Fountain Valley

Regional Hospital

Non-Employee GENERAL ORIENTATION

PLEASE COMPLETE THE SIGNATURE PAGE
AND RETURN TO:

Professional Practice

& Development

Department

714-966-7222

I. Welcome to Fountain Valley Regional Hospital Medical Center (FVRH).

II. Our Mission and Vision

Our Mission: To provide world class healthcare to diverse patients of our community in an environment of compassion, competence and quality, where both physicians and staff are committed to those patients, as well as each other.

Our Vision:

To maintain a comprehensive range of services that meet the needs of the regional area we serve

To use all of our resources to deliver outstanding care and extraordinary service to our patients while being sensitive to their cultural differences

To provide opportunities for education to our physicians and staff that will assist in their professional growth and their ability to care for our patients

To distinguish ourselves both through our high quality of care delivery and integrity with which we deliver it.

III. Parking Policy:

Parking is available at no charge in the Employee lot (See map).

IV. Dress Code

- All employees/students are required to wear identification badges at all times while on duty.
- All employees/students are expected to be professional in appearance.
- Attire shall be modest, safe, and clean while on duty.
- Employee/Student appropriate attire is defined as, but not limited to the following:
  1. Artificial nails, nail extenders, silk wraps or other nail overlays, or nail jewelry are not allowed for staff with direct patient contact or contact with patient care supplies and equipment.
  2. Fingernails must be kept neatly trimmed, ¼ inch maximum length, and clean.
  3. If worn, polish will be light in color and in good repair (i.e. no chips or cracks).
  4. As appropriate, hose or socks are required.
  5. Closed toe shoes are required. Extreme colors, style, heel height, sandals, beach flip-flops are not acceptable.
  6. Department specific dress code may be required. Sportswear such as jeans, denim pants of any colors, stretch pants, legging, shorts, walking shorts, skirts, T-shirts, sweatshirts, sleeveless shirts, bare shoulder or spaghetti strapped blouses, tank tops or sun dresses are not permitted.
  7. Clothing must be modest and professional. Sheer, low cut, spandex, clinging,

bare or revealing clothing must not be worn. Proper undergarments must be worn at all times.

8. Long hair will be pinned up or tied back.
9. For safety reasons, it is requested that if jewelry is worn, it be conservative. Items such as earrings worn in areas other than the earlobe are considered unprofessional and not allowed.
10. Mustache and/or beards are required to be neatly trimmed.

V. Smoking Policy:

FVRH is a "smoke free" campus. Smoking is not allowed in any building at any time. Smoking is only permitted in designated smoking areas, outside of the facility. Smoking cessation programs are offered throughout the hospital. This includes nicotine patch administration for patients as indicated.

VI. Breaks and Lunches

- You are allowed a ten (10) minute paid rest period for every 4 hours that you work.
- You are allowed thirty (30) minutes unpaid meal period per 8 hour shift.
- 12 hour shifts are required in certain clinical areas. Please ask your department resource for break and lunch period information.
- Rest period and meal breaks may not be combined.

VII. Body Mechanics

- All staff are expected to practice safe body mechanics. Use of ARJO lift and position assistive equipment is required. If you need equipment orientation, please ask your staff resource.

Key Points to remember:

- To maintain a safe and healthy working environment, Fountain Valley Regional Medical Center attempts to prevent injury to employees who perform lifting as a part of their job duties. Therefore, it is crucial that all employees demonstrate safe lifting, transporting and proper back care techniques at all times.
- Fountain Valley Regional Hospital and Medical Center is firmly committed to maintaining a safe and healthful working environment. To achieve this goal, we have implemented this comprehensive Injury & Illness Prevention Program. This program is designed to prevent workplace accidents, injuries, and illnesses wherever possible.
- Good housekeeping is an integral part of any effective Safety Program. Keeping workplace areas neat and clean reduces the chance of accidents and injuries. Well-organized areas also increase the ability of employees

to perform their jobs effectively. Each employee is responsible for keeping his or her work area neat and orderly.

- All direct care employees shall function as a “lift team” by providing patient handling assistance to colleagues when needed. If an urgent or emergent need has been identified by the nurse, PT or OT may provide support to nursing. Employees are encouraged to actively be involved in maintaining a safe environment by reporting any unsafe conditions to the unit supervisor
- Be familiar with the general proper body mechanics and ergonomics techniques

VIII. Hazardous Materials

- Under the "Right to Know" requirements employees working in a healthcare environment have a "Right to Know":

  1. What chemical hazards exist in the facility?
  2. What their exposure potential may be?
  3. What precautions have been taken to protect the employee?
  4. What "work practice controls" are in place to protect workers?
  5. What systems are in place (engineering controls) to limit exposure?
  6. What personal protective equipment has been provided?

- The leadership within the organization is required to:
  1. Establish policies and procedures for the safe use, handling and storage of hazardous substances.
  2. Orient and train staff on the potential exposure hazards and hospital policy.
  3. Provide work policies & procedures for safe work practices.
  4. Provide engineering controls and personal protective equipment to protect employees.
  5. Monitor the compliance with use of the above.
  6. Monitor the environment. Provide material safety data sheets.
  7. Monitor accidents and incidents.

- Employees are responsible to:
  1. Understand and comply with hospital policies and procedures related to hazardous material safety.
  2. Use the Haz-mat spill kits when handling hazardous substances.
  3. Use the Personal protective equipment provided when handling hazardous substances.
  4. Report unsafe or hazardous situations.
  5. Report and document accidents, incidents, exposures and spills.
  6. Understand where to find and how to read Material Safety Data Sheets (MSDS).

IX. Electrical Safety

- Personnel are responsible for knowing how to operate each piece of electrical equipment before using it.
- All equipment in patient care areas must be approved by the Engineering Department of the hospital.
- Check power plugs and cords before turning on equipment. Any damaged equipment should not be used, tagged with the facility form, and sent for repair.
- If any electrical equipment “looks, smells, or sounds strange”, disconnect the plug from power source, tag with facility form and notify engineering.
- Patients are not allowed to use their own electrical appliances unless battery operated.
- The first step to take in the event of an electrical fire or electrical shock is to disconnect the power to the equipment.
- Never handle electrical equipment while in contact with potential grounds water faucets, sinks, or wet areas.

X. Fires

This fire plan is based on the acronym RACE, which is easy to remember:

R– Remove
A– Activate Alarm
C– Confine the Fire
E– Extinguish or evacuate the area if not safe (behind smoke barriers)

For use of the fire extinguisher use the acronym PASS:

P– Pull the Pin
A– Aim
S– Squeeze
S– Sweep

- Do no use elevators in the event of fire.
- Keep hallways clear (place equipment only on one side of the hallway)
- Do not block exits, fire alarms or prop doors open
- Do not store supplies or boxes on the floor
- Keep items on top shelves at least 18 inches from the ceiling.
- Fires are classified according to the material that is burning. Fire extinguishers are coded to reflect the type of fire they can put out. The classifications are:
  Class A: Ordinary combustible material, such as paper, cloth, wood and some plastics.
  Class B: Liquids, oil and gases.
  Class C: Electrical, such as live energized electrical equipment.

Class ABC: Extinguishes all types of fires
*It is required to know the location of the closest fire extinguisher, fire alarm pull, and exits in your work area.

XI. Life Safety Measures

- In the event you are directed to conduct a partial or total building evacuation know where your designated evacuation location is on the exterior of the building. The priority of patient evacuation is as follows:
  1. Any in immediate danger.
  2. Ambulatory patients.
  3. Semi-ambulatory patients.
  4. Non-ambulatory patients.
- Disaster Manuals are located in each work area for reference.

Code	What it Means	What to do	Considerations
CODE RED	Fire, Smoke or Burning Smell	**R**escue those in immediate danger **A**larm the Alarm & Pull Alarm **C**ontain the Fire, Close Doors **E**xtinguish the Fire, if safe to do so	If not responding, close doors, assume the responsibilities of those that responded, remain alert listen for more information.
CODE BLUE	Adult Emergency	Assess the Patient, call for help, initiate CPR	If not responding, take over the responsibilities of the personnel that responded to the Code
CODE WHITE	Pediatric Emergency Under 18yrs of age	Assess the Patient, call for help, initiate CPR	If not responding, take over the responsibilities of the personnel that responded to the Code
CODE PINK	Infant Abduction less than 1 month of age	Personnel go to nearest point of entry & stop all traffic. Maintain at least one person per door**,** age of missing infant will be announced	If not responding, take over the responsibilities of the personnel that responded to the Code
CODE PURPLE	Infant/Child Abduction	Personnel go to nearest point of entry & stop all traffic. Maintain at least one person per door**,** age of missing child will be announced	If not responding, take over the responsibilities of the personnel that responded to the Code
CODE YELLOW	Bomb Threat	Keep caller on phone, obtain information about bomb location, description, when it will go off, why it was placed, listen for background noises	All personnel follow directions of the lead person in charge until All Clear is announced
CODE GRAY	Combative Person Security	All staff trained in AB508 report to location paged, assist with de-escalation or with restraint if necessary	If not responding, take over the responsibilities of the personnel that responded to the Code
CODE ORANGE	Haz Mat Spill /Release	Contain Spill Wear personal protective equipment Seek medical treatment if necessary	All personnel follow directions of the lead person in charge until All Clear is announced
CODE SILVER	Person with Weapon / Hostage	Secure yourself & others, Dial 5555 give location, hostages, suspects & weapon	All personnel remain in secured area until Police evacuation. Do not enter effected location
RAPID RESPONSE	Patient with Deteriorating condition	***DO NOT RESPOND*** ***Call 5555, and state Rapid Response Team to Room----*** ***Know the criteria for activation*** ***Use SBAR To communicate patient's condition to the team***	Do Not leave the room when team arrives Be a resource and have patients „ chart ready for the team
CODE TRIAGE I & II	Internal or External Disaster	Department Directors report to Command Center, get briefing & report unit status (census / staff on duty), personnel without assigned duties & employees off duty report to personnel pool	If not responding, take over the responsibilities of the personnel that responded to the Code

Code AMI	Patients with Acute Myocardial infarction coming to ED	Alerts Cath Lab, EKG, HS	If not responding, take over the responsibilities of the personnel that responded to the Code
Code Stroke	Patient with possible stroke diagnosis coming to ED	CT Scan Alert, May initiate ROBOT	CN to coordinate
Code Census	ED Full, Beds Needed	Department Directors report or call in to ED to see what help is needed , including through put	If not responding, take over the responsibilities of the personnel that responded to the Code
Condition Help	Family to activate if it is medical emergency	Patient or family calls 4357 (HELP) Rapid Response Team Responds to the room after operator calls it	Do Not leave the room when team arrives Be a resource and have patients „ chart ready for the team
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Code Sepsis	Patient presents with an actual or suspected severe sepsis in the ED	Alert House Supervisor, RT, and Pharmacy and ICU intensivist. If not in ED, call a Rapid Response by dialing 5555. Use SBAR to communicate the patient's condition to the team.	Do not leave the room when team arrives. Be helpful to the team as needed and answer questions regarding the patient's condition.

XII. Guidelines for Infection Control

- These guidelines are intended to protect patients and healthcare providers from potential exposure to communicable disease. The Infection Control Manual provides extensive additional information.

- TWO BASIC TEIRS OR PRECAUTIONS:
  - Standard
  - Transmission Based

- STANDARD PRECAUTIONS are designed to reduce the transmission of blood borne pathogens.

- STANDARD PRECAUTIONS apply to: Blood, all body fluids, secretions and excretions (except sweat), regardless of whether or not they contain visible blood. Exposure is through:
  - Non-intact skin
  - Mucus membranes

- TRANSMISSION BASED PRECAUTIONS apply to:
  - Airborne
  - Droplet
  - Contact

OVERVIEW OF ISOLATION GUIDELINES

Precautions	When Used	Some Examples of Disease	Instructions
Standard	All patients All blood, body fluids, secretions, excretions (except sweat) and contaminated items. Non-intact skin mucous membranes	All patients	Use barrier precautions as needed to prevent contact with blood, body fluids, excretions, secretions, and contaminated items. Wash hands before and after contact or glove use. Wash hands and change gloves between patients. Take care to prevent injuries when using sharps. Dispose of properly.
Transmission Based Precautions In Addition To Standard Precautions			
Airborne	Spread by droplet nuclei particle	Measles, Chicken Pox, **Tuberculosis**	Private room, negative air pressure, door closed. N95 Respirator, mask on patient during transport.
Droplet	Spread by droplets	Meningitis, Diphtheria, Mycoplasma Pneumonia, Influenza, Mumps, Rubella	Private room if possible, wear mask, within 3 feet of patient, limit transport, surgical mask on patient during transport.

Contact	Spread by contact with intact skin or surfaces	Resistant bacteria like MRSA, VRE, Herpes simplex, highly contagious skin infections , *C. difficile* (infectious diarrhea)	Private room, wear gloves. Avoid contamination of hands. Wear gown. Limit transport. Dedicate use of patient care equipment to a single patient.

XIII. Safety/Risk Management/Occurrence Reporting

- Report the following to your department resource:

1. Defective or damaged equipment.
2. Injuries to self, staff, visitors, patients.
3. "Sentinel Event" Any unexpected occurrence involving death or serious physical or psychological injury.
4. "Near Miss" defined as any process variation which did not affect the outcome, but for which a recurrence caries a serious adverse outcome. "A close call."
5. Hazardous Condition-Any set of circumstances which significantly increases the likelihood of a serious adverse outcome.

XIV. Core Measures

The Joint Commission (TJC) requires accredited hospitals to collect and submit performance data. This requirement was established to improve the safety and quality of care and to support performance improvement in hospitals. The Core Measure initiative allows TJC to review data trends and to work with hospitals as they use the information to improve patient care. At FVRH we have chosen as our Core Measures:

1. Acute Myocardial Infarction
2. Community Acquired Pneumonia
3. Coronary Artery Bypass Graft
4. Diabetes
5. Heart Failure
6. Immunization
7. Surgical Site Infection Prevention
8. Stroke
9. VTE

Patients with a "core measure" diagnosis have clinical pathways and protocols. Your department resource will provide you with specific information and criteria.

XV. National Patient Safety Goals 2016

NPSG 1 - Improve the accuracy of patient identification

01.01.01 - Use at least two patient identifiers when providing care, treatment, and services. This is done to make sure that each patient gets the correct medication and treatment.

- We utilize the **patient's name** and the **patient's DOB** (both of which are located on the patient identification band). At FV, the third Identifier is the **MR #** which is used for infants or if patient's name and DOB are the same.
- Use two identifiers when administrating medications, blood components, collecting blood and other specimens, and when providing treatments or procedures

01.03.01 - Eliminate transfusion errors related to patient misidentification - before initiating blood/blood components for transfusion, the patient is matched to the blood/blood components; match the blood or blood component to the order, match the patient to the blood or blood component; use a two-person bedside verification process

- One of the two-person verification team must be qualified to perform the transfusion (i.e., a Registered Nurse)
- The second person on the verification team must be qualified to participate in the process (i.e., Registered Nurse or Licensed Vocational Nurse or MD)
- Also at FV, one of the people verifying must be **RN on the staff, two registry personnel cannot verify the process.**

NPSG 2 – Improve the effectiveness of communication among caregivers

02.03.01 - Report critical results of tests and diagnostic procedures on a timely basis

- The objective is to provide the responsible caregiver these results within an established timeframe. FVRH has established a 60 minute timeframe.
- **Report critical results of tests and diagnostic procedures in a timely basis.**

NPSG 3 - Improve the safety of using medications

3.04.01 - Label all medications, medication containers (For example: syringes, medicine cups, basins) or other solutions on and off the sterile field

3.05.01 - Reduce the likelihood of patient harm associated with the use of anticoagulation therapy; use only oral unit-dose products, prefilled syringes or premixed infusion bags; before starting warfarin assess baseline coagulation status

- Program is implemented house wide at FV.

- Accomplished through patient and family education, dietary interactions, and accurate and timely lab results.

3.06.01 – Maintain and communicate accurate patient medication information. Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

NPSG 6 - Reduce the harm associated with clinical alarm systems.
06.01.01 - Improve the safety of clinical alarm systems. Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

NPSG 7 - Reduce the risk of health care –associated infections
07.01.01 - Comply with the current CDC hand Hygiene guidelines. At FV we follow CDC guidelines, there are set goals for improving the compliance with the hand hygiene guidelines. Audits are done monthly. Staff teaching is done during orientation and annual reorientation at minimum

- Good hand hygiene: Not visibly soiled, waterless hand rubs. Visibly soiled, soap & water.
- C. Diff requires soap and water hand hygiene.
- No artificial nails will be worn by anyone providing direct patient care.

07.03.01 - Implementation of guidelines to prevent multi-drug resistant organisms; see Guidelines for Infection Control
07.04.01 - Implement evidence based practices to prevent of central line associated bloodstream infections

- Implement evidenced-based medicine (EBM) practices to prevent central line-associated bloodstream infections. Central line Bundle is implemented at FV

07.05.01 - Prevention of surgical site infections - Implement evidenced-based medicine (EBM) practices for preventing surgical site infection – refer to SCIPS protocol
07.06.01- Implement evidence based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI)

Implement evidenced-based medicine (EBM) practices, CAUTI bundle is implemented at FV

NPSG 15 - The hospital identifies safety risk inherent in its patient population
15.01.01 - Identification of patients at risk for suicide.

- We provide one-on-one supervision and referral to these individuals as necessary.

UNIVERSAL PROTOCOL - Eliminate wrong site, wrong patient, and wrong procedure/ surgery.

UP 01.01.01 - Conduct a pre procedure verification process

- Pre-op verification process / checklist, availability of appropriate documents. Consent is completed & signed, risk/ benefits/ alternatives are explained, H&P and Pre op VS are done, and all documents/special equipment/implants are available.

UP 01.02.01 - Mark the procedure site

- Marking the surgical site, which involves the patient?
- Required for all cases, "YES" is marked with a permanent marker in an area that will be visible after draping.

UP 01.03.01 - A time-out is performed before the procedure

- Conduct a "time-out" immediately before starting the procedure

FVRH NPSG Requirement

- Implementation of applicable NPSG"s and associated requirements by competent and practitioners sites
- Staff is informed about NPSG"s during general orientation and ongoing
- Nursing orientation and department specific orientation also includes Info about NPSG"s
- All department directors quiz staff on rounds about NPSG"s
- Staff is reeducated on NPSGs during safety fair and ongoing education

XVI. Sentinel Event

Any serious occurrence of unanticipated event that causes serious physical or psychological injury, death, or the risk thereof is termed a sentinel event. An occurrence that may be a sentinel event should be reported to your manager/director immediately as well as to the Administrative Supervisor. When notified, the Risk Manager and Administration will take further action which may include performing a root cause analysis, mandatory reporting to the State of California, and a corrective plan of action.

XVII. Patient Rights

A copy of these rights and responsibilities is given to all patients and posted in the facility. This information is also included in patient handbook that patient receives at admission. These rights include:

- ✓ Access to Care
- ✓ Hospital Charges
- ✓ Advance Directives
- ✓ Hospital Rules and Regulations
- ✓ Communication
- ✓ Identity

- ✓ Complaints & Conflict Resolution
- ✓ Information
- ✓ Consent
- ✓ Pain Management
- ✓ Consultation
- ✓ Personal Safety
- ✓ Dying/Grieving Process
- ✓ Privacy and confidentiality
- ✓ Ethical Issues
- ✓ Refusal or Acceptance of Treatment
- ✓ Experimental Drugs/Devices/Clinical
- ✓ Respect and Dignity Trials
- ✓ Transfer and Continuity of Care

Patient responsibilities:

- ✓ Provide accurate, complete information
- ✓ Follow treatment plan; comply with instructions
- ✓ Accept responsibility if treatment refused
- ✓ Financial obligations
- ✓ Follow hospital rules; be considerate of others

Patients have the right to register complaints without fear of retribution, to have their complaints investigated and resolved, and be provided with timely follow up. Furthermore, a patient complaint will not compromise continued care or access to care in the future.

Additionally, patients and employees alike have the right to report concerns they may have about safety or quality of care provided in the hospital and may report these concerns to the Joint Commission. The hospital will take no disciplinary action if an employee or patient reports safety or quality of care concerns to the Joint Commission

See the Administration Manual for the complete policy and procedure titled: Patient Rights and Responsibility

XVIII. Patient Satisfaction/Customer Service

It is the goal of FVRH that every patient and customer is completely satisfied with the care and services provided. Our customers include patients, visitors, employees, and medical staff. It is our policy to follow up on patient concerns. If you should hear a patient or family member voice a concern while at FVRH, please notify your department resource immediately so the appropriate action can be take. Our approach to customer service is as follows:

AIDET

Acknowledge our Customers

- Make eye contact
- Smile
- Stop what you are doing so your customer knows he/she is important

Introduce Yourself

- Offer greeting
- State your name
- State your department
- Explain how you will be serving them

Duration

- Explain how long before the treatment, procedure, test, process starts.
- Explain how long the activity will last.
- If applicable, explain the post-activity report process.

Explanation

- Explain the treatment, procedure, test or process.
- Explain who is involved providing their care/service.
- If a clinical procedure, explain if the test will cause pain or discomfort, or if post procedure instructions are necessary.
- Solicit and/or offer to answer any questions, concerns.

Service Recovery (ACT)

Correcting and recovering when we have failed in service

A: Acknowledge and/or apologize
C: Correct the problem(s) ASAP
T: Thank the customer for raising the issue.

XIX. Population Specific Issues

Healthcare providers are required to relate to their patients in age/population-appropriate ways. This is based on criteria identified for each unit and position description.

XX. Forensic Services

Non-employee personnel and/or contract staff receive orientation to the facility as appropriate to their role.

XXI. End of Life Issues

All disciplines must comply with procedures to ensure respectful, responsive care of the dying patient.

XXII. Organ/Tissue Donation

All deaths are reportable for possible donation to **"ONE LEGACY"** .See hospital policy for specifics.

XXIII. Cultural Diversity

FVRH recognizes the diverse cultural make-up of our local population, and seeks to accommodate each patient's cultural needs

XXIV. HIPAA/Patient Confidentiality

All patients are entitled to have their protected medical information remain private. To accomplish this:

- Health information is shared on a need-to-know basis according to hospital policy. All paperwork containing patient information will be placed in the designated bins for proper disposal. IV bags have a perforated label that must be removed prior to disposal.

- Patient information is not shared with anyone who is not directly involved in the care of the patient. This includes family members not authorized by the patient to receive that information, other staff, and visitors. Please do not hesitate to question anyone attempting to access patient information, reading the patient's paper chart, or attempting to access an electronic record. Report anyone who is attempting to gain information to your department resource immediately.

- Family members and visitors are not authorized to be in the nurses' stations.

- No photographs may be taken in the hospital unless associated with medical/surgical related documentation (a signed Consent for Photography must be obtained).

- Employees, Contracted Staff, or Volunteers may not use cellular telephones to text or otherwise relay protected health information or the personal identification of patients to anyone whether they are involved with the patient's care or not.

- Some patients may choose not to release their name on the general census. These patients are referred to as "no information". The charts are labeled "No Info" and "No Info" is placed on the census board instead of their name. The designation "occupied" also delineates patients for which no information is provided outside of direct care providers. At no time should information be shared with visitors or over the phone for either of

These patient categories.

XXV. Ticket-To-Ride

Before patients depart from any department, Hospital Transporters and Ambulance personnel MUST initiate the Ticket-To-Ride (orange) slip and deliver it to the RN who is caring for the patient.

XXVI. Moderate Sedation

FVRH provides specific policies for the monitoring of patients receiving moderate sedation by the professional registered nurse and medical staff during diagnostic and therapeutic procedures. Policies are available on the nursing unit and clinical department.

XXVII. Pain Management

All patients are entitled to pain management. Please let your department resource know immediately if your patient's pain is not well controlled. A variety of 0-10 pain scales are used based on the patient's age and cognitive status. Non-pharmaceutical pain management measures such as distraction, music, and relaxation techniques are used in addition to ordered medications. Reassessment of pain after intervention is required and must be documented.

XXVIII. Fall Prevention

FVRH has a fall prevention program to promote patient safety. Patients are assessed using the Morse Fall Risk Scale on admission for the adult population and the Graf – PIF Scale for the pediatric population. Yellow nonskid socks, yellow “Fall Risk” wristbands are placed on patients identified as “At Risk”. A magnetic “SAFE” sign is placed on the doorframe of the patient’s room and yellow “Fall Prevention” stickers are placed on the patient’s chart. Proper fall prevention documentation is entered in the Electronic Medical Record as well. The Fall Prevention Policy details the Morse Fall Risk Scale and the Graf – PIF for assessment and requirements for reassessment.

XXIX. Abuse

All healthcare workers are mandated reporters of domestic violence, child abuse, elder and dependent abuse. See hospital policy for specific criteria.

XXX. Recognition of Impairment

Impaired and disruptive behavior of a licensed independent practitioner can

Impact the safety and care of patients, endanger the physical safety of hospital employees and may create a working environment that is hostile and unproductive. FVRH has a program to identify and manage physician impairment. Please report symptoms of both impairment and disruption to your department supervisor.

XXXI. Team Dynamics

The medical, nursing, and ancillary professional staff of FVRH function collaboratively as part of a multi-disciplinary team united in a purpose to achieve positive patient outcomes.

XXXII. Chain of Command

Each unit/department has a charge nurse or supervisor who is responsible for the function of the unit during their shift. The Administrative person on call and nursing supervisor is available at all times including nights and weekends. Unit managers have a 24-hour responsibility for the unit. Unit directors answer to the Chief Nursing Officer. Issues related to medical staff are reported to the charge nurse or department supervisor for follow-up through the chain of command.

XXXIII. Central Supply Items

Chargeable central supply items have a sticker attached. Remove the sticker and place on the patient's central supply card.

XXXIV. Medication Administration

- All licensed staff are required to follow the "Five Rights" of medication administration
- Two identifiers are used prior to administering medication: patient name, DOB
- Staffs are required to bring the WOW (Workstation on Wheels) into the patient room with each medication administration. It is mandatory to scan the patient's armband as well as each individual medication during administration of ALL meds at FVRH. This is done by using the "Medication Administration Wizard" in the EMR. For IVPB with additives, always scan the Pharmacy Label on the bag.
- Only approved abbreviations may be used. Refer to hospital policy.

Remember the Five Rights: Right Drug, Right Dosage, Right Route, and Right Time & Right Patient
6th Right- Right Documentation

XXXV. Documentation

- Most of the documentation occurs in the Electronic Medical record, there are some forms still on paper. Each unit has individualized areas where they document, please ask your resource on the floor to show you these areas.

XXXVI. Performance Improvement

FVRH is committed to continuously improving performance and patient care outcomes.

The medical staff, employees and contracted services participate in identifying opportunities to improve, data collection, multidisciplinary teams and implement actions to sustain improvements.

The methodology selected by FVRH to analyze and improve care/services and processes/outcomes is called the PDSA

P- Plan the Improvement
D- Do the Improvement
S- Study the results
A- Act to hold the gains

XXXVII. How to Report an Event

- **To report an event, contact your immediate charge nurse/supervisor**. They will facilitate completion of an occurrence report.
- All Tenet Hospitals utilize an on-line incident reporting system that ***employees*** access through eTenet. As a contract employee you don't have access to this system
- This report is limited to *factual statements* that document the occurrence, any interventions taken and shall not admit to or attempt to assign blame, liability or causation

What is a Reportable Event?

- This occurrence isn't consistent with the *routine operation of the hospital* or *routine care of a patient/s*. Even the ***potential*** for accident, injury, illness or property damage is considered a **reportable event**.

- An ***unintended*** event or act of omission or commission that ***departs from or fails to achieve what was intended*** is considered **reportable*.***

- Errors may or may not result in negative consequences. This includes a system &/or an individual error of judgment or inaction. **These are reportable.**

REMEMBER: Any Hospital Staff, who witnesses, discovers or has direct involvement/knowledge of a reportable event, shall complete an occurrence report <u>before the end of their shift.</u>

Examples of Reportable Events include (but are not limited to):

Patient falls	Property (loss of or damage to)
Adverse drug events - medication errors	Equipment failure or malfunction
Adverse drug reaction (allergic reaction)	All stages of Hospital acquired pressure ulcers Stage III and above decubitus ulcers

<u>Why Report Potential/Actual Occurrences?</u>

- Supports a culture of shared accountability for identification of events that may impact hospital & patient safety
- Integrates risk reduction strategies into the hospital's performance improvement, peer review, credentialing & liability prevention activities
- Supports compliance with requirements of federal/state law and standards of accrediting organizations
- Establishes process to ensure documentation and investigation is conducted appropriate to the type/level of severity of reportable events

XXXVIII. <u>STOP THE LINE</u>

GOAL: to create the SAFEST possible environment to deliver care to patients

- Stop the patient care process when potential sources of patient care errors are identified, without fear of retaliation.
- Any person who observes or becomes aware of an immanently harmful situation in patient care
  Has authority & responsibility to.
- SPEAK UP & request the process be stopped
  to clarify PATIENT SAFETY SITUATION:
  1. Voice concern 2 times to ensure it is heard.
  2. Be LOUD & CLEAR.
  3. Care Providers MUST stop immediately.
  4. For Non-Compliance, invoke chain of command and file an eSRM.

Thank you for completing this self-study module
Please refer any questions/clarifications you might have to your resource. Complete the certificate on the first page and return it to the designated person
Do not hesitate to call education department if you need additional information on any of the topics covered in this packet.