “A” – ordinary combustibles

Class “B” – flammable liquids

Class “C” – electrical fires

Water	Class “A”	Ordinary Combustibles
Co2	Class “B-C” fires	Liquids
Dry powder	Class “B-C” fires	Electrical
Dry powder	Class “A-B-C” fires	All
K type for kitchen		Grease Fires

Fire Extinguisher Operations

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

Fire Safety Management

Evacuation

Horizontal Evacuation	<ul style="list-style-type: none">▪ This level involves moving patients in immediate danger away from the threat, but keeping the patients on the same floor of the hospital as the they are evacuating.▪ Horizontal evacuation typically involves moving patients to an area of refuge in an adjacent smoke/fire zone or in some cases, at the opposite side of the building.▪ Most evacuations of single departments or patient care units can be done horizontally, which is the fastest option and facilitates the simplest re-entry process.
Vertical Evacuation	<ul style="list-style-type: none">▪ This level refers to the complete evacuation of a specific floor in a building.▪ In general, patients and staff evacuate towards ground level whenever possible to prepare for evacuation outside, should it become necessary.▪ For most localized incidents, vertically evacuated patients and staff are sent to an area of refuge elsewhere in the hospital typically at least 2 floors away from the incident floor (Fire Department will direct).
Total or Full Evacuation	<ul style="list-style-type: none">▪ This level involves a complete evacuation of the facility and is used only as resort.

Hazardous Materials & Waste Management

OSHA Hazard Communication Standard

Hazard Communication

- Under the Hazard Communication Standard, OSHA requires all employers to develop written hazard communication programs.
- To protect workers from exposure to hazardous chemicals, the following groups of people have hazard communication duties:
 - Manufacturers
 - Employers
 - Employees

Forms of Hazardous Materials

- Solids, Liquids, Dust, Gases, Fumes

Types of Hazards

- 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/explode (i.e., bleach and ammonia)



Hazardous Materials & Waste Management

Dose

- Amount of exposure over time.

Routes of Entry

Inhalation	→	Lungs
Absorption	→	Skin
Ingestion	→	Digestive system
Injection	→	Puncture or open wound

Health Hazard after exposure

Acute effect – Immediate

Chronic effect – long term

Hazardous Materials & Waste Management

Safety Data Sheet (SDSs)

SDSs contain information about the products (which list the specific hazards of chemicals):

- Identification (physical and chemical)
- Hazardous ingredients
- Emergency and first aid procedures
- Recommended control measures
- Physical and health hazards
- Safe handling procedures/protective equipment
- Manufacturer's name and phone number
- All staff must know the location of the SDS Sheets for their department. The master list is located in the Safety Department and online.

Note: Label all containers of hazardous materials.

GHS GLOBALLY HARMONIZED SYSTEM		
SAFETY DATA SHEETS (SDS)		
Section 1: Identification includes product identifier, manufacturer or distributor name, address, phone number, emergency phone number, recommended use, restrictions on use. Section 2: Hazard(s) identification includes all hazards regarding the chemical, required label elements. Section 3: Composition/information on ingredients includes information on chemical ingredients, trade secret claims. Section 4: First-aid measures includes important symptoms/effects, acute, delayed, required treatment. Section 5: Fire-fighting measures lists suitable extinguishing techniques, equipment, chemical hazards from fire. Section 6: Accidental release measures lists emergency procedures, protective equipment, proper methods of containment and cleanup. Section 7: Handling and storage lists precautions for safe handling and storage, including incompatibilities. Section 8: Exposure control/personal protection lists OSHA's Permissible Exposure Limits (PELs), Threshold Limit Values (TLVs), appropriate engineering controls, personal protective equipment (PPE).	Section 9: Physical and chemical properties lists the chemical's characteristics. Section 10: Stability and reactivity lists chemical stability and possibility of hazardous reactions. Section 11: Toxicological information includes routes of exposure, related symptoms, acute and chronic effects, numerical measures of toxicity. Section 12: Ecological information (Non-mandatory) includes ecotoxicity (aquatic and terrestrial, where available), persistence and degradability, mobility in soil and other ecological information. Section 13: Disposal considerations (Non-mandatory) description of waste residues and information on their safe handling and methods of disposal, including the disposal of any contaminated packaging. Section 14: Transport information (Non-mandatory) includes UN number, transport hazard class(es), environmental hazards (e.g., Marine pollutant (Yes/No)) and other transport information. Section 15: Regulatory information (Non-mandatory) safety, health and environmental regulations specific for the product in question. Section 16: Other information, includes the date of preparation or last revision.	
CHEMICAL LABELS		
PRODUCT IDENTIFIER Internet Product Code SIGNAL WORD ① Hazard statement ③ Precautionary statements & pictograms ④ Fill Weight, Gross Weight, Net Weight, Lot Number, Expiration Date, FID Date Company Name, Street Address, City, State, Zip, Country, Phone Number, Emergency Phone	1 Signal Word - A word used to alert employees of a potential hazard and its relative level of severity. The two signal words used are: Danger - Used for more serious hazards. Warning - Used for less serious hazards. 2 Hazard Pictogram - A symbol which is intended to convey specific risks. 3 Hazard Statement - Information describing the nature of the chemical hazard and the degree of the hazard (e.g., "Fatal if swallowed"). 4 Precautionary Statements - Information describing recommended measures to minimize or prevent adverse effects resulting from exposure to the hazardous chemical or incident involving hazardous materials. 5 Supplier Identification - The name, address, and telephone number of the supplier.	
PICTOGRAMS		
 Health Hazard Carcinogen, Mutagenicity, Reproductive Toxicity, Respiratory Sensitizer, Target Organ Toxicity, Aspiration Toxicity	 Gas Cylinder Gases Under Pressure	 Flame Over Circle Oxidizers
 Flammable, Pyrophorics, Self-Heating, Emits Flammable Gas, Self-Reactives, Organic Peroxides	 Corrosion Skin Corrosion/Burns, Eye Damage, Corrosive to Metals	 Environment (Non-Mandatory) Aquatic Toxicity
 Exclamation Mark Irritant, Skin Sensitizer, Acute Toxicity, Narcotic Effect, Respiratory Tract Irritant, Hazardous to Ozone Layer	 Exploding Bomb Explosives, Self-Reactives, Organic Peroxides	 Skull and Crossbones Acute Toxicity (Fatal or Toxic)

Hazardous Materials & Waste Management

Range of Personal Protective Equipment - PPE

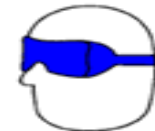
– Eyes



Safety Glasses



Face Shield



Splash Goggles

– Skin



Gloves



Boots



Protective Apron



Full Suit

– Respiratory



Face Mask



N95 Mask



Respirator

* Department procedures will state what PPE is required.

Hazardous Materials & Waste Management

Emergency Procedures for Spills

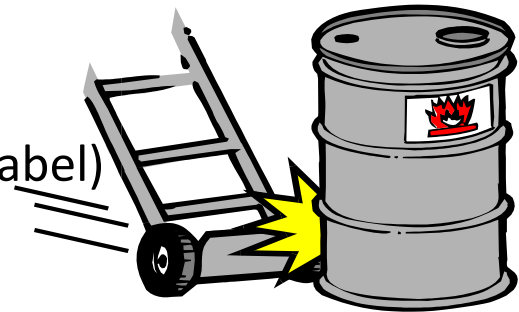
- Small hazardous spill as established by your facility
 - Department clean-up
- Large hazardous material spill
 - Outside contractor clean-up
- Chemotherapy agent spill
 - Person who administered/mixed the chemo drug are also trained on how to clean up via chemo spill
- Biohazard spill (blood or certain body fluids)
 - Environmental Services clean-up
- Mercury spill (RWJBH hospitals are mercury free, except for the Lab.)
 - The Lab is trained to clean up the spill

Hazardous Materials & Waste Management

Waste Disposal Procedures:

Type of Containers

- Medical waste (red bagged container with a "Bio Hazard" label)
- Regular waste (white, clear or black bagged container)
- Sharps (rigid plastic container with a "Bio Hazard" label)
- Chemo waste (yellow container with a "Chemo Waste" label)
- Rx waste (blue or black rigid container with label)
- Recycling (blue container with a "Recycling" label)
- Chemical waste (containers labeled as per OSHA/EPA requirements)
- Radioactive waste (handled by Nuclear Medicine Department)



Hazardous Materials & Waste Management

Compressed Gas Cylinders

Can be very dangerous. Gas is highly pressurized. It can become a projectile object and cause serious injury. Cylinders are color coded (i.e. oxygen – green) and stored separately to avoid mix ups.



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.

Safe Storage and Use of Oxygen Tanks

- Full
 - Full tanks are those with 2,000 PSI
- Partial may be stored in either Full or Empty rack or in a separate rack – know your hospitals process
 - Partial are those with pressures of 500 to 2,000 PSI
- Empty
 - Stored separately than Full tanks
 - Have less than 500 PSI and the needle is in the red zone
- Always check the PSI before use and when returning the cylinder for proper storage



Utility Systems Management

Utility systems are designed to keep our environment comfortable for everyone. However, these systems may fail when a disruption in a utility occurs, employee must be familiar with procedures for maintaining a safe environment.

Utility systems includes Electric, Domestic water, Elevators, Telephone, Medical gas system, HVAC, Nurses call system, Pneumatic tube system and Vacuum system

Know...

- What to do if the system malfunctions
- Procedures for reporting problems
- Use and location of emergency shut-off
- Whom to contact in an emergency
- How to perform clinical interventions if a system fails (Department Specific Procedures)

Utility Systems Management

Emergency Power

- Initiates automatically within 10 seconds in buildings on emergency generator back-up
- Emergency outlets /lighting in main corridors and patient care areas
- Emergency outlets are red - all life sustaining equipment is plugged into the red outlets.

Medical Equipment Management

The objective of the Medical Equipment Management Program is to ensure medical equipment is safe and effective for use by patients and healthcare workers. Check the BioMed label prior to use for the expiration date; if expired, do not use and contact BioMed.

You will receive training in the safe operation of all equipment in your department.

- How to know if medical equipment has been inspected
 - Inspection Tag/sticker system
- Report medical equipment problems to Bio-Med Department
- Follow proper procedures for electrical safety

Medical Equipment Management

Safety Considerations

- All medical equipment must be inspected prior to use
- Equipment will have an inspection sticker
- Use three prong or grounded equipment only (medical equipment)
- Inspect cord and plug before use
- Avoid the use of extension cords
- When removing a plug grasp the body of the plug

Security Management

- Equipment used to minimize security risks
- System's staff identification program

Identification

- Employees
- Patients
- Visitors
- Clergy
- Vendors

Security Systems

- Access control
- Card access
- Panic alarms
- Door locks
- Escort service

High Risk Areas

- Pharmacy
- Nursery
- Post partum
- Emergency room
- Human resources
- Lab / Nuclear Lab

Security Management

Employee Security Responsibilities

- Wear your identification badge
 - Immediately report if you lose or misplace your badge
- Patient confidentiality
- Secure patient valuables
- Secure personal valuables
- Report all security incidents

Emergency Management

Emergency Preparedness

- System Responsibilities
 - Trained decontamination teams
 - Personal protective equipment and detection equipment
 - Inflatable tents for showers
 - Special ventilation to prevent contaminated air
- Emergency Backup Communications System
 - Emergency Operations Center is designated in each facility
 - Emergency phones Portable radios
 - State Police radio system
 - Cell phones
- Department Responsibilities
 - Disaster/evacuation plan
 - Relocation of department as indicated
 - Education of employees
- Employee Responsibilities
 - Complete educational requirements
 - Know your role in a disaster
 - Locate your department's disaster manual
 - Obey policies
 - Report deficiencies
 - Participate in drills



Current Emergency Codes

Will be changing to Plain Language soon

<input type="checkbox"/> RED	These are used at all sites	Fire
<input type="checkbox"/> BLUE		Adult Medical Emergency
<input type="checkbox"/> WHITE		Pediatric Medical Emergency
<input type="checkbox"/> AMBER		Infant/ Child Abduction
<input type="checkbox"/> YELLOW		Bomb Threat
<input type="checkbox"/> GRAY	These are site specific	Security Emergency / Patient Elopement
<input type="checkbox"/> SILVER		Person With Weapon / Hostage Situation
<input type="checkbox"/> ORANGE		HAZMAT Incident
<input type="checkbox"/> TRIAGE		Disaster Situation
<input type="checkbox"/> 10		Medical Incident
<input type="checkbox"/> 777		Evacuation
<input type="checkbox"/> STEMI		ST – Elevation Myocardial Infarct
<input type="checkbox"/> STROKE		Inpatient Stroke Occurrence
<input type="checkbox"/> SEPSIS		Sepsis Huddle
<input type="checkbox"/> CLEAR		All Clear / End of Code

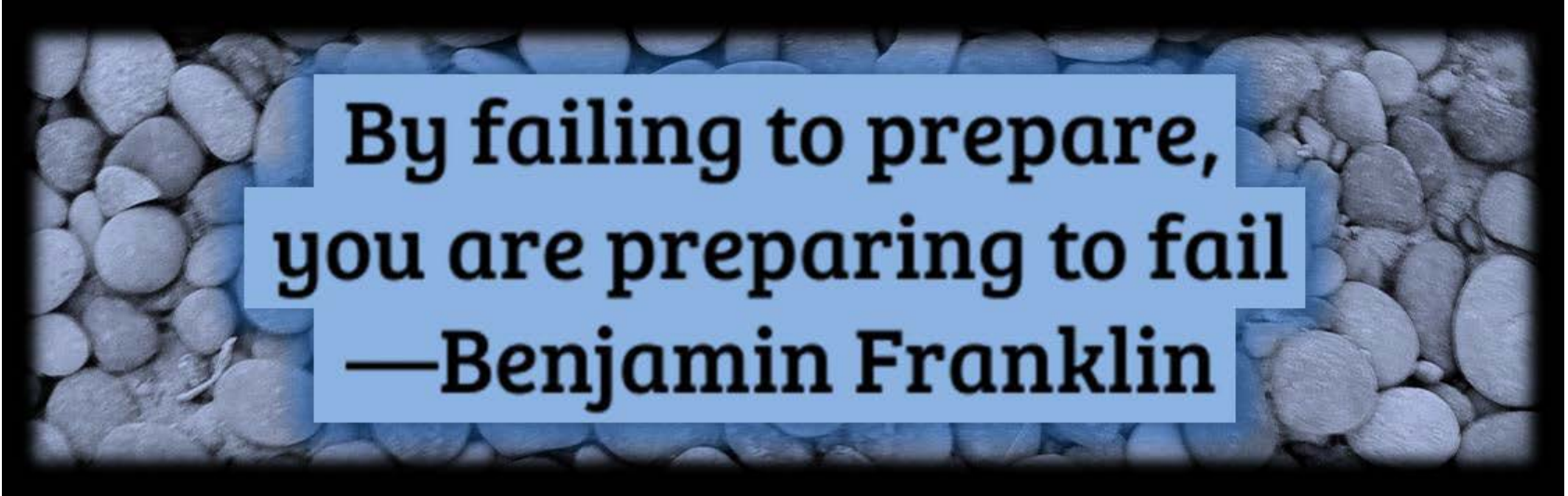
(Please note that these codes can vary from campus to campus.
Please consult with your hospital specific orientation and leadership if clarification is needed.)

Emergency Codes Plain Language Starting December 3, 2019

Old Code	New Emergency Alert
Code Red	Facility Alert + Fire Alarm + Location + Directions
Code Orange	Facility Alert + Hazardous Material Spill + Location + Directions
Code Amber	Security Alert + Infant or Child Abduction + Location + Directions
Code Gray	Security Alert + Security Emergency Response + Location + Directions
Code Blue	Medical Alert + Adult Cardiac Arrest + Location + Directions
Code Yellow	Security Alert + Bomb Threat + Location + Directions
Code Silver	Security Alert + Active Shooter + Location + Directions

Training and Communication will be provided prior to and after December 3rd

Emergency Management Conclusion



**By failing to prepare,
you are preparing to fail
—Benjamin Franklin**

- **For more information about the Emergency Management program at your facility please contact your Manager/Supervisor or the designated Emergency Management person at your location.**

American with Disabilities Act (ADA)

Supporting Our Patients

- American with Disabilities Act (ADA)
 - *Seeks to eliminate discrimination against individuals with disabilities; to make American society more accessible to those with a disability*
 - Requires access and equal treatment; service cannot be denied due to disability
 - Assistance for Hearing Impairments
 - TTY – Telephone for the Deaf
 - Language Line – Available 24/7
 - Certified Sign-Language Interpreter – If requested and time permits
 - Assistance for Vision Impairments
 - Orient to surroundings
 - Read information aloud
 - Large print material
 - Magnifiers
 - Signs in Braille
 - Assistance for Mobility Impairments
 - Designated parking; ramp access
 - Accessible bathrooms
 - Assistive devices (e.g. lifts)



American with Disabilities Act (ADA)

Supporting Our Employees

- American with Disabilities Act (ADA)
 - Seeks to eliminate discrimination against individuals with disabilities; to make American society more accessible to those with a disability
 - *Makes it unlawful to discriminate in employment against a qualified individual with a disability*
- Am I Covered by the ADA?
 - To be protected under the ADA, you must have, have a record of, or be regarded as having a substantial, as opposed to a minor, impairment
 - A substantial impairment is one that significantly limits or restricts a major life activity such as hearing, seeing, speaking, walking, breathing, performing manual tasks, caring for oneself, learning or working
 - You must also be qualified to perform the essential functions or duties of a job, with or without reasonable accommodation



American with Disabilities Act (ADA)

Supporting Our Employees

- **Essential Functions**
 - The fundamental job duties that you must be able to perform on your own or with the help of a reasonable accommodation
- **Reasonable Accommodation**
 - any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job
 - **Examples include:**
 - Providing or modifying equipment or devices
 - Job restructuring
 - Part-time or modified work schedules
 - Reassignment to a vacant position
 - Adjusting or modifying examinations, training materials, or policies
 - Providing readers and interpreters
 - Making the workplace readily accessible to and usable by people with disabilities

For additional information, please refer to Corporate Care/Employee Health and/or Human Resources

Two Cardiovascular Diseases You Should be Aware Of

- **Acute Coronary Syndrome (ACS)**
- ACS is a group of symptoms that occur because 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 not treated quickly or correctly can result in death! 5 million Americans come to hospitals with chest pain and related symptoms.
- Code STEMI is activated to alert the team to provide prompt and early treatment.
- **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:
 - Ischemic – due to a blocked blood vessel in the brain
 - Hemorrhagic – due to a ruptured blood vessel in the brain
- Code STROKES are activated in the hospital to alert the Stroke Team of a potential stroke patient in order to provide prompt and early interventions.

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 shortness of breath, nausea/vomiting, and back or jaw pain or profound fatigue.*
- ☐ **ACT FAST.... Don't wait more than five minutes to call 9-1-1 or notify the nurse if you see a patient with these symptoms**

Stroke

Seek Immediate Care in the ED and if spot the symptoms for a patient notify the nurse immediately



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

Clinical Staff Section



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.



Safety Measures & Promoting Feelings of Security

- **Infant:** 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 yo):** Constant supervision; normal nap times and home routines; set limits to behaviors; keep small objects away from toddler
- **Preschool (4-6 yo):** 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 (6-12 yo):** 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

Safety Measures & Promoting Feelings of Security

- Adolescent (12-18 yo): 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 yo): 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 Age (30- 60 yo): 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

Safety Measures & Promoting Feelings of Safety

- Older Adult (60-80 yo): Assess level of care and support needed – not all older adults are frail or dependent
 - Generally: 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 – over age of 80
 - 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

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)

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

- 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***

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

☐ 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
- ☐ Provide emotional support



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.

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.
 - ❑ 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.
 - ❑ 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.
 - ❑ Identify yourself 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 – Physiological Changes con't

- ❑ **Incontinence:** loss of control of bowel and bladder function may occur with the relaxation of muscles.
 - ❑ 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.
 - ❑ 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.
 - ❑ Maintain good body alignment and not interfere or retrain restless motions. A cool cloth to the forehead can increase physical comfort.

Final Stages of Life Physiological Conditions con't

- ❑ **Fluid and Food Decreases:** a decrease in appetite and thirst naturally begins in an attempt for the body to conserve energy.
 - ❑ 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.
- ❑ **Urine Decreases:** output normally decreases and may become tea-colored, concentrated urine.
 - ❑ 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.
 - ❑ 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..

Final Stages of Life

- **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.
 - ❑ Continue to identify themselves when speaking to the patient and speak in a normal tone.
 - ❑ **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.
 - ❑ Do 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.
 - ❑ Take time to discuss these behaviors with the family or other 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.
 - ❑ Support the patient’s wishes and support family members who may feel “left out” or rejected.

The Sharing Network

NJ Organ & Tissue Donation Services



- ☐ Refer all deaths including Brain Death 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 about donation of organ or tissue.

Supporting our Patient's Rights to Emergency Care

EMTALA

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

- We are required by federal law to provide emergency treatment to all regardless of age, race, religion, gender, disability, sexual orientation, or ability to pay!.

Medical screening and stabilization treatment is not to be delayed in order to obtain payment information.

This applies to anyone presenting to the ED or medical center campus with complaint of a medical emergency or request for examination. This includes women in labor.

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 that cannot be provided at the original facility
- **If a patient is to be transferred the following needs to be completed:**
 - The facility the patient is being transferred to must agree to the transfer
 - Copies of the patient's medical records sent with the patient or available electronically
 - **Inter-facility Transfer Form** completed and signed by the physician which outlines the benefits outweighs the risk of transfer with the consent of the patient to transfer and what physician accepted the patient.
 - Assure appropriate transport method, equipment and personnel is available for a safe and effective transport for the patient
- *If the patient refuses any of the above, the risks & benefits of that refusal must be explained and documented on Consent/Refusal Form.*

Restraint: Patient Rights

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.

Restraints- Patient Rights

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

Alternatives include:

- Frequent observation/companionship
- Increased family visitation
- Continuous observation
- Bed and chair alarms
- Diversional activities
- Needs anticipation

- **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 medical (prevent disruption of medical care) restraint and 4 hours for a behavioral health (patient exhibiting violent, self-destructive behavior, regardless of service or location) restraint
- Patient assessment is required at least every 2 hours

Seclusion: Patient Rights

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.

Pain Management



- 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 of pain.

***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 Opioids.
- 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.
- If discharged with Opioid prescription 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 follow up care – outpatient or treatment centers if needed.

Joint Commission Patient Safety Goals

GOAL	Details
Hand Hygiene	The best way to reduce spreading of germs
Use at least 2 identifiers when providing care, treatment, services	Each Hospital has established their 2 identifiers – please review your policy. Examples are: Patient full name and medical record (Inpatient) or Patient full name and birth date. Label specimens at bedside in presence of patient
Eliminate transfusion errors related to patient misidentification	2 person verification for transfusions
Label all medications, medication containers, other solutions on and off sterile field in perioperative, other procedural settings	Label all medications, medication containers, other solutions on and off sterile field in perioperative, other procedural settings
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

Joint Commission Patient Safety Goals

GOAL	DETAIL
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	Medication Reconciliation is key requiring an accurate “home list” and review of medications to be continued during hospitalization and at discharge.
Reduce the risk of health care-associated infections	Hand washing, fingernail maintenance; Prevent Multi-Drug Resistant Organism Infections, Surgical Site Infections and Indwelling Catheter infections (ex. Urinary or Central Line)
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
Reduce the Harm Associated with Clinical Alarm Systems	Alarm noise can desensitize the staff however the lowering of the volume can lead to adverse patient events. Be aware of the alarms on the equipment on your unit and make sure to investigate the cause

TJC National Patient Safety Goals

Universal Protocol – TIME OUT



- **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 do this activity
- **STAR moment: 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.

Antibiotic Stewardship

- ❑ Problem: Antibiotics are frequently overused leading to negative consequences
 - Adverse effects (e.g. C.difficile infection [CDI], nephrotoxicity)
 - Development of antibiotic resistance
 - Excessive healthcare costs
- ❑ Methods:
 - Regular committee meetings with multidisciplinary collaboration including physician staff, infection prevention, nursing, pharmacy, laboratory, quality, and Information Technology
 - Coordinate actions to improve antibiotic use including educational initiatives, IT solutions, antibiotic prescribing recommendations and others
 - Tracks antibiotic use and other outcomes (e.g. CDI rates)
- ❑ Goal/Outcomes:
 - Appropriate use of antibiotics to optimize treatment outcomes and minimize adverse effects
 - ❖ Including decreasing the development and spread of antibiotic resistance