

Orientation and Annual Self-study 2011



For Non-Employed Allied Health/ Physicians

**Completing this Orientation and Annual Self-study will satisfy the requirements
and objectives for Novant Health.**

As part of the self-study you have received:

- Self-study pages
- Completion Roster
- Evaluation

**This self-study needs to be completed before you
begin working and annually.**

Objectives

After reviewing the following information, learners will be able to:

- Describe Novant Health’s Mission, Vision, and Values.
- Discuss Service Excellence expectations.
- Identify infection prevention and safety principles related to the environment of care.

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Self-study Instructions

1. Review the Self-study Materials.
2. Sign the Completion Roster.
3. Complete the Self-study Evaluation Form (optional).
4. Return the following to Medical Staff Services at Forsyth Medical Center or Brunswick Community Hospital: (You may use an interdepartmental mail envelope or Fax.)
 - Completion Roster
 - Completed Evaluation Form

If you have any questions about this self-study, contact Corporate Education and Training:

Connie Hedrick in Winston-Salem at 336-277-6615

Sue Leach in Brunswick at 910-755-1143.

Send forms to Medical Staff Services at:

Forsyth Medical Center--Fax # 336-718-9894

Brunswick Community Hospital—Fax # 910-754-2076

Mission Statement

Novant Health exists to improve the health of communities, one person at a time.

Vision of Novant Health

We, the employees of Novant and our physician partners, will deliver the most remarkable patient experience, in every dimension, every time.

Statement of Values

COMPASSION

We treat our customers and their families, staff, and other healthcare providers as family members with kindness, patience, empathy, and respect.

PERSONAL EXCELLENCE

We each strive to grow personally and professionally and we approach each service opportunity with a positive, flexible attitude. Honesty and personal integrity guide all we do.

TEAMWORK

The needs and expectations of any one customer are greater than that which one person's service efforts can satisfy. We support each other so that together as a team, we can be successful in the eye of the customer as a quality service provider.

DIVERSITY

We recognize every person is different, each shaped by unique life experiences. This enables us to better understand each other and our customers.

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Novant Health facilities, grounds and parking areas are <i>tobacco free environments</i> . This applies to all employees, non-employed workers, patients, visitors and other guests on Novant Health premises. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Novant Health Vision

Everything we do should support our Vision of delivering the most remarkable patient experience. It's every staff member's #1 job responsibility. The six themes, shown in the diagram below, provide that support.

Remarkable Patient Experience

Fulfilling Novant's Mission and Vision is made possible through the achievement of the Remarkable Patient Experience's six themes.



Authentic Personalized Relationships

Caregivers who know their patients and see the world from their perspective, delivering personalized care based on each patient's needs during and beyond care encounters, always from a place of compassion.



Voice & Choice

A system that gives patients information necessary to make knowledgeable and confident choices - if they choose to - and caregivers that approach patients as true partners, valuing patient perspectives and engaging in genuine dialogue



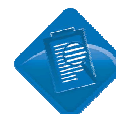
Safety

A culture and an environment in which both patients and caregivers are not injured by the care delivered and which is guided by the principle: "First, do no harm".



Easy for Me

A system where unnecessary waits and hassles are eliminated and necessary waits are filled in ways that add value to the patient



Quality

Healthcare services that deliver superior outcomes as measured against national, state and regional benchmarks, peer data bases, internal standards, and the patient family experiences. It includes prevention, early detection, treatment and ongoing health across all venues of care.



Affordability

Commitment to develop a system of care that provides value, as judged by our patients and their payors, while achieving sustained financial performance. Novant will compare favorably to a select group of top performing health systems. Our sustained financial strength will allow us to grow strategically and invest to meet the needs of the communities we serve.

The Joint Commission

Representatives from:

- The American College of Surgeons
- The American Medical Association
- The American College of Physicians
- The American Dental Association
- The American Hospital Association

Accreditation Importance

- Important public statement of accountability
- Required by most third-party payers
 - Medicare/Medicaid
 - Managed Care
 - Employers
 - Other third-party payers
- Recruitment of high-quality staff
- Bond ratings and financial options enhanced
- Fulfills State licensure requirements

Your Role

- Know and abide by the organization's policies and procedures
- Comply with Federal Laws and Regulations
- Be able to talk about your role in the organization
- Participate in improvement efforts as requested
- Perform appropriately during emergencies
- Prompt reporting of:
 - Equipment failures
 - Errors
 - Non properly functioning equipment
 - Spills

Contacting Joint Commission

If you have questions or concerns, you may contact the Joint Commission at their toll free telephone number, (800) 994-6610, 8:30 to 5 p.m., Central Time, weekdays.

Service Excellence Program and Standards

Achieving excellent levels of service at Novant Health includes the daily practice of living our service standards.

Through Service Excellence We:

- ◆ Provide exceptional levels of customer service to all customers
- ◆ Communicate our commitment to respect, kindness and compassion
- ◆ Show people that excellent service is as important as quality care

Standards for Excellence:

Behaviors and Thoughts for Every Dimension, Every Time.

“Standard.” It suggests a frame of reference; an expectation. We measure ourselves against these first when it comes to service excellence. Standards for Excellence provide a baseline of behaviors that lead to predictability in the service and care of our patients, their loved ones, our guests, and each other.

Standards provide behavioral expectations for some of the key parts of an experience. They answer the question, “What would I say and do in this situation?” It doesn’t answer for *all* situations. They aren’t supposed to. We just want to have a baseline set of behaviors that our patients and guests will find very predictable – no matter where they are in our system and in their journey.

The Language of Experience

Let’s think differently about what our patients and guests experience while in our care. Think about the patient’s experience in terms of what they go through and the language they hear us use around a traditional patient visit to hospital or a clinic.

Traditional Hospital Patient Visit

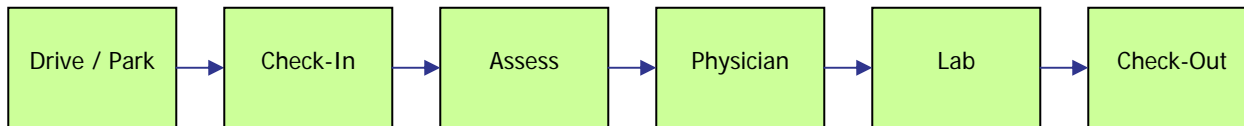


That may be what happens from a task perspective. Let’s consider a world around what we want their experience to be at the hospital, for example.

Distinctive Patient Hospital Journey



Traditional Clinic Patient Visit



Distinctive Patient Clinic Journey



Consider the difference between an “Awesome Arrival” versus an “effective registration.” Does the language we use change the way we think or the way we might behave? Maybe. We hope so.

Standards of Service Excellence

Compassion & Empathy

- Start patient interactions by focusing first on comfort needs, concerns and preferences.
- Display empathy and compassion by: listening, reflecting and offering support and assistance.
- Avoid labeling patients and guests so that care is not affected by our judgment.

Be Present

- Immediately acknowledge people in your work area and in public areas to show interest and concern.
- Minimize distractions; our patients need us to be present at all times.

Willingness to Help

- Conclude every conversation with an offer of further assistance, such as, “What else may I do for you?”
- Take personal ownership of the customer’s needs and take responsibility to follow up.

Courtesy & Respect

- Use a social title and the patient’s last name (Mr. Jones or Ms. Smith) unless the customer expresses a wish to be called by another name.
- Avoid using endearing names such as Sugar, Baby, Honey or Darling.
- Maintain patient privacy, respect and dignity.

Building Relationships

- Always introduce yourself by stating your name, department and how you will be interacting with the patient or guest.
- Engage patient on a personal level by asking about family, hobbies and personal interests

Communication

When exchanging information, communicate in a positive manner and in terms and language that the customer can understand.

Wayfinding & Escorting

- Approach anyone who looks lost or hesitant and ask, “May I help you?”
- Always attempt to escort customers to their destination.

Manage Waits & Hassles

- Anticipate and manage waits and hassles.
- Ensure that patients and families know how to request information or assistance.

Teamwork

- Visibly demonstrate teamwork and cooperation within and between departments.
- Create warm handoffs to other staff, the handoff will likely include an introduction of the guest to the next team member.
- We treat each other with professionalism, respect and courtesy at all times.

Clean, Safe, Healing Environment

- Create and maintain a clean, safe and healing environment.
- Do not make unnecessary noise in patient care areas

Voice Technology Etiquette

- Phone calls should be answered in a way that is friendly, prompt, clear, accurate, thorough and never hurried.
- Respond to nurse call lights promptly, courteously and respectfully. [WHERE IN USE]
- Respond to patient care communication devices (i.e. SpectraLink phones, pagers, etc.) promptly, courteously and respectfully. [WHERE IN USE]

Service Recovery:

We quickly do what we can to make things right when the customer experiences a service breakdown.

Service Recovery restores trust and goodwill and creates a loyal customer.

The Four A's of Service Recovery

Anticipate

- Identify recurring problems/situations
- Develop plans to respond to specific problem situations
- Use what worked before
- Develop skills to communicate, manage conflict, apologize and be empathetic

Apologize

- Apologize for not meeting the customer's expectations; say something like:
"I'm sorry for your experience."
"I'm sorry for what you are going through; how can I help right now."
"I'm sorry this happened; that is not typical of our organization."
- Do not blame others.
- Do not make excuses.

Acknowledge

- Admit a problem has happened.
- Listen well. Ask questions to clarify. Summarize what you heard. Communicate care and understanding. Listen for customer suggestions.
- Be empathetic by recognizing the customer's feelings.
- Thank the person for being willing to share the information about the problem.

Amend

- Talk to the customer about the concern.
- Answer questions or find answers to questions.
- Do not argue or convince someone that their feelings are wrong.
- Offer suggestions for resolution.
- Take action.
- Provide follow-up info

Shaping the future of Caring



MANDATORY INFORMATION

Confidentiality

Information Confidentiality

You may have contact with confidential (private) information about patients, employees, doctors, and/or Novant.

Examples of confidential information include:

- Details about illnesses or conditions
- Conversations between a patient and health-care provider
- Patient demographics – name, address, phone number
- Patient insurance and financial information

Protecting Confidentiality:

Here are some guidelines to keep information secure and confidential:

- Do not talk about patients in public.
- Never put confidential information in the trash.
- When faxing confidential information, verify the number to which the fax is being sent and use a cover sheet.
- Do not leave paper or electronic files with confidential information in open view.
- Never post any patient related information or pictures on social networking sites or other websites.

Remember: If you think that certain information might be confidential, treat it as such.

Access to and Requests for Confidential Information

Access to confidential information (medical record, on-line laboratory, x-ray, financial, addresses, phone numbers, etc.) is limited to employees who need the information **in order to perform their job duties**.

Computer Use:

- Never let others use your computer log-on or password.
- Never write down or post your password.
- Never display confidential information on a computer screen in public view.
- Protect mobile devices, such as laptops, smart phones and thumb drives from theft or loss

Confidentiality Violations:

- Failure to follow Novant's privacy or security policies and procedures can lead to disciplinary action, including termination.
- Anyone who becomes aware of a breach of confidentiality must immediately report the incident to the Novant Health Privacy Official or The Alert Line.

What is HIPAA (Health Insurance Portability and Accountability Act)?

HIPAA is a federal law enacted to protect patient health information in all forms which includes written, verbal (what is spoken and heard), and electronic.

Why was HIPAA created?

- To protect the privacy and security of all health care information.
- To provide our patients with a series of rights for their health information.

What happens if privacy rights are violated?

Patients have the right to complain if they feel we've violated their privacy rights.

- All privacy complaints should be reported to the Novant Health Privacy Official.
- The Privacy Office has been designated to respond to privacy complaints.
- If you have questions about HIPAA, call the Privacy Office at 1-336-277-1049

Communication: Interpreter Services

Novant Health strives to promote consistency in our communication with patients to ensure the same level of care for all patients. Novant Health facilities endeavor to provide effective communication to patients in a language they can understand. This includes sign language for the deaf and hard of hearing, as well as foreign language interpreters. Interpreter services and communication aids are provided at no additional cost to the patient .

Interpreter Services embraces the following core values and initiatives of Novant Health:

1) COMMUNICATION

- ◆ Standards for Excellence – Goal #6 – “ **Communication**” -
When exchanging information, communicate in a positive manner and in terms and language that the customer can understand. Communication is everything in healthcare.
- ◆ National Patient Safety Goals – Goal #2 – “Improve the effectiveness of **communication** among caregivers”
- ◆ Know 5ive Saves Lives - First Do No Harm – Module #2 – “**Communicate** Clearly” - Making sure we give and receive accurate and complete information.

2) REGULATORY/STANDARDS

Since Novant entities receive direct or indirect federal financial assistance from the government through grants, contracts, or subcontracts, we are required to comply with the following laws:

- **Title VI of the Civil Rights Act of 1964**
- **Title III of the Americans with Disabilities Act of 1990**
- **Section 504 of the Rehabilitation Act of 1973**
- **The Joint Commission** standards

3) COMPLIANCE

Novant Health strives to demonstrate compliance with all applicable federal and state laws and regulations concerning the needs of individuals who are blind, deaf, hearing impaired, limited English proficient (LEP), and/or functionally illiterate.

- LEP (limited English proficient) patients – Patients who do not speak English as their primary language and/or who have a limited ability to read, write, speak, hear or understand English.
- Disabled patients are those patients who have (or have a history of) a physical or mental impairment that substantially limits one or more major life activities. These conditions include, but are not limited to blindness, deafness, or difficulty hearing.
- Interpret – The practice of vocally expressing or translating oral communication from one language to another.
- Translate – To convey one language into another in the written format.

4) RESOURCES

Patients will have their specific communication needs identified/assessed upon entry to the organization and all reasonable efforts will be made to meet their special communications needs. Interpreter services and/or auxiliary communication aids will be available upon request at all Novant Health facilities.

- All interpreter services and auxiliary communication aids are to be provided at NO COST to the patient.
- Oral language needs can be accommodated in a variety of approved and accepted methods.
 - a) face-to-face interpreters
 - b) telephonic interpreters
 - c) video relay technology (web cam services)
- Deaf or hard of hearing needs can be accommodated by
 - a) American Sign Language (ASL) interpreters
 - b) Video relay technology
 - c) TTY (telephone typewriter)/TDD (telecommunication device for the deaf) equipment
 - d) Pocket Talkers - a device that amplifies sounds closest to the listener while reducing background noise
 - e) Amplifiers
- Visually impaired patient needs can be met by
 - a) Dry erase boards
 - b) Reading aloud
 - c) Enlarged printed material
- Facility specific guides for language needs can be found on the intranet. From our home page select "Quick Links" and then "Interpreter Services" for your facility or market. You will find the various resources and technology that are available specific to your location.

Ask Me 3™/Teach Back: Health Literacy Tools



Defining Health Literacy

Health literacy is the ability to read, understand, and act upon health information.

(Partnership of Clear Health Communication)

Did You Know?

- Nearly half of all American adults --90 million people-- have difficulty understanding and using health information. (*Institute of Medicine*)
- 20% of US adults-about 40 million people-are functionally illiterate. (*American Medical Association Foundation*)

Understanding the Solutions to Improving Health Literacy

In effort to increase the health literacy of our patients, we have adopted 2 health literacy tools:

Ask Me 3™ and Teach Back.

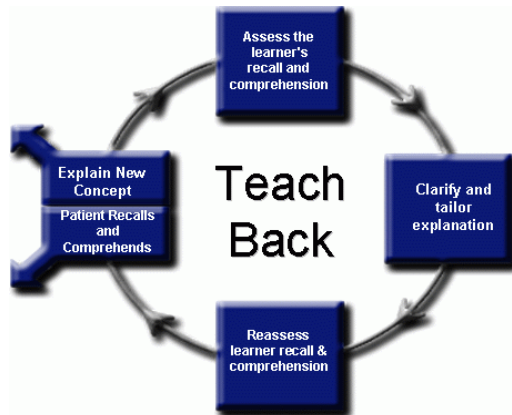
Ask Me 3™

Ask Me 3™ features 3 basic questions that a patient is encouraged to **ask, understand, and continuously use**:

1. ***What is my main problem?***
2. ***What do I need to do?***
3. ***Why is it important for me to do this?***

Teach Back

Teach Back is an educational method based upon return demonstration. The teacher explains a concept and/or demonstrates a task to the learner. The learner is invited to explain (in his or her own words) the concept or demonstrate the task.



Note: This cycle continues until the learner is able to recall and comprehend the health care information.

Identifying the Shared Goal and Benefits

The common goal of these tools is to enhance communication between health care providers and patients.

between health care

Knowing the Benefits

Ask Me 3™ and Teach Back have been proven to:

- Improve Patient Understanding
- Improve Clinical Results
- Empower the Patient and Key Learners
- Improve Patient Satisfaction

Applying the Tools

Anytime you are sharing health information, it is appropriate to use Ask Me 3™.

Some specific examples are:

- Initial contact/arrival
- Admission
- Plan of care discussion
- Explaining diagnosis
- Reviewing test results
- Discharge

Good Questions for Your Health

Novant HEALTH
Remarkable People. Remarkable Medicine.

Every time you talk with a doctor, nurse, or pharmacist, use the Ask Me 3 questions to better understand your health.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

When to Ask Questions

- You see your doctor, nurse, or pharmacist.
- You prepare for a medical test or procedure.
- You get your medicine.

What if I Ask and Still Don't Understand?

- Let your doctor, nurse, or pharmacist know if you still don't understand what you need to do.
- You might say, "This is new to me. Will you please explain that to me one more time?"

Who Needs to Ask 3?

Everyone wants help with health information. You are not alone if you find things confusing at times. Asking questions helps you understand how to stay well or to get better.

Helping you take better care of your health.

Ask Me 3™

To learn more, visit www.npsf.org/askme3

Patient Bill of Rights and Responsibilities

- Patients receive a copy of the Patient's Bill of Rights and Responsibilities when they are admitted or sign consent for treatment.
- Each employee has the responsibility to be aware of and support patients in meeting their specific needs.
- The Bill of Rights and Responsibilities contain a list of state and local agencies where concerns can be addressed.

Patient's Rights include:

- Access to care
- Considerate and respectful treatment during care
- Knowing about and participating in decisions about their care
- Knowing about diagnosis, prognosis, and treatment options including their risks and benefits
- Personal privacy and confidentiality of information
- Access to protective services
- A truthful and compassionate explanation (disclosure) of an unexpected medical outcome
- Participating in ethical decisions (withholding resuscitative or life sustaining treatment)
- Having his or her complaints/grievances about care resolved

Routine Complaint – can be resolved promptly by staff present

- Concern about general care and/or support service (food, billing, staff attitudes, cleanliness)
- Requires minor change in a timely manner

Grievance – patient issue cannot be resolved promptly by staff present

- Verbal or written account
- Violation of a patient's right to quality care

Ethics Committee

- Consists of nurses, physicians, administration, lawyers, and lay people from the community
- Fosters communication and understanding of ethical concerns
- May be called by staff, patients, physicians, or family members
- Multidisciplinary team available for consultation at any time by calling Medical Staff Services at 718-5960 or administrator on call
- Has regular meetings to discuss ethical issues.

Prevention of Patient Abuse and Neglect

Novant Health is committed to take reasonable measures to prevent patient abuse, neglect, and misuse of patient property by staff, other patients, or visitors in a Novant facility.

Assessment Includes:

- ◆ Verbal reports
- ◆ Patient behavior
- ◆ Reliable witness
- ◆ Injury or bruise
- ◆ Unexplained lost property

If Abuse Is Suspected

- ◆ Each employee is responsible for reporting suspected patient abuse, neglect, or misuse of property to his or her manager.
- ◆ Immediate medical attention will be provided if needed.
- ◆ Protection and emotional support will be provided.

Discipline and Reporting

- ◆ Suspension, reinstatement, or termination dependent on investigation
- ◆ Cooperation with authorities as required
- ◆ Licensed personnel will be reported appropriately to licensing agency

First Do No Harm

Employee Toolbox

Practice with a Questioning Attitude

1. **Stop, Reflect & Resolve in the face of uncertainty**

- **Stop:** Review the plan
- **Reflect:** Validate information and assumptions
- **Resolve:** Check it out with an independent, expert source

Communicate Clearly

1. **Use SBAR-Q to share information**

- **Situation:** What is happening right now?
- **Background:** What are the circumstances leading up to this situation?
- **Assessment:** What do I think the problem is?
- **Recommendation:** What should we do to correct the problem?
- **Questions:** Follow up questions?

2. **Communicate using three-way repeat backs and read backs**

- Sender initiates communication / receiver repeats back / sender acknowledges accuracy
- Ask and encourage clarifying questions to solidify understanding

3. **Use phonetic & numeric clarifications**

Safety Behaviors: All Novant Employees

- Practice with a Questioning Attitude
- Communicate Clearly
- Know & Comply with Red Rules
- Self-check: Focus on Task
- Support Each Other

Know & Comply with Red Rules

Red Rules are existing rules that are recognized as safety-critical – we designate them as **RED** to highlight the need for exact compliance.

1. **Practice 100% compliance with Red Rules**
2. **Expect Red Rule compliance from all team members**

Self-check: Focus on Task

1. **Use the STAR technique:**
 - **Stop:** Pause for 1 to 2 seconds to focus attention on the task at hand
 - **Think:** Consider the action you're about to take
 - **Act:** Concentrate and carry out the task
 - **Review:** Check to make sure that the task was done correctly and that you got the correct result

Support Each Other

1. **Cross-check and Assist**
2. **Use 5:1 Feedback to encourage safe behavior (5 positives for every 1 negative)**
3. **Speak up using ARCC – “I have a concern”**
 - **Ask Questions:** Inquire when uncertain
 - **Make Requests:** Ask for a change in practice
 - **Voice Concerns:** Never hesitate to speak up; be alert for safety words: “I have a concern”
 - **Use Chain of Command:** Swiftly escalate unresolved issues to superiors

Safety Culture

Novant Health strives to provide an environment free from recognized hazards, which may cause physical harm to our employees, patients, and visitors. Our safety culture is the foundation for improving the health of communities one person at a time.

Safety Culture

Our Safety Culture is the way we work and live within the company that influences our safe behavior. It consists of shared beliefs, practices, and attitudes. It is the way we act when no one is around.

Benefits of Safety:

- Provides safe and quality patient care
- Reduces injuries and illnesses to staff, patients, and others
- Provides a safe work environment
- Maintains employee morale and retention
- Increases productivity
- Supports regulatory compliance

Safety Expectations:

- Each worker is responsible and accountable for their safety and the safety of others
- Care/service is delivered only in a safe manner
- Safety takes precedence in all decisions
- All safety issues need to be addressed
- Our safety performance is a measure of effectiveness as an organization and important to stay competitive

Responsibilities of Staff:

- Learn and observe all safety policies and procedures
- Exercise care for the safety of yourself and others at all times
- Develop, maintain, and demonstrate good safety habits in performing all job duties
- Use all safety devices and personal protective equipment as trained
- Seek information or advice regarding hazards and procedures before carrying out new or unfamiliar work
- Report unsafe conditions, practices, or processes to your leader. Alternative reporting methods include contacting the market based Safety Department or any member of the facility Safety Committee. You can also contact Risk Management for patient safety issues or use The Alert Line confidential reporting.

Patient Safety

***Patient Safety means freedom from injury or illness resulting from the processes of health care.
Patient Safety is the foundation for the Remarkable Patient Experience.***

Includes:

- ◆ A commitment from **every** member of the healthcare team
- ◆ Active patient and family involvement
- ◆ Continually improve processes to reduce and eliminate mistakes and healthcare errors

About Sentinel Events

Definition

A sentinel event is an unexpected incident involving death or serious physical or psychological injury or risk.

It is called “sentinel” because it signals a need for immediate investigation and response.

Examples

- Unanticipated death or permanent loss of function not related to the patient’s condition
- Unanticipated death of a full-term infant
- Abduction of anyone receiving care, treatment or services

- Discharge of an infant to the wrong family
- Surgery on the wrong body part or wrong patient
- Rape
- Suicide of a patient in a setting where the patient receives around the clock care or within 72 hours of discharge
- Hemolytic transfusion reaction
- Unintended retention of a foreign object in a patient after surgery/procedure
- A death or serious injury believed to be related to a hospital acquired infection
- Severe neonatal hyperbilirubinemia (bilirubin>30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose>1500 rads to a single field, or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose

Disclosure

- Providing a truthful, compassionate explanation to patients and/or families about unexpected outcomes. This discussion is conducted by the designated staff or physician and should be documented in the medical record.

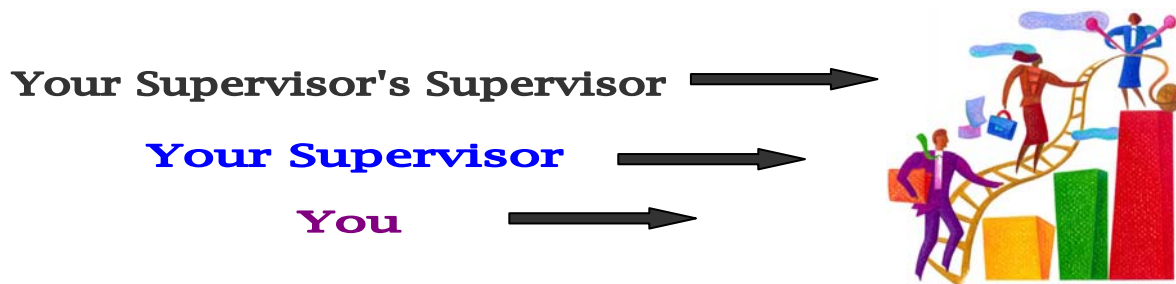
Remember: If an injury to a patient is involved, you **must** contact Risk Management before disclosing to ensure all facts are known **before** disclosure occurs. *Please refer to the policy on disclosure.

Proactive Patient Safety Culture: What do I do if I see a problem?

1. Follow the "[Chain of Command](#)" procedures
2. [Report Incidents](#)
3. Follow the [Safe Medical Device Act](#)
4. Follow [Recalls and Alerts](#) Policies
5. Patient Safety Initiatives

What is Chain of Command?

Healthcare professionals are encouraged to use their skills and judgment in providing services to be a patient advocate. When you believe a patient's needs aren't being met, the patient is at risk, or patient safety is compromised, contact the supervisor immediately.



- Licensed healthcare providers contact Physicians first to clarify orders or treatment issues.
- The Supervisor is contacted if they are unable to reach the physician or have concerns about the plan of care.
- Continue up the chain until a resolution for patient care is obtained

Remember – patients depend on you for safety. It's your responsibility to provide a safe, secure environment for their recovery. Speak up when something is not correct or right.

Options for Reporting of Safety and Quality of Care Concerns:

- Report suggestions, concerns or problems to your leader.
- Contact your regional Risk Management Department.
- Call the anonymous reporting line, "The Alert Line" at 800-350-0094.

Also, staff, the patient, or the physician has the option of contacting The Joint Commission without any risk of disciplinary action for reporting. You may use the Joint Commission's .Quality Incident Report Form available at www.jointcommission.org . Send by e-mail, fax or mail.

Event Reporting

Event Reporting is a process that helps identify healthcare related and risk issues. It is the first step in improving the quality and safety of the healthcare. By reporting actual and near miss events, you actively participate in improving the safety related processes, contribute towards eliminating errors, and promote safety in the workplace. **All of which contributes to saving lives.**

- Fill it out online forms completely
 - royal blue fields are mandatory in Journey
 - red asterisks indicate mandatory fields in Quantros
- Be brief, factual and objective



REMEMBER!

The Journey & Quantros Reports...

- ☞ are confidential
- ☞ are NOT part of the medical record
- ☞ are never copied/printed
- ☞ are not placed in an employee's personnel record
- ☞ improves our work environment without placing blame

Reasons to contact the Risk Management Department

- ◆ For initial classifications/severity level of category E through I on the event being reported
- ◆ Unresolved or repeating situations that are a threat to patient safety
- ◆ If you are contacted by a lawyer, private investigator, police, or subpoenaed

Also notify the Legal Department or Corporate Compliance for government subpoenas, summonses or search warrants. Policy NH-LD-CP-225.

Safe Medical Device Act

The Safe Medical Device Act requires that any person who witnesses, discovers, or otherwise becomes aware of information that a piece of equipment has caused, may cause, or contributes to the injury, illness, or death of a patient, is responsible for:

- ◆ Immediately assessing the patient
- ◆ Reporting the incident to Risk Management
- ◆ Completing an event report in Journey (or Quantros SRM at Prince William)
- ◆ Removing the equipment from service
- ◆ Tagging and sequestering the equipment and notifying Risk Management Include the date and time of removal when completing the event in Journey/Quantros
- ◆ Maintaining all settings on the equipment or documenting the original settings when possible
- ◆ Attaching the original packaging and all parts that belong to the equipment when it is available

Recalls and Alerts

Patient Safety includes providing equipment and supplies that are safe. There are times when rapid removal of suspected contaminated or unsafe products is required.

Recall – actual or potential product problem which requires the return of the entire product

Alert – potential problem may exist and needs to be watched for

If a department receives a recall or alert notification, immediately route it to the Purchasing department. Fax the notice, then send by interdepartmental mail.

2011 National Patient Safety Goals

Goal #1 Use 2 patient identifiers (NH Red Rule)

- * Always use your facility's two patient identifiers (i.e. name, date of birth) when administering medications or blood products, collecting specimens, or providing treatments or procedures. *Note: room number is not a patient identifier.*
- * When taking blood samples or clinical specimens, label them in the presence of the patient.

Goal #2 Report critical results on a timely basis

- * Critical test results need to be handled in the time frame defined by facility policy.
- * Although Hand off communication is no longer a national patient safety goal, it is good information that is used for patient safety in Novant Health.

Goal #3 Improve the safety of medications

- * When medications or solutions are transferred out of the original container, staff **MUST** immediately label the container(s) including the basin(s), syringes(s), and/or cup(s) on and off the sterile field even if only one is being used..
- * Reduce the likelihood of patient harm with the use of anticoagulants (such as warfarin)

Goal #7 Reduce the risk of health-care associated infections in our patients

- * Use appropriate hand hygiene at all times. (See Infection Prevention module)
- * Report health care acquired infections that result in prolonged hospitalization, death, or loss of body function to Risk Management or Infection Prevention.

Key projects for Infection Prevention are:

- * Evidence based practices to prevent health care associated infections due to multiple drug-resistant organisms such as MRSA and VRE.
- * Evidence based guidelines to prevent central line associated bloodstream infections.
- * Best practices for preventing surgical site infections.

**NSPG 07.03.01—Multiple drug-resistant organisms (MDRO)
Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.**

- Health associated infection (HAI) are infections that are acquired by a patient in the hospital and was not present at the time of admission
- Multi-drug resistant bacteria (MDRO) are bacteria that are resistant to one or more classes of antibiotics
- Health care associated infections (HAI) account for over 1 million infections each year
- Organisms identified as MDRO at Novant Facilities
 - MRSA (Methicillin resistant Staph aureus)
 - VRE (Vancomycin resistant Enterococcus)
 - C. difficile
 - *Burkholderia sp. (highly resistant strains)*
 - *Acinetobacter sp. (highly resistant strains)*
 - *Pseudomonas sp. (highly resistant strains)*
 - Organisms labeled as ESBL or KPC (klebsiella or carbapenemase producing organism)
- Risk factors for MDROs
 - Immunocompromised
 - Elderly patients
 - Higher severity of illness
 - Chronic conditions - hemodialysis
 - Extended hospital stay
 - Intensive Care Unit stay
 - Prior antibiotic use
 - Transfers from other acute/chronic care facilities
 - Community-acquired MDRO
 - Poor compliance with Infection Prevention practices
- Contact Precautions required for patient's identified with an MDRO, C diff requires Contact Enteric
 - Recommended method of hand hygiene:
 - Alcohol based hand sanitizers or soap & water (when hands are visibly soiled)
 - C diff - wash hands with soap & water
 - GOWNS & GLOVES upon entry to the room.
Every Person, Every Time
- Prevention Strategies
 - Hand Hygiene
 - Isolation Precautions: *Gown and Gloves, Every Person Every Time*
 - Equipment/ Environmental cleaning
 - Surveillance screening – PPP
 - Identification of MDRO patient and isolation when re-admitted (flagging medical record)
 - Education

- Staff, Patients and Visitors – Always document patient & family education

**NSPG 07.04.01—Central line associated bloodstream infections (CLABSI)
Implement best practice or evidenced based guidance to prevent central line associated
bloodstream infections (CLABSI).**

Central lines terminate at or close to the heart or in one of the great vessels

Examples include:

- a. Subclavian, Femoral or Internal Jugular (single, double, triple or quad)
- b. Introducer / Cordis
- c. Swan Ganz catheter
- d. PICC
- e. Hemodialysis Vas-Caths (tunneled and non-tunneled)
- f. Implanted ports (i.e., Port-a-caths)
- g. Umbilical (UVC)

- The CDC estimates treatment costs associated with a bloodstream infection range from **\$35,000 to \$56,000/infection** and increase hospital length of stay by an average of **7 days**.
- Central venous catheters (CVCs) disrupt the integrity of the skin, making infections with bacteria and/or fungi possible.
- A CLABSI is a primary bloodstream infection (BSI) in a patient that had a central line *within* the 48-hour period before the development of the BSI.

Clinical Features of Line Sepsis

Nonspecific

- Fever
- Chills, shaking rigor
- Hypotension, shock
- Hyperventilation
- Gastrointestinal
 - abdominal pain
 - Vomiting
 - Diarrhea
- Neurologic
 - confusion
 - seizures

Highly Suggestive of Line Sepsis

- Source of sepsis unapparent
 - Patient unlikely candidate for sepsis
 - Intravascular line in place (or recently in place)
 - Inflammation or purulence at site
 - Abrupt onset, with shock
 - Sepsis response to antimicrobial therapy or dramatic improvement after removal of device
- Ensure the patient (and family as needed) has been educated about central line infection prevention prior to the procedure being performed. Document this education.

- The central line bundle is a group of **evidence based interventions** for patients with intravascular central catheters that, when implemented together, result in better outcomes than when implemented individually.

Evidence Based Interventions:

- hand hygiene
- optimal catheter site selection (subclavian preferred)
- daily assessment of line necessity
- Maximum barriers for inserter and assistant:
 - wash hands with an antibacterial soap or use a hand sanitizer
 - wear a sterile gown
 - wear sterile gloves
 - wear a head cover
 - wear a surgical mask
 - Use chlorhexidine (CHG) skin antisepsis on patient
 - Drape the patient with the full body drape (head-to-toe).

Chlorhexidine (CHG) should not be used on:

- Infants less than 2 months of age (unless approved by your facility) or
- Anyone with a chlorhexidine sensitivity or allergy

NSPG 07.05.01— Implement best practice for preventing surgical site infections (SSI)

SSIs are the third most frequently reported healthcare associated infection, 14% to 16% of all nosocomial infections.

Surgical site infections lead to increased morbidity, mortality, length of stay, and cost for many surgical patients each year

Compared to an uninfected patient, the patient with an SSI:

- ***Stays hospitalized 7 days longer.***
- ***Is 60% more likely to spend time in the ICU.***
- ***Is 5 times more likely to be readmitted within 30 days of discharge.***
- ***Is twice as likely to die.***

Definitions of a SSI

- Superficial SSI - Infection occurs within 30 days after surgery and involves only the skin or subcutaneous tissue
- Deep SSI – Infection occurs within 30 days after surgery and involves deep soft tissue (fascia & muscle)
- Organ Space – Infection occurs within 30 days after surgery if no implant or within 1 year if implant is placed Involves organs and spaces opened or manipulated during the surgery

Always provide patient education on risk factors and compliance with prevention measures; this may lead to decreased infections in the surgical patient. Always document patient and family education.

Risk factors for developing an SSI

- Improper environment
- Inadequate sterilization and disinfection
- Lack of understanding of asepsis
- Failure to comply with policies and procedures
- Surgical technique
- Patient risks – chronic illness, remote infections, unhealthy living style, advanced age
- Contaminated or dirty wound
- Length of perioperative stay

□ Surgical risk factors for developing an SSI

- Duration of scrub
- Skin antisepsis
- Surgical attire
- Sterile draping
- Duration of surgery
- Wound class
- Prophylaxis
- Traffic in the OR
- Temperature and Humidity
- Glucose control of the patient
- Temperature control of the patient
- Foreign materials
- Surgical drains
- Surgical technique

Prevention

- Meticulous Hand Hygiene
- Skin preparation
- Clean patient gown and head covering
- Scrub and drying time
- Hair removal- In many cases, hair removal is not necessary. When required, single use head clippers are to be used. No shaving. Razors leave microscopic cuts on the skin that is a potential entry point for bacteria.
- Maintain normothermia
- Monitor & maintain proper glucose level
- Appropriate surgical attire
- Control OR traffic
- Cleaning of the OR between patients
- Appropriate reprocessing and sterilization of instruments
- Prophylaxis Antibiotics as required

Discharge Instructions

- Hand Hygiene at home
- Incision/wound care per physician orders
- Reporting signs and symptoms of SSI
 - Fever
 - Redness/swelling
 - Pain
 - Drainage
 - Incision opening
- Nutrition guidelines
- Medications
- Blood glucose monitoring
- Normothermia
- Bathing instructions

- Followup appointments

Goal #8 Accurately and completely reconcile medications across the continuum of care.

- * Obtain an accurate list of all home medications upon admission.
- * Compare the patient's home medications with those medications ordered while he/she is in the hospital.
- * A complete list of medications is provided to the next provider of care and the patient on discharge from the facility.

Goal #15 Identify safety risks within our patient population and intervene.

- * Identify patients at risk for suicide.
- * Provide information such as crisis hotline to patients and families as needed.

Universal Protocol (UP)– Prevent wrong site surgery

Assure the entire team present always completes a purposeful pause (“time-out”) before a medical and surgical procedure to make sure the patient, procedure, side/site, and equipment are correct.

Unapproved Abbreviations TR and SPR universal list April 2005

| Don't Use | Use | Rationale |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1.0 (zero after decimal point) | Don't use terminal zeros for whole numbers | Misread as 10 for a 10-fold overdose |
| .5 mg (no zero before decimal point) | 0.5 mg Always use a zero before the decimal point when the dose is less than a whole unit | Misread as a whole number for inaccurate dose |
| Apothecary symbols Ex. Dram or minum | Use the metric system | Symbols confused with numbers, out dated system not used in most training programs |
| AD –right ear | Write out "right ear" | Can be misinterpreted as 'qd' |
| AS – left ear | Write out "left ear" | Can be read as "OS" (left eye) |
| AU – each ear | Write out "each ear" | AU has been misinterpreted as "OU" (each eye) |
| IU (international unit) | "international unit" | Mistaken for IV (intravenous) or 10 (ten) |
| MS MSO₄ MgSO₄ | Write out " morphine sulfate " or " magnesium sulfate " | Can be confused for one another. |
| Q.D. or Q.O.D. (Latin abbreviation for once daily and every other day) | Write " daily " or " every other day " | Mistaken for one another. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for and "I". |
| TIW – three times weekly | Write out " three times weekly " | May be confused with TID |
| Ug (microgram) | mcg or write out micrograms | Mistaken for mg when handwritten |
| U or u (units) | "units" | Misinterpreted as " 0 " following the numeric dosage, leading to over doses |
| X3d or X3D | "three days" or " three doses " | Unclear if the "d" or "D" is days or doses |

- ◆ A list of approved abbreviations may be found on the Intranet.
<http://intranet.fm.novanthealth.org/clinical/docs/AbbreviationsTR.htm>

CORPORATE COMPLIANCE AND THE PHYSICIAN

What is Corporate Compliance?

- An internal mechanism for preventing, detecting, and reporting “wrong-doing”
- In broadest terms it means compliance with all laws, regulations, and ethical standards
- In a more narrow sense it means compliance with laws concerning paying for health care services

Why all the interest and concern about compliance?

- Increased concern that tax dollars used for health care be appropriately spent
- Increased awareness
- Increased enforcement activities by federal authorities and changes in penalties

What about Novant’s Corporate Compliance Plan?

- Voted on and passed by the Novant Board
- Defines the concepts that have been indicated as appropriate by the federal government
- Becomes a guidebook for compliance activities
- Follows the “model” compliance plans published by the Office of the Inspector General (federal government)
- Very similar documents have been adopted at nearly all health care facilities nationwide

What is the Novant Code of Ethics?

- A “user friendly” presentation of much of the fundamental material of the compliance plan
- Found in the employee handbook and on the Novant intranet
- Tells us clearly “This is the way we do business”

What is the physician’s role in compliance?

- To be aware, understand and communicate the “rules”, and be certain that operations within your area comply with the “rules”
- To participate in compliance educational programs (as possible)
- To ask questions
- To report problems

Who’s who in Novant Compliance?

- Peggy Burke - VP Internal Audit and Compliance
- Jackie Rountree - Director of Compliance

What should I do if something “isn’t right”?

- Talk to Medical Staff Services (336-718-5960)
- Call or send the information to Jackie Rountree (336-277-1128) or Peggy Burke (704-384-7638)
- Call The Alert Line at 1-800-350-0094
- Understand that all concerns are investigated

What is The Alert Line?

- Allows for anonymous reporting of any issue related to compliance and the Code of Ethics
- Services contracted to an outside agency, not a Novant operation
- 7 day/week, 24 hours/day

What are some real-life examples of regulations that may affect physicians?

- Medicare requires that observation services be limited to outpatients who have an unexpected reaction to a procedure/test or meet Medicare's criteria for being "medically unstable". Its use is to help us determine whether such patients need to become a hospital inpatient or if they can be discharged to home.
- Medicare understands that physicians may order any test/procedure that they deem necessary for a patient. Medicare allows billing only for those tests/procedures that are deemed "medically necessary" by Medicare standards (defined in the Medicare Intermediary's Local Medical Review Policies)
- EMTALA-Emergency Medical Treatment and Active Labor Act requires that an on-call physician respond to a request from the ED physician to assist in the completion of the medical screening examination and patient stabilization.

False Claims Act

The Federal False Claims Act prohibits any person from submitting a false or fraudulent claim for payment to the US Government. It is designed to prevent fraud and abuse in government healthcare programs. Medicare and Medicaid are two primary government health care programs and fund many health care services Novant provides its patients.

A **Claim** is a request for money, like a bill for healthcare services.

Fraudulent situations:

- Intentional
- Not accurate (without checking)
- Ignore information (on purpose) that proves its accuracy

Fraudulent Claims (deliberate or not) include:

- Knowingly making false statements
- Falsifying records
- Double-billing for services
- Billing for services never performed

There may be significant financial penalties for each proven false claim.

Whistleblower Provision

A "Whistleblower" is a person who reports something he believes is an illegal act.

- Encourages people to come forward and report misconduct.
- Employees are protected against any action that discriminates against their employment, including suspension, demotion, harassment or termination of employment, if the employee believes he reported an illegal act.
- An employee is protected if they reasonably believe they reported an illegal act, regardless of whether it's true or not.
- Potentially, the whistleblower may receive a percentage of the amount recovered in the lawsuit.

EMTALA RULES FOR PHYSICIANS

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT

Both Hospitals and Physicians must comply with specific obligations under this Act to avoid substantial penalties. EMTALA does not apply to patients who currently are receiving services as either an inpatient or have begun to receive services as part of an outpatient encounter (other than the encounters covered in the Novant Health EMALA Policy. Three important definitions in this Act:

1. Medical Screening Exam (MSE) A medical screening examination is the process required to reach with reasonable clinical confidence, the point at which it can be determined whether a medical emergency does or does not exist. The hospital shall apply in a non-discriminatory manner (i.e., a different level of care must not exist based on payment status, race, national origin, etc.) a screening process that is reasonably calculated to determine whether an emergency medical condition exists. The medical screening examination shall include both a generalized assessment and a focused assessment based on the individual's chief complaint, with the intent to determine the presence or absence of an emergency medical condition. Depending on the individual's presenting symptoms, the medical screening examination may range from a simple process involving only a brief questioning and examination for individuals who come to the facility for non-emergency services to a complex process that also involves performing ancillary studies and procedures such as (but not limited to) lumbar punctures, clinical laboratory tests, CT scans and other diagnostic tests and procedures.
2. Emergency Medical Condition (EMC) – a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention reasonably could be expected to result in:
 1. Placing the health of the individual (or , with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 2. Serious impairment to bodily functions, or
 3. Serious dysfunction of any bodily organ or part; or

With respect to a pregnant woman who is having contractions

1. that there is inadequate time to effect a safe transfer to another hospital before delivery; or
2. that transfer may pose a threat to the health of safety of the woman or the unborn child.

Some intoxicated individuals may meet the definition of “emergency medical condition” because the absence of medical treatment may place their health in serious jeopardy result in serious impairment of bodily functions, or serious dysfunction of a bodily organ. Further, it is not unusual for intoxicated individuals to have unrecognized trauma. Likewise, an individual expressing suicidal or homicidal thoughts or gestures, if determined dangerous to self or others, would be considered to have an emergency medical condition.

3. Comes to the Emergency Department is defined as means with respect to an individual who is not a patient (as defined in this policy), the individual ---
 1. Has presented at a hospital's dedicated emergency department, as defined in this policy, and requests examination or treatment for a medical condition, or has such a request made on his or her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition.

2. Has presented on hospital property, as defined in this policy, other than the dedicated emergency department, and requests examination or treatment for what may be an emergency medical condition, or has such a request made on his or her behalf. In the absence of such a request by or on behalf of the individual, a request on behalf of the individual will be considered to exist if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment. See NH EMTALA policy for additional definition.

Hospitals must:

- Provide an appropriate and timely Medical Screening Exam (MSE) to every patient that comes to the ED irrespective of insurance coverage or ability to pay.
- Provide for appropriate transfer of the individual if either the individual requests the transfer or the hospital does not have the capability or capacity to provide the treatment necessary to stabilize the EMC (or the capability or capacity to admit the individual);
- Not delay examination and/or treatment in order to inquire about the individual's insurance or payment status;
- Accept appropriate transfers of individuals with emergency medical conditions if the hospital has the specialized capabilities not available at the transferring hospital and has the capacity to treat those individuals,
- Obtain or attempt to obtain written and informal refusal of examination, treatment or an appropriate transfer in the case of an individual who refuses examination, treatment or transfer; and
- Not take adverse action against a physician or qualified medical personnel who refuses to transfer an individual with an emergency medical condition, or against an employee who reports a violation of these requirements.
- Keep a log of all patients seeking treatment and their disposition for 5 years.
- Maintain a list of on-call physicians available to stabilize an EMC.
- Ensure that on-call physicians respond in a reasonable time when called.
- Monitor compliance and take action for non-compliance including education and discipline if necessary.

Hospital penalties for non-compliance: \$50,000 fine for each occurrence and expulsion from Medicare program.

Physicians must:

- Respond in a reasonable amount of time (as defined in the Medical Staff Bylaws) when called by hospital to complete MSE or provide stabilizing treatment (generally 15 minutes). Failure to respond when on call is the number one violation the government is now finding in its EMTALA investigations. A North Carolina pediatrician lost her license in 1997 for failure to respond to call.
- Not delay examination and/or treatment in order to inquire about the individual's insurance coverage or ability to pay
- Provide all necessary components of the medical screening exam and stabilizing treatment in the hospital. With rare exception, EMTALA prohibits transfers to physician offices for treatment.
- For transfers of unstable patients to another facility, certify the benefits outside the risk of transfer; and
- Assure that the requirements for an appropriate transfer "have been completed". (See NH EMTALA policy). The acceptable reasons for transfer include a higher level of care, specialized services available at the receiving facility or patient preference but not insurance coverage or physician inconvenience.
- Accept patients from other hospitals for transfer to our hospital if we have the capacity and specialized services to take care of the patient.
- Monitor compliance and take action for non-compliance including education and discipline if necessary.

Physician penalties for non-compliance: \$50,000 for each occurrence, exclusion from Medicare program and potential loss of state license.

Public Safety

Novant Health strives to provide a safe and secure environment for its customers and staff. Workers take an active role in the security program to insure its success.

Tips for Staying Safe

- Be aware of your surroundings
- Recognize potentially dangerous situations
- Lock your vehicle and keep valuables out of sight
- Walk to parking areas in groups
- Leave valuables at home or secured at work
- Property should be secured or attended

Security Is Everyone's Responsibility

- Wear your I.D. badge
- Do not prop exterior doors open
- Report the following to Public Safety:
 - suspicious persons, vehicles, and activities
 - theft or incidents
 - lost or stolen keys and ID badges immediately
 - visitor problems

To report an emergency:

Dial 22 at FMC, dial 2224 at TMC, dial "#0" at BCH and dial 911 at off site facilities.

Novant Health strives to maintain a work environment free from intimidation, threats, or violent acts. Disciplinary measures and/or legal action will be taken when appropriate.

No violent act will be tolerated.

Weapons of any type are prohibited from Novant Health properties.

- Signs are posted for visitors and staff
- Notify security if you suspect anyone is carrying a weapon
- An employee who violates this policy will be terminated

Do not tolerate threats. They may be the first step before action is taken!

Family Domestic Violence

Some **signs** that may indicate violence or abuse include but are not limited to:

Children

Overly quiet or passive behavior
Bruise pattern on arms, back
Frequent visits to ED for trauma
Multiple dislocations/broken bones
Lack of supervision
Inappropriate clothing
Poor hygiene

Criminal Domestic Violence

Choke marks on throat
Suicide attempt
Defensiveness, anger
Lack of or fearful eye contact

Disabled Adults/Elderly

Pressure ulcers
Medication misuse
Hunger, soiled clothing, malnutrition

Report any neglect, abuse, or suspicion to your manager, social worker, or local agency.

Ergonomics

Ergonomics is the science of fitting jobs to the people who work in them.

The Goal of ergonomics is to reduce work related musculoskeletal disorders (MSD's).

MSD's (Musculoskeletal Disorders)

- Injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints, or spinal discs.
- **Possible Signs and Symptoms**
 - Painful joints
 - Pain in wrists, shoulders, forearms, knees, back or neck pain
 - Tingling or numbness in hands or feet
 - Burning sensation
 - Swelling or inflammation
 - Stiffness

MSD Risk Factors

Repetition

- Doing the same motions over and over
- Places stress on muscles and tendons
- Risk depends on:
 - Frequency
 - Rest time between repetitions
 - Speed of the movement
 - Number of muscles used
 - Required force

Forceful Exertions

- Amount of physical effort needed to do a task
- Risk depends on
 - Type of grip
 - Weight of the object
 - Body position
 - Type of activity
 - Duration of the task

Awkward Postures

- Body position during work
- Risk depends on what is done and repetition of awkward postures like:
 - Reaching
 - Twisting
 - Bending
 - Working overhead
 - Holding fixed positions

Contact Stress

- Pressing a body part against a hard or sharp surface
- Risk depends on
 - Amount of pressure
 - Pressure on nerves, tendons, or blood vessels

Vibration

- Operation of vibrating tools
- Risk depends on
 - Amount of vibration
 - Length of time exposed to vibration

Protect Your Body

Use good posture and body mechanics. Exercise regularly.

Avoid Sustained Postures

- Vary position and activities frequently
- Take stretch/movement breaks every 30-60 minutes
- Avoid long reach or elevated shoulder for prolonged periods
- Use a low stool if standing for long periods

Proper Lifting

- Plan the move
- Keep weight close to waist
- Use a wide base of support
- Maintain curve in low back
- Bend knees and lift with legs
- Avoid twisting or jerking
- Get help when needed (co-worker, instruct patient)
- Use devices when needed (hoist lift, dolly, cart)



Transporting Heavy Objects

- Use wheels when possible
- Push instead of pull
- Roll or slide instead of pull



Ergonomic Computer Workstation Design



- Monitor placed in front of keyboard and chair
- Documents and monitor at equal distances
- Phone on non-dominant side
- Keyboard, mouse, and phone placed so elbows are close to side during use
- Sit back in chair to get low back support
- Adjust seat height so knees are at the height of hips or slightly lower

Fire Prevention and Response

We Are the First Line of Defense!

Know:

- The location of fire pull stations, fire extinguishers and emergency exits
- How to report smoke or fire
- The emergency number to call in case of fire
- How to respond to a fire alarm
- The policies and procedures for fire safety

Common fire hazards include:

- Smoking
- Flammable (i.e. hand sanitizers, acetone, alcohol)
- Combustibles (i.e., paper, cardboard, trash, wood, linen, rags)
- Oxygen and other compressed gases
- Faulty electrical equipment or wiring
- Improper use of extension cords
- Unapproved patient and/or employee appliances
- Unattended cooking (microwave, hot plate, coffee pot, Sterno)

General Fire Prevention Practices

- Help enforce the NH Tobacco Free Environment policy.
- Keep combustibles and flammables away from heat and other ignition sources
- Store bulk flammables (greater than 10 gallons) in an approved cabinet or storage area.
- Compressed gas cylinders must be stored, handled and used according to policy
- Ensure safe use of electrical equipment.
- Use of portable electric heaters is prohibited in patient care areas.
- Excessive decorations are not allowed, observe NH Decorations policy.
- Practice good housekeeping
- Do not leave cooking appliances unattended including Sterno.
- Never block, prop, or obstruct fire/smoke doors.
- Keep all "in use" items in the hallways on the same side of the hall.
- No storage in front of or below electrical panels
- Follow proper storage clearances
- Nothing should be stored closer than 24 inches from the ceiling in a non-sprinkled area or 18 inches from the bottom of a sprinkler head.
- Store all items at least 8 inches off the floor
- Inspect your work area for hazards regularly.
- Report hazards to your supervisor or market based Safety Department

Suspect a fire? Smell smoke? Perform R.A.C.E.

Rescue

- anyone in immediate danger

Activate Alarm

- pull the red fire alarm pull box
- call the emergency # and give exact location of fire

Contain the fire

- close doors & windows

Extinguish and/or Evacuate

- Obtain the closest fire extinguisher
- Determine if the fire is small enough to extinguish safely
- To use the extinguisher, use **P.A.S.S.** method:
 - P**ull the pin on the fire extinguisher
 - A**im the fire extinguisher hose at base of fire
 - S**queeze handle
 - S**weep hose/nozzle from side to side

If fire cannot be safely extinguished, evacuate according to facility plan

Preventing Fires in the Operating Room

FIRE HAZARD TRILOGY

Ignition Source

Electrosurgical
Electrocautery
Biomedical Laser
Fiberoptic
Endoscopy
Defibrillator



Fuel Source

Sponges/Gauze
Drapes/Gowns
Preps/Alcohol

Oxidant Enriched Atmosphere

- Anesthesia Compounds Entrapped
- Airways, Catheters, Trach Tubes
 - Circuits, Breathing Tubes, Masks
- Rapid Surgical Site Gas Enrichment
- GI Tract Gases
 - Bowel or Perineal Emissions

APPLYING OUR KNOWLEDGE:

The "7 Absolutes" For Fire Prevention: (Preoperative Checklist)

1. Apply the dispersing electrode (ESU plate, grounding plate) to a dry, clean, muscular, hair free area as close to the surgical site as possible.
2. Ensure proper application of and appropriate drying of all potentially flammable prep solutions or aerosols.
 - Follow Manufacturers' recommendations on residence time for complete evaporation of volatile compounds.
 - Construct wet towels square-off for additional measure if appropriate.
3. Clear the prepped area of any pooled prep solutions and any prep soiled products.
 - Potentially flammable solutions such as alcohol or alcohol containing solutions absorbed in any surgical site materials must be removed and appropriately discarded.
4. For Procedures involving the airway:
 - Inflate the endotracheal tube with methylene blue-tinted water or saline regardless of whether the heat source used is the ESU or the laser.
5. Place drapes in a manner that allows for venting of gas to prevent oxidant (O₂, N₂O) accumulation leading to an oxidant enriched environment for an errant arc or spark.
 - Place evacuation suction under drapes to remove any oxygen.
6. Ensure that a basin of sterile water/saline is readily available and in near proximity to the surgical site for emergency quenching.
7. Ensure that a fire blanket is readily available and confirm that an appropriate fire extinguisher is readily available in each operating room (or in close proximity to each operating room).

Intraoperative Precautions:

- Activate the ESU or laser only after all flammable prep solutions or aerosols are dry or completely evaporated. Construct wet towel square-off for additional measure if appropriate.
- Follow laser protocol in the area where the laser will be used. A wet sponge is placed in the rectum if the surgical procedure involves the bowel or perineal area.
- Make sure the laser is switched to standby immediately when not in use.
- Place ESU pencils in holsters when not in use.
- Use moist laps and sponges at the sterile field when ignition sources such as the ESU or high speed drills are in use. Keep sponges moist.
- Apply water-soluble ointment to facial hair (mustache, eyebrows, etc.) in the surgical field.
- Remove contaminated ESU pencils, bipolar, malis tips, etc., from the field or unplug from the energy source to prevent accidental activation.
- During local or IV sedation cases in which supplemental O₂ may be used, turn off O₂ at least 60 seconds to allow for a return to ambient air conditions If the ESU, laser or other ignition source is used in the head, neck or facial area.
- Avoid leaving light cords on drapes. (Cold light sources are not cold. They are only cool enough to prevent burning of tissues by the heat emitted through the scope into the body).
- Do not activate light source until cord is connected to scope, headlights, etc. Deactivate light source prior to disconnecting cord.

- Use all aerosols, tinctures, collodion, and other flammable and explosive compounds with care. Turn off and remove all ignition sources from the field prior to using these mixtures.
- Do not use the ESU, disposable cauteries, or other ignition sources near ointments (particularly petroleum-based eye ointments).
- Keep all cords clear of pathways leading out of the room.
- Keep trash and linen hampers, equipment, and machinery away from doors leading out of the room. Doors should be able to open completely.

In Case of Fire:

The initial decision to evacuate patients from the area of the fire will be made by the facility administration. However, anesthesia and the surgeon in collaboration make the decision as to when the patient undergoing a surgical procedure will be moved.

- Anesthesiologist should turn off O₂ and N₂O.
- Ventilate the patient with air and use IV agents to maintain anesthesia.
- If drapes are burning, remove them from the patient if possible and smother the fire with a fire blanket, cloth wrappers, or other heavy cloth material. Use a fire extinguisher if necessary.
- If alcohol or an alcohol-based solution is fueling the fire and non-woven drapes are on the field, do not throw water or saline on the fire. It will be more likely to spread the flames than to put out the fire. Instead, smother the fire.

If You Must Move From the Operating Room

- Orient yourself quickly in relation to the exit doors.
- Anesthesiologist should maintain the patient's anesthetic state and collect minimal drugs to carry on anesthesia during transport.
- Circulation Nurse should disconnect gas lines for anesthesia and unplug all electrically-powered equipment on anesthesia cart and help move the cart or machine out of the room if the Anesthesiologist determines it is necessary.
- Disconnect the patient's leads, lines, etc. Get the IVs off the poles and place them on the machine or cart if you are taking it out of the Operating Room with the patient. Get the Ambu Bag for use in transporting the patient. An Ambu Bag should be on every anesthesia machine or cart.
- Scrub Nurse should gather minimal instruments onto a mayo tray, if possible, or into a basin. Place the container on the operating room table, and help move the operating room table with the patient out of the room.
- Surgeon should control and maintain the surgical wound and help move the operating room table with the patient out of the room.
- Assisting surgeon (Resident, PA, First Assistant) should help move the operating room table or anesthesia cart, if further assistance is needed.
- Circulating Nurse, Second Circulator or Assisting Surgeon should call the fire code on the room intercom or phone. This alerts the desk or Nurses Station in the Operating Suite of the problem.
- Close the valves supplying O₂, N₂O and other gases to the Operating Room if time and circumstances permit.
 - Last person to leave the Operating Room should close the door.

EDUCATION - NOT REGULATION IS THE BEST SOLUTION TO PREVENT OPERATING ROOM FIRES

Electrical Safety

Everyone shares the responsibility of electrical safety to reduce shocks, burns, fires, and outages.

Workers should follow the following electrical principles:

- ◆ Equipment in patient care areas should be grounded (i.e. a plug with 3 prongs), and UL-listed.
- ◆ In patient care areas extension cords are to be used for emergency situations only.
- ◆ Turn equipment off before unplugging.
- ◆ Disconnect cord from outlet by grasping and pulling the PLUG.

Biomedical (patient care) Equipment

- All employees must be in-serviced prior to using.
- If the power goes out, ensure that all essential equipment is plugged into the emergency outlets.
- When equipment is identified as a potential hazard or problem, be sure to turn the equipment off, unplug, mark or label as out of service, and report it to Biomed.

Problems may include:

- ◆ cut or frayed wires or plugs
- ◆ feels or smells like overheating
- ◆ shock felt during use
- ◆ dropped or physically damaged
- ◆ liquid spilled on electrical components
- ◆ any other equipment problems or failures

Cell Phones and Walkie Talkies

There is an increased need to control use of these devices within critical patient care areas. Medical Equipment such as Ventilators, Infusion Pumps and Cardiac Monitors may pick up radio wave interference.

- ✓ Use only hospital approved communication devices
- ✓ Personal wireless devices must be essential to patient care when used in patient care areas
- ✓ Maintain a ten foot distance between Medical Equipment and wireless devices

Hazard Communication

Every worker has the need and the “Right to Know” the identities and hazards of the chemicals they are potentially exposed to when working.

Hazardous Materials Inventory

A list of all hazardous materials (including gases and products containing chemicals) is available using MSDSonline.

Material Safety Data Sheets

Material Safety Data Sheets must be readily available to you. They are provided by the manufacturer and describe the hazardous ingredients, potential health and physical hazards, symptoms of overexposure, first aid procedures, and other important information about the product.

MSDSonline is the system that Novant Health uses to maintain Material Safety Data Sheets.

- Website is accessible through the Novant Health Intranet –Emergency Links
- Allows for management of department-specific chemical list

If the Intranet is down or in an emergency, contact MSDSonline directly by calling

1-888-362-7416.

Labeling of Hazardous Materials

Labeling is required on all hazardous chemicals entering our facilities.

The label must include:

- ◆ Name of the chemical
- ◆ Physical and health warnings
- ◆ Name and address of the chemical manufacturer

Re-label containers when transferring chemicals from the original container to another one.

Label the new container with the following:

- ◆ Name of the chemical
- ◆ Hazard of the chemical

To ensure proper identification and safety all containers (even non-hazardous chemicals) must be labeled.

Bulk storage areas of hazardous materials are identified by using the Hazardous Materials Diamond. The type of hazard is identified by the color (blue, red, yellow). The degree of hazard is identified by the numbers (0-4) in each colored section of the diamond. The higher the number—the greater the hazard.

Other Health Hazard Symbols:

Identifies materials that are **Radioactive**.



Identifies hazardous **Biological** materials.



Gas Cylinders

Many gases, such as nitrogen and oxygen, are used in our facilities. In order to transport, store and use these gases, they are "bottled" under great pressure in tanks called gas cylinders.

- ◆ Store in the approved rack or cart at all times
- ◆ Handle carefully to prevent damage when moved or used
- ◆ Read the warning label and the MSDS for safe handling

Controlling Physical and Health Hazards

Product Substitution: Less toxic chemicals can be substituted to do similar jobs. For example, the replacement of mercury containing products.

Engineering Controls: Well-designed work areas minimize exposure to materials that are hazardous. Examples are exhaust systems and fume hoods.

Safe Work Practices: Use safe work practices to insure that chemicals are used correctly and safely.

Personal Protective Equipment: Masks, eye protection, gowns, gloves, aprons, and other protective equipment/clothing are designed to protect you while you work.

Training and Communication: You have a **"right to know"**, but you also have a responsibility to use the knowledge and skills to work safely!

Environmental Monitoring: Some departments perform environmental monitoring to ensure hazardous chemicals do not exceed established exposure limits.

Personal Monitoring: Some departments perform personal monitoring. You can also monitor yourself by watching for physical symptoms that indicate overexposure to any hazardous chemical. Symptoms, such as skin rashes, dizziness, eye or throat irritations, or strong odors, should be reported to your supervisor.

Personal Awareness: Make an effort to know the location of an Eye Wash Station close to or within your area if applicable.

Hazardous Spills Procedure

- ❖ Contain the spill if it can be done safely
- ❖ Check the MSDS before taking additional steps

If you don't know how to handle the spill, don't try. Report it to your supervisor. In addition, all chemical spills must be reported to the Safety Department using the Chemical Spill Report Form located on the Safety Resource Page on the Intranet.

Common Chemicals at Novant Health

- Office:** Copier toners, white out, cleaners
- Clinical Areas:** Disinfectants, alcohol, chemotherapeutic agents, medical gases
- Central Supply:** Ethylene oxide, chemosterilants, disinfectants
- Environmental Services:** Cleaners, disinfectants
- Laboratory:** Acids, bases, corrosives, flammables, solvents, toxic materials
- Plant Engineering:** HVAC chemicals, degreasers, paint, mercury in broken fluorescent bulbs
- Radiology:** Film fixer, developers
- Surgery and Procedure Areas:** Anesthetic agents, specimen fixatives (Formalin), Collodion, Cidex
- Nursing/Pharmacy:** Chemotherapeutic drugs and other hazardous drugs

Infection Prevention Basics

In the healthcare setting, patients, employees, and visitors may be at risk for coming in contact with infectious germs.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Some of the infections that health-care workers are at risk for include:</p> <ul style="list-style-type: none"> ◇ HIV infection ◇ Hepatitis ◇ Tuberculosis (TB) ◇ Influenza ◇ Chicken pox ◇ Gastroenteritis ◇ <i>Staph</i> and <i>Strep</i> infections | <p>Patients are at risk for infections while they are in the hospital. These are called healthcare associated infections. They include:</p> <ul style="list-style-type: none"> ◇ Urinary tract infections ◇ Blood stream infections ◇ Surgical wound infections ◇ Respiratory infections |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Infection Prevention...

Practices are set to decrease the risk of infections from:

- patient to patient
- patient to the healthcare worker
- healthcare workers to the patient and coworkers

It takes all of us working together to reduce the risks of transmitting infection for patients and staff safety.

Practices include:

- Strict hand hygiene
- Staying healthy
- Proper precautions and use of PPE
- Respiratory hygiene/cough etiquette

The single best way to prevent the spread of germs/infection is to perform hand hygiene!!!

Definitions

Hand Hygiene – a general term for washing hands with soap and water or the use of an alcohol based sanitizer

Antiseptic Agent – antimicrobial products to reduce the number of germs. For example: alcohols, chlorohexadine(CHG) or triclosan, etc.

Handwashing – washing hands with plain soap and water

**It is most important to wash your hands
or use an alcohol based hand sanitizer when indicated.**



Guidelines for Hand Hygiene (Refer to NH Hand Hygiene Policy):

- Wash hands with soap and water when hands are visibly soiled. Routine use of alcohol based hand sanitizers is recommended if hands are **NOT** visibly soiled.
- After performing personal hygiene activities (i.e., toileting, sneezing, coughing), before eating, drinking or handling food.
- Use alcohol based hand sanitizer when time or easy access to handwashing facilities is an issue

Note: Alcohol based hand sanitizers do not kill spores.(i.e. *Clostridium difficile* (C-diff)). **Use soap and water for hand hygiene** if a patient has known or suspected **Clostridium difficile (C-diff)** or other infectious diarrhea like illness per Standard Precautions as outlined in the **NH Isolations Precautions Policy**.

How to Wash Your Hands

- Turn on water to comfortable temperature
- Have paper towel available
- Wet hands
- Apply soap
- Use friction rubbing all surfaces for at least 10-15 seconds
- Rinse hands well under running water
- Dry hands thoroughly with paper towel
- Use paper towel to turn off faucet and discard



How to Use the Alcohol Based Hand Sanitizer

- Apply the sanitizer to the palm of your hand.
- Rub hands together, covering all surfaces of hands and fingers until hands are dry (drying may take 15-25 seconds).
- Do not touch equipment or a source of electricity until hands are dry to prevent shock or burn.

Use the Hospital Approved Hand Lotion in Clinical Areas as it:

- may prevent chapping and drying of hands
- does not contain petroleum products which break down latex in gloves

**Another way to prevent the spread of infection/germs is
to remain healthy!!**

- ◆ Tuberculosis (TB) Screening may be required by your facility annually.

Respiratory Hygiene/Cough Etiquette

Employees with signs and symptoms of a respiratory illness need to follow the following measures:

- Cover the nose/mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after each use.
- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.

You should notify your leader if you have any of the following conditions:

- diarrhea
- upper respiratory illness
- open lesions, draining wounds
- fever
- conjunctivitis
- rash
- hepatitis
- red draining eyes
- Measles, Mumps, or Rubella
- Chickenpox or Shingles
- Tuberculosis



Employee Occupational Health has established guidelines for these illnesses that must be followed.

Employees must be cleared by Employee Occupational Health when returning to work from infectious disease processes (as listed above).

Standard Precautions

Standard Precautions are used:

- for the care of **all** patients, regardless of a known infection status
- for contact with blood, all body substances, non-intact skin, mucous membranes, and contaminated items
- in all healthcare settings
- for known and unknown infection sources

Standard Precautions Include:

➤ Hand hygiene (Refer to NH Hand Hygiene Policy)

Indications for hand hygiene:

- Before and after each patient contact
- Before and after touching wounds/non-intact skin
- Before preparing medication or diagnostic agents
- Before and after performing a procedure
- Between patient care procedures involving different body sites of the same patient (i.e., from urinary to respiratory system)
- After contact with a source of microorganisms (germs)
- Before donning sterile gloves when inserting a central intravascular device
- Before inserting indwelling devices (i.e. foley, etc.)
- After removing gloves

Gloves are an adjunct to, NOT a substitute for hand hygiene!

Use the provided **hospital approved** lotion to prevent chapping and drying of hands. These lotions are compatible with current soaps and do not interfere with latex in gloves.

➤ Safe Injection Practices

- These practices apply to the use of needles, cannulas that replace needles, and where applicable intravenous (IV) delivery systems
- Use aseptic technique when giving injections and starting IVs.
- Use single dose vials for intravenous (IV) and intramuscular (IM) medications whenever possible.

➤ Infection Control Practices for Special Lumbar Puncture Procedures

- To decrease the risk of developing meningitis that can be caused by respiratory flora
 - Healthcare workers assisting with/or placing a catheter or injecting material into the spinal canal or subdural space will wear a surgical mask and perform hand hygiene

Mask Fitting

Training

OSHA requires employers to establish and maintain a respiratory program to protect employees from contaminants that contribute to or cause occupational diseases. The respiratory program includes the use of respirators and PAPR units to assure a safe work environment.

Training must be provided prior to use, unless acceptable training has been provided by another employer within the past 12 months.

Retraining on respirators is required **annually**, and when:

- changes in the workplace or type of respirator render previous training obsolete
- there are inadequacies in the employee's knowledge or use
- any other situation arises in which retraining appears necessary
- the employee works on a unit that is designed as a "first placement unit" for airborne precaution patients

Need for Medical Evaluation:

The employer must provide a medical evaluation to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace.

Not all workers must be examined by a doctor. A physician or other licensed health care professional may perform the medical evaluation as long as it is in adherence to OSHA guidelines.

For mask fitting, annual reviews of medical status are not required. However, at a minimum, the employer must provide additional medical evaluations if:

- ⇒ Employee reports medical signs or symptoms related to the ability to use a respirator
- ⇒ PLHCP (Physician or Other Licensed Health Care Professional), supervisor, or program administrator informs the employer that an employee needs to be reevaluated
- ⇒ Information from the respirator program, including observations made during fit testing and program evaluation, indicates a need

Fit Testing:

A respirator will only protect if it is used correctly and fits properly. Fit testing assures appropriate respirator size is selected and assists in promoting the safety of the employee.

Fit testing of all negative or positive pressure tight-fitting facepiece respirators is required:

- ⇒ prior to initial use
- ⇒ whenever a different respirator facepiece is used
- ⇒ annually as defined in the Respiratory Protection Program Policy

Note: An additional fit test is required whenever there are changes in the user's physical condition that could affect respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight). The employee must be fit tested with the same make, model, style, and size of respirator that will be used.

Respirators:

A respirator is a protective face piece, hood or helmet that is designed to protect the wearer against a variety of harmful airborne agents.

OSHA requires the use of certified respirators to protect employees from breathing contaminated and/or oxygen-deficient air when effective engineering controls are not feasible, or while they are being instituted.

The type of respirator used is selected on the basis of hazards to which the worker is exposed such as (i.e., particulates, vapors, oxygen-deficiency, or combination).

Disposable Respirators

- ⇒ cannot be disinfected and are therefore assigned to only one person.
- ⇒ must be discarded if they are soiled, physically damaged, or reach the end of their service life.

Replaceable Filter Respirators or Powered Air Purifying Respirators

- ⇒ may be shared, but must be thoroughly cleaned and disinfected after each use before being worn by a different person, using OSHA procedures or equally effective procedures recommended by the manufacturer.
- ⇒ should be inspected before each use. The filter should be changed if it is physically damaged or soiled.
- ⇒ should have the filter changed if the wearer notices increased breathing resistance (e.g., causing discomfort to the wearer).

Storing of Respirators

- ⇒ Respirators must be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.
- ⇒ They must also be packed or stored to prevent deformation of the facepiece and exhalation valve.
- ⇒ Do not store the respirator in a plastic sealable bag after use. The sealing of moisture on the respirator prevents drying and encourages microbial growth.

Special Considerations (Facial Hair)

- ⇒ Tight-fitting face piece respirators must not be worn by employees who have facial hair (beard/moustache).
- ⇒ PAPR hoods should be utilized when beards prevent a good seal between the face and the mask.
- ⇒ Respirators that do not rely on a tight face seal, such as hoods or helmets, may be used by bearded individuals.

Transmission-Based Precautions

Used in addition to Standard Precautions for patients who have contagious infections or patients with weak immune systems.

There are six categories of precautions:

- **Contact Precautions** - used with diseases easily spread by patient contact or the environment.
 - The most common diseases requiring these precautions are multi-drug resistant organisms (bacteria that developed resistance to antibiotics).
 - The most common multi-drug resistant organisms are *Methicillin Resistant Staphylococcus Aureus (MRSA)* , *Vancomycin Resistant Enterococcus (VRE)*, some resistant strains of *E. Coli*, *Pseudomonas*, *Burkeholderia* ,and *Kleibseilla* .

**Wear gowns and gloves upon entry into a patient room or cubicle...
Every Person, Every Time!**

- **Contact Enteric Precautions**
 - Should always be used when a patient is identified as having *Clostridium difficile* (C-diff) or other infectious diarrhea illness
 - Wash hands with soap and water when a patient has C-diff or other infectious diarrhea illness.

- **Airborne Precautions** - used for diseases spread through the air which include TB or Measles. Infection may occur when you inhale the germs.

- **Special Airborne/Contact Precautions**
 - Used for diseases that can be transmitted to others through both the airborne and contact routes
 - Respirator: Use N-95 or PAPR (powered air purifying respirator)
 - Most common diseases include:
 - *Varicella Zoster Virus (VZV)*: Chickenpox zoster/disseminated shingles (more than 1 dermatone)

- **Droplet Precautions** - used with diseases spread through particles in the air over short distances (3 ft.). Some of the most common diseases are *Neisseria Meningitis*, *Pertussis*(Whooping Cough) and *Influenza*(Flu).

Note: There may be times when both Droplet and Contact Precautions would be required (e.g., A patient with the flu & MRSA would require both Droplet and Contact Precautions).

➤ **Protective Precautions**

- Any immune compromised patients may be placed on Protective Precautions per order of the attending physician.
- Dried and fresh flowers, potted plants and fresh fruit are not allowed in the patient's room.
- Protective Precautions are **required** for stem cell transplant patients.
- Stem cell transplant patients should be cared for in a well sealed private room that in addition to the above provides:
 - HEPA filtration of incoming air
 - Directed room air flow
 - Positive room pressure relative to corridor
 - Ventilation > 12 air exchanges

What is my role in helping to prevent the spread of these infections?

**FOLLOW INSTRUCTIONS
POSTED ON THE PATIENT'S DOOR.**

Bloodborne Pathogens

- Bloodborne pathogens (BBP's) are disease-causing germs carried by blood and other body fluids and can cause disease in humans.
- Human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) are the most common bloodborne pathogens.

Bloodborne Pathogens are spread by:

- ⇒ Puncture wounds/needlesticks
- ⇒ Splash to mucous membranes or other open areas of skin
- ⇒ Sexual contact
- ⇒ Mother to baby

HIV

⇒ The virus that causes Acquired Immunodeficiency Syndrome (AIDS)

Symptoms include:

- ⇒ Flu-like symptoms
- ⇒ Fever
- ⇒ Diarrhea
- ⇒ Fatigue
- ⇒ Swollen lymph nodes
- ⇒ Night sweats

Hepatitis B Virus

- ⇒ Is the greatest risk to healthcare workers after exposure
- ⇒ May cause severe illness, liver damage, and death

Symptoms include:

- ⇒ Fatigue
- ⇒ Jaundice
- ⇒ Abnormal liver tests
- ⇒ Nausea
- ⇒ Abdominal pain
- ⇒ Loss of appetite

Hepatitis B virus can live up to 7 days at room temperature on an environmental surface in dried blood

Hepatitis C Virus

- ⇒ Recently been recognized as an important BBP in healthcare workers

Symptoms include:

- ⇒ Anorexia
- ⇒ Vague abdominal discomfort
- ⇒ Nausea
- ⇒ Vomiting
- ⇒ Jaundice

Exposure Control Plan

To comply with OSHA and the Bloodborne Pathogen Standard, Novant Health has a written exposure control plan (located in the online policies and procedures) that includes:

- **Exposure determination**
 - Every job category in Novant Health is offered the Hepatitis B vaccine regardless of the employee's risk of exposure to bloodborne pathogens.
- **Standard Precautions**
 - ◇ Consider blood and other body substances infectious
 - ◇ Used to reduce the spread of bloodborne pathogens
 - Treat ALL blood and body fluids, NOT PATIENTS, as potentially infectious
- **Engineering Controls**
 - Controls that isolate or remove the bloodborne pathogens hazard from the workplace include:
 - ◆ Hand hygiene facilities
 - ◆ Sharps containers – easily accessible and near the area of use
 - ◆ Needleless IV Systems
 - ◆ Safety needles, syringes and vacutainers
 - ◆ Specimen transport bags
 - ◆ Splash guards
 - ◆ Regulated waste containers – closeable, leakproof, and identified with a biohazard label

▪ **Work Practice Controls**

Controls (i.e. specific policies and procedures) that individuals follow to reduce their exposure to BBP include:

- ◆ Use hand hygiene procedure after contact with blood or body substances.
- ◆ Handle sharps carefully and dispose in sharps containers appropriately.
- ◆ **DO NOT recap needles.** If recapping is unavoidable, use single-handed technique.
- ◆ Use **approved safety sharp devices** and always **activate the safety mechanism.**
- ◆ Eating, drinking, applying cosmetics, smoking, or handling contact lenses are prohibited in work areas where blood exposure could occur.
- ◆ Change sharps containers as indicated by facility procedure; do not attempt to overfill containers.
- ◆ Minimize splashing or spraying of blood or body substances when performing procedures.
- ◆ Do not store food or drink in areas where blood or body substances are present.
- ◆ Follow procedures of routine cleaning and disinfection of the environment.
- ◆ Place specimens in appropriate containers during collecting, handling, processing, storing, transporting, and/or shipping. Use biohazard labeling.
- ◆ Remove broken glass by mechanical means such as tongs, forceps, or dustpan and brush.
- ◆ Do not reach into a container with bare hands.
- ◆ All soiled linens are considered contaminated.

▪ **Personal Protective Equipment (PPEs)**

PPE = Special clothing or equipment worn by an individual for protection against a hazard. Used when there is a potential for exposure.

PPE includes:

Gloves:

When: touching blood, body substances, mucous membranes, or non-intact skin.

Note: Single use only. Do not wash or reuse. Change gloves after contact with **each** patient.

Gowns: Fluid resistant

When: Wear during procedures that cause splashing or spraying

Note: All gowns are single use only and not to be saved for re-use.

If your clothing is soiled with blood or body fluids it will be laundered by the facility.

Face Protection (mask, eye protection, face shield):

When: Wear during procedures that cause splashing, spraying of blood, or body substances.

Note: Personal glasses are appropriate for eye protection **only if** side clips are applied.

Resuscitation Devices

Use mouthpieces or resuscitator bags to minimize the need for emergency mouth-to-mouth resuscitation.

- **Hazard Communication**

- ◆ The universal biohazard symbol is used to identify biohazardous materials.

- **Inadvertent Exposures**

Exposure Incident: Eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials (OPIM) that result from the performance of an employee's duties.

Steps to follow for a Suspected Exposure

1. Immediately wash the affected area with soap and water.
2. Notify your immediate supervisor and/or and Nursing Shift Supervisor.
3. Complete an electronic event in Journey.
4. Report to appropriate area (Employee Occupational Health or Emergency Department) as soon as possible to start recommended treatment when indicated.

There will be a confidential medical evaluation after exposure.

- **Immunizations – Hepatitis B Protection**

Questions about this contact?

Contact your supervisor to answer your questions. If your supervisor is not available, from any Novant Health location, please call or page:

Infection Prevention (24 hours/7 days a week)

336-733-7406 On Call Pager or 704-361-6209 On Call Pager

Employee Occupational Health 336-277-6685 Office

24 hours/7 days a week: 336-750-5213 On Call Pager or 704-384-4137 On Call Pager

Tuberculosis

- Caused by the Mycobacterium Tuberculosis bacteria
- Primarily a lung disease

Spread by:

- Coughing, sneezing, talking, singing, etc.
- Carried in airborne particles for long distances
- Air currents can keep them in the air up to 8 hours

People who are at risk for TB include:

- Close contact with a TB infected person
- AIDS/HIV infected persons
- Homeless persons
- Elderly persons
- Alcoholics and IV drug abusers
- Long term care and correctional facility residents
- Foreign born persons from high prevalence countries
- Medically underserved, low income population
- High risk minorities

TB Infection means that an individual has inhaled the TB germ and has become infected. However, the body fights the bacteria to stop the development of TB Disease. The infected person:

- Has a positive TB skin test
- **Cannot spread TB to others**
- Does not have symptoms

The bacteria may become active later and cause TB disease.

TB Disease means an individual has inhaled TB germ and has become infectious.

The infectious person:

- Has a positive TB skin test
- Is contagious and can spread TB
- Has an abnormal chest X-ray
- Has bacteria (*Mycobacterium tuberculosis*) in sputum
- Does have symptoms such as:
 - Night sweats
 - Cough (which can sometimes bring up blood)
 - Fever and chills
 - Weight loss
 - Fatigue

Treatment

Differs for persons identified with **TB infection** versus person identified with **TB disease**. There are strains of TB that are drug resistant. Individuals with these are more contagious and difficult to cure.

The **TB Exposure Control Plan** protects you against exposure to TB and includes:

- ◇ **Early Recognition and Identification**
- ◇ **Management of TB Patients**
- ◇ **Engineering Controls**
- ◇ **Respiratory Protection**
- ◇ **Healthcare Worker Screening/Counseling**
- ◇

Emergency Preparedness

Novant Health is a vital member of the community emergency management system. We need to be ready for various hazards like water outage, a hurricane or pandemic influenza that may affect Novant Health and the communities it serves.

Emergency Codes

- When information needs to be shared quickly, emergency code information helps workers know how to respond.
- Review the code information below for your facility and job role response.
- If you are unsure about your function during these events, contact your supervisor.



To Report an Emergency

1. Dial the designated emergency number for your facility (see below)..
2. State your name, title, and location. (if 911 -- street address)
3. Give the nature of the emergency situation. (if 911 -- fire, medical, police)

| |
|--------------------------------------|
| Facility Specific Information |
|--------------------------------------|

| Emergency Numbers | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Off-site facilities & physician practices | Dial 9-911 or 911 |
| Presbyterian Hospital Presbyterian Hospital Huntersville Presbyterian Hospital Matthews Presbyterian Orthopaedic Hospital | Dial 45555 |
| Brunswick Community Hospital | Dial #0 and state the type of code and location 3 times. You are speaking directly over the loud speaker when you do this. |
| Forsyth Medical Center Medical Park Hospital Kernersville Medical Center FMC Hawthorne Outpatient Surgery Center | Dial 22 |
| Thomasville Medical Center | Dial 2224 |
| Rowan Regional Medical Center | Dial 88 |
| Franklin Regional Medical Center | Dial 555 and state the type of code and location 3 times. You are speaking directly over the loud speaker when you do this. |
| Upstate Carolina Medical Center | Dial 0 for Switchboard overhead paging or dial **1 from any hospital telephone and state the type of code and location 3 times slowly. |
| Prince William Health System | Dial 7000 |

Emergency Codes for North Carolina Hospitals

| Code | Plan | Action |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Code Red | Fire threat activation | RACE and PASS Close doors and clear hallways if needed Evacuate if appropriate or as directed. |
| Code Blue | Medical emergency | Perform CPR if needed as trained Code Team and Cart responds |
| Code Pink | Infant/child abduction Can specify age, gender | Monitor all exits, stairwells and all large items/bags leaving the premises. Report all suspicious activity. |
| Code Triage Stand-By | Stand-by for a mass casualty event | Prepare for a potential influx of patients. |
| Code Triage | Mass casualty event | Receive direction from supervisor in regards to response activities. |
| Code Black | Utility failure | Follow appropriate department process |
| Code Gray | Security alert <i>Radio announcement only except at BCH and RRMC where it is announced over PA system.</i> | Await security assistance and isolate incident if possible. |
| Code Silver | Hostage situation with weapon(s) <i>Radio announcement only</i> | Remain calm if directly involved and isolate incident if possible. Do not approach aggressor and wait for security. |
| Code Zero | Active Shooter | Move patients, visitors and staff behind doors and lock if possible. Stay away from the shooter. |
| Code Orange | Hazardous materials response | Maintain safety, follow MSDS guidelines and await Response Team. |
| Code Yellow | Bomb threat | Report to work area and wait for search assignment. Report suspicious activity/packages. |
| Tornado Warning, Watch, Flood, Hurricane, etc. | Use current National Weather Service guidelines | Follow appropriate department procedure. |
| Code Outlook | Dissemination of information Severe weather warnings, regulatory agency on campus, etc. | Check email for information. |

***Note:** You may work in a facility where codes are not paged. Respond appropriately to the above situations as trained in your department.

Newborn Safe Surrender Policy

- Allows infants under seven days of age to be received at any approved North Carolina receiving facility by any individual working at the facility.
- There will be no criminal prosecution to the parent.



Hospital Incident Command System (HICS)

- When emergency events occur, normal decision making and communication methods may not be effective.



- Novant Health has adopted the hospital incident command system (HICS), to overcome these issues.
- HICS provides a fast, efficient, and safe way to respond to incidents.
- It uses special job roles, command structures, documents and response guides.
- To learn more, contact your emergency preparedness committee.

Your Role In A Disaster

If a disaster occurs, an Incident Command Center will be set up. Physicians will be informed of the event via communication from Medical Staff Services. The Medical Director at Incident Command will determine the specific physicians needed and these physicians will be notified and will be requested to report to the Medical Center.

Home Preparedness

- The employees, physicians and volunteers of Novant Health are our most important asset.
- During disasters, our families, pets and those we care for must be safe.
- Planning for your loved ones' needs before an emergency will decrease the additional stress when responding to work needs in a disaster/emergency event..

Steps to home preparedness:

Visit www.ready.gov

1. Get a Kit – Gather supplies
2. Have a Plan – Know what to do
3. Be Informed – Know local hazards and readiness plans

NOVANT HEALTH RESTRAINT AND SECLUSION MEDICAL STAFF EDUCATION

1) Patient Rights And Plan Of Care

- a) All patients have the right to be free from restraints or seclusion.
- b) The patient's plan of care must be modified when restraints/seclusion are used.
- c) The patient and/or family (with appropriate patient consent) is notified and instructed on alternatives, purpose of restraint, care of patient, entrapment and other risks.

2) Restraints for Nonviolent Patients

- a) Criteria: Restraints are only used for the immediate physical safety of the patient, staff or others after a patient assessment. The intervention must be the least restrictive possible.
- b) Orders:
 - (1) Restraints must be ordered by an MD, DO, PA, or NP who has completed restraint education and is involved in the care of the patient.
 - (2) The attending physician must be notified as soon as possible if s/he did not order the restraint.
 - (3) Standing and PRN orders are not allowed.
 - (4) **Restraint orders must be written each calendar day.**
 - (5) Telephone orders may be accepted for initial application of restraints. Telephone orders for subsequent applications of restraints are strongly discouraged, but may be used when unavoidable. **The physician must examine the patient prior to reordering restraints each day.**
 - (6) In an emergency, RNs may apply restraints, but an order must be obtained immediately after the restraint has been applied.
- c) Restraints must be removed at the earliest possible time. An RN may discontinue the restraint when clinically indicated. A new order is required to reapply a restraint. "Trial releases" are not allowed.

3. Restraints/Seclusion for Violent Or Self-Destructive Patients

- a) In an emergency, RNs may apply restraints, but an order must be obtained immediately after the restraint has been applied. Restraints for violent or self-destructive patients have additional requirements. The ordering practitioner must review the patient's physical and psychological status with staff, determine whether restraint or seclusion should be continued, and help identify ways to assist the patient to regain control.
 - a.1.1. One Hour Exam: **Within 1 hour** of placing the patient in restraints or seclusion, **the patient must be examined by the physician, PA or NP. When the exam is completed by a PA/NP they** must be specifically trained to conduct the evaluation and must consult the attending physician as soon as possible after completion of the evaluation. This training must be documented.
- b) Documentation of the evaluation will discuss the patient's immediate situation, reaction to the intervention, medical/behavioral condition, and the need to continue or terminate the restraint/seclusion.
- c) Orders for Violent or Self-Destructive patients are **time-limited and expire** in:
 - o 4 hours for adults (age 18 and older)
 - o 2 hours for adolescents (ages 9 through 17)
 - o 1 hour for children (under age 9)If restraint/seclusion needs to continue beyond the expiration of the previous order, a re-evaluation must occur and the practitioner must give a new order. The re-evaluation may be done by the practitioner or other trained staff. However, the **physician must reevaluate the patient at the bedside** at least every 8 hours for patients aged 18 or older and every 4 hours for patients aged 17 and younger and every 2 hours for less than 9.
- d) Behavioral Health Units ONLY:
Nonphysical techniques are the preferred intervention for behavioral management. **Simultaneous restraint and seclusion use is not permitted.** A debriefing about each episode of restraint/seclusion occurs as soon as possible, but no longer than 24 hours after the episode.

For further details please see the Novant Policy on Restraints and Seclusion NH-PC-PS-1690.

Key Legal Definitions

Attending Physician: **Attending Physician:** The attending physician is the physician responsible for the coordination of care for the patient. When the attending physician is not on call, the covering physician is deemed the attending physician for the purposes of notification.

Calendar day: The 24 hour period from midnight to midnight. If the original restraint order was written at 10am on Monday, a new order must be written sometime on Tuesday (eg, between 12am and 11:59pm). While the practitioner is no longer restricted to a tight 24-hour time frame, it is expected that he/she would evaluate the patient and renew the order in a timely manner during his/her regular rounds.

Chemical restraint: A drug/medication used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. All restraint policy issues apply such as renewal of orders, examination, and monitoring requirements.

Physical restraint: Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely. Holding a client in a therapeutic hold or other manner that restricts his or her movement constitutes manual restraint for that patient. Mechanical devices may restrain a client to a bed or chair, or may be used as ambulatory restraints. Examples of mechanical devices include cuffs, ankle straps, sheets or restraining shirts, arm splints, posey mittens, and helmets.

A restraint does not include devices such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, prosthetic devices or assistive technology which are designed and used to increase patient adaptive skills or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort). Infants and Toddlers – a soft wrist restraint, an arm restraint, wrapping or bundling, or some similar type of intervention to prevent an infant or toddler from removing invasive lines or re-opening a surgical site, meets the definition of restraint and the requirements apply. Placing hand mitts on an infant is not considered a restraint unless it is pinned or otherwise attached to bedding.

Restraint: Any physical or chemical restraint, as defined in this policy

Seclusion: Involuntary confinement of a patient alone in a room/area from which the patient is physically prevented from leaving for the purpose of controlling behavior. Seclusion may only be used for the management of violent or self-destructive behavior.

Pain Assessment and Management for Licensed Independent Practitioners (LIP)

The patient's self-report is regarded as the most reliable indicator of the existence and intensity of pain. It is the primary assessment source. Pain is what the patient says it is and exists when the patient says it does. It is a subjective experience. Assessment and management of pain is an important goal of care for each patient.

1. Verbal Patients - self report along with behavior
2. Non-Verbal Patients - Input/observation from the patient's family and the healthcare team may be utilized in assessing pain of patients who are unable to self-report. Observations of the patient should be made during movement as well as during rest.

Initial Pain Assessment

The initial pain assessment (as appropriate to the patient's condition and the scope of care, treatment and services provided) includes:

Pain history

Intensity and character of pain (i.e., onset, duration, pattern, location, description, and aggravating/relieving factors associated with the pain)

Current pain management plan including medications

Physical assessment

Psychosocial factors

Acceptable level of pain/comfort

Pain Assessment Scales

Pain assessment scales are objective measurement tools used to rate and record a patient's perception of his/her pain.

When selecting a pain assessment scale the LIP must consider the patient's age, developmental status, and physical, emotional, and cognitive condition.

Preferred Pain Assessment Scales

0-10 Numeric Scale -(zero = "no pain"; ten = "worst pain imaginable")

Wong Baker Faces scale - a series of pictures of faces that range from "the happiest feeling possible" to "the saddest feeling possible"

FLACC (face, legs, activity, cry, consolability)- used for children 0 to 5 years of age or children who cannot self-report their pain and non verbal adult patients.

Neonatal Infant Pain Scale (NIPS) – a specific neonatal scale used in the Intensive Care Nursery/Special Care Nursery

Checklist of Nonverbal Pain Indicators (CNPI) -used for nonverbal and/or cognitively impaired adults

Pediatric Pain Scale for Non-Verbal Patients- used for nonverbal and/or cognitively impaired children over the age of one.

See attachment for numeric and face scales and refer to NH policy "Pain Assessment and Management" for other scales if needed.

Pain Management

Control of pain is essential to the care of the patient. Complete absence of pain, however, may not be possible. After assessment of the patient's pain and the overall medical condition of the patient appropriate intervention should be used. Interventions may include non-pharmacological options such as massage, positioning, exercise, and psychosocial interventions and pharmacological options such as opioids, oral agents, pain pumps, and others. The patient response to the chosen intervention should be reassessed and therapeutic intervention changed as needed.

Collaboration and communication with the nursing staff is essential for pain management.

Pain Assessment Scales

Wong-Baker Faces Pain Rating Scale

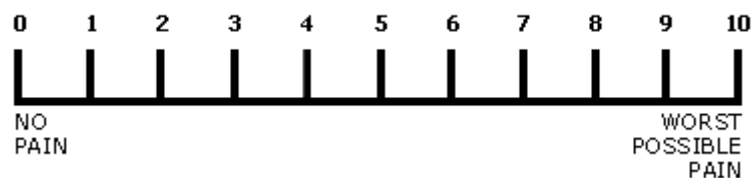
Designed for children aged 3 years and older, the Wong-Baker Faces Pain Rating Scale is also helpful for elderly patients who may be cognitively impaired. It offers a visual description for those who don't have the verbal skills to explain how their symptoms make them feel.



- **Face 0** is very happy because he or she doesn't hurt at all.
- **Face 1** hurts just a little bit.
- **Face 2** hurts a little more.
- **Face 3** hurts even more.
- **Face 4** hurts a whole lot.
- **Face 5** hurts as much as you can imagine, although you don't have to be crying to feel this bad.

Numerical Pain Scale

A numerical pain scale allows the patient to describe the intensity of discomfort in numbers ranging from 0 to 10 (or greater, depending on the scale).



0 = No Pain

10 = Worst Pain Possible

Anticoagulation Safety

A National Patient Safety Goal (3E) is to reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

Heparin infusion protocols

- weight based boluses
- “high” (PPT goal 56-90)
- “low” (PTT goal 46-75) protocol for heparin infusions.

Enoxaparin

- dosing should be monitored by checking Anti Xa levels in obese, renal disease, and pregnancy
- anti – Xa level should be drawn 4 hours after a dose is given to get an approximate peak dose
- anti Xa goal should be 0.6-1 units/mL

Enoxaparin with epidurals

If epidural LP is planned

- wait 12 hours after a prophylactic dose
- wait 24 hours after a treatment dose

If epidural pulled or LP performed

- wait a minimum of 2 hours to initiate
- wait up to 24 hours if traumatic

Warfarin

- Avoid warfarin loading – this does not hasten clinical efficacy and can increase risk of toxicities
- Avoid initiation in patients with documented HIT until platelets are > 150K due to increased risk of microvascular thrombosis
- Elderly, malnourished, and liver failure patients are at increased risk for bleeding and should be started at doses of 5mg or LESS
- Drug interactions are numerous
 - Fluconazole, amiodarone, metronidazole and Bactrim – all increase INR substantially within 48 hours, dose reduction is recommended
 - Rifampin reduces INR and efficacy
- Warfarin policy
 - INR change of 0.8 or more – pharmacist may call prescribers
 - RN will obtain INR before a dose is given if one has not been drawn in 3 days
 - If the INR > 3, RN will call the MD prior to administration unless higher target is specified on the order
- Warfarin report – front of patient’s lab section daily and includes:
 - 10 days of doses and INR – graphed
 - Concomitant anticoagulants
 - Drug interactions
 - 14 day history of any vitamin K given

- Important things to include for education –
 - Target INR
 - Indication
 - Signs and symptoms of bleeding

Vitamin K

- Warfarin reversal order set – please use!
- PO route has more predictable absorption than IM and will be in full effect within 24 hours
- IV and IM route have the risk of anaphylaxis
- Remember the goal – are you reversing or attempting to make therapeutic (use lower doses)

Ways to improve safe use of anticoagulants

- Document doses given in the ED, cath lab or outside hospital
 - Document purpose of two therapeutic anticoagulants (bridging, initiation?)
 - Does this weight look accurate?
 - Obtain baseline labs - CBC, PT/INR
-
-

Evaluation Form

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|------------------|---------------------------|-----------|
| Title of Activity: Orientation and Annual Education for Non-employed Allied Health and Physicians | Date: 2011 | | | | |
| We are interested in your evaluation of this program. Your feedback is extremely important in planning future educational offerings. | | | | | |
| | Strongly Agree | Agree | Disagree* | Strongly* Disagree | NA |
| I am satisfied with this learning activity. | | | | | |
| Educational activity objectives were met. | | | | | |
| I am leaving today with specific ideas I can apply to my work within Novant facilities. | | | | | |
| This was an effective learning experience for me | | | | | |
| The information was given in a clear and concise way. | | | | | |
| What could we improve about this learning experience? (*Please comment if you selected "Disagree" or "Strongly Disagree" for any of the above sections.) | | | | | |
| | | | | | |
| What aspects of this learning experience were helpful? | | | | | |
| | | | | | |
| What did you learn that you plan to use in your work setting? | | | | | |
| | | | | | |

Fax this form to the Corp. Education Dept. at 336-277-6775 or 910-755-1049

Completion Roster

2011 Orientation and Annual Self-Study For Non-Employed Allied Health/Physicians

I have completed the self-study and I am responsible for the content.

I have directed any questions I may have on the Bloodborne Pathogen section to the Infection Control
or Corporate Education department.

Date _____ Printed Name _____

Credentials/Title _____

Department/Unit at Novant _____ Facility _____

Employer _____

Signature _____

Fax this form to the Medical Staff Services Department at:

**Forsyth Medical Center at 336-718-9894 or
Brunswick Community Hospital at 910-754-2076**