Nursing Faculty & Student Orientation Materials
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STUDENT ORIENTATION MANUAL:

Hospital Orientation
for
Non-Employees of
Tri-City Medical Center

Updated April 2010
Welcome to Tri-City Medical Center!

Please review the information contained in this packet and complete the test at the end.

Turn in the test to Employee Health Services. When you pass the test, you will be issued a Tri-City Hospital District identification badge. This badge is to be turned in to Employee Health Services at the conclusion of your assignment at Tri-City.

If you have any questions regarding the information contained in this packet, please contact the Environment of Care Officer (x7357) or Employee Health Services (x7270).

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Historical Background
The Tri-City Healthcare District was founded in 1957 by a mandate of the residents of North Coastal San Diego County seeking to establish a modern, full-service hospital to serve the needs of the area's growing population.

Mission Statement
To advance the health and wellness of those we serve.

Vision Statement
By 2015, to be recognized in the top 10% of hospitals nationwide for patient care.

Values Statement
Our values guide our interactions with those we serve.

Quality: We are dedicated to provide excellence in every aspect of our work.

Caring: We treat patients, physicians, and each other with concern, dignity, kindness, and respect.

Safety: Our care enhances the safety and well-being of our patients and employees.

Integrity: We are ethical and transparent in all we do.

Innovation: We believe that new ideas and technology leads to better performance.

Stewardship: We are responsible for our community’s health and wellness needs.
Electrical Equipment

When you identify an electrical equipment problem:
- Label the equipment as needing repair.
- Take the item out of service.
- Call the Biomedical Department (x7711) or Facilities Services (x7148) to have the item repaired.

If the equipment causes harm:
- Immediately notify the Department Director or designee
- Preserve evidence
- Impound the device
- Notify Bio-Med & Risk Management

For non-medical equipment, call Facilities Services at ext. 7148.

There are red electrical outlets throughout the facility. In the event of an electrical power outage, the red outlets represent a power source supported by the emergency generators. Equipment that is connected to normal power sources will not operate.

Cell phones are to be used in cases of power/telephone failures.

Safety

Report all safety and security problems to security immediately.
- Dial 66 for emergency problems
- Dial x3366 for non-emergency Security dispatch

“Dr. Strong” is a code used to summon Security when they feel they have a problem that requires a maximum-security effort. Employees should dial 66 and use this code when confronted with a violent situation. The code and location will be announced over the PA system. Trained personnel will respond to “Dr. Strong” calls and assist Security. Report all patient/visitor/employee incidents to an appropriate manager in the area you are working.

VIOLANCE IN THE WORKPLACE:
Every workplace has the potential for employee-to-employee violence. Violence may be directed at supervisors or peers. It can range from starting rumors or exchanging angry words to taking physical action. In rare cases, violence may even take the form of armed assault. TCHD has a zero tolerance workplace in terms of violence. There are typically 3 types of workplace violence (none of which will be tolerated by TCHD):
- Threats
- Physical Action
- Armed assault

If Violence Strikes…
- Defuse anger
- Stop the action
- Seek safety and get help

After Effects of Violence
Many people experience physical or emotional behavior changes after witnessing violence. Talking about the incident will help you readjust.
Hazardous Materials and Waste

All hospital employees may be exposed to hazardous materials. Materials considered hazardous are those that pose either a physical or health hazard to workers exposed to them. These materials, if not disposed of properly, could also be a risk to the general public. You can help ensure everyone’s safety if you learn how to dispose of them safely.

Hazardous wastes at Tri-City Healthcare District include:

- **Medical and infectious waste** (including blood and body fluids, and materials contaminated with blood or body fluids).
- **Sharps waste** (including needles and broken glass).
- **Radioactive waste** (including radioactive isotopes used in nuclear medicine and specimens or wastes of people who have received isotopes).
- **Chemical waste** (including hazardous chemicals that are toxic, flammable and corrosive such as cleaning fluids and formaldehyde).
- **Chemotherapeutic waste** (including certain chemotherapy drugs and the supplies that are used to prepare and administer the drugs).

Remember:

- Always be sure to dispose of waste contaminated with blood or bodily fluids in red bags. The red bags should be placed in a covered trash receptacle that has biohazard labels on the lid and sides. The storage for biohazard waste must be inaccessible to the public and labeled as a biohazard storage area.
- Place all sharp materials in a sharps container. When the container is ¾ full, snap down the lid, and put the container in a covered trash receptacle that has biohazard labels on the lids and sides.
- If there is a Radiation Caution sign on a patient’s door, do not remove the waste from the room until the specified time.
- If you are ever in doubt about how to dispose of a chemical, check the MSDS for disposal instructions and/or consult your supervisor.
You can be exposed to hazardous materials almost everywhere. Many hospital employees handle hazardous materials every day. You can help ensure everyone’s safety if you learn to identify hazardous materials and the precautions that should be taken with them.

There are three main ways chemicals can enter your body:
- Skin and eye contact
- Inhalation
- Swallowing

**Material Safety Data Sheets (MSDS)**
You can easily find out about hazardous materials from two sources – the product label and the MSDS.

*Product Labels* provide basic information you need to recognize hazardous materials. Always read the label before you move, handle, or open a chemical container.

*Material Safety Data Sheets (MSDS)* provide additional information you may need to:
- Understand the nature of the hazard
- Know how to protect yourself and others
- Know what to do in an emergency situation

MSDS are the key to hazard communication. Contact 3E Company (available 24 hours/day, 7 days/week) at (800) 451-8346. Please have the following information available:
- Product Name
- Manufacturer name
- Product number
- UPC code

**Hazardous Chemical Spills**
In the event of a hazardous chemical spill, think C.L.E.A.N.
- **C**ontain the spill, if possible. Close doors and/or cover drains or sewer openings if it can be done safely and quickly. Restrict all sources of ignition (electrical devices).
- **L**eave the area, if necessary. Warn anyone in the surrounding area.
- **E**mergency procedures - including eyewash, shower, medical treatment
- **A**ccess the MSDS information
- **N**otify a supervisor immediately!

**Report all spills immediately to Environmental Services (x7295) or call the hospital operator (“0”) to page the EVS Supervisor.**
Disasters come in two forms:

1. Large numbers of patients – influx of victims resulting from any external/internal catastrophe (e.g., earthquake, fire, flood, explosion, crash).
2. Utility or plant – loss of electricity, loss of water, hazardous material spill or damage to a building.

The operator will announce “Code Orange” over the public access system.

The person in charge overall during a disaster is the “Incident Commander.” The Command Center will be organized in French Rooms 1 & 2.

The level of implementation will be determined by the Incident Commander and may be upgraded or downgraded based on the number and/or acuity of disaster victims or type of non-victim disaster.

Fire Plan
In case of a fire, follow the hospital fire plan (code red) and follow these steps – remember the word RACE.

- **R** = Rescue anyone in immediate danger.
- **A** = Activate the alarm and dial 66 to notify the operator.
- **C** = Contain the fire (close doors).
- **E** = Extinguish the fire if possible. Evacuate if necessary (do not use an elevator, always take the stairs).

During a fire drill or an actual fire, there are doors in every hallway that close automatically. These doors are smoke and fire doors. The doors close to provide a horizontal separation between you and a fire. The main oxygen shut-off valve is located in the Facilities Management Building.

To use a fire extinguisher, follow these steps – remember the word PASS.

- **P** = Pull the pin out.
- **A** = Aim the nozzle at the base of the fire.
- **S** = Squeeze the handle.
- **S** = Sweep from side to side.

All staff should know the exact locations of the emergency exits, fire extinguishers and fire pull alarms on their respective units. If you work on more than one unit, you need to know the location on each unit.

When a fire alarm is activated, the alarm sounds throughout the entire hospital. The PBX operator will then announce a “Code Red” and the location on the public speaker system. When a “Code Red” is announced, an available person from nearby departments should take a fire extinguisher to that location to help extinguish the fire. Never take an elevator in response to a “Code Red,” always use the stairs.

How you evacuate patients and staff depends on the situation. You can, if necessary, evacuate via a stairwell to the floor above or below your location. If the location of the fire is such that fire and smoke doors are available, you can “horizontally evacuate” to the other side of the closed doors.
There are two primary sources of radiation you may encounter: mobile radiation machines and radionuclides used in diagnosis and therapy.

**Precautions to take around mobile x-ray machines** (conventional x-ray machine or C-arm)
- Move away from x-ray machines when they are about to be activated, at least six feet if possible.
- Wear a leaded apron when you are in a room while a C-arm is in use.

**Precautions to take around radionuclides used in diagnosis and therapy** (the radiation caution sign tells you that the room is a controlled area and special precautions are in effect).
- Check with the nurse before you enter a controlled room so you'll know about any specific precautions.
- Maintain some extra distance from the patient. Distance greatly reduces your exposure.
- Minimize the amount of time you spend close to the patient.
- Tell your supervisor if you are or think you may be pregnant.

Radionuclides may be liquids call radiopharmaceuticals. These are often used to treat hyperthyroidism and thyroid cancer. Radiopharmaceuticals mix with the patient’s body fluids making blood, urine, saliva and even perspiration radioactive.

Remember, when the **RADIATION CAUTION** sign is up, the room is a controlled area and safety precautions are necessary. It is only taken down after the nuclide is removed and becomes harmless. When this occurs, the radiation level is at natural background levels.

**If you have any questions or concerns about the Radiation Safety Program at TCHD, contact the Radiation Safety Officer at x3082.**
Tri-City Healthcare District takes action to protect all people who enter our facility from infectious diseases. While we do not expect you to have an exposure to blood or body fluids in the course of your work, accidents can happen. **The single most important action for you to take is frequent use of waterless hand antiseptics or hand washing.** Please be sure to wash your hands before eating or smoking, after using the restroom, and after touching a patient, equipment, or surface that might be soiled with blood or body fluids (such as: spit, stool, urine or wound drainage).

If you see a spill that might be blood or body fluids, call Environmental Services (x 7295) to report. Never put your hand into a trash container to push down on paper towels or get out an object. Never touch a used needle, syringe or other sharp device you might find, ask our employees for help.

If you are working in a patient care area, always ask the unit staff for help before entering a patient room. Do not enter a room with a precaution sign posted, unless instructed by staff. They will help you put on proper personal protective equipment, such as gloves, gown, mask and or goggles. We will provide you with equipment so that you can be safe. You are responsible for protecting yourself by following hospital policies, using proper work practice and wearing protective equipment.
HIPAA Privacy Rules & Responsibilities

HIPAA – WHAT IS IT?:
- Health Insurance Portability and Accountability Act, effective 4/14/2003
  - Privacy Rules established to protect patient confidentiality.
  - Apply to permitted use and disclosures of Protected Health Information (PHI)
  - Individual Rights to health information

TCHD NOTICE OF PRIVACY PRACTICES
- Document that describes
  - How medical information may be used or disclosed
  - Patient rights relating to how to gain access.
- **ALL** students, volunteers, and contract staff we accept are required to follow the Notice
- Copy provided – please review and be aware of TCHD practices.

TCHD’S CONFIDENTIALITY POLICY
Responsibilities of students, volunteers, and contract staff:
- Maintain confidentiality
  - Sign Agreement/Acknowledgment form
  - Report known or suspected unauthorized use, access, or disclosure of confidential information.
  - Report suspected violations. (Supervisor or ValuesLine – 800-273-8452)
- Apply Safeguards to work processes
  - Printing of information and disposal of patient identifiable information in designated locked, confidential disposal bins.
  - Do not discard patient documents in the general trash.
- “What we do here, say here, hear here – let it stay here when we leave here.”

USE AND DISCLOSURE
Patient Opportunity to Agree or Object. Facility Directory:
- Patients can opt out of being included in the directory
  - Opt in – Info desk/PBX may acknowledge that the patient is here and direct person to location
  - Opt OUT – Info desk/PBX may NOT acknowledge that the patient is here (“We don't show that "xxx" is a patient here.”)
- Students, volunteers, and contract staff should not acknowledge a patient’s location within the Medical Center (questions to be directed to TCHD staff members).

KEY POINTS TO MAINTAINING PATIENT PRIVACY
- Seeing - Don’t leave information exposed where others might see
- Speaking - Be careful in public areas; Speak softly; Don’t use Loose Talk
- Hearing - If you overhear patient information, keep it confidential (it stops with you!)
- Misuse of Records – use only for treatment of patients.
- Always use the highest standards of ethical principles.

IN SUMMARY
- “What we do here, What we say here, What we hear here - let it stay here when we leave here.”
- **Patient Privacy is a right of every patient that MUST be honored.**
What is a Team? A team is a group of interdependent individuals organized and committed to achieving a common purpose. Team members:

- Have a purpose, which gives them an identity
- Has a unique function or position that must be combined with that of the other team members
- Are aware and supportive of the need for interdependent interaction
- Operates within the framework of a larger organization – the hospital

Types of Teams

- **Quality Improvement Teams** – Patient Movement team and Surgical Infection Prevention team
- **Problem-Solving Teams** – Lift Team, Helping Hands, Dr. Strong (Violence Response team), Employee Recognition
- **Multi-Disciplinary Teams** – Outpatient Therapy team, Respiratory Wean team, Skin team

Team Roles and Responsibilities

Success depends on the establishment and definition of key structures and supporting roles and responsibility.

Teams need People:

- **Sponsors** – accepts responsibility, special tasks or requirements related to area of expertise to help the team.
- **Leaders** – guides the team and is accountable for their team’s performance.
- **Facilitators** – focuses and helps clarify the discussion, remains neutral.
- **Members** – take an active role in making the team a success, accepts responsibility and accountability for team tasks and the results, as well as completes assigned tasks and functional work responsibilities of team.

Teams also need: Effective teams share a common purpose, synergy, commitment, organization, and interdependence.

- **Ground Rules** – must be established for acceptable behavior
- **Team Charter** – a Charter Statement – or statement of purpose
- **Consensus** – one of the most important steps is to come to an agreement on what your team will accomplish

Elements of Style

- **Dominance** – the degree to which one person attempts to influence the thinking and actions of others
- **Sociability** – the tendency to express feelings openly and to be outgoing with people

What Next?

1. Generate ideas – use a computer or flip chart to capture every comment and idea
2. Perform a Benefits/Risk Analysis – List specific measurable goals, objectives, and outcomes. Brainstorm as many **benefits** to your customers and the organization as possible for each goal/objective. Identify potential risk(s) if your team does NOT SUCCEED. Apply creative planning techniques.
3. Utilize F.O.C.U.S./P.D.C.A. continuously quality improvement model:
   - Find a process to improve
   - Organize to improve
   - Clarify how things currently work (what are the steps)
   - Understand variation (five people do it five different ways)
   - Plan the improvement and the data collection
   - Do the improvement and data collection
   - Check the results of the implementation
   - Act to hold the gain and continue improvement
   - Select an idea to test for improvement
4. Describe what happens next – research the ideas generated.
5. Generate action items for follow-up – start turning ideas into reality
6. Summarize – review, vote, and consolidate ideas, check requirements/restrictions, trim list to 3-5 workable ideas

Team success enhances **quality**, improves **service**, meets the needs of our **people**, and increases **finances**!
Performance Improvement (PI) incorporates key principles, strives to reduce variation, promotes improved performance and quality throughout the organization (both in patient care and support services), and requires a collaborative effort. Key principles include:

- Customer Driven – focus on internal and external customers (patients, family, physicians, employees, etc.)
- System Optimization – we are a system of interdependent parts, all with the same mission
- Continual Improvement and Innovation – encourages a systematic and scientific approach to continually improve and control the organization’s processes.
- Continual Learning – a culture of seeking knowledge
- Management through Knowledge – decisions based on knowledge, confirmed with facts and data, and driven by statistical thinking
- Collaboration and Mutual Respect – everyone with a mutual respect for the dignity, knowledge, and potential contributions of others.
- Reduce Variation – following policies and procedures

FOCUS-PDCA model is used for Performance Improvement.

- Find a process to improve
- Organize to improve
- Clarify how things currently work (what are the steps)
- Understand variation (five people do it five different ways)
- Select an idea to test for improvement
- Plan the improvement and the data collection
- Do the improvement and data collection
- Check the results of the implementation
- Act to hold the gain and continue improvement

Performance Improvement focuses on outcomes of care, treatment and services. PI opportunities are identified by measuring performance through data collection, assessing our current performance, and conducting safety surveillance rounds.

Performance Improvement is a responsibility shared by everyone – administrators, managers, nurses, support staff, ancillary staff, volunteers, students, and contract employees. Patient safety is our highest priority! It must be our first consideration in everything we do.
Everyone is responsible for providing a safe environment. Promptly report unanticipated outcomes/near misses both to identify and to correct system problems.

An unanticipated outcome from any treatment or procedure maybe the result of: Omission (failure to perform), Commission (perform the wrong task), and/or Execution (unacceptable performance)

A Sentinel Event is a death or serious harm to a patient, or the risk thereof, which requires immediate action. It requires an immediate verbal report to your supervisor or Administrative Coordinator (on off-shifts) and completion of a written Quality Review Report (QRR). The supervisor or Administrative Coordinator will notify the Administrator on-call.

Risk Management activities include Identification and investigation of risks, Analysis and Quantification of risks, and Elimination or Minimizing risks. Safety is an active process that employs preventive and corrective action to avoid injury. Actions to eliminate and/or minimize risks include:

- Compliance with regulatory standards
- Communicating effectively
- Teamwork
- Providing patients and their families with appropriate information and ensuring they understand it
- Using evidence-based practices
- Eliminating blame as a response to error

Who should report an incident?
The individual who first identifies a risk to patients, staff or visitors must report the incident, however everyone is expected to report errors and close calls. Reported information is confidential and protected. Help prevent harm to patients, visitors, yourself and coworkers!

What should be reported?
You must report mistakes, accidents, unusual events; near-misses (potential harm); Sentinel Events; Threats, misconduct, deliberate harm; Unreliable or defective equipment; Trends – falls, skin ulcers, etc.; and Unanticipated Outcomes.

Quality Review Reports (QRRs) are:

- a written factual account of the details of a happening or event
- a tool to identify process problems, not people problems
- not intended to punish

Procedures to Follow in the Event of an Incident
Tri-City has defined policies and procedures for responding to various types of incidents, including: Safety, Security, Hazardous Materials, Emergency, Medical Equipment and Utilities Management, and Fire Safety. Each unit has a disaster manual with these policies.

Patient Safety is Everyone’s Job!!
**Ethics = Doing What’s Right**

Tri-City Medical Center is committed to operating as an ethical organization. Our Code of Ethics is a formal proclamation that gives a guide or set of rules of our shared values for making decisions and interacting with others. Everyone is responsible for following the TCMC Code of Ethics. We also have a set of guidelines found in the Code of Conduct that outlines our Corporate Compliance Program. All staff will conduct themselves utilizing the ethical tenets included in the Tri-City Healthcare District Mission and Value statements and Code of Conduct in the performance of their duties and their interaction with others. Issues Covered in Code of Conduct include:

- Fraud and abuse
- Billing practices
- Discrimination
- Business ethics
- Confidentiality
- Conflicts of interest
- Business relationships
- Protection of asset

**Reporting Violations of Compliance** - All violations of compliance should be reported up the reporting chain:

1. Supervisor/Manager
2. Human Resources, Legal and Regulatory Services, or Compliance Officer
3. ValuesLine: (800) 273-8485, available 24 hours/day, 365 days/year. Callers may report anonymously.

**Ethical Standards** assure that care, treatment, and services are provided in a way that respects and fosters:

- Dignity
- Autonomy
- Positive self-regard
- Civil rights
- Involvement of patient

**Healthcare Provider Responsibilities**

- To know what the patient’s rights are
- To respect the patient’s rights
- To assure that the patients are informed and understand these rights

**Patients are informed of their rights and responsibilities** in the following ways:

- Admission packet and Patient Handbook
- Reverse side of the Conditions of Admission
- Postings of Patient Rights and Responsibilities in English and Spanish in Registration and Patient Care areas, as well as all off-site locations

**Patients have the right to:**

1. *Information and Effective Communication* – info regarding their illness or treatment in terms they can understand
2. *Special Communication Needs* – recognize and address needs of patients with communication barriers. Listening devices are provided in the ED and PBX, medical sign language interpreters available by contacting ED/Staffing Office, visual impairment issues (squeeze ball call lights, policy regarding documents), and Medical Interpretation Services (CyraCom phones located in patient care areas)
3. *Respect of Patient’s Belief System* – including cultural, psychosocial, spiritual, personal values, beliefs, and preferences, and right to pastoral care of his or her choosing.
4. *Privacy and Confidentiality* – all patients are provided with a copy of the TCMC Notice of Privacy Practices upon their first encounter with the facility. All patient procedures must be performed in a manner that respects privacy.
5. *Participate in Decisions* – Patients have the right to be involved in decisions regarding their care and treatment.
6. *Be Involved in Ethical Dilemmas about Care* – including conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatments, and participation in investigation studies or clinical trials.
7. *Informed Consent* – including nature of proposed treatment; benefits, risks, side effects, and potential problems
that might occur during recuperation; likelihood of achieving goals; reasonable alternatives to proposed treatment; consequences of not proceeding with treatment; and limitations on the confidentiality of information learned from or about the patient

8. **Consent for Recording or Filming** – Filming, recording and photographs to be used for external purposes of marketing, publications, TV or media use (a separate consent is obtained). Patients have the right to request cessation of recording or filming. Patients have the right to rescind consent to filming

9. **Information About Person(s) Responsible for Their Care** – including the name of physician or other practitioner primarily responsible for their care. Any member of the healthcare team who will provide their care. Any employee entering a patient’s room is to identify themselves and state their purpose

10. **Refuse Care** – in accordance with law and regulation. When the patient is not legally responsible, the surrogate decision maker (as allowed by law) has the right to refuse care or treatment on the patient’s behalf. Patients have the right to know the consequences of refusing care.

11. **Respect of Their Wishes Regarding End of Life Decisions** – Assure all inpatients age 18 and older receive the Advance Directive information upon admission. Patients have the right to review and/or revise their Advance Directive. (This review option is required!) Document the review process (mandatory). Providers are required to know the “status of the Advance Directive”

12. **Access Protective and Advocacy Services** – including services available and after hours/emergency coverage, fees for service, payment policies, and their financial obligation, resources for health education, self-care, and prevention of illness

13. **Pain Management** – including information about pain and pain relief measures, concerned staff committed to pain prevention and management, reports of pain will be believed, access to state of the art pain management, and the best level of pain relief that may safely be provided.

14. **Protection During Research** – Patients have the right to refuse to participate in research activities. TCMC’s interdisciplinary Institutional Review Board (IRB) reviews all projects and monitors and protects the rights and welfare of human subjects.

15. **Voice Complaints about Care** – Patients and their families have the right to formulate complaints without fear of retaliation. See Patient Care Policies #318 (Compliments and Complaints) and #387 (Patient Grievances).

**Patient Responsibilities**

Patients are given written and/or verbal information about their responsibilities while receiving care. Hospitals are entitled to reasonable and responsible behavior on the part of the patients (within their capabilities).

1. **Provide Information** – to the best of their knowledge, accurate and complete information about present health status, past illnesses, hospitalizations, medications, other matters related to their health, and reporting perceived risks in their care and unexpected changes in their conditions to the responsible healthcare provider.

2. **Ask Questions** – when they do not understand what they have been told about their care and what they are expected to do.

3. **Follow Instructions** – follow treatment or plan of care developed, and express concerns about their ability to follow the proposed plan of care.

4. **Accept Consequences** – be responsible for outcomes if they do not follow the care, treatment, and service plan.

5. **Follow Rules and Regulations** – follow hospital rules and regulations, show respect and consideration for hospital staff and property as well as other patients and their property, and meet financial commitments.

**Goal of Ethics – Patient Rights and Responsibilities**

1. Improve care, treatment, services, and outcomes by recognizing and respecting the rights of each patient.

2. Conduct business in an ethical manner.

3. Responsibility of all staff to carry out these goals.
ABUSE REPORTING

All TCMC staff, volunteers, students, and contracted employees are required by law to report to the proper authorities:

Child Abuse and Neglect
Elder Abuse and Neglect
Assault/Domestic Violence

General Definitions Related to Abuse:

• Abuse – intentional maltreatment of an individual that may cause injury, either physical or psychological
• Mental Abuse – includes humiliation, harassment and threats of punishment or deprivation
• Physical Abuse – includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment
• Sexual Abuse – includes sexual harassment, coercion, assault, and spousal rape
• Neglect – the absence of minimal services or resources to meet basic needs
• Eminent Danger – foreseen danger that will likely result in irreparable physical or mental harm unless conditions are changed

Signs of Abuse include:

• Injuries consistent with what the patient reports to have happened (burns, welts, bites and scratches)
• Unusual patterns of injury (hairbrush, rope or belt marks)
• Poor hygiene, malnourishment, skin ulcers
• Fear of parent/caregiver, being withdrawn, tearful, or reluctant to answer questions in parent/caregiver’s presence
• Parent/caregiver who refuses to leave the bedside inappropriately or answers questions in a controlling manner
• Improper responses to questions like “In anyone misusing your money or not allowing you to obtain health care?”
• Inappropriate responses to questions about a safe environment or being threatened at home

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<th>Types of Child Abuse</th>
<th>Types of Child Neglect</th>
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<tbody>
<tr>
<td>Physical injury</td>
<td>Not receiving adequate food, clothing and shelter</td>
</tr>
<tr>
<td>Mental suffering</td>
<td>Not receiving medical indicated treatment including food or care as determined by a physician</td>
</tr>
<tr>
<td>In out-of-home care</td>
<td>Not receiving proper or necessary support, medical, or other remedial care recognized under State law</td>
</tr>
<tr>
<td>Sexual offenses</td>
<td>Abandoned by parents or other person responsible without a proper plan of care</td>
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<tr>
<td>Acts of torture</td>
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<tr>
<td>Excessive corporal punishment</td>
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<tr>
<td>Female genital mutilation</td>
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<tr>
<td>Selling, transferring, distributing, or giving un-prescribed controlled substances</td>
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</tbody>
</table>

If you suspect child abuse, immediately call Child Protective Services Child Abuse hotline - (800) 344-6000

<table>
<thead>
<tr>
<th>Types of Elder Abuse</th>
<th>Types of Elder Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical injury</td>
<td>Another individual’s failure to provide or withhold from an eligible adult necessities of life including, but not limited to:</td>
</tr>
<tr>
<td>Mental suffering</td>
<td>• Food</td>
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<tr>
<td>Sexual injury</td>
<td>• Clothing</td>
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<td>Isolation</td>
<td>• Shelter</td>
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<tr>
<td>Abandonment</td>
<td>• Medical Care</td>
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<tr>
<td>Eminent danger</td>
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<tr>
<td>Exploitation of financial resources</td>
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If you suspect elder abuse, immediately call Adult Protective Services Abuse hotline - (800) 510-2020
Domestic Violence

Victim – any person who has been subjected to injury through assault, a criminal act, or incident of domestic violence.

Types of Domestic Violence include:
- Battery
- Simple battery
- Simple assault
- Unlawful restraint
- Criminal trespass
- Stalking; criminal damage to property
- Abuse – any type
- Spousal rape

Duty to report is required when the health practitioner provides medical services to a patient for any physical condition, not just the condition or injury from an assault, battery, or firearm incident.

Tri-City Medical Center reporting policy:
1. Report by telephone immediately to the law enforcement agency in whose jurisdiction the alleged offense occurred
2. Complete a written report on “Health Practitioner and Hospital Report of Injuries by Deadly Weapon or Criminal Act” form
3. Notify Social Services of all cases of suspected abuse. Social Services is available during business hours to assist.

Assessment
Each patient will be assessed upon admission for potential abuse. The reporting process must be initiated at any time during the patient’s care when a health care team member reasonably suspects abuse. This may include notifying your supervisor or Licensed Health Practitioner (i.e. licensed nurse, clinical social worker, or physician)

If you suspect abuse has taken place, you do not have to prove it. You are required to report your finding and the appropriate agency will investigate. Reporting suspected abuse, neglect, or violent injury is mandated by law.

For more information, please review the following Tri-City Administrative Policies, available on the intranet:
- 308 Reporting Suspected Child Abuse/Neglect
- 309 Reporting Suspected Dependent Adult/Elder Abuse/Neglect
- 310 Assault Victims/Domestic Violence Reporting Requirements
Although culture is generally thought of as relating to ethnic/race or religious background, it can involve much more – like age, gender, socio-economic status, sexual orientation, national origin, and physical disabilities. Cultural sensitivity plays a key role in improving patient outcomes, increasing customer satisfaction, decreasing liability, increasing productivity, and meeting accreditation requirements. Most importantly, cultural sensitivity is the compassionate and right thing to do.

Cultural diversity influences view about health and healthcare, choices regarding Advance Directives and eye/tissue/organ donation, ties to another country or region of the US, relationship dynamics, language and communication styles, food preferences, spirituality/religion practices, and social economics. The following outlines many of the different cultural groups. Please remember these are generalizations, and that each person is different and may be influenced by more than one cultural group.

**Generational Diversity** – individuals who share the same time span at similar ages share in key life experiences.

1. **Traditionalist** – born between 1922-1943. Core values include conformity, delay in reward, hard work, and respect for authority. Most of our patients fall into this age category.
2. **Baby Boomers** – born between 1943-1960. Core values include focus on the youth, health, and wellness; personal gratification and growth; optimism; and team-orientation.
3. **Generation X** – born between 1960-1980. Core values include comfort with technology, informal approach, nontraditional view of time and space, self-reliance, independence, and impatience.
4. **Generation Y** – born between 1980-2000. Core values include achievement, confidence, diversity, optimism, social, and “street smarts”.

**Caring for the Asian/Pacific Islander Client**
- Age and social structure are very important.
- Older people are addressed first, and in a formal manner.
- May show respect by avoiding eye contact.
- The head is considered the most sacred part of the body – one should not touch a patient’s head without permission, especially that of a child.
- Need to preserve dignity may interfere with their understanding of and compliance with treatment plans.

**Caring for the Hispanic Client**
- They smile readily.
- Direct eye contact may be considered rude.
- Often seek treatment consent from eldest member of family.
- Over 80% are Roman Catholics.
- Many use a combination of traditional methods and conventional Western medicine.
- May believe in folk illnesses or conditions such as *mal de ojo*, the evil eye.

**Caring for the African-American Client**
- Like other cultural beliefs – age, education, and place of birth will influence beliefs and practices.
- Showing respect and building trust is key.
- Use of formal titles until invited to do otherwise.
- Before touching a client, explain what is to be done and why.
- The African-American experience in America has caused many to be mistrustful of mainstream institutions and providers who are members of the dominant culture.
Religion and Healthcare
Religion plays a key role in day-to-day living and even a bigger role in healing of the mind and body. Understanding your client’s religious and spiritual beliefs and needs could be key to the success of their plan of care.

Cultural Sensitivity
- **Respect** – Take opportunities to learn a few words in languages present in the community (Good morning, good afternoon, pain, cold, etc.). Consider the best way to show respect, perhaps by addressing the head of the family or group first. Pay attention to subtle cues that may tell you an individual’s dignity has been wounded.
- **Communication** – Convey comfort by your tone of voice and body language. DO NOT speak loudly or shout – it will not help the person understand English. Speak slowly and distinctly and avoid the use of medical terms, abbreviations, or slang. Remember when using yes and no questions, that a nod or a yes may mean “Yes, I heard” rather than “Yes, I understand” or “Yes, I agree”.
- **Education / Teaching** – Keep messages short and simple, avoiding busy talk. Use pictures and drawings as appropriate. Repeat the message in different ways. Be alert for words the person seems to understand.

TCMC Resources
- Administrative Policy 471 - includes a grid with considerations for 20 different cultures in regards to diet, communication, and death/dying.
- Language Line Services – Medical Interpretation Services via CyraCom phones located in patient care areas. CyraCom allows a three-way conversation with a medically skilled interpreter.
- Reference and Education Materials – most patient education materials such as Micromedics/Care Notes are available in Spanish.

Cultural sensitivity means....
- Treating each person as an individual.
- Respecting, valuing, and embracing the differences we encounter in others.
- Considering the person’s cultural influences when working with them.
- Avoiding stereotyping.
- Considering individuals may be influenced by more than one cultural group.
A. **PURPOSE:**
   1. Avoid potential disruption to patient care caused by audible cellular phone, pager tones, and users in clinical areas
   2. Reduce the risk of interference with patient care equipment
   3. Protect and respect the privacy of our patients
   4. Remind employees of their personal responsibility for appropriate use of cellular phones in the workplace and when driving
   5. Establish cellular phone and laptop etiquette guidelines

B. **DEFINITIONS:**
   1. **Cellular Phone & Wireless Electronic Digital Device:** a device used by individuals for the purpose of mobile communications; can be either analog or digital technology.
      a. **Examples:** Cellular phones, laptops, tablet PC’s, MP3 Players, Ipod, PDA, pagers, Smartphones, or Blackberry technology
   2. **Two-Way Radio:** wireless mobile radio commonly used by Police, Fire, and Ambulance staff. District employees within the Security and Engineering departments utilize this technology.
   3. **Voice over Internet Protocol (VoIP):** a technology that allows a person to make voice calls using a broadband Internet connection instead of using a regular (or analog) telephone line.
   4. **Electromagnetic Interference (EMI):** electrical interference generated by cellular phones and two-way radios that can interfere or alter the performance of medical equipment used to supply monitoring and therapeutic care to patients.
   5. **Medical Devices & Medical Equipment:** any life-critical electrical equipment and/or wireless equipment used to diagnose, monitor, or treat patients who may be at risk for electrical signal interference
   6. **Health Insurance Portability and Accountability Act (HIPAA):** Federal regulations that protect the privacy of protected health information and the privacy rights of patients

C. **POLICY:**
   1. **Cellular phone/electronic device:**
      a. Physician and staff usage of camera, video, or audio recording features of a cellular phone/electronic device is not permitted at any time
         i. A District provided device (e.g. camera) located in the patient care area shall be used to photograph, videotape, or audio record when required for patient care/clinical documentation.
            1) Appropriate consent and documentation requirements must be consistent with policy.
   2. **Patient Care Areas:**
      a. Cellular phone use by Medical, Hospital, and/or Contract staff (i.e. external Case Managers) is permitted for official district business (e.g. patient care)
         i. Ringers shall be set to silent or vibrate
ii. Signs shall be posted at the entrance of patient care areas communicating the following:
   1) Notice: Cellular phones shall be set to silent/vibrate within this area.

b. Wireless devices (e.g., computer, laptop, portable devices) may be utilized within the guidelines.

3. Patients/Visitors:
   a. The patient handbook communicates the organization’s policy relating to cellular phone use in the facility.
   b. Use of cellular phone by patients and visitors in District facility is acceptable provided the ringer is to be set to silent or vibrate to support our noise abatement procedures.
      i. Exceptions:
         1) Use of cellular phone audio or recording abilities is prohibited.
         2) Photos taken with the cellular phone is limited to the patient and/or family.

4. Employees:
   a. Employee usage of cellular phones in the patient care areas is limited to District/Patient Care activities.
      i. The ringer shall be set to silent or vibrate.
   b. Employees are not allowed to use personal cellular phones for personal use during work time.
      i. Use of District provided phones for personal use is discouraged and use is subject to review by management.
   c. Employees assigned electronic/digital device equipment by the District are responsible for safeguarding the equipment and controlling the use.
      i. An individual may retain restricted/confidential protected health information (PHI) or business data on portable equipment only if protective measures (i.e. encryption) are implemented to safeguard the confidentiality or integrity of data in the event of theft or loss
         1) Examples: Plato Pocket PCs, Wound Care cameras
   d. Employees are expected to avoid using cellular phone under any circumstances where such use might create a hazard (e.g. driving). Compliance with state vehicle laws is required.
   e. Department Directors/Managers may establish further restrictions within their areas to meet unique operational needs.

5. Suspected Medical Equipment Interference (EMI):
   a. If any hospital staff member suspects that medical equipment is being affected by an electronic device they should
      i. Attend to immediate patient needs and correct function of medical device in use
      ii. Scan the area quickly for source of interference, such as cellular phone or handheld radio
      iii. Remove source of interference
      iv. Notify BIOMED of medical device of malfunction
      v. Initiate a Quality Review Report (QRR) and clarify if the event resulted in injury to the patient
         1) Injury to the patient shall be communicated to Risk Management immediately.

6. Enforcement and Disciplinary Actions:
   a. TCHD personnel shall provide guidance to employees; patients, physicians, and visitors observed utilizing cellular phones outside of compliance with District policy.
   b. Appropriate signage shall be displayed within the District facilities to communicate to the appropriate use of cellular phones (set silent/vibrate).
   c. TCHD personnel have a duty to stop anyone observed using a cellular phone camera that is not supportive of the restriction of taking a picture outside of the acceptable situations.
   d. TCHD personnel shall notify a leadership representative of potential violation and report it using the Quality Review Report (QRR) or the Values Line (1-800-273-8452).
e. Violations will result in disciplinary actions in coordination with Medical Staff By-laws and/or Human Resource policies up to and including termination of employment based on the severity of the violation

7. Cellular Phone Etiquette Guidelines:
   a. Set of recommended practices for those utilizing a cellular phone/electronic device within the District

8. Two-Way Radios:
   a. May not be used by patients or visitors.
   b. Staff may use when transmitted over 25 feet away from medical devices
   c. Volume must be set at a level low enough as to not disturb patients
   d. Headphone style speakers are preferred alternative to radio speakers to minimize patient disturbance
   e. District employees may use two-way radios without restrictions on distance during an emergency (e.g., activation of a code).

9. Laptop or Electronic Device Etiquette Guidelines:
   a. Set of recommended practices for those utilizing a laptop or electronic device within the District.

D. ATTACHMENTS:
   1. Cellular Phone/Electronic Device Etiquette Guidelines
   2. Laptop or Electronic Device Etiquette Guidelines
Cellular Phone Etiquette / Guidelines

Be fully engaged
- When in a meeting or other busy area, let calls go to voicemail to avoid a disruption.
- Don’t use your cellular phone/electronic device to conduct other (unrelated) business during business meetings.
- If you must take a call, leave the meeting room
- Turn the device off

Excuse yourself
- If you are expecting a call that can’t be postponed, alert your colleagues ahead of time and step out of the room when the call comes in.
- The people you are with should take precedence over calls you want to make or receive.

Keep it private
- Be aware of your surroundings and avoid discussing patient medical information or other private/confidential information in public.
- You never know who may be in hearing range.

Set cellular phone ringer to silent or vibration mode
- Use your wireless device’s silent or vibration settings in patient care areas and public places, so that you do not disrupt your surroundings with distracting cellular phone ringers.

Be sensitive to your voice level
- Remember to use your regular conversational tone when speaking on your wireless device.
- People tend to speak more loudly and often don’t recognize how distracting they can be to others.

Send a text message
- If an urgent call requires a response during a meeting, another alternative to avoid disturbing a business meeting is to send a text message.

Focus on driving
- Practice wireless responsibility while driving.
- Don’t make or answer calls while driving or send text messages
- Place calls when your vehicle is not moving and use a hands-free device to help focus attention on safety.
- Always make safety your most important call
- 7/1/08 (Cal SB 1613 Chapter 290) – drivers are prohibited from using a hand-held phone while driving.
Laptop or Electronic Device Etiquette Guidelines

Laptops or other electronic devices may not be used to send, post, download or intentionally receive pornographic material.

Laptops or other electronic devices may not be used to display materials that violate TCMC harassment or confidentiality policies.

Laptops or other electronic devices may not be used to engage in illegal activities (violators may be subject to prosecution by local, state and/or federal authorities).

Users are forewarned that public wireless Internet access is provided over an unencrypted connection, which may not be suitable for transmitting confidential information.

Users are to be considerate of space in the room that the nurse or physician may need to place their equipment or do their work.

If using the hospital wireless network, be courteous of bandwidth, save large downloads for home.

Do not unplug hospital equipment to plug a laptop/electronic device in without authorization from hospital staff. Try to use the battery in the device as much as possible.

A patient or guest must check with hospital staff if a laptop/electronic device needs to be plugged into an electrical outlet.

Mute the sound on the laptop/electronic device or wear headphones.

Be mindful of what those around you can see.

Please respect those nearby or in your room at all times.
A. **POLICY:**

1. The Tri-City Healthcare District ("TCHD") is a professional organization, and patients, visitors, vendors, and the general public frequently form their initial impressions of professional credibility based solely on employee appearance. Through this policy, TCHD seeks to ensure that every employee's appearance is in compliance with health and safety regulations, reflects TCHD's commitment to its service excellence initiative, conveys a positive image of the organization, and provides a comfortable environment for patients.

2. Employees shall exercise good judgment in personal dress, appearance and the use of fragrances to present a professional appearance appropriate to their job classifications. Department Directors or their designees shall ensure that employees are dressed appropriately, are groomed, and meet the fragrance control guidelines.

3. This policy is intended to provide standards for dress and appearance and is not meant to address all situations. The Chief Human Resources Officer retains authority to determine whether an individual is meeting the professional appearance standards as set forth in this policy.

B. **GUIDELINES:**

1. **Employee Attire**
   a. Employees will be required to wear the designated department uniform or appropriate business attire. Clothing should be clean, neat, without tears, business-like/business casual and of appropriate fit.
   b. The following clothing is unacceptable and therefore prohibited:
      i. Casual attire, including but not limited to, denim, athletic clothing, sweats, shorts, logo T-shirts/tank tops and similar items;
      ii. Revealing, low cut, see-through or tight clothing that presents an unprofessional appearance;
      iii. Pants shorter than calf-length, skirts more than 3 inches above the knee, and midriff-revealing clothing
   c. Undergarments must be worn & chosen appropriately regarding color of the uniform/clothing worn so as not to be visible through the outer clothing.

2. **Accessories and Jewelry**
   a. Photo identification badges must be worn above the waist line by all employees and the identification information must be visible in accordance with TCHD Policy # 436.
   b. All employees must remove facial, tongue and other piercings during working hours. Employees are limited to displaying two piercings per ear, unless wearing such piercings pose a safety or health risk for the employee or the patients.
   c. All jewelry must be appropriate, not detract from a professional appearance, and not constitute a potential safety hazard for the employee or others due to its characteristics or the manner in which it is worn. Such a determination shall rest in the discretion of the Department Director or Chief Human Resources Officer.
   d. Pursuant to Center for Disease Control (CDC) guidelines, TCHD employees who deliver
direct patient care cannot wear artificial fingernails or nail jewelry. Nails must be less than one fourth inch in length, clean and trimmed.

3. Shoes  
   a. Pursuant to safety requirements and TCHD policy, closed-toe shoes may be required. Open-toe shoes (including sandals) may be worn when approval is obtained from the appropriate Director or Chief Human Resources Officer.

4. Grooming  
   a. All employees must maintain a clean, presentable appearance.  
   b. All employees should undertake to bathe regularly and to control body odor, including using deodorant or other odor controlling products as necessary.  
   c. All employees must cover tattoos when possible, including wearing long sleeves, turtlenecks or opaque hose.  
   d. Hair, beards, and moustaches must be trimmed, groomed and clean.

5. Hats/Head Coverings  
   a. Personal hats and other personal head coverings are deemed not to be acceptable attire for TCHD employees.  
   b. Unless approved by management, only hats or head coverings that are a part of a TCHD approved employee uniform, or that are worn for health or safety reasons may be worn during working hours.  
   c. Management may approve head garb worn for religious reasons, so long as patient and/or employee safety is not compromised by the wearing of such head garb.

6. Fragrances  
   a. When used, fragrances shall be applied in moderation. For purposes of this section, fragrances shall include any products that produce a scent strong enough to be perceived by others.

C. **GENERAL:**  
   1. Employees who are inappropriately dressed may be sent home and directed to return to work promptly, once suitably attired. Such employees will not be paid for this time. Disciplinary action, pursuant to Policy #424 will be taken with repeated violations of this policy.  
   2. TCHD-supplied uniforms or scrub attire for use in designated areas (Operating Room, Angiography Lab, Lift Team, etc.) are not to be worn for general purposes or as a substitute for personal attire.  
   3. TCHD employees shall not wear uniforms or scrub attire from other healthcare institutions on TCHD premises.  
   4. Individual departments may, with the approval of the department Director, establish more specific dress guidelines, which are appropriate to their unit.  
   5. The Chief Human Resources Officer or designee may grant exceptions to this policy upon request as required by law to accommodate an employee’s protected status.  
   6. This policy shall be provided to all new hires for review prior to the completion of the hiring process.
Welcome to TCMC Nursing Orientation

Nursing Organizational Chart

- Chief Nurse Executive (CNE)
- Directors
- Administrative Supervisors
- Clinical/Operational Managers
- Assistant Nurse Managers (ANMs)
- Clinical Educators
- Clinical Care Givers/Staff Nurse
- Preceptors & Mentors
Healthcare Team Members

- Registered Nurse
- Licensed Vocational Nurse
- Interim Permit
- Advanced Care Technician/Student Nurse Tech
- Certified Nurse Assistant
- Emergency Technicians

Scope of Practice
Registered Nurse

Responsible for overall patient care

- Assessment of total patient care through the review and revision of the plan of care and all that goes into it
- RN review with ACT / NA / EMT / Sitter Students for additional information in amending patient plan of care
Scope of Practice
NA / ACT

- Direct care activities
  - Feeding, ambulating, grooming, toileting, socializing
- Indirect care activities
  - Chores, housekeeping, transporting, clerical, stocking
- ACT Duties
  - Removal of peripheral IV catheters
  - Removal Foley catheter
  - Application of ECG leads
  - Application/reading pulse Oximeter

Patient Care Areas: Acute Care Services

- **2 Pavilion** (32 beds) general medical/surgical plus Oncology
- **3 Pavilion** (32 beds) general medical/surgical plus Renal and Pediatrics (6 beds)
- **4 Pavilion** (28 beds) Medically Monitored plus Stroke / EEG studies
  - Inpatient Dialysis rooms
Patient Care Areas: Acute Care Services

- 1 North – 32 beds orthopedics plus general medical/surgical
  - Rehab Unit – 10 beds
    - Rehab is a separate facility
- Forensic Unit
  - Inpatient patient & outpatient services for patients in custody at correctional institution

Patient Care Areas: Emergency Department

- Emergency Department – 47 beds, (4 stations – A, B, C & D and Fast Track)
- Busiest in North County, second in San Diego County
- Base Station
Patient Care Areas: Critical Care

- ICU or adult critical care unit – 24 beds
- Cath Lab
- Telemetry Units – 60 beds on 2nd, 3rd & 4th floors
  - 12 Beds per unit

Patient Care Areas: Women's & Children's

- 12 LDRs (labor, delivery, recovery rooms)
- 31 Postpartum beds
- 3 OB surgery rooms
- Average 350 deliveries/month
- Newborn Nursery
- NICU – 20 bed community level
Patient Care Areas: Behavioral Health

- All locked beds
- Separate facility
- Medically healthy, able-bodies adult patients
- Off-site intensive out-patient clinic

Joint Commission and the National Patient Safety Goals

- Who is the Joint Commission?
  - Conduct evaluations and makes recommendations for hospital safety and quality
  - There are standards that must be met in order to be accredited
    - Including National Patient Safety Goals
    - The goal is to improve the quality of care
**Identify Patient Correctly**

- Use of 2 patient identifiers
  - Inpatient – Name & MR number
  - ED – Name & FIN number
  - Outpatient – Name & Date of Birth
- Eliminating transfusion errors
**Improve Staff Communication**

- Timely reporting of critical tests and results
- Hand-off communication **SBAR**
  - Situation – what is going on?
  - Background – what is the background?
  - Assessment – what do I think the problem is?
  - Recommendation – what might correct it?

**Important** – have all pertinent information in front of you before you call!

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**Use Medications Safely**

- Labeling medications
- Reducing harm from Anticoagulation Therapy
- Medication Reconciliation
  - Comparing current and newly ordered medications
  - Providing a Reconciled Medication List to the Patient. Explain the list
  - Check medications in small amounts or for short period of time are OK with current medications
Prevent Infections

- Meeting hand hygiene guidelines
- Preventing multidrug-resistant organism infections
- Preventing central line-associated blood stream infections
- Preventing surgical site infections
- Preventing infections of the urinary tract that are caused by catheters

Identify Patient Safety Risks

- Find out which patients most likely to commit suicide
Prevent Mistakes in Surgery

- Correct surgery on correct patient and correct site
- Mark the correct place on the patient’s body where the surgery is to be done
- Pause before surgery to make sure that a mistake is not being made

Fall Prevention Levels Based on Morse Fall Scale

- High Risk – Morse Score 45+
  - Implement all basic and appropriate low risk fall prevention strategies as well as appropriate high risk strategies
- Moderate Risk – Morse Score 36 - 44
  - Implement basic fall risk prevention strategies as well as low risk strategies as appropriate
- Low Risk/Prevention – 35 or less
  - Implement basic fall risk prevention strategies and Reassess per hospital procedure
Patient Safety
Fall Prevention Program

- Individualizing the plan of care related to the Morse Score and to individual risks
- Applying stop sign magnet to doorways for patients at risk
- Hanging stop sign laminate over head of patient’s bed
- Assuring laminate travels throughout the facility with patients at moderate & high risk

Emergencies: Rapid Response Team

- Brings critical care to the patient: ICU RN, RCP, AS
- Criteria to Call
  - HR <50 or >130 beats/min
  - Systolic blood pressure <90 mmHg
  - Respiratory rate <8 or 28 breaths/min
  - Pulse oximetry saturation <90%
  - Acute change in conscious state
  - Urinary output <50 ml in 4 hours

Dial 66, request RRT to the room number or location. RRT will be paged overhead.
Rapid Response Nurse Phone Consultation

- Not sure if you should call a Rapid Response overhead?
- Want to discuss your patient's condition with an ICU nurse?
- Just don’t feel good about your patient but not sure what to do next?

*Call 802-3727*

If You Are Concerned, So Are We!

Initiating a Condition H Rapid Response

- When a caregiver/family member is concerned about the condition of a patient or feels that patient needs immediate intervention, they will contact the operator by dialing “66”
- A patient may also initiate a Condition by dialing “66”
- The operator will announce “Condition H” and the Rapid Response and Condition Teams will respond.
Emergencies: Code Blue/Code Pink

- Code Blue – called on adults (≥ 14 y/o)
- Code Blue in ED called 0200
- Dial 66
  - ED responds to “campus” codes
    - Within 500 feet of entrance
- Who calls 911
  - Dialysis Unit
  - Outpatient Imaging
  - Outpatient Behavioral Health Services
  - Outpatient Rehabilitation Service

Emergencies: Code Pink

- Code Pink – called on infant/child (<14 y/o)
- Separate Crash Cart
**Emergencies: STEMI**

- STEMI receiving center
- EKG faxed from field to confirm STEMI criteria
- STEMI team: On-call cardiologist, cath lab team, EKG, lab and radiology techs
- Goal: Door to intervention <90 minutes

**Emergencies: Code Stroke**

TCMC is a Certified Stroke Center

- TCMC has earned the Gold Seal of Approval™ from the Joint Commission for Primary Stroke Centers. Our stroke program follows national standards and guidelines that can significantly improve outcomes for stroke patients.
- A stroke code is called when a patient shows signs/symptoms stroke.
- Here at TCMC we have an “In-House” & ED stroke teams
CORE MEASURES

- What are CORE MEASURES?

Sets of Clinical Outcome data that TCMC reports to CMS and The Joint Commission

What are TCMC's Core Measures?

1. **Pneumonia** – How are we ensuring quality care for our pneumonia patients?
2. **Congestive Heart Failure (CHF)** – How are we ensuring quality care for our CHF patients?
3. **Acute Myocardial Infarction (AMI)** – How are we ensuring quality care for our AMI patients?
4. **Surgical Care Improvement Project (SCIP)** – How are we ensuring quality care for our SCIP patients?
PNEUMONIA

We monitor the following:

- Oxygenation status on arrival by either SaO2 or ABG if indicated
- Screen for eligibility for the pneumococcal and influenza vaccines and administer if indicated for patient’s 65+, This now a global requirement and will no longer be part of the PNA measure.
- Blood culture or sputum culture prior to the first dose of antibiotic
- Smoking cessation counseling to our patients
- Deleted in 2012
  - Appropriate antibiotics with 4 hours of admission

CONGESTIVE HEART FAILURE

We Monitor the following:

- Left Ventricular Function
- Place on ACE inhibitor or ARB if applicable (ie EF <40% and no contraindications)
- Adult Smoking Cessation advice/counseling
- Discharge instructions to include the following:
  Diet, Discharge Medications, Follow-up Appointment, Weight monitoring, and what to do if symptoms worsen.
ACUTE MYOCARDIAL INFARCTION

We monitor the following:
- Aspirin within 24 of arrival unless contraindicated
  - Beta blocker requirement deleted in 2012
- Thrombolytics within 30 minutes of arrival when indicated
- PCI received within 90 minutes of hospital arrival for STEMI
- Patients with Left Ventricular Systolic Dysfunction (LVSD) receive an ACE inhibitor or ARB or have a physician document contraindications
- Smoking cessation or advice counseling
- Aspirin and Beta Blockers are ordered on discharge unless contraindicated

SURGICAL CARE IMPROVEMENT PROJECT

We monitor the following:
- Appropriate antibiotic timing
- Glucose Control
- Normothermia
- Beta Blockers (pre and post op)
- Foley Removal
- Deleted in 2012
  - Appropriate hair removal
NURSING ORIENTATION
Pharmacy

Tri-City Medical Center
Nursing Orientation for Pharmacy

- Hours of Operation - 24/7
- Services Provided:
  1. Decentralized pharmacists, ICU pharmacist
  2. Centralized IV additive service
  3. Clinical Programs
     - Aminoglycoside, vancomycin, anticoagulant dosing service
     - Therapeutic substitution of approved medications, including antibiotics
     - Renal dosing program
     - IV to PO service
     - Drug information - ask your pharmacist
Contacting TCMC Pharmacy

- Main Pharmacy x3012
- IV Room x3016
- Pharmacy Technician 760-908-3931
- Pharmacy Technician Supervisor
  - Julie Stokes x3626
- Director of Pharmacy
  - Tori Hong x3018

Contacting Your Pharmacist

- The Pharmacists are unit-based and up on the floors from 0800 to 1700 to review and process physician orders, monitor patients on a regular basis, and answer any questions you may have.

- If immediate response is needed call your floor pharmacist on the cell phone number posted on your unit.
Contacting Your Pharmacist

Nursing Units

1E, 1W, 3W  x4601
2E, 2W, 4E, 4W  x4600
1N, 1S, 3N, WCS, 3W (NICU)  x4602
2P, 4P, BHU  x4603
ED, PACU, Pre-Op hold,
Radiology, Dialysis, SPRA, Surgery  x4604

Pyxis Medstations Sign On

- You will have Pyxis access to those stations you are authorized to work (access maximum is 6 stations.)
- Pyxis Supply Station/Med Station ID and temporary password will be issued @ today’s presentation.
- First time users will be prompted to change their password when initially signing onto the system (must be between 5 and 8 characters) then register for Bio ID.
- If you forget your password, come to the pharmacy with your name badge to receive a new temporary password.
1) Enter your User ID and permanent password

2) You will see a message asking if you want to register your bio-id..............Select YES

3) You will then see a message asking you to scan your fingerprint...............Select SCAN

4) Select the finger you want to use. Place that finger flat on the scanner located right below the keyboard.

5) You will lift that finger off and place the same finger on the scanner 3 more times

6) You should then receive a “Congratulations” message (or a message saying you could not get registered, don’t contact pharmacy, just repeat the above process twice. If you are not successful after 3 attempts, contact pharmacy).

7) From now on you will use your User ID and fingerprint to log-in (unless working in OR suites)
BIO-ID

Pyxis Bio-id
(fingerprint password)

You should still remember your password in-case your fingerprint or device fails on log-in

- The system converts your initial fingerprints into an encryption and then DELETES the pictures of your fingerprints...they are not stored anywhere in the system

If you experience problems logging on with your fingerprint please call pharmacy at x 3012

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Pyxis Medstations (cont.)

- A charge nurse or manager can assign a temporary password good for 18 hours.
- If you need to withdraw a medication and it is not in the Pyxis patient profile, call your pharmacist to enter the medication. If the medication is not loaded in Pyxis, call the front tech @908-3931.
- If a Pyxis medication is not used, it must always be returned through Pyxis. When you touch the return button, a drawer will open containing a “return bin”. If the med is too large to fit, place in the “return to pharmacy” bin.
Pyxis Medstations

Override Function

- In emergent/urgent situations, certain medications may be overridden in Pyxis. This means that the order has not been reviewed by a pharmacist.
- An overridden medication still needs to have an order associated with it and pharmacy does conduct audits to ensure regulatory compliance.
- The override system should NEVER be used if there is an active order (such as routine medications).

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Pyxis Medstations

Lexi-Comp

DIRECTIONS TO ACCESS LEXI COMP "DRUG INFORMATION DATABASE FROM PYXIS MAIN MENU

Ø TOUCH THE PYXIS MACHINE SCREEN IN THE UPPER LEFT CORNER ON THE LEXI COMP BOX ICON
Ø TOUCH MED LIST BOX AT THE BOTTOM OF THE SCREEN
Ø SELECT GENERIC DRUG NAME FROM LIST (MAY SCROLL DOWN WITH THE ARROW ON SCREEN OR KEYBOARD) OR TYPE THE FIRST FEW LETTERS OF THE GENERIC NAME IN THE BOX
Ø SELECT (TOUCH SCREEN) ON THE LEFT FOR DRUG INFORMATION
Ø BE SURE THE CURSOR IS ON THE RIGHT SIDE OF SCREEN BEFORE PRINTING TO YOUR NETWORK PRINTER
### Pharmaceutical Waste

<table>
<thead>
<tr>
<th>Pharmaceutical Waste Bin (blue box)</th>
<th>RCRA Waste Bin (small black box)</th>
<th>Chemotheuy Waste Bin (yellow bin)</th>
<th>Trash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tablets</td>
<td>Warfarin</td>
<td>Chemootherapy</td>
<td>Empty, unlabeled IV bags and tubing</td>
</tr>
<tr>
<td>Topicals</td>
<td>Undiluted epinephrine</td>
<td>Hazardous medications — identified on eMAR and on Pyxis</td>
<td>Non-hazardous medication wrappers</td>
</tr>
<tr>
<td>Vials with medication in it</td>
<td>All forms of nitroglycerin</td>
<td>Non-sharp materials that have been exposed to a hazardous drug</td>
<td>Empty vials, non-hazardous</td>
</tr>
<tr>
<td>Example: Lasix 10mg used, 10mg still in vial</td>
<td>Inhalers, anything under pressure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pharmaceutical Waste

Things that can be disposed down the sink or toilet:

- **Liquid and Solutions with less than 24% alcohol**
- **Expired or unused parenteral/oral liquids: dextrose/saline IV admixtures/solutions containing:**
  - Antibiotics
  - Dobutamine
  - Electrolytes
  - Epinephrine
  - Epi-cal
  - Heparin
  - Insulin
  - Lidocaine
  - Lorazepam
  - Maalox/Mylanta
  - Magnesium Sulfate
  - Meperidine
  - Midazolam
  - Morphine
  - Multivitamins
  - Norepinephrine
  - Oxytocin
  - Theophylline
  - TPN
Procedure for Wasting IV Bags

- Empty IV bag by disposing of solution down the sink
- Peel away top label containing patient info
- Fold adhesive section of label onto itself & discard label into "shred-it" container
- Discard empty IV bag into the "REGULAR" trash container
- Disposing of IV bags into Blue Pharmaceutical Waste container is VERY COSTLY

Wasting controlled substances

- Requires two licensed personnel
- RN, LVN, RCP, radiology technician, pharmacist or anesthesiologist
- Licensed personnel must verify the following before witnessing waste:
  1. Physician order
  2. Right patient
  3. Right medication and right amount being wasted
Controlled Drug Discrepancies

All discrepancies must be appropriately resolved by the end of each shift
1) Unresolved discrepancies must be reported to charge nurse
2) Resolving while everyone is still present is the quickest and easiest way to resolve a discrepancy and avoid DEA $25K fine.

Controlled Drug Discrepancies

Audits and Reports:
1) Discrepancy reports by Pharmacy are followed up by Lead Technician
2) Weekly Pyxis Controlled Substance Counts
3) Pro-Active Diversion Report by Pharmacy which compares users from the same unit.
4) Random audits are performed on Controlled Substances
Hazardous Drugs

In pharmacology, **hazardous drugs** are drugs that are known to cause:
- **Genotoxicity**, which is the ability to cause a change or mutation in genetic material
- **Carcinogenicity**, the ability to cause cancer in animal models, humans or both
- **Teratogenicity**, which is the ability to cause defects on fetal development or fetal malformation
- Potential to cause fertility impairment, which is a major concern for most clinicians.

These drugs can be classified as **antineoplastic**, **cytotoxic** agents, biologic agents, antiviral agents and immunosuppressive agents. This is why safe handling of hazardous drugs is crucial.

Hazardous Drugs Versus Chemotherapy?

- **Hazardous Drugs** will be located in the medication Pyxis and the E-Mar comment under these medications will state “Hazardous Drug”.
- **Chemotherapy Drugs** that can only be given by a chemotherapy nurse will be identified by pharmacy and the drug will be delivered to the oncology unit with a sticker that states “Chemotherapy-Dispose of Properly”. There will also be a comment in the E-Mar that states “Chemotherapeutic Agent”.
Safety Precautions When Handling Hazardous Drugs

- Never touch Hazardous Drugs or its packaging with your bare hands
- Always double glove when handling hazardous drugs and its packaging
- Never score or crush hazardous drugs (prevents inhalation of the drug)
- Notify pharmacy if a hazardous drug must be administered via gastric tube (i.e. NG, GT, KEO)

Disposal of Hazardous Drug Waste

- Dispose of the following in the yellow puncture proof cytotoxic waste container located in the unit's medication room or designated area:
  - Needles and syringes used when administering hazardous drugs
  - Non-sharp materials that have been exposed to a hazardous drug (i.e. Pill Packaging, IV tubing/Empty IV bags {Except Oxytocin}, and gloves)
  - Hazardous drugs in a pill form that have been contaminated or just need to be wasted
### E-Mar Examples

#### Hazardous Drug

**Azathioprine (Mycophenolate)**
- **Dose:** 50 mg
- **Start Date:** 10/04/10
- **Schedule:** PO DAILY
- **Reason:** Immunosuppression
- **Caution:** Chemotherapy patients may experience mucositis, diarrhea, nausea, and vomiting.

**Chemotherapy**
- **Docetaxel (Taxotere)**
- **Dose:** 10 mg
- **Start Date:** 10/04/10
- **Schedule:** PO DAILY
- **Reason:** Anticancer therapy
- **Caution:** Chemotherapy patients may experience myelosuppression, neurotoxicity, and dermatitis.

### MAR Correction Request

<table>
<thead>
<tr>
<th>Patient Name / Nurse Requesting</th>
<th>MAR Correction Request</th>
<th>FOR PHARMACY USE ONLY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discontinue</td>
<td>Receiving pharmacist to contact (if needed)</td>
</tr>
<tr>
<td></td>
<td>Reassess</td>
<td>Missing dose, Pyrexia issue, Parameter change (SL, rate change, etc.)</td>
</tr>
<tr>
<td>Request date:</td>
<td>Wrong frequency</td>
<td>Initial order not assessed, Request in error (see comments)</td>
</tr>
<tr>
<td>(Pharmacist’s comments)</td>
<td>Order not on MAR</td>
<td>Pharmacist error (initiate)</td>
</tr>
<tr>
<td></td>
<td>Missing med</td>
<td>Order missed, Other entry error</td>
</tr>
<tr>
<td></td>
<td>Wrong medication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (see below)</td>
<td></td>
</tr>
</tbody>
</table>

| Request date:                   | Discontinue            | Receiving pharmacist to contact (if needed) |
| (Pharmacist’s comments)         | Reassess               | Missing dose, Pyrexia issue, Parameter change (SL, rate change, etc.) |
|                                 | Wrong frequency        | Initial order not assessed, Request in error (see comments) |
|                                 | Order not on MAR       | Pharmacist error (initiate) |
| Request date:                   | Missing med            | Order missed, Other entry error |
| (Pharmacist’s comments)         | Wrong medication       |                                    |
|                                 | Other (see below)       |                                    |

| Request date:                   | Discontinue            | Receiving pharmacist to contact (if needed) |
| (Pharmacist’s comments)         | Reassess               | Missing dose, Pyrexia issue, Parameter change (SL, rate change, etc.) |
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| Request date:                   | Missing med            | Order missed, Other entry error |
| (Pharmacist’s comments)         | Wrong medication       |                                    |
|                                 | Other (see below)       |                                    |
Medication Error/Adverse Drug Reaction (ADR)

- Enter all medicated related events into the RLS system
  - Be sure to enter as much detailed information as possible

- Call your pharmacist if you suspect an adverse drug reaction has occurred. In addition, complete the Adverse Drug Reaction Section in the RLS system

Questions?
ACUTE CORONARY SYNDROME (ACS) AND EARLY HEART ATTACK CARE

Minutes matter!
Time is Heart Muscle!
Fast action can saves lives!
Maybe your own.

What is ACS?
- ACS is a term used to describe a set of signs and symptoms related to a critical decrease in blood flow to the heart. If immediate treatment is not received you will have to a heart attack sometimes a heart attack is called a Myocardial Infarction or MI.

What are the symptoms?
- Heartburn, pressure, pain, or a burning feeling in your chest that does not go way or if it goes away comes back.
- Complaint of feeling very tired
- Dizziness or fainting
- Nausea and vomiting
- Sweating
- Shortness of breath at rest or shortness of breath that gets worst while walking or moving
- Discomfort in other areas of the upper body.
  - These symptoms can include pain or discomfort in one or both arms, back, neck, jaw, or stomach.

Where is the discomfort or pain located?
What should you do if you have any of the above symptoms?
- Don't wait more than five minutes
- Call 9-1-1 or your emergency response number if you're experiencing any of these symptoms.
- Even if you're unsure, have it checked out (tell a doctor about your symptoms).

Acute Coronary Syndrome Facts
- The symptoms are caused by the presence of coronary (artery) heart disease
- What is coronary (artery) heart disease?
  - The coronary arteries provide blood and oxygen to your heart.
  - When one or more of these arteries become blocked with a buildup of fat, cholesterol, or plaque, the amount of blood and oxygen decreases to the heart.
  - When the flow of blood decreases, patients develop certain signs and symptoms.
  - If the signs and symptoms are not recognized areas of the heart that do not get enough blood or oxygen begin to die.
  - When the areas of the heart die, this is called a myocardial infarction (heart attack)
- Chest Pain is the most common symptom in both men and women.
- Coronary heart disease is the No. 1 cause of death in the United States.