

StDavid's HEALTHCARE

Student Orientation

For College Students



StDavid's

**INSTITUTE
FOR LEARNING**

Welcome to St. David's HealthCare Student Orientation!

We are glad that you have chosen one of our facilities for your clinical experience. You will be a part of one of the most exciting and innovative healthcare teams in Central Texas. We hope that this reference manual will provide information about the St. David's HealthCare hospitals to help you prepare for your student experience.

St. David's Medical Center/St. David's Rehabilitation Hospital

St. David's Georgetown Hospital

St. David's North Austin Medical Center

St. David's Round Rock Medical Center

St. David's South Medical Center

Heart Hospital of Austin

HCA Ambulatory Surgery Centers

The Institute for Learning under the St David's HealthCare is dedicated to providing resources that will enhance and expand the development of individual performance. This Student Orientation Manual has been assembled to help you familiarize yourself with our facilities prior to your clinical rotation. It includes all of the general orientation content that you will need to meet hospital and regulatory requirements, prior to entering the hospital setting.

What you need to do...

- 1 – Read information provided in Student Orientation Manual
- 2 – Complete tests
- 3 – Complete and sign Security & Confidentiality Agreement
- 4 – Complete other required forms provided by instructor

St. David's HealthCare Information

St. David's HealthCare

VISION

To be the finest care and service organization
in the world

MISSION

The mission of St. David's HealthCare
is to provide exceptional care to **every** patient
every day with a spirit of warmth, friendliness and
personal pride.

VALUES

In providing health care to the people we serve,
St. David's HealthCare strives for:

- ◆ Integrity
- ◆ Compassion
- ◆ Accountability
- ◆ Respect
- ◆ Excellence

Dress Code

St David's HEALTHCARE

Student Orientation

St. David's HealthCare launched a uniform initiative in April 2010 that focused on making it easier for patients and families to identify their caregivers. This change is important for St. David's patients and their families to easily identify nurses from other hospital staff or even visitors.

St. David's have taken special care to select new standardized uniforms that will help their patients identify their team of caregivers and hospital staff simply by looking at what they wear. We believe this change supports our tremendous work over the past several years in improving care and service to our patients.

As St. David's HealthCare moves forward with this dress code initiative, **ONLY Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs) wear NAVY SCRUBS. This measure is necessary so to avoid confusion which can needlessly add to patient distress during a hospital stay.**

In addition, St. David's HealthCare Clinical Support Staff wears sandstone scrub tops and black scrub pants and Non-Nursing Clinical Professionals wear sage green scrub tops and black scrub pants. The nursing schools' health science programs were asked to evaluate their students and the color of scrubs worn by the students in relation to St. David's HealthCare dress code initiative.

To avoid confusion, students **are not** permitted to wear navy tops/bottoms, sandstone or sage green scrub tops. St. David's HealthCare recommendation for students, who wear scrubs for clinical rotations, is to stay with their "school colors" (burnt orange, red, teal, maroon, and purple, etc.). Also, students are to wear their school identification badge at all times when in the hospitals.

Please contact your instructor if you have questions on the St. David's HealthCare dress code for students.

No Pass Zone

St. David's HealthCare initiated the **NO PASS ZONE** in their hospitals. It's important that all caregivers attend to patient call lights if passing in the hallways by going into the room and:

- Find out what the patients needs are, and/or
- Observe the patient for any distress – trouble breathing, fall potential, etc
- Notify the patient's primary nurse or charge nurse of the need(s) by the patient

This initiative is another way that St. David's HealthCare is committed to its mission in providing exceptional care to *every* patient *every* day.

Patient Safety



Overview of HIPAA/HITECH/PHI

Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology Economic and Clinical Health Act (HITECH) address Personal Health Information (PHI). These acts require hospitals to take steps to restrict and protect this information. It has multiple facets, but basically requires privacy, security, and limitations on accessing and/or disclosing a patient's information.

This includes not only written documentation, but also social media technology, e-mails, faxes, phone conversations, whiteboards, signs, and discussions. If you read, enter, or transmit patient information via any modality, you must take precautions to make sure it cannot be read, obtained, or overheard by others without a need to know. Think not only of computers, but of cell phones, pagers, PDAs and other digital devices, as well as conversations that carry over into public elevators or hallways, and translation of PHI by family members, friends or staff members.

What does this mean to you? Among other precautions, it means:

- Don't disclose patient information to someone without a need to know;
- Don't attempt to access such information if you do not have a legitimate need to know;
 - **This includes your own records** (and those of children/family members) if you are treated here as a patient. You must follow policy to access your records just as any other patient would.
 - **It is also important to note: Recent legal cases demonstrate that hospital employees and other individuals can be personally sued by patients and their families and/or fined by federal agencies if they are found to have inappropriately accessed a patient's medical record.**
- Protect the integrity of computer systems by following password security policies, and signing off or covering the screen when you must leave;
- Protect written documentation, such as charts or flow sheets, by not leaving them open or accessible to others without a need to know;
- **Students are not allow to print any PHI at any of SDH hospitals**
- Question those who ask to access information and verify their identities;
- Disclose only the minimum amount of information needed for the purpose stated;
- Use the passcode system when asked for patient information by family members or visitors (verify with unit charge nurse/unit supervisor prior to releasing information).

Overview of HCAHPS

Hospital-Consumer Assessment of Healthcare Provider & Systems HCAHPS

What is HCAHPS?

The consumer Assessment of Health Providers and Systems Hospital Survey (HCAHPS) is the first nationally standardized inpatient survey whose primary goal is to complement existing survey vendor and hospital-based survey instruments to improve the quality of care being provided across the nation's hospitals.

The goals of HCAHPS are multifold:

1. Improve quality of care through accountability and public disclosure of patient perspectives on various aspects of their inpatient care.
2. Empower consumers with quality of care information to make more informed decisions about their healthcare.
3. Create incentives to encourage providers and clinicians to improve the quality of healthcare on communication, responsiveness, pain management, cleanliness & quietness on units, and instructions about medication (at discharge)
4. Provide meaningful comparisons across hospitals by publicly reporting the results gathered through the standardized HCAHPS survey instrument and data collection methodology.

Improvement Strategies at St. David's HealthCare

- Give patients clear explanations – Implement Acknowledge Introduce Duration Explanation Thank you (AIDET)
- Ask patients for the things they want – Thank you part of AIDET (Is there anything else I can do for you or need)
- Spend time with patients at the start of every shift – be present in the moment
- Institute frequent rounding on patients – hourly rounding
- Ease the anxiety of patients and family – caring communication, be present in the moment
- Update and include patient and family in the plan of care – bedside shift reporting

Hospital-Consumer Assessment of Healthcare Providers & Systems – HCAHPS

An overview of HCAHPS:

1. A government-sponsored healthcare quality survey
2. 27 questions (narrowed from 200+), 8 domains
3. Publicly reported scores
4. Pay for performance to follow

What Does HCAHPS Measure?

The patient experience, as defined by 8 domains:

1. Your care from nurses
 - During the hospital stay, how often did nurses treat you with courtesy and respect
 - During this hospital stay, how often did nurses listen carefully to you
 - During this hospital stay, how often did nurses explain things in a way you could understand
 - During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it
2. Your care from doctors
 - During the hospital stay, how often did doctors treat you with courtesy and respect?
 - During this hospital stay, how often did doctors listen carefully to you
 - During this hospital stay, how often did doctors explain things in a way you could understand
3. Responsiveness of hospital staff
4. Pain control
5. Communication about medicines
6. Cleanliness & quietness of the hospital environment
 - During this hospital stay, how often were your room and bathroom kept clean
 - During this hospital stay, how often was the area around your room quiet night
7. Discharge information
8. Global Response
 - Would you recommend the hospital to friends and family

What is the Process?

Methodology

- Phone
- Mail
- IVR (Interactive Voice Response)
- Mixed Mode

Which hospitals are included?

General Acute Care Hospitals

Other Initiatives that impacts HCAHPS

- Legibility – hospitals auditing handwriting for legibility by Doctors, Nurses, Pharmacy etc especially signature. Hospitals implementing signature stamps.

2011 National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety.
The Goals focus on problems in health care safety and how to solve them.

Identify patients correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.
- Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

Improve staff communication

- Quickly get important test results to the right staff person.

Use medicines safely

- Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.
- Take extra care with patients who take medicines to thin their blood.

Prevent infection

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use safe practices to treat the part of the body where surgery was done.

Check patient medicines

- Find out what medicines each patient is taking.
- Make sure that it is OK for the patient to take any new medicines with their current medicines.
- Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.
- Give a list of the patient's medicines to the patient and their family before they go home. Explain the list. Some patients may get medicine in small amounts or for a short time.
- Make sure that it is OK for those patients to take those medicines with their current medicines.

Identify patient safety risks

- Find out which patients are most likely to try to commit suicide

Core Measures

Quality Data on Core Measures

What are Core Measures?

St. David's HealthCare consistently delivers quality health care using proven therapies to treat our patients. In doing so, we adhere to a set of care processes called Core Measures, which were developed by The Joint Commission, the nation's predominant standards-setting and accrediting body in health care, to improve the quality of health care by implementing a national, standardized performance measurement system. The Core Measures were derived largely from a set of quality indicators defined by the Centers for Medicare and Medicaid Services (CMS). They have been shown to reduce the risk of complications, prevent recurrences and otherwise treat the majority of patients who come to a hospital for treatment of a condition or illness. Core Measures help hospitals improve the quality of patient care by focusing on the actual results of care.

Comparing Performance

Hospitals across the country, including St. David's HealthCare hospitals, are measured and compared by The Joint Commission against all other accredited institutions on their performance in these Core Measures. You will note there is a time lag of several months between when data is reported from hospitals and when it is posted for the public to review. This is because St. David's HealthCare, like other hospitals, has to wait for state and national statistics to be compiled before it can post its quality data for a given period.

What does each of the Core Measures stand for?

There are 12 Core Measures altogether, in 4 categories (**acute myocardial infarction, community-acquired pneumonia, congestive heart failure, and surgical care improvement project**). Under each category, key actions are listed that represent the most widely accepted, research-based care process for appropriate care in that category.

It is important to note that these care recommendations are subject to the professional medical advice of each patient's physician and the particular health conditions of each patient. If a physician determines that a patient is not an appropriate candidate for a particular care process, the patient will not be included in the data. A good example is aspirin. Some patients are allergic to aspirin; for others, taking aspirin will make another medical problem worse. In these cases, the patient's physician may determine that aspirin should not be administered or prescribed for the patient. Therefore, the patient will not be included in the data.

MEDICATION SAFETY

Medical Safety is the responsibility of all members of the healthcare team to be committed to safe medication practices and put our Patient's Safety as our first priority.

Medication Error

A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

Facts About Adverse Drug Events and Medication Errors

- 1.3 million people are injured annually in the United States following a “medication error
- The most common error involving medications is related to administration of an improper dose of medications, which accounts for 41% of fatal medication errors.
- 16% of medication errors result from giving the wrong drug and using the wrong route of administration
- Almost half of the fatal medication errors occurred in patients that were over the age of 60
 - ◆ These patients are at a higher risk of medication errors due to the fact that most of them are taking multiple prescription medications

Three Most Common Causes of Medication Error Deaths

- Improper dose
- Wrong drug
- Wrong route

Drugs Most Commonly Associated With Medication Errors in Hospitals

- Heparin or Lovenox
- Insulin
- PCA Narcotics
- Warfarin

Errors Are Made When:

- Pharmacists dispense the drugs improperly
- Nurses don't double check to make sure they are administering the proper medication
- Physician's illegible handwriting results in the wrong drug or dose
- Nurse and Pharmacist missing orders
- Independent checks are not being completed with high risk medications
 - ◆ *Definition of independent check is prior to a high risk medication and independent double check must be performed by two clinicians in which the 5 rights and the medication order (either chart or eMar) are separately checked by each person alone and apart from each other, without prior knowledge of the others person's work) and then the results are compared.*
- Lack of thorough acknowledgement in **BCMA & EMAR** on new medication orders
- Patient identifiers (date of birth and patient name) not being used
- BCMA (Bar Code Administration) not used correctly

Initiatives to Enhance Medication Safety

- Standard administration time for most medications
- **BCMA – confirm proper medication and the proper dosage is being given to the right patient at the right time**
- New medication labels – larger & clearer
- Drug name standardization (use of generic and trade name)
- Nursing perform end of shift and 24 hour chart checks
- Tall man lettering is used to reduce errors caused by lookalike/sound alike medication – see following table

Don't Take Shortcuts

- Each step in the medication administration procedure is designed to promote safety.
- Check the two patient identifiers (name and date of birth), label a syringe, review a medication administration record before giving a drug, document for each dose of medication you give, and do an independent check on your calculations and medications when giving high risk medications.
- **Use BCMA (when available) in its entirety and address all pop – ups**

Useful Tips: Preventing Medication Errors

Trust your instincts – if you sense an order is wrong, or cannot clearly read the order, investigate and consult with a colleague or prescribing physician. Never guess or take consensus. Three nurses votes don't make the guess correct!

REMINDERS

- DO NOT USE unacceptable abbreviations
 - ◆ Must call physicians to clarify unacceptable abbreviations by using TORB
 - ◆ List of unacceptable abbreviations are listed on back of the physician order tab on chart
- DO NOT USE “U” – it looks like an extra zero for insulin, heparin and blood
- DO NOT USE decimal points written without a leading zero (.5 vs. 0.5)
- DO NOT USE extra zeroes that are written after a decimal point (20.0 can look like 200)
- Avoid look alike/sound alike – Lente vs. Lantus, Cerebyx vs. Celebrex, Oxycontin vs Oxycodone
- Be aware of high alert drugs – Insulin, heparin, narcotics
- Hold=Discontinued - We do not hold orders – as they are treated as discontinued.
- Must perform and document within 30 to 60 minutes after pain medication given patient

Unacceptable Abbreviations/ “Do Not Use” List

Official “Do Not Use” List*

Do Not Use	Potential Problem	Use Instead
U (unit)	Mistaken for “0” (zero), the number “4” (four), or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “International Unit”
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write “daily”
Q.O.D., QOD, q.o.d., qod (every other day)	Period after the Q mistaken for “I” and the “O” mistaken for “I”	Write “every other day”
Trailing zero (X.0 mg)** Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write “morphine sulfate” Write “magnesium sulfate”
MSO ₄ and MgSO ₄	Confused for one another	

* Applies to all orders and all medication –related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

** **Exception:** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Additional Abbreviation, Acronyms and Symbols
(For possible future inclusion in the Official “Do Not Use” List)

Do Not Use	Potential Problem	Use Instead
> (great than) < (less than)	Misinterpreted as the number “7” (seven) or the letter “L” Confused for one another	Write “greater than” Write “less than”
Abbreviations for drug names	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Apothecary units	Unfamiliar to many practitioners Confused with metric units	Use metric units
@	Mistaken for the number “2” (two)	Write “at”
cc	Mistaken for U (units) when poorly written	Write “ml” or “milliliters”
□g	Mistaken for mg (milligrams) resulting in one thousand-fold overdose	Write “mcg” or “micrograms”

Hospital-Acquired Conditions (HACs)

Hospital-acquired conditions are conditions acquired by patients after their admission to a healthcare facility and not present prior to admission. They result in a payment adjustment by CMS resulting in higher costs to the facility:

- Hospital Acquired Conditions
 - Are High Cost or High Volume or Both
 - Result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis
 - Could reasonably have been prevented through the application of evidence-based guidelines
- Discharges on or after 10/1/08
 - IPPS hospitals will not receive additional payment for cases when one of the selected conditions is acquired during hospitalization (i.e. was not present on admission)
 - Case would be paid as though the secondary diagnosis were not present
- Patients must be assessed on admission for these conditions to determine if they are present
- Starting in 2012, HACs can result in non payment to the hospitals

Hospital-Acquired Conditions include:

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Stage III and IV Pressure Ulcers
5. Falls and Trauma
 - Fractures
 - Dislocations
 - Intracranial Injuries
 - Crushing Injuries
 - Burns
 - Electric Shock
6. Manifestations of Poor Glycemic Control
 - Diabetic Ketoacidosis
 - Nonketotic Hyperosmolar Coma
 - Hypoglycemic Coma
 - Secondary Diabetes with Ketoacidosis
 - Secondary Diabetes with Hyperosmolarity
7. Catheter-Associated Urinary Tract Infection (UTI)
8. Vascular Catheter-Associated Infection

9. Surgical Site Infection Following:

- Coronary Artery Bypass Graft (CABG) - Mediastinitis
- Bariatric Surgery
 - Laparoscopic Gastric Bypass
 - Gastroenterostomy
 - Laparoscopic Gastric Restrictive Surgery
- Orthopedic Procedures
 - Spine
 - Neck
 - Shoulder
 - Elbow

10. Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) especially following:

- Total Knee Replacement
- Hip Replacement

Patient Centered Care



Cultural Patient Care

Population Specific/Cultural Patient Care:

Definition: Possessing the knowledge, skills, ability and behaviors essential for providing care to specific populations

Goal: Modify care to meet the needs of a person in a specified population

Outcome: Staff members are knowledgeable about the specific care, treatment and services required by certain populations

- Knowing the patients the nurse cares for
- Assessing the needs of the nurse's patients
- Individualizing patient care based on specific needs
- Effective communication from nurse to patient

Use of Interpreters:

St. David's HealthCare transitioned from the Language Line to Language Services of America (LSA) in May 2011 to meet the communication needs of patients.

Language Services of America provide the following services to the hospitals and their patients:

- Interpreting by Telephone – dual handset corded and cordless phones available on units
- Face-to-Face Interpreting
- Video Remote Interpreting
- American Sign Language

Training has been provided to the staff on use of LSA. For assistance in using LSA, please speak with the unit's charge nurse on the process of using LSA for interpretation needs of the patient.

CULTURAL COMPETENCY

At St. David's HealthCare, units are identifying their two primary patient populations according to DRGs, age, gender etc. For patients that do not fall within the units' primary patient populations, the staff has accessed to the below website via the internet and hospital's intranet for information in providing patient care.

<http://resourcecenter.qualityinteractions.org>

SBAR

SBAR Reporting Tool

This reporting tool (next page) can be used as a reference for nurses who need assistance in organizing their nurse's notes when reporting a critical situation on a patient to either the unit's nursing supervision/charge nurse, rapid response team, or to the patient's physician. It could also be helpful to the nursing student when reporting off to the primary staff nurse at the end of the clinical day

SBAR Tool for Calling a Physician

BEFORE Calling the physician:

- Assess the patient.
 - Review the chart for the appropriate physician to call.
 - Have chart in hand. Read the most recent physical and nursing notes.
 - Have all lab results available – either in print or be logged into Meditech
- Code Status:** _____ **Allergies:** _____
 IV Fluids: _____

Every SBAR report is different. Focus on the problem. Be concise.
 Not everything in the outline below needs to be reported – just what is needed for the situation.
 Check all that apply.

S	<p><u>Situation</u></p> <input type="checkbox"/> Your Name _____ Unit _____ <input type="checkbox"/> Patient Name _____ <input type="checkbox"/> Room # _____ <input type="checkbox"/> I am concerned about _____ _____
B	<p><u>Background</u></p> <input type="checkbox"/> The patient is in the hospital because _____ _____ <input type="checkbox"/> Significant Vital Signs are _____ <input type="checkbox"/> Significant Labs: _____ <input type="checkbox"/> Significant Test Results: _____ <input type="checkbox"/> The patient is complaining of _____ <input type="checkbox"/> The patient's physical assessment demonstrates _____ _____ This is a change from _____ <input type="checkbox"/> The following interventions have been tried: _____
A	<p><u>Assessment</u></p> <input type="checkbox"/> My assessment of the situation is _____ _____ might be happening. <input type="checkbox"/> Tell the physician if the problem is severe and may be life threatening .
R	<p><u>Recommendation/Request</u></p> <input type="checkbox"/> I think the following needs to be done: <ul style="list-style-type: none"> <input type="checkbox"/> Medication _____ <input type="checkbox"/> Tests _____ <input type="checkbox"/> Physician needs to come now and assess the patient. <input type="checkbox"/> Transfer to ICU <input type="checkbox"/> Do you want me to call you back for any reasons? _____ <input type="checkbox"/> What would you like me to do if the patient does not improve? _____

Shift Report Using SBAR Format

Situation:

- Patient Name
- Room Number
- Admission Date
- Physician(s)

Background:

- Admission Diagnosis (date of surgery)
- Past medical history that is significant (hypertension, CHF, etc)
- Allergies
- Code Status (any advance directives, DNR orders, POAHC)
- Procedures done in previous 24 hours including results/outcomes (include where we stand with post procedure vitals/assessment)

Assessment:

- Biophysical assessment (abnormal)
- Abnormal vital signs
- Dressing condition (changes)
- NG/Drain output
- IV fluids/drips/site; when is site to be changed
- Current pain score-what has been done to manage pain
- Rhythm (if on telemetry)

Recommendations:

- Do we need a change in the plan of care?
- What are you concerned about?
- What are you uncomfortable with?
- Discharge planning
- Pending labs/x-rays, etc
- We need to request a change in _____ (diet, activity, medications)
- We need to request a consult with PT/ST/OT, dietician, diabetes nurse, social worker, wound care nurse, etc)
- We need to contact Dr. _____ about _____

Service Excellence



Hourly Rounding, AIDET, & Bedside Reporting

Hourly Rounding, AIDET and Bedside Reporting:

As part of our commitment to excellent patient care, we round on our patients every hour during the day and every two hours after 10 pm. You may be asked to be part of the rounding process. Please follow the rounding behaviors when doing so.

1. Introduce yourself using AIDET (see below), explain rounding: “We want you to be very satisfied with your stay, so we will be rounding on you every hour to make sure you have everything you need.”
2. Perform whatever scheduled task you went in the room to do.
3. Ask the patient if they have any **Pain** (do they need a med?) Do they need help with **Elimination?** (take them to the bathroom, empty the commode chair, etc.) **Position** (do they need help to reposition?)
4. **Comfort needs and Environment:** Is their water pitcher full? Can they reach their call light, urinal, commode, glasses, trash, and bedside table? Do they need clean linens?
5. Before leaving the room, **always say** “*Is there anything else I can do for you? I have the time.*”
6. Let them know you (or the primary nurse) will be back to round again in about an hour or so.
7. Document the round on the log.

AIDET

Acknowledge the patient by name.

Introduce yourself: explain who you are, how much experience you have, the fact that you will be closely guided by your instructor, etc.

Duration: Tell them how long you will be working with them today.

Explain: Explain what you are in the room to do and what the patient can expect today.

“Thank You!” Thank them for letting you care for them and learn from them today!

Bedside Reporting:

Another part of our commitment to excellent patient care is bedside reporting. Bedside Reporting is standardized change of shift communication, which involves, off-going nurses, oncoming nurses, other healthcare providers (physicians) and patients at the patient’s bedside. You may be asked to be a part of bedside reporting.

Why Do It?

1. Patient's perspective is valued as being most important.
2. Patients will see – and hear- from the team of professionals providing their care.
3. Patients will be reassured that everyone is getting all the necessary information.
4. Patients will feel more informed about their care by decreasing anxiety and increasing compliance.
5. Patients will know their nurse each shift.
6. Reduction in “alone” time during shift change.
7. Improves sharing of information between care team by utilizing a standardized method of communicating.
8. Improves understanding of patient condition. Accountability is increased since each nurse knows his or her patients' condition at the end of the shift.
9. Allows “hands on” approach to show the on-coming nurse how to operate special equipment, etc.
10. Gives staff an orderly room and patient at the beginning of the shift.
11. Keeps reporting succinct to items related to patient condition.
12. Overcomes differing communication styles.

Care Environment Measures/Metrics



HCAHPS

Why Do It?

1. Provides a standardized instrument and data collection methodology for measuring the patient's perspective.
2. Enables valid comparisons to be made against all hospitals.
3. Core of set questions that every patient is asked.
 - Patients are given the choices of answering the questions with:
 - Always
 - Usually
 - Sometimes
 - Never
4. Database for patients to see individual hospital scores to use when deciding where to go for their Healthcare.
5. Hospital "report card"

The following eight domains measure the patients' perception of their care:

1. Your care from nurses
2. Your care from doctors
3. Responsiveness of hospital staff
4. Pain control
5. Communication about medicines
6. Cleanliness & quiet of the hospital environment
7. Discharge information
8. Global response

EVERYONE is on the HCAHPS Team. To a patient, everyone is a nurse.

Center for Medicare and Medicaid Services (CMS) (Pay for Performance)

CMS Objectives:

- 1. Skilled, Committed, and Highly Motivated Workforce**
- 2. Affordable Health Care System**
- 3. High-Value Health Care**
- 4. Confident, Informed Consumers**
- 5. Collaborative Partnerships**

Acute Inpatient Prospective Payment System (IPPS):

Section 1886(d) of the Social Security Act (the Act) sets forth a system of payment for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates. This payment system is referred to as the inpatient prospective payment system (IPPS). Under the IPPS, each case is categorized into a diagnosis-related group (DRG). Each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG.

Changes to IPPS in 2012 by CMS:

CMS-1518-P: Proposed Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and FY 2012 Rates.

SUMMARY: We are proposing to revise the Medicare hospital inpatient prospective payment systems (IPPS) for operating and capital-related costs of acute care hospitals to implement changes arising from our continuing experience with these systems and to implement certain statutory provisions contained in the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively known as the Affordable Care Act). In addition, in the Addendum to this proposed rule, we describe the proposed changes to the amounts and factors used to determine the rates for Medicare acute care hospital inpatient services for operating costs and capital related costs. These changes would be applicable to discharges occurring on or after October 1, 2011. We also are setting forth the proposed update to the rate-of-increase limits for certain hospitals excluded from the IPPS that are paid on a reasonable cost basis subject to these limits. The proposed updated rate-of-increase limits would be effective for cost reporting periods.

Meaningful Use

What Is Meaningful Use?

Meaningful use is part of the 2009 federal law, the “American Recovery and Reinvestment Act,” which promotes the adoption and *meaningful use* of health information technology. It is a three-stage process that spans multiple years and provides Medicare and Medicaid incentive payments to hospitals that achieve compliance at the three successive stages. An organization is either fully compliant, or it is not.

The most important thing about meaningful use is that it will provide evidence-based safety and quality improvements for patients.

Meaningful use will make it possible for immediate access to all of the health information for any patient who enters hospitals. It will reduce unnecessary duplication of tests, waiting time and costs; decrease the likelihood of medical errors; and, ultimately improve the care and service we provide to our patients.

IT IS NOT AN OPTION FOR HOSPITALS AND FOR ST. DAVID'S HEALTHCARE!

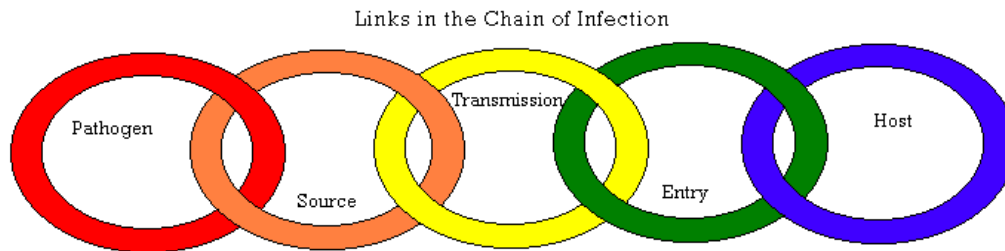
Infection Control

Goal of the Infection Control Program

To prevent the occurrence and/or the transmission of infections in the health care environment

Chain of Transmission

Chain of Transmission/Infection:



The Chain of Transmission/Infection helps us understand how infections are transmitted. For an infection to be passed on each link in the chain must be present. Breaking the chain at any point will prevent an infection. As health care providers, we have several opportunities to "break the chain."

Chain of Infection Definitions:

Pathogen: Any causative agent or germ causing a disease.

Examples: bacteria, virus, protozoan, fungus, rickettsia, parasites.

Source: Where the pathogen lives before it infects.

Examples: food, water, animal, insect, soil, human.

Transmission: How the pathogen gets from the source into a healthy human. May be through Direct Contact Transmission or Indirect Contact Transmission.

Examples of Direct Contact Include: kissing, sexual contact, close personal contact.

Examples of Indirect Contact Include: sneezing (airborne - Tuberculosis), coughing, eating or drinking contaminated food or water, contaminated equipment, linens, or dressings, insect or animal bites (vectors).

Entry: Where the pathogen enters the body. Which body opening?












Examples: eyes, mouth, nose, breaks in skin, genitourinary openings, placenta.

Host: Who is most likely to get a particular disease?

Examples: someone with a compromised immune system (Cancer patient), someone who has not been vaccinated, someone who has not yet been exposed, living in a particular country, state or environment, someone whose behavior puts them at risk for a disease. Factors influencing susceptibility include age, gender, ethnicity, occupation, nutritional status, current medications, genetics, socioeconomic status.

How to Break the Chain of Transmission

Follow Standard Precautions

<p>What are Standard Precautions?</p>	<p>The actions taken while working with <u>all patients, all of the time</u>, to stop the transmission of germs from patient to patient, patient to health care worker, and health care worker to patient.</p>
<p>Why should we use Standard Precautions?</p>	<p>Anyone's blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin can carry germs that are harmful to others, whether or not the person appears sick. Since it is impossible to tell by looking at someone if he/she is infected or colonized, to be safe we must take Standard Precautions with everyone.</p>
<p>Which Standard Precautions should we take with all patients?</p>	<p> Handwashing for ten to fifteen seconds, vigorously, before and after each patient contact and any time contamination occurs. Always wash your hands after removing gloves.</p> <p> Personal Protective Equipment (PPE):</p> <ul style="list-style-type: none">  Gloves whenever contact with blood, body fluids, secretions, excretions, mucous membranes and non-intact skin is likely, including drawing blood and starting IVs; remove them before touching non-contaminated items;  Gowns if splashing of blood or other body fluids is likely; remove gown promptly without contaminating your clothing;  Masks, face shields, and goggles when splashes or sprays of blood or other body fluids are likely; remove touching only the straps;  Resuscitation shields for administering mouth-to-mouth respiration. <p> Sharps are disposed of immediately after use in a sharps container. Used needles are never recapped. Protected sharps devices are available for use.</p> <p> Soiled Linens are not shaken, but gathered and bagged, keeping the outside of the bag clean. The laundry handles all soiled linen as though contaminated; no special technique is needed for isolation linens.</p> <p> Dirty Dishes are placed back in the food cart after all patients have been served. Food Service handles all dishes as if contaminated, so no special technique is used for isolation dishes.</p> <p> Trash containing blood, body fluids, secretions, excretions, or tissues in amounts that would release material when compressed, is discarded in a red biohazard waste container. Bloody liquid waste in containers is sealed and placed in the red biohazard container with adequate absorbent, or poured down the drain by a worker wearing protective clothing. Other trash, including isolation trash, is discarded as regular waste.</p> <p> Spills of blood and other body fluids are cleaned up after protecting yourself from contact with them. If broken glass or other sharps are part of the spill, remove with forceps or a broom and dustpan and discard in a sharps container. Wipe up the spill with paper towels and discard in a biohazard container. Disinfect the spill area with spray disinfectant.</p>
<p>Who provides PPE?</p>	<p>The employer must supply workers with equipment that provides an effective barrier against exposure to potentially infective materials.</p>
<p>Who decides when to use PPE?</p>	<p>The health care worker is responsible for assessing the situation and donning all necessary personal protective equipment and following hospital policy when use of PPE is required. Do not enter a room if there is a sign on the door and you are unsure of which protective equipment is necessary.</p>

Practice Good Hand Washing

Hand hygiene, including hand washing, is the most important way to keep from getting sick or spreading infections. It is such a simple procedure that we often take it for granted. When you work in the healthcare industry, however, you must take hand hygiene more seriously, and ensure that you do a proper and thorough job of it. If not, disease-causing pathogens such as cold viruses, multiple-drug resistant organisms, hepatitis A, meningitis, and infectious diarrhea can spread from your hands to you, your co-workers, and your patients. In addition to traditional hand washing with soap and water, the Centers for Disease Control recommend the use of alcohol-based hand sanitizer which contains emollients to keep the hands soft. Smooth intact skin harbors fewer organisms than cracked, rough skin. Frequent hand hygiene and hand washing may compromise the condition of the skin. The hospital provides hand lotion that is compatible with our soap, alcohol based hand sanitizers, and gloves.

Proper Hand Washing Means...

- always use running water and anti-bacterial soap (found in every bathroom in your facility),
- scrub/rub hands together briskly for at least 10 - 15 seconds, making sure all surfaces are cleaned,
- dry hands thoroughly with paper towel ,
- turn off water faucet with the same paper towel, being careful not to touch the faucet with your bare hands and re-contaminating yourself.
- hands should always be washed upon arrival to work, after every patient contact (even if you wore gloves), after going to the bathroom, after eating a meal and prior to heading home after work (keeping any germs from going home with you).

When using an alcohol-based hand sanitizer, apply about a 50-cent size of the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until your hands are dry.

Gloves are no substitute for hand washing!

They are added protection. Always wash your hands before putting gloves on, and after taking gloves off. Likewise, the use of hand hygiene does not eliminate the need for gloves.

And remember, **HANDWASHING IS THE MOST IMPORTANT PROCEDURE TO PREVENT THE SPREAD OF INFECTIONS!**

Fingernails

Long and/or artificial fingernails that extend past the fingertips may tear gloves causing patient injury. The underside of the fingernail can harbor various types of microorganisms. Furthermore, the fingertips of artificial nails have been found to harbor higher numbers of gram-negative organisms than fingertips of natural nails and increase the risk of infection. Fungal growth also occurs frequently under the artificial nail.

Artificial nails are not permitted and natural nails should not exceed ¼ inch in length for staff with direct patient contact.

WHAT IS TB?

Tuberculosis (TB) is an infectious disease that usually attacks the lungs, but can attack almost any part of the body.

TB is spread from person to person through the air. When people with TB either cough, laugh, sneeze, sing, or even talk, the germs that cause TB may be spread into the air. If another person breathes in these germs there is a chance that they will become infected with tuberculosis, with it settling in the lungs first. However, those who have contracted the disease have typically had long term exposure to someone else with TB, such as a friend, co-worker, or family member.

HIGH RISK GROUPS:

- People with HIV infection (the AIDS virus)
- People in close contact with those with infectious TB.
- People with medical conditions that weaken the body's natural ability to protect itself from disease.
- Foreign-born people from countries with high TB rates.
- Some racial or ethnic minorities.
- People who work in or are residents of long-term care facilities, like nursing homes, jails, prisons.
- People who are underfed, homeless, alcoholics, and IV drug users.

SIGNS and SYMPTOMS:

- A cough lasting more than 2-3 weeks
- Weight loss
- Night sweats
- Fever
- Non-cardiac chest pain
- Hemoptysis (coughing up blood)

STAFF PROTECTION

The best method for employees/students with direct contact with active TB patients is to use a NIOSH-certified respirator mask (N95 respirator). **WARNING:** A standard "surgical mask" is not a respirator and may not offer you the needed protection against inhaling TB germs. Also, be aware of warning signs posted outside of AIRBORNE isolation rooms. These are specially designed rooms for patients who have infectious diseases such as active TB. **DO NOT ENTER** these rooms unless you are trained and equipped. These negative pressure rooms have air blowing into the room and NOT from inside the room to the hall. If you feel air blowing on your face when you enter the room, notify the primary nurse or charge nurse who will call Plant Operations immediately.

Those involved in direct patient care may get TB skin tests.

BLOODBORNE PATHOGENS

What is a bloodborne pathogen?

A Bloodborne Pathogen is any infectious agent (bacteria, virus, protozoa) whose primary mode of transmission is through the blood or blood products (breast milk, semen, vaginal secretions, or blood components).

How can I come in contact with a bloodborne pathogen?

Any behavior (eg. medical procedure, sexual contact, accidental exposure) which brings a person in direct contact with a patient's blood or blood product containing an infectious agent.

How can I protect myself from bloodborne pathogens?

In the health care setting, following Standard Precautions will protect you from bloodborne pathogens. Outside the health care setting, refraining from or modifying behaviors (eg. following safer sex recommendations) involving blood, blood products and body fluids will protect you from bloodborne pathogens.

What kind of bloodborne pathogens do I need to worry about?

At all times, you should consider every patient to be a potential source of bloodborne pathogens. Serious pathogens to protect against include HIV, Hepatitis C and Hepatitis B. All of these can lead to serious illness and/or death.

Are there vaccines to protect against bloodborne pathogens?

Yes, a vaccine does exist for Hepatitis B. All health care workers should have received the series of vaccines. Employees contact their Employee Health department and students contact their student affairs department for more information on this vaccine. There is NO vaccine to protect against HIV and Hepatitis C. Effective use of Standard Precautions and maintaining "Safe" behaviors is the only prevention we have at this time.

WHAT DO I DO IF I AM EXPOSED TO A PATIENT'S BLOOD OR BODY FLUID?

It is important to decontaminate the injury site immediately and provide first aid. Students should report a needle stick or exposure to blood/body fluid immediately to their instructor and charge nurse. The student is to follow the school's policy on injury during school hours/clinical or complete the OSHA form for Sharps Exposures immediately and follow the hospital's policy on needle sticks. Please ask the charge nurse for the Sharps Exposures form for completion.

Source information is required. Costs associated with care of the student and their baseline labs in the hospital's ED are the student responsibility either via self pay or the school insurance. We are unable to accept private health insurance.

WASTE MANAGEMENT

SHARPS - any items that are capable of piercing your skin (needles, scissors, broken or breakable glass, scalpels etc.). These items must be placed in a sharps container designed for safe disposal.

Sharps Containers must never be allowed to become more than 1/2 full before replacing!!!!

Both Nursing and Housekeeping should monitor sharps containers to prevent them from getting too full. Please notify the charge nurse on your unit if sharps containers are too full. The charge nurse or designee will contact housekeeping to replace a 1/2 full container.

TRANSPORTING SPECIMENS - under no circumstances are patient specimens (urine, blood, tissues, etc.) to be put in the main hospital tube system to be transported to the laboratory. These specimens should be carried by hand in a sealed, labeled specimen bag.

TRASH - trash soiled with blood, body fluids, and or tissues must be disposed of in a red biohazard trash bag or container, if it is likely that the substances may come out (drip or be squeezed out). Trash that effectively contains hazardous materials (no dripping, oozing ... body fluids remains contained in the trash - like urine in a diaper) may be thrown away in the regular trash.

SPILLS - any blood or body fluid should be handled using appropriate PPEs to prevent the health care worker from coming into direct contact with the substance while cleaning it up. Spills involving hazardous materials other than patient substances (chemicals, mercury, etc.) should be contained, notify the primary or charge nurse who will contact Plant Operations for clean up.

USED PPE'S - Should be considered contaminated. When removing these items (masks, gloves, gowns etc.), use caution to not contaminate your clothing or your skin. Always remember to wash your hands after removing such items.

ISOLATION

These are the places where germs hide:

- Hands
- Patient substances - blood, Body fluids, secretions, excretions, skin cuts and rashes, mucous membranes and tissue.
- The air exhaled by people with infectious diseases like chickenpox, measles, and TB during coughing or sneezing
- The air and surfaces within approximately 3 feet of a patient who has influenza
- Surfaces (bed rails, night stand, doorknobs, bathroom sink, etc.) in the room of a patient with infectious diseases like MRSA, *C.difficile* or VRE
- Food that is improperly cooked or refrigerated
- Contaminated equipment (stethoscope, thermometer, blood pressure cuff, etc.)
- Moist, warm environments (equipment reservoirs like suction tubing)

When do we use isolation?

Isolation is begun whenever a patient is identified as having, or suspected of having, an infectious disease. Any nurse can start isolation without a doctor's order. The doctor should be alerted to any isolation that has been started. Isolation can be discontinued after the patient is no longer infectious and should be completed per facility policy.

What does isolation do?

It identifies what PPE is needed for decreasing the transmission.

What materials do you need for isolation?

Nursing assures the PPE is available for HCW and visitors, including placing a sign on the door to identify what type of isolation.

What types of isolation are there?

Under the guidelines from CDC, there are 3 isolation types (with two additional at SDMC only). These isolation types are based on transmission routes for various infectious agents. When used properly these new isolation types will be effective for stopping transmission.

Specific information on isolation may be obtained from your Infection Control Manual and/or your Infection Control nurse. The three main isolation types are:

- a. **Airborne Precautions** - any infectious agent that can be carried on air currents (e.g. Chicken pox, confirmed TB, Influenza). Minimum PPE to enter room – N-95 Particulate Respirator Mask.
- b. **Droplet Precautions** - any infectious agent that can be carried by fluid droplets from a cough or sneeze. These droplets are believed to remain in the air no further than 3 feet around the patient, before they drop to the floor (e.g. Measles, H. Flu, Pertussis). Minimum PPE to enter room – mask.
- c. **Contact Precautions** - any infectious agent that can remain infectious while on surfaces within the patient's room (e.g. Bedrails, doorknobs, bedside table, and bathroom fixtures). These agents can be picked up by touch from a patient, visitor, or health care worker (e.g. Herpes, lice, Staph. Aureus, and *C.difficile*). Minimum PPE to enter room – gown and gloves. Mask if needed.

and ... at SDMC only ...

- d. **AFB Precautions** – any patient suspected of having TB is placed in this type of isolation first. When the TB is confirmed, then the isolation is changed to Airborne Precautions, and the patient is placed in a negative pressure room.
- e. **Enteric Contact Precautions** - Enteric contact precautions are employed for patients with *Clostridium difficile* infection. Soap and water only for hand hygiene. Use of Alcohol based sanitizers are not appropriate.

FACTS ABOUT.....

MRSA (Methicillin Resistant Staphylococcus Aureus)

THE GERM:

MRSA is Staphylococcus aureus that cannot be effectively treated by the antibiotic methicillin, similar antibiotics oxycillin and nafcillin, and most other antibiotics. Sensitivity tests are performed on patients' cultures to determine which antibiotics will be effective against the germs. When an antibiotic shows little effectiveness, the organism is identified as "resistant" to that antibiotic.

THE PROBLEM:

An MRSA infection is difficult to treat. More powerful antibiotics are required to cure an infection. Vancomycin, the antibiotic of choice, is very expensive and somewhat toxic, requiring costly monitoring.

THE RESERVOIR:

People...either those with active MRSA infections or those who are "colonized" and carry and shed the germ asymptotically.

PREVENTING THE SPREAD OF MRSA:

Hand hygiene after every patient contact prevents MRSA transmission. MRSA is carried on and transmitted by the unwashed hands of caregivers. Health care workers should wear gloves and keep unwashed hands away from the face to help prevent becoming colonized. A gown will protect your uniform.

ISOLATION:

- Contact Precautions are required for patients with MRSA infections.
- Contact Precautions are begun:
 - When a patient with a history of an MRSA infection or colonization is admitted. To identify these patients, read admission history and physical and look for infected lesions on patients.

VRE (Vancomycin Resistant Enterococcus)

THE GERM:

Enterococcus is part of the normal gastrointestinal flora. These bacteria can become resistant to antibiotics, including vancomycin, that are being used to treat another bacterial infection in the same patient. Once resistant, the VRE can infect such things as surgical wounds, the bladder, and the lungs, causing severe infections, bacteremia, UTIs, bacterial endocarditis, and pneumonia. The VRE infection is very hard to treat, as vancomycin is usually considered the strongest antibiotic we have.

HOW VRE IS TRANSMITTED:

VRE sticks to hands and equipment while caring for patients infected with the organism. It can survive well on surfaces and unwashed hands for long periods of time. The organism can then be transmitted from room to room, to wounds, to the mouth, and to food that is then ingested.

PREVENTING THE SPREAD OF VRE:

Hand hygiene after every patient contact prevents VRE spread. The patient should be placed on Contact Precautions as soon as VRE is suspected. As with any Contact Precautions situation, care should be taken to prevent any removal of potentially contaminated items from the room (except ... used meal trays can be taken directly to the meal tray cart....with gloved hands).

C.difficile

THE GERM:

Clostridium difficile is a spore-forming organism that is capable of surviving in the inanimate environment for up to 5 months. When ingested by a susceptible person, even one spore can cause disease. *C.difficile* produces a toxin, which causes abdominal pain and diarrhea, and in advanced cases, pseudomembranous or necrotizing enterocolitis. It can be fatal.

THE RESERVOIR:

Humans can shed the germ, contaminating their environment, while having symptoms and while asymptomatic. There is a 3-5% carrier state in the general population. Contaminated environmental items such as inadequately cleaned equipment and rooms are significant reservoirs.

THE PERSON AT RISK:

Patients on antibiotics or on chemotherapy or other immune suppressing therapies, and those who have had GI manipulations (such as suppositories or enemas) and nasopharyngeal tubes are at increased risk of *C.difficile* infection.

THE PREVENTION:

Hand washing between every patient. *Alcohol-based hand sanitizers are not effective—they do not kill spores!* Use Standard Precautions when caring for all patients, removing gloves and washing hands before exiting patient's room. Caregivers should instructing at-risk patients on frequent hand washing to reduce exposure. Caregivers offer patients the opportunity to wash hands before eating. A thorough cleaning of equipment and patient rooms is necessary.

THE SYMPTOMS:

Acute onset liquid diarrhea stools for more than 12 hours, or Fever, leukocytosis, and abdominal pain in a susceptible patient (see "The person at risk" above).

THE DIAGNOSIS:

Laboratory test: Stool specimens are sent to the hospital's lab for *C.difficile* toxin test; results available in one day. A positive test (CDT+) is diagnostic for *C.difficile* enteritis. If *C.difficile* culture is ordered, the lab sends the specimen to an outside lab, and results are reported in several days. Endoscopic exam: physician diagnosis of pseudomembranous or necrotizing enterocolitis.

THE ISOLATION:

Contact Precautions are begun when:

- A patient exhibits symptoms of *C.difficile* infection as described above, or
- The doctor orders a *C.difficile* lab test, or
- The doctor diagnoses pseudomembranous or necrotizing enterocolitis, or *C.difficile* infection, or
- Oral Vancomycin is ordered.

STUDENTS: THIS IS THE WAY WE DO IT AT OUR FACILITY!

HCA.....	SDNAMC	SDSAMC	SDRRMC	SDMC	SDGH	Heart Hospital
Personal Protective Equipment (PPE) is gloves, gowns, masks, goggles, and face shields: Try it on to make sure it fits and works for you, and....	PPE cabinets are stocked and on the walls in patient care areas. Or there are over the door storage hangers that are placed on the door when applicable.	Find it by "PPE" signs; PPE is available in all patient care areas. If it is inadequate, report to your supervisor.	Find it in patient rooms and the clean utility rooms	Find PPE in nurse server in each patient room, on C Locker, in Clean Utility Room supply cart.	Find PPE in Clean Utility Rooms and Red Isolation Carts	Find it in patient rooms and the clean utility rooms. For isolation, mask in cart.
The person to contact regarding questions about Bloodborne Pathogens is:	The Employee Health Nurse with assistance from Infection Control.	The Employee Health Nurse with assistance from Infection Control.	The Employee Health Nurse		The Employee Health Nurse with assistance from Infection Control.	The Employee Health Nurse with assistance from Infection Control.
Work Categories that define your risk of exposure at work are.....	Category 1 or A: Routine risk of exposure (persons doing invasive procedures or handling specimens/waste) Category 2 or B: Possible risk of exposure (patient contact but without use of invasive devices) Category 3 or C: No risk of exposure (work with clean equipment, records, data) (SEE LISTS IN THE BLOODBORNE PATHOGEN POLICY)					
Used patient equipment must be cleaned between patient uses and.....	If it is not a one-time patient use item (disposable), then clean/disinfect and place a clear plastic bag over equipment to signify it has been cleaned.	Cleaned before sent for repair; cleaned or bagged before removing from an isolation room.		Cleaned before sending for repair, cleaned or bagged in clear bag before removing from isolation room for CS to clean/reprocess.	Then bagged or marked with "Clean" tags.	Before terminal cleaning. Equipment is not stored dirty.
Definition of biohazard (red bag) waste: blood, body fluids, secretions, excretions in amounts that could be re-leased under pressure or during handling, & includes..	Bloody items that might alarm a lay person if seen in the trash, including transfusion bags and bloody dressings.		Anything dripping with blood or secretions caked dried blood which can flake off, all blood transfusion bags & tubing.			Bloody items that might alarm a lay person if seen in the trash, including transfusion bags and bloody dressings.
Used patient dishes are...	Returned to the serving cart after all patients have been served, from all patient rooms including isolation rooms; place directly in cart and not on isolation cart.					
Linens saturated with biohazard waste must be:	Placed in a regular linen bag with sufficient linen to absorb liquid, or double bagged, to prevent leakage.					
Isolation waste and isolation linens...	Are handled the same as regular waste and linens, keeping the outside of the bags uncontaminated.					

StDavid's HEALTHCARE

Student Orientation

HCA.....	SDNAMC	SDSAMC	SDRRMC	SDMC	SDGH	Heart Hospital
Isolation Carts are ordered by nursing personnel...	By calling Materials Management to deliver a cart. Hanging portable isolation cabinets are kept in storage on patient units.	Isolation supply carts are ordered from Materials Management. Isolation signs are kept on the carts or produced on the nursing units	By nursing staff from Materials Management	Carts are not used. Supplies are located in supply servers in hallway or Point of Use supply rooms.	Carts are stored in supply rooms on each unit. Can be requested from Housekeeping.	Stored in Supply room behind Pod B. Materials will re-stock carts as needed.
Standard Precautions for all patients. PPE (gloves, gown, masks, goggles, face shields) are used prevent contact with body fluids, secretions, excretions, and mucous membranes at all times regardless of the diagnosis. The Isolation categories...	Follow the CDC Guidelines: Contact, Droplet, and Airborne. Standard Precautions for all patients. No neutropenic precautions, but persons working with neutropenic patients must be without contagious illnesses; neutropenic patients should have no fresh flowers, and diet restrictions may be ordered by physician.				Follow the CDC Guidelines: Contact, Droplet, and Airborne. Standard Precautions for all patients. Persons working with neutropenic patients must be without contagious illnesses; neutropenic patients should have no fresh flowers or fresh fruit or vegetables.	No plants or flowers in CCU. Follow the CDC Guidelines: Contact, Droplet, and Airborne. Standard Precautions for all patients. No neutropenic precautions, but persons working with neutropenic patients must be without contagious illnesses; neutropenic patients should have no fresh flowers, and diet restrictions may be ordered by physician.
Negative air pressure isolation rooms for airborne diseases are located...	On 3E, 2N, 2E, ICU, ED, NICU, Rehab and the recovery room.	In ER, on 2S, 3S, 4S, ICU, and OBS	In Med-Surg (142), ICU 6, OB (105), and Endoscopy	ED 24, 25; NICU (2); IMC-1(Room 229); ICU 1, 12; 383, 469, 569. Rehab Hosp 219, 315, 419	In Med Surg 2 North – Rooms 237 & 238	ER- Room 5 PACU CCU- Rooms 332, 333 PCU- Rooms 226, 227
The person available to fit employees for a TB mask is..	Employee Health Department	Employee Health Department	The trainer on the nursing unit/department.	Trainer on the nursing unit/ department and Occupational Health.	Employee Health Department	Employee Health Department
Volunteer duties include work with uninfected patients only, no sharps, spills, transfusion blood handling or post-procedure cleanups, and...	No duties that place the volunteer at risk of exposure.	Carrying specimens to the lab.	No duties that place the volunteer at risk of exposure.	Carrying specimens to the lab.	No duties that place the volunteer at risk of exposure.	No duties that place the volunteer at risk of exposure

SAFETY:
Environment of Care

Discipline	Actions to Take	Responsibility
<p>Emergency Preparedness</p> <p>KNOW THE CODES.....</p>	<ul style="list-style-type: none"> ▪ know your role in an emergency and where to get information ▪ know your backup plan ▪ know where to obtain supplies and equipment ▪ Fire: Code Red ▪ Fire Plan and RACE ▪ Types of Fires and Extinguishers ▪ External Disaster: Code White ▪ Code Grey / Warning: Extreme Weather and Weather Warning ▪ Bomb threat: Code Black ▪ Evacuation: Code Green ▪ Hazardous Material Incident: Code Orange 	<p>Everyone have this discussion with your supervisor</p> <p>RACE:</p> <ul style="list-style-type: none"> Rescue Alarm Contain Extinguish and/or evacuate <ul style="list-style-type: none"> ▪ You may assign a task you normally do not perform ▪ move people to interior of building ▪ have flashlights handy ▪ if you notice anything unusual, call security
<p>Life Safety</p> <p>“Do not block fire doors or exits”</p> <p>“Know your emergency numbers and codes”</p>	<p>Safety Features and Programs</p> <ul style="list-style-type: none"> ▪ fire alarm systems, sprinklers and extinguishers ▪ lighting and smoke compartments ▪ fire drills, evacuations and inspections 	<p>Everyone</p> <ul style="list-style-type: none"> ▪ remember clinical responsibilities ▪ your role at fires point of origin and away from point of origin ▪ evacuation routes ▪ policy on oxygen cutoff
<p>Medical Equipment</p>	<ul style="list-style-type: none"> ▪ know how to report medical equipment failures ▪ know how to get equipment repaired and maintained ▪ report equipment if there is obvious physical damage, frayed cords, sparking or smoking, etc. 	<p>Everyone</p> <ul style="list-style-type: none"> ▪ to report all unsafe equipment to know and use basic operating and safety procedures ▪ to use equipment within its limitations ▪ Use your better judgment
<p>Utilities</p>	<ul style="list-style-type: none"> ▪ Report elevators if not working ▪ Know your telephone back up system in case of emergencies (radios, cellular) ▪ Know where your emergency outlets are located in your area & what is on emergency power 	<p>Everyone</p> <ul style="list-style-type: none"> ▪ Report problems or failures to Plant Operations/Engineering ▪ Check with your hospital for procedures when stuck in an elevator

Emergency Preparedness Signals

Code White.....	External Disaster
Code Black	Bomb Threat
Code Green	Evacuate Building
Code Orange.....	Hazardous Materials Incident
Code Red.....	Fire
Code Grey	Weather Alert
Code Pink.....	Neonate Arrest
Code Adam.....	Infant Abduction
Code Purple.....	Workplace Violence
Code Yellow.....	Person Down
Code Silver.....	Hostage/Active Shooter
Code Exit @ NAMC only.....	Elopement alert
Dr. Stork.....	Unattended Birth
Dr. Leo.....	Cardiac Arrest

To activate an Emergency Code, pick up the phone and dial:

SDMC - 42222	RRMC - 3	Georgetown - 333
NAMC - 2222	SAMC - 7555	HHA - 7777

In Case of Fire, Remember R.A.C.E. ...

R...RESCUE Remove all persons in immediate danger.

A...ALARM Pull fire alarm.

 Call hospitals emergency number with specific location of fire.

C...CONTAIN Direct ambulatory patients/ guests to return to their rooms.

 Escort visitors to location designated in units fire plan.

 Close all doors especially fire and stairwell doors.

 Remain behind doors until all clear is sounded.

E...EXTINGUISH

 Locate the nearest fire extinguisher; attempt to put out the fire.

<i>Type of Fire</i>	<i>Appropriate Extinguisher</i>
Type A: Paper, linens, cardboard	Silver water extinguisher Fire Hose Red multipurpose ABC extinguisher
Type B: Flammable liquids	Red multipurpose BC or ABC extinguisher
Type C: Electrical	Red multipurpose BC or ABC extinguisher

Preventing Allergic Reactions to Natural Rubber Latex in the Workplace

BACKGROUND INFORMATION...

- 1) Approximately **3 million** people in the U.S. are allergic to latex
 - 1 million are health care workers
 - 150,000 are children with birth defects
 - The numbers are increasing...
 - 1987: 2.9% of OR staff were allergic
 - Today: 15% are allergic
- 2) Latex is a derivative of the sap from rubber trees
- 3) Latex is used in more than 40,000 industrial, household and medical products

SLEUTHING FOR SENSITIVITY...HOW WE “DETECT” A LATEX ALLERGY...

For the patient:

- Pre-op/admission screening
- Skin testing
- History of occupational asthma

For the employee:

- New employee history and physical
- Questionnaire
- Skin testing

WHO'S AT RISK???

People with....

- * Neural tube defects such as Spina Bifida
- * Frequent catheterizations
- * Multiple surgeries
- * Known allergy to balloons, bandages
- * Food allergies including:
 - bananas - kiwi - passion fruit - plums - chestnuts
 - avocados - figs - nectarines - celery - cherries
 - peaches - melon - papaya
- * Healthcare givers (including housekeepers, lab workers, dentists, nurses and physicians)

SIGNS & SYMPTOMS of REACTIONS TO LATEX

- Slight irritation of skin when exposed to latex gloves.
- Progressing to an allergic rash when skin is in contact with any latex.
- Rashes become more severe with more exposure to latex products.
- Some people develop a rash when just near latex.
- Most severe reactions include wheezing, shortness of breath, and generalized rash when near latex products – can lead to anaphylaxis.
- Potentially life-threatening Type I reactions include:
 - a. Runny nose (rhinitis)
 - b. Itching
 - c. Respiratory distress

ITEMS FOUND IN DAILY LIVING THAT CONTAIN LATEX:

Disposable diapers	Condoms	Shoes
Elastic lining in clothing	Hot water bottles	Tires
Diaphragms	Hand grips on rackets and tools	
Baby bottles & bottle nipples	Carpet backing	
Buttons on remote control devices & calculators		
Scratch off portion of lottery tickets		

ITEMS FOUND IN THE HOSPITAL THAT CAN CONTAIN LATEX:

Catheters	Syringe stoppers
Bandages	Rubber gloves
Mouth guards	Anesthesia masks
Ace wraps	Blood pressure cuffs
Bulb syringes	Medication vial stoppers
G-Tubes	Pulse Oximetry
Elastic ted hose	Catheters

HOW TO MINIMIZE EXPOSURE TO LATEX:

- Thoroughly wash hands after removal of latex gloves
- Wear latex free gloves
- Wear latex gloves which are powderless
- If latex sensitive:
 - Notify employee health
 - Admissions when being hospitalized/prior to undergoing any procedures
 - Obtain and wear a Med-Alert bracelet

HOW TO MINIMIZE EXPOSURE TO LATEX FOR THE LATEX SENSITIVE/ALLERGIC PATIENT:

- Follow hospital policy latex free guidelines
- Order Latex free (cart) box from Materials Management
- Review product list located on side of Latex free cart prior to use
- Prepare patient room by removing or covering all known latex products with Kerlix
- Place the Latex Allergy Alert Sign on patient's door
- Place Latex Allergy stickers on patient's Kardex and in patient's chart('s) (facesheet)
- Place a Latex Allergy wristband on patient
- Wash hands thoroughly before each patient
- When entering a patient's room, wear a disposable gown and latex free gloves
- Keep patient's door closed at all times

WHERE ARE LATEX-FREE PATIENT PRODUCTS KEPT?

Materials Management maintains boxes, which contain supplies that are latex free.
Nurses/Students obtain a box from the Materials Management department when a patient is admitted.

Courtesy/ Patient Rights

Abuse and Neglect

A person who suspects that a child/disabled/elderly person has been abused or neglected by any person must report the suspected abuse or neglect within 48 hours to:

- a. Texas Department of Protective & Regulatory Services (TDPRS) at **1-800-252-5400**, if the alleged or suspected abuse involves a person responsible for the care, custody or welfare of the child/disabled/elderly person;
- b. The state agency that operates, licenses, certifies, or registers the facility in which abuse or neglect occurred;
- c. The agency designated by the court to be responsible for the protection of the children/disabled/elderly or
- d. Any local or state law enforcement agency.

Review the hospital policy and procedure on the criteria for abuse and neglect as well as the appropriate.

Use of Restraints

General Information

Application and use of restraints continues to be a controversial topic. On one hand, there are people saying restraints inappropriately restrict an individual's freedom, and their use is often unnecessary. They further state patients trying to escape from restraints injure themselves and some have even choked to death. On the other hand, some research studies indicate more patients may fall without restraints, increasing the likelihood of injury. Additionally, we have many nursing homes becoming restraint-free facilities.

How does this conflicting information affect you? You need to be aware this is a sensitive topic, with both sides having valid points. Not any one of us would want our loved one "tied up" without a VERY good reason. Nor would we want them left for hours without being checked on, fed, fluids given, or taken to the bathroom. That same ethical standard applies to our patients. As a health care worker, we have duties and responsibilities to care for and protect patients. We must also meet Federal and State accrediting and regulatory regulations.

When is Restraint Use Justified?

"Restraints may be used in response to emergent, dangerous behavior, as an adjunct to planned care or as a component of an approved protocol. Restraint use is limited to those situations with adequate, appropriate clinical justification while balancing patient safety, rights, dignity and well being. Restraints are prescription devices that may only be used upon a physician's order and /or with an approved protocol."

Patient Care Considerations

Patients in restraints MUST have the following interventions done frequently:

- Have food, fluids and assistance with both if needed
- Have regular toileting and assistance if needed
- Have circulation and skin condition assessed so to remove or loosen restraints as necessary
- Must be frequently assessed for the continued need for use of the restraint
- Must be provided with some form of physical activity to the restrained extremity/body part

For additional information (application, frequency of assessments, physicians' orders, etc.) on Use of Restraints, review the Restraint Management policy and procedure.

Patient Bill of Rights

1. Patients have the right to considerate and respectful care.
2. Patients have the right to obtain from their physician complete and current information regarding diagnosis, treatment and prognosis, and to participate in care decisions.
3. Patients have the right to receive from their physician information necessary to give informed consent prior to the start of any procedure and/or treatment.
4. Patients have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action.
5. Patients have the right to every consideration of privacy and safety concerning their own medical care program.
6. Patients have the right to expect that all communications and records pertaining to their care be treated as confidential.
7. Patients have the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services.
8. Patients have the right to obtain information as to any relationship between the hospital and other health care and educational institutions insofar as patient care is concerned.
9. Patients have the right to be advised if the hospital proposes to engage in or perform human experimentation affecting their care or treatment and to refuse to participate in such research projects.
10. Patients have the right to expect reasonable continuity of care and that clinical decision making is without regard to business relationships with other providers.
11. Patients have the right to examine and receive an explanation of their hospital bill regardless of source of payment. Billing questions or complaints may be directed to the individual facility.
12. Patients have the right to know what hospital rules and regulations apply to their conduct as a patient.
13. Patients have the right to formulate advance directives and to appoint a surrogate healthcare decision-maker.
14. Patients (or their surrogates) have the right to participate in the consideration of ethical issues that may arise in the course of patient care, and to access the Ethics Committee for a consult on such issues.
15. Patients have a right to the prompt assessment and management of pain.

TOP 12 CONCERNS EXPRESSED BY PATIENTS

1. Lack of Dignity and Respect shown to patients by staff.
2. Staff don't identify themselves when they come into a patient's room/ i.e. the name tags are hard to read, especially when you don't see well, are groggy from meds, etc.
3. Complacency by staff – staff forget what the patient is experiencing.
4. Staff doesn't communicate regularly to families and patients who may be waiting for information, results, etc. Regular feedback about status, delays, etc.
5. Patients overhear a lot. Especially when you're standing in hallways, in patients' rooms and chatting with another staff, laughing, etc.
6. Complaining about other staff to patients, or when communicating with another staff person. Patients quickly pick up perceptions about how you treat your co-workers.
7. Slow responses to call lights. Especially when staff may be right outside the patient's door or at the nurse's station. Other patients may be in the vicinity as well and are picking up the slow response times or attitudes exhibited towards certain patients.
8. Making excuses—"It's not my job...; that person is at lunch...; wait for her/him, they'll be back; they know more about your situation than I do."
9. Inappropriate comments: "We're understaffed... You're not the only patient on my caseload... I have other patients to care for... Hey mom and pops...how you feeling today..."
10. Communicating information to patients, i.e. what time is the dc planned for... who will be there... what the purpose of a technique is or learning to do something new....
11. No sighs of love or compassion shown by the staff.
12. Lack of dignity and respect in regard to bathroom, hospital gowns, etc. Gowns aren't designed for modesty.

REMEMBER: ONE DAY YOU OR YOUR LOVED ONE MAY BE AT THE RECEIVING END OF THAT SERVICE. HOW WOULD YOU WANT YOU'RE EXPERIENCE TO BE AND FEEL???

HIPAA / HITECH / PHI

HIPPA/PHI

HIPAA stands for the **Health Insurance Portability and Accountability Act**. This is a mandatory federal law enacted in 1996, which became effective April 14, 2003.

HIPAA Privacy:

- Establishes federal regulations regarding the privacy of patient information
- Patient Privacy is **EVERYONE's** responsibility
- Government fines imposed for privacy violations

HIPAA Purpose:

- Protect health insurance coverage and improve access to healthcare
- Reduce fraud and abuse
- Improve quality of healthcare in general
- Reduce healthcare administrative costs (electronic transactions)

HIPAA Privacy Terminology:

- ACE: Affiliated Covered Entity (partnership facilities that share MPI are considered part of ACE)
- AOD: Accounting of Disclosure –List of disclosures
- CE: Covered Entity (Hospital)
- Directory: Hospital census list by volunteers and operators with name and room number
- DPD: Department Privacy Deputy (Designee from each department who serves as the departmental privacy expert) – used at SDMC only
- DRS: Designated Record Set (the medical record and billing record)
- FPO: Facility Privacy Official
- HIM: Health Information Management
- HIPAA: **Health Insurance Portability and Accountability Act**
- MTTM: Medical Treatment Team Member (Established to distinguish between patients' caregivers and staff– used at SDMC only)
- OHCA: Organized health Care Arrangement (The hospital and medical staff will be considered an Organized Health Care Arrangement)
- PHI: Protected Health Information
- Release/Disclosure: terms used interchangeably
- TPO: Treatment, payment, healthcare operations

Protected Health Information (PHI): any information, whether oral or recorded in any form or medium that:

1. Is created or received by a health care provider, health plan, public health authority, life insurer or health care clearinghouse; and
2. Related to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or past, present, or future payment for the provision of health care to an individual.

- Individually, identifiable health information is health information that:
 - Identifies the individual; or
 - With respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

Individually Identifiable Health Information/Protected Health Information (PHI):

<ul style="list-style-type: none"> ▪ Name ▪ Address including street, city, county, zip code and equivalent of geocodes ▪ Names of relatives or names of employers ▪ Birth date ▪ Telephone numbers ▪ Fax numbers ▪ Electronic e-mail addresses ▪ Social Security Number ▪ Medical record number 	<ul style="list-style-type: none"> ▪ Health plan beneficiary number ▪ Account number ▪ Certificate/license number ▪ Any vehicle or other device serial number ▪ Internet Protocol (IP) address number ▪ Finger or voice prints ▪ Photographic images ▪ Any other unique identifying number, characteristic, code
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Patient’s Right to Access

- Forward patients/requests to HIM (employees) or Charge Nurse (student) for processing
- If patient is in-house, HIM will manage access/disclosure process
- Patient request a copy of their Designated record Set

Important Information Regarding Patient Privacy: Notice of Privacy Practices given to patients and posted in identified locations within the hospitals.

Patient Privacy – Protection

The only Individuals to have access, use or disclose patient information without violating patient’s privacy and protection are those with a legitimate need to know. The term “minimum necessary” is used to define the level of access or discussion necessary for a person o perform their role.

Patient Privacy – Right to Access

Patients have the right to inspect and obtain a copy of their health information. There are extenuating circumstances in which a facility may deny this right. However, the patient must follow the policies established by the partnership in order to access their record and must arrange this via the HIM Department.

Patient Privacy – Right to Amend

Patients have the right to amends their health information as long as the information is maintained by the facility. The patient must submit their request for “amending” their record to the Facility Privacy Officer who will then approve or deny the request.

As students within a St. David’s HealthCare hospital, you are obligated to protect patient privacy. The term “Protected Health Information” (PHI) is noted throughout the HIPAA Privacy Rule.

As a reminder:

PHI is defined as

1. Information that identifies the individual either by name or by an individually identifiable element

AND

2. Information that relates to any of the following:

- The past, present or future physical or mental health or condition of an individual
- The provision of health care to an individual
- The past, present or future payment for the provision of health care to an individual

HITECH: ARRA – American Recovery and Reinvestment Act of 2009

- HITECH – Health Information Technology for Economic and Clinical Health Act
- New Breach Notification Rules
- Applies to covered entities and business associates
- Intent is to promote health information technology with increased privacy and security
- Increases penalties for violations

How will HIPAA Privacy affect you?

- Avoid discussion of PHI in public places or with unauthorized individuals
- Coversheets with confidentiality statement needs to be used on all external faxes

External Faxing Guidelines

- Limit when possible
- Verify fax number
- Utilize preset number when possible
- **ALWAYS** use cover sheet with confidentiality statement for transmittals
- Avoid faxing highly sensitive information

- Computer screens need to be placed out of public view when possible (need to take reasonable safeguards)
- Patient charts will be secured and monitored; keep medical records closed and put away when not in use
- Protect containers or documents with PHI when transporting them throughout the facility
- Properly dispose of documents or material containing PHI; PHI will need to be placed in shred cabinets for disposal. **Students are not allow to print any PHI**
- Registration will provide a Notice of Privacy Practices brochure to every patient concerning our patient privacy protection policy
- Patient information should only be accessed if there is a **need to know**
- Discussions/disclosures of PHI with Family/Friends involved in the patients' care must be closely monitored.
- Patients will be given the option to “opt out” of the hospital directory
- Patients will have a right to inspect and/or copy their medical record (fees are applicable)
- Authorizations need to be obtained from the patient to release information for reasons other than for treatment, payment or healthcare operations (TPO). Only the Health Information Management Department handles these releases/disclosures

StDavid's HEALTHCARE

Student Orientation

- PHI not to be shared on social networking sites such as Facebook, Twitter etc.
- Cell Phones & Texting are not to be used in patient care areas due to not being secured

PHI Breach:

- PHI is unsecured if it is **NOT** encrypted or rendered unusable, readable, or indecipherable to unauthorized individuals.

PHI Breach Examples:

- Employees/Students accessing medical records for information on friends or family members out of curiosity/without a business-related purpose
- Employees/Students access medical records of Very Important Person out of curiosity/without a business-related purpose
- Stolen/lost laptop or PDA containing unsecured PHI
- Misdirected e-mail containing PHI to an external group list
- Lost flash drive containing database of patients participating in a clinical study

Common Violations:

- Discussion of patient information in public places such as elevators, hallways and cafeterias
- Printed or electronic information left in public view
- Patient charts left on counters
- PHI in regular trash
- Records that are accessed without need to know in order to perform job duties
- Unauthorized individuals hearing patient sensitive information such as diagnosis or treatment
- Incorrect phone number when sending a fax
- Laptop or PDA unattended/lost/stole
- Sending PHI to external groups
- Not signing off of computers and/or sharing passwords

HIPAA/PHI Violations:

- Civil and criminal penalties for hospital:
 - Civil Penalties –ranging from \$100.00 to \$50,000 depending on the violation
 - Criminal Penalties ranging from \$50,000 to \$250,000 depending on the violation
- Individual Consequences:
 - Lose opportunities to participate in educational programs
 - Subject to criminal conviction
 - Fined
 - Subject to civil suit

Summary:

Patient privacy is getting a lot of attention these days. On April 14, 2003 the Patient Privacy Rule (part of the HIPAA regulations) from the federal government will take effect. You have learned the importance of keeping patient information private and confidential. You have committed yourself to adhering to these requirements by signing the Student Confidentiality

Agreement. Access and disclosure of patient information needs to be closely guarded without compromising patient care.

You can help avoid inappropriate access to or disclosure of patient information by:

- Positioning computer monitors so that people walking by or visitors cannot view information
- Logging off when leaving your workstation
- Properly discarding confidential information
- Keeping your voice down while discussing patient information
- Avoiding discussion about patients in elevators and cafeteria lines
- Closing patient room doors when communicating with them
- Referring requests for copies of medical records to the HIM Department

You have now completed the information section.

Please go to “Tests” to complete your student orientation.

Tests

St. David's HealthCare Information

The mission of St. David's HealthCare is to provide

The five values of the St. David's HealthCare are:

1. _____
2. _____
3. _____
4. _____
5. _____

Safety: Environment of Care

Regarding the fire plan, what do the letters R-A-C-E stand for?

R _____ A _____ C _____ E _____

What is the number to activate an emergency code in the hospital where you are doing your clinical rotation?

HHA _____ SDMC _____ RRMC _____ NAMC _____ SAMC _____ SDGH _____

List the three steps involved in reporting a student injury.

1. _____
2. _____
3. _____

Latex Allergy Precautions

Symptoms of latex allergy include skin rashes, hives, flushing, itching, nasal or eye drainage, or sinus symptoms, asthma, and shock.

True False

If you have latex allergy, you should:

1. Avoid contact with latex gloves
2. Avoid areas where you might inhale the powder from the latex gloves.
3. Tell your employer, physicians, nurses, and Employee Health Nurse that you have latex allergy.
4. Wear a medical alert bracelet
5. All of the above

Courtesy/Patient Rights

Please fill in the blanks with the letter that corresponds to the word that will correctly complete the sentence. Each letter will be used only once.

<p>Patients have the right to:</p> <ol style="list-style-type: none"> 1. considerate and ____ care. 2. obtain complete and current information regarding _____, _____, and to _____. 3. receive necessary information to give _____. 4. ____ treatment and be informed of _____. 5. to every consideration of _____ and safety. 6. expect that communications and records are kept _____. 7. to be advised if the hospital proposes to engage in _____. 8. reasonable _____ of care. 9. to know the hospital _____ and _____. 10. to formulate _____. 11. to prompt _____ and management of _____. 	<ol style="list-style-type: none"> A. pain B. advanced directives C. human experimentation D. regulations E. assessment F. continuity G. informed consent H. treatment and prognosis I. rules J. privacy K. refuse L. participate in care decisions M. diagnosis N. consequences O. confidential P. respectful
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HIPAA

What would you do?

1. You are reading mail to a patient with vision problems. The patient's doctor was just in the room talking with the patient about a new diagnosis of cancer. The patient is crying and is very upset. A visitor walks in and asked you what is going on. You know what just happened.....under HIPAA, would you tell the visitor?
 - A. The patient just has been diagnosed with cancer and is upset
 - B. Unable to discuss patient information with the visitor
 - C. Don't know
2. The doctor was making rounds and was paged. The doctor left the patient's medical record on the patient's bedside table. The patient asks you to hand him his record. What would you do?
 - A. Hand the patient his record.
 - B. Leave the room.
 - C. Explain that you would get the nurse and take the record.
 - D. Pretend you didn't hear the question.
3. A nurse asks you to dispose of some old laboratory reports that fall under the category of PHI. Where is the correct place, under HIPAA Privacy, to dispose of them?
 - A. Red trash bin
 - B. Regular trash
 - C. Locked shred bin
4. Your best friend's grandmother is in the hospital on the unit where you are observing. You overhear two nurses discussing the grandmother's condition. Should you tell your friend what you overheard when you are in the cafeteria having lunch?
 - A. Just tell her a little bit – not the bad things.
 - B. No – it is against HIPAA Privacy
 - C. Yes – it's OK
 - D. Don't know
5. Name three consequences if HIPAA Privacy has been breached by an individual:
 1. _____
 2. _____
 3. _____

Infection Control

TRANSMISSION OF DISEASE

1. The “Chain of Transmission” is something we want to break. It refers to:
 - A. Airflow in the hospital
 - B. The way an infection develops
 - C. Germs and how they travel
 - D. Bicycle part between the pedals and the wheels

2. Which are links in the “Chain of Transmission?”
 - A. Pathogen, source, mode of transmission, portal of entry, susceptible host
 - B. Airborne, Droplet, and Contact
 - C. Food, water, insects, hands, blood and equipment

3. Name the ways that germs can travel to places and can cause infections.
 - A. On air currents
 - B. With their little tiny feet (lice)
 - C. Directly by the hands
 - D. Indirectly by equipment or other items that may touch the patient or that a patient has touched
 - E. All of the above

STANDARD PRECAUTIONS

4. Standard Precautions are the actions taken with all patients, all of the time, to prevent transmission of germs from patient to health care worker, patient to patient, and health care worker to patient.
 - A. True
 - B. False

5. Check the items that may carry germs that can harm others for which Standard Precautions should be used:
 blood excretions a used needle saliva

 a rash specimens mucous membranes secretions

 soiled dressings body fluids an open wound

HANDWASHING

6. What should you do to prevent a germ that is on your hands from being transferred to a patient where it could cause an infection? _____.
7. Most hospital infections are caused by germs carried on our hands:
 - A. True
 - B. False
8. Which of the following good hand practices does NOT reduce the risk for transmitting infections:
 - A. Keeping nails short and clean
 - B. Avoiding dry and chapped skin by using moisturizing lotions
 - C. Keeping jewelry at a minimum
 - D. Wearing artificial nails
9. When should hands be washed?
 - A. On arrival to work and before going home
 - B. Between patients
 - C. Before and after invasive procedures
 - D. After using the restroom
 - E. Before and after eating
 - F. All of the above
10. How many seconds should you wash your hands, using running water, soap, friction, and paying special attention to fingernails and rough skin areas, to remove most transient germs?
_____.
11. Circle what the faucet should be turned off with:
 - A. Freshly washed hands
 - B. A dry paper towel

ISOLATION

12. If you need to enter an isolation room, what should you do?
 - A. Ask the nurse caring for the patient what type of personal protective equipment (PPE) you should wear.
 - B. Put the PPE on before entering the room
 - C. Remove the PPE in order of the most soiled to the least soiled **before** leaving the room.
 - D. Wash your hands before leaving the room using a paper towel to open the door.
 - E. All of the above.

13. The three types of transmission based isolation precautions are:

- A. Standard Precautions
- B. Airborne Precautions
- C. Droplet Precautions
- D. Contact Precautions

VACCINATION

14. Vaccinations are available for health care workers/students for which of the following diseases:

- A. Hepatitis B
- B. Hepatitis C
- C. The flu
- D. HIV

15. Which of the following statements about chicken pox are true?

- A. Chicken pox is spread from the respiratory route for about two days prior to the outbreak of lesions
- B. If you have not had chicken pox, or been vaccinated for chicken pox, you should report to instructor any exposures you have to chicken pox.
- C. If you have not had chicken pox or been vaccinated against chicken pox, you should not enter the room of a patient who has chicken pox or disseminated Herpes zoster (Shingles)
- D. If you have had chicken pox and are exposed to chicken pox, you may come to work
- E. All of the above

TUBERCULOSIS

16. The following are measures to protect against the transmission of tuberculosis:

- A. Place patient in Airborne Precautions
- B. Place patient in negative pressure room
- C. Wear N-95 respirator mask
- D. All of the above

17. Health care workers/students are screened for tuberculosis first by having a:

- A. Chest X-ray
- B. Skin test
- C. Sputum test

OSHA BLOODBORNE PATHOGEN STANDARD

18. The Bloodborne Pathogen Standard was implemented to protect employees/students against which serious germs found in the bloodstream:
- A. Hepatitis B
 - B. HIV
 - C. Chicken pox
19. The task(s) that puts healthcare workers/students at the highest risk of exposure to bloodborne pathogens is (are)
- A. Handling specimens
 - B. Handling sharps
 - C. Handling linen
20. Before cleaning up a spill, put _____ on yourself. If the spill contains broken glass, pick it up with _____. After cleaning up a spill, _____ the area.
21. Used needles must never be _____, and must be disposed of immediately after use in a _____.
22. Dispose of used isolation gowns and gloves, and wound dressings that are not soiled with blood or body fluids in the _____ trash. Dispose of items dripping with blood or secretions, or containing caked blood or secretions that could be released during handling, in the _____ trash.
23. How is linen that is saturated with body fluids handled? (Circle all correct answers)
- A. Regular linen bag with other linens to absorb fluids
 - B. Double bagged if necessary to prevent leakage
 - C. Red biohazard bag
24. In the event of being exposed to blood, you should:
- A. Notify the primary nurse and your instructor at the end of the shift
 - B. Pour 100% bleach on the area
 - C. Wash the area and notify you're your instructor and charge nurse immediately
 - D. See your family doctor within 24 hours

Forms

St. David's HEALTHCARE

St. David's HealthCare STUDENT Confidentiality and Security Agreement

I understand that the facility or business entity (the "Company") for which I work, volunteer or provide services manages health information as part of its mission to treat patients. Further, I understand that the Company has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, "Confidential Information").

In the course of my employment/assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company's Privacy and Security Policies, which are available on the Company intranet (on the Security Page) and the Internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information or Company systems.

General Rules

1. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.
2. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, in order to manage systems and enforce security.
3. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company's policies.

Protecting Confidential Information

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. I will not take media or documents containing Confidential Information home with me unless specifically authorized to do so as part of my job.
2. I will not publish or disclose any Confidential Information to others using personal email, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Company business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
3. I will not in any way divulge copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance with Company Information Security Standards and Company record retention policy.
4. In the course of treating patients, I may need to orally communicate health information to or about patients. While I understand that my first priority is treating patients, I will take reasonable safeguards to protect conversations from unauthorized listeners. Such safeguards include, but are not limited to: lowering my voice or using private rooms or areas where available.
5. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information.
6. I will not transmit Confidential Information outside the Company network unless I am specifically authorized to do so as part of my job responsibilities. If I do transmit Confidential Information outside of the Company using email or other electronic communication methods, I will ensure that the Information is encrypted according to Company Information Security Standards.

Following Appropriate Access

1. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
2. I will only access software systems to review patient records or Company information when I have a business need to know, as well as any necessary consent. By accessing a patient's record or Company information, I am affirmatively representing to the Company at the time of each access that I have the requisite business need to know and appropriate consent, and the Company may rely on that representation in granting such access to me.

Using Portable Devices and Removable Media

1. I will not copy or store Confidential Information on removable media or portable devices such as laptops, personal digital assistants (PDAs), cell phones, CDs, thumb drives, external hard drives, etc., unless specifically required to do so by my job. If I do copy or store Confidential Information on removable media, I will encrypt the information while it is on the media according to Company Information Security Standards
2. I understand that any mobile device (Smart phone, PDA, etc.) that synchronizes company data (*e.g.*, Company email) may contain Confidential Information and as a result, must be protected. Because of this, I understand and agree that the Company has the right to:
 - a. Require the use of only encryption capable devices.
 - b. Prohibit data synchronization to devices that are not encryption capable or do not support the required security controls.
 - c. Implement encryption and apply other necessary security controls (such as an access PIN and automatic locking) on any mobile device that synchronizes company data regardless of it being a Company or personally owned device.
 - d. Remotely "wipe" any synchronized device that: has been lost, stolen or belongs to a terminated employee or affiliated partner.
 - e. Restrict access to any mobile application that poses a security risk to the Company network.

Doing My Part – Personal Security

1. I understand that I will be assigned a unique identifier (*e.g.*, 3-4 User ID) to track my access and use of Confidential Information and that the identifier is associated with my personal data provided as part of the initial and/or periodic credentialing and/or employment verification processes.
2. I will:
 - a. Use only my officially assigned User-ID and password (and/or token (*e.g.*, SecurID card)).
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
3. I will never:
 - a. Disclose passwords, PINs, or access codes.
 - b. Use tools or techniques to break/exploit security measures.
 - c. Connect unauthorized systems or devices to the Company network.
4. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords, positioning screens away from public view.
5. I will immediately notify my manager, Facility Information Security Official (FISO), Director of Information Security Operations (DISO), or Facility or Corporate Client Support Services (CSS) help desk if:
 - a. my password has been seen, disclosed, or otherwise compromised;
 - b. media with Confidential Information stored on it has been lost or stolen;
 - c. I suspect a virus infection on any system;
 - d. I am aware of any activity that violates this agreement, privacy and security policies; or
 - e. I am aware of any other incident that could possibly have any adverse impact on Confidential Information or Company systems.

StDavid's HEALTHCARE

Student Orientation

Upon Termination

1. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
2. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
3. I understand that I have no right to any ownership interest in any Confidential Information accessed or created by me during and in the scope of my relationship with the Company.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee/Consultant/Vendor/Office Staff /Student/Instructor Signature	Facility Name and COID	Date
Employee/Consultant/Vendor/Office Staff/Student /Instructor Printed Name	Business/School Entity Name	
Parent/Guardian Signature (if under 18 years of age)		Date
Instructor Signature (if applicable)		Date

Thank you for taking the time to review this student orientation information.
 If you have questions or need additional information, please contact
 St. David's Institute for Learning at 512-544-0100.
 The Clinical Education Coordinator will be happy to assist you.

