Student Orientation Packet – 2016
Clinical Staff

After reviewing each section, sign the Attestation of Orientation and Patient Privacy and Confidentiality, then complete the Contract Staff Orientation Exam prior to starting work.

- **Hospital Mission, Vision, Values and Goals**
  - At PIH HEALTH, we provide the highest quality healthcare without discrimination and contribute to the health and well-being of our communities in an ethical, safe, and fiscally prudent manner in recognition of our charitable purpose.
  - Our Vision: Patients First
  - Our Values:
    - *Patients First:* Our patients' safety, well-being, and medical condition will be our primary concern at all times.
    - *Respect and Compassion:* We will consistently demonstrate respect and compassion for the beliefs, situation, and needs of our patients and co-workers.
    - *Responsiveness:* We will strive to anticipate needs and respond in a timely way to meet or exceed the expectations of others.
    - *Integrity:* Our attitude and actions will reflect the highest ethical and moral standards.
    - *Collaboration and Innovation:* We will work together – within and outside the organization – to solve problems and pursue opportunities in creative ways.
    - *Stewardship:* We will serve the community wisely through the efficient and prudent use of our financial resources.
  - Our Goals:
    - We will provide the highest standards of care to our patients.
    - We will attract and retain the highest caliber people who reflect the diversity and composition of the communities we serve.
    - We will be recognized as the best choice for high quality medical care in our service area, while also expanding the market area in which our reputation is recognized.
    - We will improve the health status of the communities we serve.
    - We will maintain an infrastructure that fosters innovation and efficient operations.
- **Patient/Customer Experience**
  - The patient and customer experience is critical at PIH HEALTH - We strive to create a positive experience for all patients and visitors. Our goal is to be their first choice for healthcare.
  - Telephone Etiquette – Speak clearly with confidence. Smiling as you speak projects a friendly tone over the phone. Identify yourself with full name, discipline, and unit you are calling from.
  - Service Excellence:
    - Wear your name badge above the waist and facing forward so it is clearly visible to all.
    - Introduce yourself to the patient stating your name, department/discipline and how you'll be involved in their care.
    - Uniform/professional attire should be clean and appropriate for job duties.
    - Respond to patients and hospital staff in a timely manner.
    - Help keep the work area clean and safe.
    - Use appropriate language and be conscious of HIPAA regulations.
    - Notify unit manager of any conflicts that are unable to be resolved during your shift.
  - Patient & Customer Experience Behavior Standards HR Policy #100.86500.725
    - Every interaction creates a perception and how we interact with our patients, families, coworkers and physicians is important in creating positive experiences. In order to achieve consistent and

positive experiences for our patients, visitors and each other, everyone is expected to always demonstrate the standards outlined in the policy.
    - The specific behaviors outlined in the policy are categorized into four different areas:
        - Show Consideration
        - Provide Assistance and Follow Up
        - Inspire Confidence in a Professional Manner
        - Always Demonstrate and Show we are a Team
- Our Code of Conduct is designed to protect and promote organization-wide integrity, to ensure values are adhered to, and to enhance PIH HEALTH Health's ability to achieve the organization-wide mission. If there is a concern about a code of conduct violation, please contact the Compliance Officer at Ext. 12818 or any member of the Corporate Compliance committee.
- Parking PIH HEALTH policy/procedure #100.86500.661
    - The designated area for students, contract staff and the vendors is the Rear lot parking area.
    - PIH HEALTH is not responsible for thefts, damage or loss of property while parking in any designated area.
- Dress Code PIH HEALTH policy/procedure #100.86500.718
    - Purpose: To present a clean neat appearance and dress according to the requirements of their positions, taking into account business, safety and infection control standards.
    - Identification badges must be worn above the waist at all times while on duty.
    - No open toed shoes allowed.
    - Tattoos that are visible must be covered.
- Telephone Etiquette, electronic devices PIH HEALTH policy/procedure # 100.86500.739
    - Employees, contract staff, and students are not to use personal cell phones or other electronic devices in public areas and not unless authorized by the department management and it does not interfere with job performance. Devices will not be used for personal reasons in any public area. This includes hallways and elevators. In addition, head phones or ear pieces are not to be used in work area or public areas.
    - Use of cell phones and other electronic devices for personal reasons is limited to break or lunch time only, and not in work areas including hallways and elevators. Cell phone ear pieces, IPod, or other electronic devices for personal reasons, to include accessing Facebook, Twitter or other social networking sites, is limited to break or lunch times only, and away from work areas.
    - If permitted to carry them, employees are to keep their cell phones on silent modes at all times**.**

Patient's Rights

Patients have the right to:

- Considerate and respectful care, and to be made comfortable. Have their cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- Have a family member (or other representative of your choosing) and to have their physician notified promptly of their admission to the hospital.
- Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure, who has primary responsibility for coordinating their care, and the names and professional relationships of physicians and non-physicians in their care.
- Receive information about their health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms they can understand. They have the right to effective communication and to participate in the development and implementation of their plan of care. They have the right to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
- Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as they may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- Request or refuse treatment, to the extent permitted by law. However, they do not have the right to demand inappropriate or medically unnecessary treatment or services. They have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.

- Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting their care or treatment. They have the right to refuse to participate in such research projects.
- Reasonable responses to any reasonable requests made for service.
- Appropriate assessment and management of their pain, information about pain, pain relief measures and to participate in pain management decisions. They may request or reject the use of any or all modalities to relieve pain, including opiate medication, if they suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform them that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.
- Formulate advance directives. This includes designating a decision maker if they become incapable of understanding a proposed treatment or become unable to communicate their wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on their behalf.
- Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. They have the right to be told the reason for the presence of any individual. They have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
- Confidential treatment of all communications and records pertaining to their care and stay in the hospital. They will receive a separate "Notice of Privacy Practices" that explains their privacy rights in detail and how we may use and disclose their protected health information.
- Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. They have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
- Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
- Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. They have the right to be involved in the development and implementation of their discharge plan. Upon their request, a friend or family member may be provided this information also.
- Know which hospital rules and policies apply to their conduct while a patient.
- Designate a support person as well as visitors of their choosing, if they have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
    - No visitors are allowed.
    - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
    - They have told the health facility staff that they no longer want a particular person to visit.

  However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform them (or their support person, where appropriate) of their visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- Have their wishes considered, if they lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in their household and any support person pursuant to federal law.
- Examine and receive an explanation of the hospital's bill regardless of the source of payment.
- Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner status, or the source of payment for care.
- File a grievance. If they want to file a grievance with PIH Health Hospital - Whittier they may do so by writing or by calling:

  PIH Health Hospital - Whittier
  Nursing Administration
  12401 Washington Blvd.

Whittier, CA 90602-1006
562.698.0811

The grievance committee will review each grievance and provide them with a written response within seven days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process.

Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

- File a complaint with the California Department of Public Health regardless of whether they use the hospital's grievance process. The California Department of Public Health's phone number and address is:

  California Department of Public Health
  Administrative Headquarters Staff
  Health Facilities Inspection Division Administration
  12440 E. Imperial Highway, Room 522
  Norwalk, CA 90650
  800.228.1019

  Or

  File a complaint regarding PIH Health Hospital - Whittier with the Joint Commission regardless of whether you use the hospital's grievance process at:

  The Joint Commission
  Office of Quality Monitoring
  One Renaissance Blvd.
  Oakbrook Terrace, IL 60181
  800.994.6610

This Patient Rights document incorporates the requirements of the Joint Commission; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4 and 124960; and 42 C.F.R. Section 482.13 (Medicare Conditions of Participation).

Patient's Responsibilities

Patients are responsible for:

- Providing, to the best of their knowledge, accurate and complete information about the their health, and medical history, including presenting complaints, past illnesses, hospitalizations, medications, vitamins, herbal products and other matters relating to the their health including perceived safety risks. They are responsible for reporting care problems and/or unexpected changes in the their condition to the responsible practitioner.
- Asking questions when they do not understand what has been told to them about their care or what they are expected to do.
- Following the treatment plan developed with the practitioner. They should express any concerns they have about their ability to follow the treatment plan.
- Actively participate in their pain management plan and to keep their doctors and nurses informed of the effectiveness of their treatment. This includes reporting their degree of pain and the effects or limitations of pain treatment.
- Accepting the consequences of failing to follow the recommended course of treatment or using other treatments, including the outcomes of refusing treatment or failing to follow practitioner instructions.
- Following the hospital's rules and regulations concerning patient care and conduct.
- Treating all hospital staff, medical staff other patients and visitors with courtesy and respect.
- Being considerate and respectful of other patients and staff by maintaining civil language and conduct, by not making unnecessary noise, smoking or causing distractions and respecting the privacy of others.
- Ensuring that the hospital has a copy of their Advance Directives. They may express their wishes verbally to hospital staff.
- Recognizing the effect of personal lifestyle upon their personal health.

- Keeping appointments and being on time for appointments or to call their healthcare provider if they cannot keep their appointment.
- Leaving valuables at home and only bringing necessary personal items for their hospital stay and informing nursing staff of belongings sent home or additional items brought at a later time.
- Respecting the property of other persons and that of the hospital.
- Providing complete and accurate information, including their full name, address, telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required. They are expected to provide complete and accurate information about their health insurance coverage.
- Promptly paying their bills and meeting the financial commitments agreed to with the organization.

Patient's Rights / Ethics Committee

General Purpose & Activities

The Patient's Rights and Ethics Committee serves as an advisory committee that 1) promotes an environment throughout the hospital that respects the patient's wishes and legal rights, 2) ensures healthcare is provided in an ethical manner, and 3) ensures compliance with patient's rights and ethics regulations. The committee is comprised of a multi-disciplinary team representing various departments.

In order to achieve its goal the committee has three main objectives and they include:

1. **Consultation Services** – any physician, employee, patient, family member or patient representative can access the Patient's Rights and Ethics Committee by requesting a consultation. The goals of this services are:
    a. To promote an ethical resolution;
    b. To establish comfortable and respectful communication among those involved;
    c. To help those involved learn to work through ethical uncertainties and disagreements on their own; and
    d. To help the committee recognize patterns within the hospital and consider reviewing hospital procedures or policies (Hester and Schonfeld, 2012).

2. **Policy Development, Review and Implementation** – the committee will assist in the development, periodical review and implementation of policies that pertain to patient rights and ethics (Hester and Schonfeld, 2012).

3. **Education** – the role of education is twofold. First the committee will educate itself and maintain competency in the area of healthcare ethics, patient's rights and hospital policies. Second the committee will assist in educating the hospital staff, physicians and patients/families. (Hester and Schonfeld, 2012).

Core Ethical Principles

- **Autonomy** - Self-determination, Choice. *(e.g. informed consent, advance healthcare directives, etc.)*
- **Beneficence** - The obligation to promote the good of the patient. *(e.g. think do good; think achieve positive results)*
- **Fidelity** - Faithfulness and loyalty. *(e.g. do everything possible to help the patient)*
- **Justice** - Decisions about withholding and withdrawing treatment should involve shared decision-making by patients/surrogates and providers. *(e.g. think fairness and consistency)*
- **Non-maleficence** - Avoid or minimize harm to patients.*(e.g. when deciding whether or not to recommend an operation procedure, be fully aware of any secondary medical problems that might increase the patient's risk or harm (short and long term), effectiveness and cost)*
- **Respect** - Dignity of Human Life *(e.g. patient lives are to be respected)*
- **Veracity** - Facts, accuracy, honesty *(e.g. the truth should be told)*

References:

American Medical Association. (1985). *Guidelines for Ethics Committees in Health Care Institutions.* JAMA. 1985: 253: 2698-2699
California Hospital Association. (2014). *Consent Manual 41st Edition*
Hester, D.M & Schonfeld, T. (2012). Guidance for Healthcare Ethics Committees. Cambridge University Press

- **Performance Excellence and National Patient Safety Goals**
  - PIH HEALTH strives to continually improve the quality of services to all of our customers. The hospital model for performance improvement ('PI') is PDCA – Plan, Do, Check, Act. The PDCA model provides the framework for structuring, monitoring, and evaluating activities as well as an opportunity for critical analysis of patient care quality.
  - Organizational processes include seven functional teams whose primary goals are to improve performance and to meet all requirements of regulatory agencies.
  - **2016 National Patient Safety Goals:**

NSPG # 1: Improve the accuracy of patient identification.

- Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. (The patient's room number or physical location is not used as an identifier).
- Eliminate transfusion errors related to patient misidentification.
  - Match the blood or blood component to the order
  - Match the patient to the blood or blood component
  - Use a two verification process or a one person verification process accompanied by automated identification technology such as bag coding.
- Label all containers used for blood and other specimens in the presence of the patient.

➢ **PIH HEALTH policy/procedure: #100.85600.624**
- **In-patients- Patient name and MR# - use wristband with the hospital document.**
- **Out-patients – Patient name and birthday with hospital document.**

NSPG # 2: Improve the effectiveness of communication among caregivers.

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

➢ **PIH HEALTH policy/procedure: #100.87200.633**
- **Communicate to licensed staff only and report to MD in a timely manner.**

NSPG # 3: Improve the safety of using medications.

- Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.

➢ **PIH HEALTH policy/procedure: #100.87200.610**
- **All medication/solutions that are transferred from the original packing to another container will be labeled.**

- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

➢ **PIH HEALTH policy/procedure: #100.77100.601**
- **When appropriate, all patients will receive patient-specific anticoagulation therapies, according to approved guidelines.**

- Reconciling Medication Information Record and report correct information about a patient's medicine. Find out what 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.

➢ **PIH HEALTH policy/procedure: #100.87200.630**
- **All medications will be accurately and completely reconciled across the continuum of care.**

NSPG # 6: Reduce the harm associated with clinical alarms.

- Alarm safety is a hospital priority. Procedures and protocols are established for setting and managing alarms.

PIH HEALTH policy/procedure: #100.80000.634

NSPG # 7: Reduce the risk of health care-acquired infections.

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

➢ **PIH HEALTH policy/procedure: #100.87500.614, #100.60700.603**
  - **The choice of plain soap, antimicrobial soap, alcohol-based gel, or surgical hand scrub should be used based on the degree of hand contamination and procedure.**
  - **Implement evidence-based practices to prevent health care-associated infections due to multiple drug-resistance organisms**.
- Employees involved in patient care are knowledgeable in recognizing and preventing infection.

➢ **PIH HEALTH policy/procedure: #100.87500.612, #100.87500.637, #100.87200.307**

- **All patients with a positive culture for MRSA, VRE, or other multi-drug resistant organisms will be placed in MDRO Precautions.**
- **PIH HEALTH uses evidence-based practices to prevent the following:**
  - **Central line-associated bloodstream infections**
  - **Surgical site infections**
  - **Indwelling catheter-associated urinary tract infections (CAUTI)**

➢ **PIH HEALTH policy/procedure #100.87200.630**

NSPG#15: The organization identifies safety risks inherent in its patient population.

- Upon admission, all patients will have an assessment by an RN to include physical, psychosocial, and emotional baseline assessment.
- Once the patient has been identified as suicidal, the Clinical Practice Guideline parameter must be added. The CPG includes the following:
  - Safety precaution checklist
  - Suicide observation tool
  - Patient/family educational tools
  - Suicidal patients will have a sitter assigned until no longer determined to be suicidal by a physician with the exception of the CCC.

➢ **PIH HEALTH policy/procedure: #100.87200.605**
- Encourage patients' involvement in their own care as a patient safety strategy.

➢ **PIH HEALTH policy/procedure: #100.87200.093.11**
- **All inpatients will have a skin assessment on admission, and once per shift and documented in the medical record.**

- Patients with any stage pressure ulcer or skin tear will have the Standardized Procedure for Pressure Ulcers and Skin Tears implemented. Quality Management should be notified of any hospital acquired pressure ulcer.

➢ **PIH HEALTH policy/procedure: #100.87200.619**
- **All inpatients are given information about patient safety via the patient safety brochure.**
- Patients and their families are encouraged to be involved with their care to help prevent errors. It can make a positive experience in their care.

- **Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person**
    - Conduct a pre-procedure verification. Purpose is to make sure all relevant documents and related information or equipment are present.
    - Marking the procedure side/site. At a minimum, site is marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.
    - Conduct a time-out immediately before starting the procedure. Purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified.

    - **PIH HEALTH policy/procedure: #100.87200.706**

- **Environmental Safety Procedures**
    - In the event of any code hospital personnel will respond appropriately.
    - When "Code Pink"/"Code Purple" is announced all hospital staff will stop where they are at and monitor that area. Staff will stop and report any of the following to security immediately:
        - Suspicious persons.
        - Persons with infant/children.
        - Persons with parcel or bags that are large enough to conceal an infant.
        - Stop and question anyone suspicious. If uncooperative, do not stop them, but follow them to the car and get the license plate number if possible and notify security. In addition provide a detailed description of the individual: height, weight, and color hair, eyes, clothing age, any distinguishing marks or features.
        - In the event of Code Pink/Purple: all hospital personnel will respond to all Code Pink / Purple announcements and stop the flow of traffic throughout the facility and at all entry/exit doors until the "All Clear" has been announced by COMMUNICATIONS (CBX)

        - **PIH HEALTH policy/procedure #84200.704**

    - **Emergency Codes**:

Code Red	Fire
Code Blue	Medical Emergency – Adult
PALS Code Blue	Medical Emergency Pediatric
Code White	Medical Emergency Neonate/Infant
Code Pink	Infant Abduction
Code Purple	Child Abduction
Code Yellow	Bomb Threat
Code Gray	Combative Person
Code Silver	Person with a Weapon / Hostage Situation
Code Orange	Hazardous Material Spill / Release
Code Green	Evacuation (Precautionary)
Code Green STAT	Evacuation (Crisis)
Code Triage – Internal	Internal Disaster
Code Triage – External	External Disaster
Code Decon	Patient Decontamination
Code Gold	Unannounced Survey
Code STEMI	Impending heart attack patient arriving in the ED
Infant Rapid Response Team	Infant (less than 28 day old) prevent cardiac arrest
Pediatric Rapid Response Team	Pediatric (29 days – 13 years old) prevent cardiac Arrest
Adult Rapid Response Team	Adult Patient whose condition appears to be worsening
Stroke Team Level 1	Patient onset of stroke symptoms less than 8 hrs prior
Stroke Team Level 2	Patient onset of stroke symptoms more than 8 hrs prior
Code Obstetric (OB)	OB Hemorrhage
Code Hyperthermia	Triggered by drugs commonly used in Anesthesia

- **Electrical Safety**
    - In the event of power failure, utilize red outlets.

- Only use extension cords provided by Maintenance or Biomedical Services.
- Do not use any equipment with worn or frayed cord. Report damage to supervisor.

- **In Case of Fire**
  - R – Rescue anyone in danger
  - A – Alarm (pull nearest alarm, call 12999, and inform CBX)
  - C – Contain fire by closing all doors
  - E – Extinguish fire if safe to do so, or evacuate if the order is given
    Know the location of fire alarms, extinguishers and emergency exits

- **Medical Emergencies**
  - In case of cardiopulmonary arrest, staff will respond as follows:
  - Person discovering the arrest:
    - Evaluate the patient's needs.
    - Call for help (put on emergency call light if available), **do not leave the patient.**
    - Begin CPR. **Note time**
    - **Call 12999** and state, "Code Blue, room _____"
      - In CCC press button
      - In NICU, if Code Blue is on an adult, call 12999 and state, "Adult Code Blue, NICU"
  - Staff responding to emergency:
    - Obtain crash cart and/or AED and bring to room of emergency at once
    - Continue CPR until team arrives
  - Staff nurse:
    - Stay in room to provide information about the patient
    - If computer is not available in room, wheel computer on wheels (COW) into room
    - Assure notification of physician and family of patient status
    - Assist with compressions
    - Obtain extra supplies

- Rapid Response Team:
  - Our Rapid Response Team is comprised of specially trained individuals. The team is called and dispatched whenever a patient's condition appears to be worsening.
    - **Call 12999** and state, "Rapid Response Team, room _____"
    - Rapid Response will be then contacted by Vocera.
  - Stroke Team:
    - Our Stroke Team is comprised of specially trained individuals. The Stroke Team is activated by the Emergency Department or the Rapid Response Team. If a RN suspects a stroke, the nurse should call the Rapid Response Team (see above), who will then initiate the Stroke Team if appropriate.

- **Infection Prevention**
  - Hand hygiene is the best way to prevent the spread of infections. Please wash hands before and after contact with patients, preparing food or medications, or when common sense dictates. Use soap, water and friction after bathroom activities or when hands are visibly soiled; otherwise waterless alcohol based hand sanitizers are acceptable.
  - Please teach and practice respiratory etiquette: Cover all coughs and sneezes, then wash hands.
  - Any patient equipment that goes patient to patient must be cleaned after each use (such as a stethoscope, gait belt, or BP cuff).
  - Any equipment not used on a patient, such as a computer or Vocera should be cleaned by the user and as needed.

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- Patients with MRSA, VRE, CRKP, or any other identified resistant organism, whether colonized or infected, are placed on MDRO (Multi-Drug Resistant Organisms) precautions. Gowns and gloves are worn for contact with the patient or room environment.
- Personal Protective Equipment (PPE) includes gloves, gowns, masks, protective eyewear. Gloves are available in patient rooms and at nursing stations. Additional gloves, gowns and masks can be found in the isolation carts, anterooms, or in the clean supply rooms on each unit.
- Standard Precautions are used for all patients in all health care setting. Activity dictates protection. Gloves are worn to handle blood, body fluids, non-intact skin (rashes, lesions, cuts), mucus membranes and soiled surfaces. Face and clothing protection are worn if splashing is likely. Needles and sharps are disposed promptly by the user in special rigid containers. Safety devices are used with one hand eliminating the recapping of used needles. It is the responsibility of the health care worker to report unsafe practice.
- If you are exposed to blood or body fluids through sharp injury or splash, wash with soap and water immediately or flush (eyes) with tap water unless an eye wash station is in close proximity. Notify Supervisor or Department Manager. Seek medical help immediately through employee health/WorkCare or the emergency department after hours.
- Due to the increase in Pertussis in California, all employees are offered Tdap. All employees who care for infants in the health care setting should receive a Tdap booster.
- Please stay home when ill. If you have a fever, cannot control your sneezing or coughing, do not come to work. People who work when ill are more likely to make errors and spread infections to their coworkers. It is harder to replace you if sent home ill than if you call in ill.
- Maintain appropriate vaccinations (HBV, Tdap, Chickenpox, Flu.). Vaccines are safe, protect you and protect everyone you come into contact with. This is science, not a belief.
- Public Health department requires all staff, contract staff, and students to receive a flu vaccine every year or wear a mask when in patient care areas. Flu vaccine is available through Employee Health in Human Resources (Extension 12483).
- Please question the need for any invasive device daily and follow evidence based best practice. Remember, the first rule in health care is “to do no harm”.
- The Infection Preventionists are available Monday – Friday at x13718.. You may leave a voicemail or email us any concerns so we can assist you. On the PIH Intranet, under Quality Management, chose Infection Control to access information on numerous topics like Scabies, bedbugs, staph infections, and an alphabetical listing of diseases by the CDC for isolation guidelines.
- **When a patient is discharged, do I have to throw away supplies?**

	YES	**NO**
Is packaging damaged, torn, or contaminated with blood, etc.?	**DISCARD**	**KEEP**
Has this supply touched patient or patient bed?	If this supply can’t be wiped down, **DISCARD** (or give to pt/family)	If this supply can be wiped down, **KEEP**
Has this supply been kept in drawer duration of patient’s stay?	**KEEP** No need to wipe down	If this supply can be wiped down, **KEEP** If not, **DISCARD**
Is patient on isolation precautions?	Follow the questions above at discharge. Supplies & equipment should stay in room.	Follow the questions above.

Always clean properly before returning to clean storage or supply area using hospital approved disinfectant.

- **Highly Contagious Disease Plan**
  - A Code Triage Watch will be initiated for emerging Highly Contagious Diseases.
  - Ebola is an example of a highly contagious disease.
  - The purpose of preparedness plan is to:

- Minimize/eliminate employee exposure by implementing a range of exposure control measures.
- Be prepared to care for a patient with a highly contagious disease.

- PIH Health has a comprehensive plan that includes: a detailed **preparedness plan** that provides for rapid screening, medical management of identified patients, notification, stabilization and transfer of identified patient to designated receiving center and safety for patients and staff. Our preparedness plan also includes specific plans regarding communication; supply inventory and management; education and training, incorporation of local and county plans, and plans to manage patient flow.

- **Fall Prevention and Management PIH HEALTH policy/procedure #100.87200.609**
  - All patients are considered to be at risk for falls based on being in an unfamiliar environment.
  - Patients will be assessed for fall risk on admission, at a minimum of once every shift and with any change in patient's condition.
  - Upon admission, ALL patients will receive an education handout on Fall Prevention, and staff will re-educate as needed.
  - Patients will be scored at one of three levels using the John Hopkins Fall Assessment:
    - Universal
    - Moderate
    - High
  - After the patient has been assessed for fall risk, the appropriate interventions will be implemented based on risk level
    - Universal Fall Precautions (score <6) will receive the following:
      - Bed in lowest position, wheels locked
      - Call light and personal items within close proximity
      - Intentional rounding/toileting schedule
      - Anti-skid footwear (gray/blue)
      - Side rails up at a minimum x2
      - Trained PIH HEALTH staff and students will use the gait belt if patient requires assistance with mobility.
    - Moderate Fall Risk (score 6-13) will receive the following:
      - Bed in lowest position, wheels locked
      - Call light and personal items within close proximity
      - Intentional rounding/toileting schedule
      - Anti-skid footwear (RED)
      - Side rails up at a minimum x3 (minimum of x2 for LDRP only)
      - Yellow "Fall Precaution" wristband
      - Fall Precaution magnet at door frame
      - Trained PIH HEALTH staff and students will use the gait belt for ALL mobility.
      - Patient must be "within arms' reach" during ambulation, toileting and transfers.
    - High Fall Risk (score >13) will receive the same interventions as Moderate Fall Risk plus the following:
      - Develop individualized toilet plan when necessary, may require more frequent rounding
      - Consider use of restraint(s), if clinical justification met
      - Consider sitter
  - Family members will not be used as a preventative measure for patients that are at risk for falling.
  - The following will be documented in the medical record:
    - Assessment for fall risk
    - Patient/family education
    - Fall prevention interventions implemented
  - EVERYONE is responsible for identifying and responding to situations that could potentially lead to a fall.
  - Patient Fall Prevention video on Channel 53.

- Guidelines for viewing on admission, recent fall, increasing level on Johns Hopkins scale, arrival to unit, orienting patient to room, post-operatively, and whenever caregivers enter the patient's room.

- **Abuse Reporting Requirements PIH HEALTH policy/procedure #83600.604 and #83600.606**
  - All healthcare workers are mandated abuse reporters. Here's what you need to know.
  - **Child Abuse/Neglect** – Section 11166 of the Penal Code requires that any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child (in his or her professional capacity or within the scope of his or her employment) whom he or she knows or reasonably suspects has been the victim of child abuse must report the known or suspected instance of child abuse of a child to a protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information about the incident. Report suspicions of child abuse to the Department of Children & Family Services at their 24-hour Hotline: Los Angeles County: (800) 540-4000 or on-line at https://mandreptla.org/. Orange County: (800)207-4464.
  - **Elder and Dependent Adult Abuse** – Section 15360 of the Welfare and Institutions Code requires that care custodian, health practitioners, employee of adult protective services agencies, or local law enforcement agencies who (in their professional capacity or within the scope of their employment observe evidence of or have been told by an elder or dependent adult that he or she is a victim of physical abuse, abandonment, isolation, financial abuse, and/or neglect must report this to county adult protective services or local law enforcement agency immediately, or as soon as possible, by telephone with a written report submitted within two (2) working days Elders are defined as person's 65 years or older and dependent adults are defined as persons between the ages of 18 and 64 whose physical or mental limitations restrict their ability to care for themselves. Report Elder and Dependent Abuse by calling: LA County: (877)477-3646 or on-line at http://css.lacounty.gov . Orange County: (800) 451-5155.
  - For persons in board & care facilities and assisted living facilities, staff members need to contact the Long Term Care Ombudsman **and** Community Care Licensing. LA County Regional Long Term Care Ombudsman (562) 925-2346 **and** Community Care Licensing (323) 980-4935; Orange County, Long Term Care Ombudsman (714) 479-0107 or (800) 300-6222 **and** Community Care Licensing (714) 703-2840.
  - **Domestic Violence/Duty to Report Injury –** Section 15360 of the Welfare and Institutions Code requires that care custodian, health practitioners, employee of adult protective services agencies, or local law enforcement agencies who (in their professional capacity or within the scope of their employment observe evidence of or have been told by an elder or dependent adult that he or she is a victim of physical abuse, abandonment, isolation, financial abuse, and/or neglect must report this to county adult protective services or local law enforcement agency immediately, or as soon as possible, by telephone with a written report submitted within two (2) working days Elders are defined as person's 65 years or older and dependent adults are defined as persons between the ages of 18 and 64 whose physical or mental limitations restrict their ability to care for themselves.

    Report Elder and Dependent Abuse by calling: LA County: (877)477-3646 or on-line at http://css.lacounty.gov . Orange County: (800) 451-5155.

    For persons in long-term care facilities, staff members need to contact the Long Term Care Ombudsman **and** the Dept. of Public Health to make the report: LA County Regional Long Term Care Ombudsman Office (562) 925-2346 **and** LA County Dept. of Public Health (626) 569-3724; Orange County Long Term Care Ombudsman (714) 479-0107 or (800) 300-6222 **and** Dept of Public Health (714) 567-2906.

    For persons in board & care facilities and assisted living facilities, staff members need to contact the Long Term Care Ombudsman **and** Community Care Licensing. LA County Regional Long Term Care Ombudsman (562) 925-2346 **and** Community Care Licensing (323) 980-4935. For Orange County, Long Term Care Ombudsman (714) 479-0107 or (800) 300-6222 **and** Community Care Licensing (714) 703-2840.
  - Section 11160 of the Penal Code **requires** health practitioners who, in their professional capacity or within their scope of employment, provide medical services for a physical condition to a patient whom

they know or reasonable suspect has an injury that is the result of assaultive or abusive conduct must report this to the law enforcement agency where the incident occurred immediately and then submit a written report within two (2) working days. This stature is extremely broad. It includes **adults, children and other persons (including spouses).** Domestic abuse is reported to the local police department.

"Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurse, dental hygienists, optometrists, or any person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, as well as additional practitioners as defined in Section 11166 of the Penal Code Section 15632 of the Welfare and Institutions Code. Failure to comply with these laws is a misdemeanor, punishable by up to six (6) months in jail or by fine of one thousand dollars ($1,000) or by both.

- **Advance Directives PIHHEALTH policy/procedure#87200.628**
  - Advance healthcare directive (ADHC) or advance directive (AD) means either an individual healthcare instruction or a power of attorney for healthcare (Ca. Probate Code Section 4605). It is a legal document allowing a patient to document his or her desires concerning health care decisions, particularly decisions concerning end-of-life and/or to designate another person to make healthcare decisions when the patient is not able to make decisions for him or herself.
  - All adult patients on admission will be provided with the PIH Health advance health care directive brochure that outlines the patient's rights under the Patient Self Determination Act (PSDA). PIH Health will comply with state and federal statutes, regulations and court decisions regarding advance healthcare directives (ADHC).
  - The patient has the right to formulate an ADHC at any time or to review and modify the current ADHC. For detailed information please review the policy.

- .**Chain of Command PIH HEALTH policy/procedure#86100.716**
  - If a concern relates to patient care operations, the chain of command is as follows:
    - Charge Nurse
    - Care Center Coordinator/Shift Director/Supervisor
    - Care Center Administrator/Vice President/Administrator on Call
    - Chief Nursing Officer
    - President and Chief Executive Officer
    - Administrator on call, if after hours, weekends, or holidays.
  - For concerns relating to physicians, the chain of command can be initiated by any manager or house supervisors, and is as follows:
    - Primary MD
    - Medical Director
    - Department Chair
    - President, Medical Staff
    - Senior Vice President and Chief Medical Officer
    - President and Chief Executive Officer
    - Administrator on call, if after hours, weekends, or holidays

- **Reporting of Incidents**
  - All incidents or events shall be reported electronically in a Remote Data Entry Form (RDE) in the MIDAS system shall be completed for any adverse event (Sentinel event or "28 Never" Adverse Event) or any event that is not consistent with the routine operation of the hospital or practices, such as, the routine care of patients or has the potential for accident, injury, illness or property damage or any incident that might result in a dispute or lawsuit (litigation).
  - *Employee or Volunteer injuries should not be documented in the MIDAS system timely and by the end of their shift/work hours.*
  - Any employee witnessing, discovering or being informed if an incident shall complete an RDE via the Midas system. This individual may be an employee or a volunteer, but not a physician. Once the incident is stabilized, (i.e. appropriate care has been initiated), the employee or volunteer should *immediately* notify his/her or the area supervisor and complete the RDE. When a *serious* incident occurs (e.g. serious

injury to patient/visitor) the employee or volunteer shall *immediately* notify his/her or area supervisor and the Risk Management Department via telephone (extension 13592) then complete the RDE.
- The electronic RDE can be accessed through the PIH intranet>>Application Links>>Midas RDE. There are different categories that can be chosen depending on the incident and if it is a patient or non-patient related incident. Once the electronic form is filled out in entirety, it must be submitted. The report will be immediately routed to the appropriate department.
- Employees must refrain from discussing any incident with and/or in the presence of other employees, patients, physicians, visitors, or others outside the hospital.
- Electronic Incident Reports (RDE's) are confidential documents.

- **Reporting of Injuries - HR Policy 86500.785**
  - To report a workplace injury, notify your immediate supervisor promptly. In case of injury to yourself: Employees are responsible for immediately reporting any work-related injury or occupational illness they suffer regardless how minor, to their department manager or other person in charge of the working area. Failure to report an illness or injury may affect eligibility for benefits and may result in disciplinary actions.

- **Reporting of Concerns (APR.09.02.01)**
  - Per APR.09.02.01 of the Joint Commission for Accreditation of Healthcare Organization standards, any individual who provides care, treatment and services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the hospital. Such concerns may be shared directly with the Joint Commission online at http://www.jointcommission.org/report a complaint.aspx or by e-mail at patientsafetyreport@jointcommission.org

- **Population Specific Care**
  - **Age Specific Care** - In order to provide the best care to our patients, PIH HEALTH employees must understand that our patients have individual, age specific characteristics that may affect how they view illness and medical care.
    - Stage I (birth-1 year):
      - Child has basic needs (feeding, bathing, sucking, and affection).
      - If possible, parents should remain nearby to provide comfort to the child following painful procedures.
    - Stage II (1-3 years):
      - Child becoming more autonomous.
      - When possible, familiar routines should be maintained while the child in is the hospital.
    - Stage III (3-6 years):
      - Child becoming more imaginative and inquisitive about his/her surroundings.
      - Be careful to avoid causing feelings of guilt or punishment related to hospitalization.
      - Demonstrating procedure on a doll or stuffed animal may help to calm the child's fears.
    - Stage IV (6-12 years):
      - Child learning to reason, to think logically, and act according to rules.
      - An honest approach to describing procedures will help build and maintain trust.
      - Allow time for the child to talk about their frustrations or concerns.
    - Stage V (12-18 years):
      - Child may demonstrate increased desire for privacy.
      - Child may demonstrate increased concern about their physical appearance.
    - Stage VI (18-30 years):
      - Assess impact of emotional response to illness.
      - Encourage the patient to explore options and choices in response to illness.
    - Stage VII (30-60 years):
      - Allow the patient to participate in the plan of care to meet the goal of regaining health or adjusting to illness.
      - May have concerns about the effects of their hospitalization on family and career.
    - Stage VIII (60+ years):
      - Assess for any stresses related to independence affected by transitions and losses that may impact health and response to illness/hospitalization.

- Include the older patient in the plan of care. Explanations should be given in a manner that respects the patient as a thoughtful, mature, and capable individual.

- **Cultural Diversity and Sensitivity -** Culture affects how individuals deal with health and illness. In order to provide the best care, PIH HEALTH employees must understand that various cultures view illness and medical care differently. The following are ways to approach cultural competence:
    - **Awareness**
        - Of one's own biases and preconceptions and how they may affect care and treatment of others.
        - Be aware that each patient or client we encounter also has their own viewpoint and way of looking at the world.
    - **Skills**
        - Learn the skills to interact with people of various backgrounds.
        - Send/receive verbal/nonverbal messages accurately.
    - **Knowledge**
        - Understand specific needs of cultural groups.
        - Know each person is an individual within their cultural group.
        - Many people are at least "bi-cultural", having adopted values from two or more cultures they live within.
    - **Encounters/Experience**
        - Every time we work with someone from a different culture, we learn more.
        - Experience helps us to modify out perceptions.
    - **Desire**
        - We must want to become culturally aware**.**
        - Our motivation is to give the best care to all our patients or clients.
    - **Tools in place to support client diversity:**
        - Translator list available in Human Resources (extension 12483) and Nursing Administration (extension 12501).or on vocera saying the command ""(language needed) Translator" (e.g. Spanish Translator)
        - Telephone or video conferencing using Stratus and iPads located in communication, Nursing Office, and various locations throughout the hospital. This service also provides a sign language interpreter.

- Obesity – Disease Awareness and Sensitivity
    - Obesity is a complex, multifactorial chronic disease that develops from an interaction of genetics and environment. It involves social, behavioral, cultural, physiological, metabolic and genetic factors..
    - Obesity is defined as a body mass index (BMI) >30kg/m. The prevalence of obesity in the United Sates continues to rise dramatically .and there is a world epidemic of obesity.
        - More than 33% of adults in the US are obese (72 million)
        - More than 64% are overweight with a BMI>25kg/m
        - Medical complications include: Pulmonary disease, coronary heart disease, hypertension, stroke, diabetes, and more.
        - Direct costs of treating obesity and its complications are estimated at over $100 billion per year in the US.
    - Many obese people report feeling discriminated again in their day-to-day lives. There may also be a weight bias in HealthCare. Reluctance to seek preventative care due to embarrassment, delaying or cancelling of appointments, and stigmatization by physicians and healthcare workers are all reasons contributing to weight biases. It is the responsibility of healthcare professions to examine their possible bias and to ensure empathetic care. Our role includes:
        - Care for both physical needs and emotional needs.
        - Provide support and encouragement, utilizing communication, listening skills, while conveying compassion and empathy
        - Provide adequate equipment.
        - Avoid making remarks about patient size.
        - Educate ourselves and others about the stigma of obesity, challenge negative attitudes.

- **Team Building**

  PIH HEALTH defines teamwork as a group of people working together to accomplish a shared purpose. The members of the group work together and are equally accountable to each other. Through teamwork we are able to tap into individual strengths and wisdom in order to reach a shared purpose. The result of good teamwork is greater quality due to collective wisdom, enhanced relationships, and increased trust and collaboration.

- **Proper Waste Removal:**
  - **Biohazardous Waste** includes: Blood spills; saturated or grossly soiled disposables such as gauze and gloves; containers, catheters and blood sets should be placed in a red bag.
  - **Sharps** include: Needles, syringes, staples, and wires. Sharps should be placed in a sharps container.
  - **Regular trash** includes: Empty IV bags; tubing without needles; food products and waste; and unused medical products and supplies. These are disposed of in a brown clear trash bag.
  - **Pharmaceutical Waste** is defined as prescription and over-the-counter drugs that are damaged, contaminated or outdated, or a partial dose. Examples include: Controlled medication, partial tubes of creams or ointments, eye drops, partial bottles (glass) liquid medication, partial vials/amp of injectables, partial IV solutions/piggybacks with medications, tablets and capsules that cannot be reused. Place in Pharmaceutical Waste Container located on your unit.

- **Hazardous Materials (Safety Data Sheets)**
  - Information about all hazardous materials within the hospital may be accessed through the Dolphin RTK MSDS Solution link found on the intranet homepage in the application links section.
  - If you have additional questions regarding hazardous materials, contact the Hazardous Materials Officer @ Extension 13022.
  - If you have additional questions regarding hazardous materials, ask an employee how you can contact the Hazardous Materials Officer @ Extension 13022.

- **Procedures for Medical Equipment Repair**
  - Biomedical Engineering will have a technician respond to service calls in a timely fashion during normal working hours (Monday-Friday from 0700 to 1700, excluding holidays). After hours or holidays, telephone response time will be within a half-hour after the service call is placed. Departments requesting service must contact Biomedical Engineering at extension 12986.
  - After hours: The department supervisor or designee shall make the decision as to whether a service call is necessary or if a repair can wait for normal working hours. After hours service calls are reported to Aramark Healthcare Technologies at (800) 272-3553.

- **The Impaired Practitioner PIH HEALTH policy/procedure 100.87200.636 (physician), 100. 87200.617 (RN) and 100.86500.780 (Employees, Contract Staff, Students and Volunteers)**
  - To assure safe medical management of patient care when a medical staff practitioner, allied health professional, nurse or any employee on duty is suspected to be under the influence of alcohol and/or drugs, the following steps should be taken:
    - For the impaired practitioner, any hospital staff member should report the incident immediately to their manager or shift supervisor, who in turn contacts the Chief Nursing Officer (CNO).
    - The CNO reports the incident to the Chief of Staff or Medical Executive Committee designee for appropriate action.
    - The incident will be reported to the Physician's Well Being Committee for department chair review, and recommendations will be sent to the Executive Committee.
    - For the impaired nurse or other employee, contract staff,or student
      - Notify unit manager or house supervisor and appropriate administrator if suspicious of impairment by drugs or alcohol.
      - Unit manager or house supervisor will assess and notify CNO and Human Resources Chief.
      - Employee will be escorted to ED for testing and a ride a home arranged.

- At risk criteria includes but is not limited to the following:
    - Observed use or possession of substance thought to be alcohol or drugs.
    - Reports from one or more sources considered reliable which allege that the employee has impaired functioning and/or the presence of alcohol or drugs in his/her body.
    - Indicators of impaired fitness for duty, such as
        - Slurred speech
        - Odor of alcohol
        - Disorientation
        - Lack of motor control
        - Unsteady gait
        - Unsafe actions
        - Erratic behavior

- **Restraint PIH HEALTH policy/procedure #100.87200.604**

  When restraints are necessary, such activity will be undertaken in a manner that protects the patient's health and safety and preserves his or her dignity, rights, and well-being. All attempts will be made to utilize the least restrictive interventions possible in the provision of patient care. Restraints may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others, and must be discontinued at the earliest possible time. The use of restraint for coercion, discipline, convenience, staff retaliation, or based solely on the patients history of dangerous behavior is strictly prohibited.

- **Definitions:**
    - **Non-Violent/ Non-Self Destructive Restraints** –To address patient's medical care-related needs (safety) that are evidenced by non-violent or non-destructive behavior. Patient is attempting to pull out tubes, drains, or other lines / devices medically necessary for treatment, and is unable to comply with safety instructions.
    - **Violent / Self-Destructive Restraints –** Used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others. May only be used in accordance within specific time limitations. Patient is physically assaultive to others or is highly agitated and assaultive behavior is preeminent. Patient is physically harmful to self, i.e. attempting suicide, self- mutilation, hurting self.
    - **Non-Violent / Non-Self Destructive Restraint Order:** Time frame for obtaining initial restraint order is as soon as possible, but no longer than 1 hour from initiation of restraint. Order to be obtained every 30 calendar days. **MD Assessment** of Non-Violent/Non-Self Destructive Restraints is within 24 hours from initiation of restraints.
    - **Violent / Self-Destructive Restraints Order**: Time frame for obtaining initial restraint order is as soon as possible, but no longer than 1 hour from initiation of restraint. Order to be obtained every 4 hours for patients ages 18 years or older. Face to face assessment of Violent / Self Destructive Restraints is ASAP, but not longer than 1 hour from initiation of restraints (performed by MD, LIP, PA, or qualified RN).
    - **Procedure:**
    - Restraint devices are to be applied/ removed only by staff authorized, trained, and with the demonstrated competency to do so.
    - Restraints will be applied / removed in accordance with manufacturer's instructions and used in a manner consistent with their intended purpose.
    - Restraint devices are to be applied / removed in a manner that preserves the dignity, comfort, and well-being of the patient.
    - Restraints will be secured to the bed-frame if being used while the patient is in bed.
    - Restraints should never be tied to the mattress or side rails.
    - Knots shall be tied so that they may be released quickly in the event of an emergency
    - Restraints will be terminated at the earliest possible time regardless of the time length of the order.
    - Staff cannot discontinue a restraint intervention, and then re-start it under the same order. This would constitute a PRN order. A "trial release" constitutes a PRN use of restraint, and therefore is not permitted.

- A temporary, directly supervised release, for the purpose of caring for patients needs is allowed (feeding etc.) As long as the patient remains under direct staff supervision their presence serves the same purpose as the restraint.

- **Alternatives /Less Restrictive Measures:**
  - Restraint may only be used when alternatives / less restrictive measures to such use have been considered and/or attempted as appropriate. Such alternatives may include, but are not limited to
    - Re-orientation
    - Transfer of patient for closer observation
    - Time out
    - Therapeutic conversation / active listening
    - Bed Alarm
    - Toileting program
    - Comfort measures / pain relief
    - Diversionary activities (TV, music, exercise, other)
    - Contact family member / other to sit at bedside
    - Cover exposed lines or tubes

- **Monitoring and Assessment:**
  - Patients will be monitored (assessed) to determine if the use of restraint continues to be safely applied, and if there is a need for an assessment of the patient to occur.
  - Ongoing assessment is an evaluation of patients care needs.
  - Frequency of assessment should be individualized to the patient with consideration of patient condition, cognitive status, risks associated with chosen intervention and other relevant factors. Minimally a patient should be assessed as follows,
    - **Non-Violent / Non Self-Destructive: RN assessment** every 2 hours to include,
      - Level of consciousness
      - Behavior / condition
      - Type of restraint / site
      - Circulation and range of motion of extremities
      - Nutrition and hydration
      - Hygiene and elimination
    - **Violent / Self-Destructive Restraints: RN assessment** every 30 minutes to include
      - Vital signs as clinically warranted
      - Level of consciousness
      - Behavior / condition
      - Type of restraint / site
      - Circulation and range of motion of extremities
      - Nutrition and hydration

- **Criteria for Release:**
  - **All criteria must be met**
    - No longer exhibits behavior
    - Calm and in control
    - Follows directions to stop behavior
  - **Documentation:**
    1. **Non-Violent / Non- Self-Destructive**
       - **MD** to order the Non-violent in eMD
       - **RN** to document the rationale “for new orders only” when a new restraint order is placed.
       - **RN** to document the Restraint Assessment every 2 hours
       - **RN** to document on the Non-Violent Restraint parameter
    2. **Violent / Self-Destructive**
       - **MD** to order the Violent order in eMD
       - **RN** to document the Restraint Assessment as specified by patient age

- **RN** to document the rationale "for new orders only" when a new restraint order is placed.
- **RN** to document the Restraint Assessment every 2 hours
- RN **or CNA** to document Restraint Monitoring every 15 minutes
- **RN to** document on the Violent Restraint parameter

3. **TCU Only Non-Violent Restraint Differences: Policy #100.69010.008**
    - Only Non-Violent restraints are allowed
    - The duration of the restraints shall be in effect until the patient no longer meets criteria for the use of restraints based on the RN assessment
        - The RN assessment must be completed on a daily basis
        - The physician signature for the use of restraint must be obtained within 5 days.
        - The physician order will remain in effect for 30 days.
    - In an emergency situation, the least restrictive, yet effective restraints may be initiated by authorized and qualified staff, without a prior order by a LIP, based on an appropriate assessment of the patient. In this case an LIP must be contacted immediately thereafter for an order.
    - Monitoring / evaluation of the patient in restraints will be done by a licensed nurse. The licensed nurse will assess the patient upon initiation of the restraints and every shift thereafter for the following:
        - Signs of any injury associated with applying restraints
        - Level of consciousness
        - Behavior / condition
        - Type of restraint / site
        - Nutrition and hydration
        - Hygiene and elimination
        - Physical and psychological status and comfort
        - Readiness for discontinuing restraints
    - Residents with wrist restraints will be evaluated for circulation and range of motion of the extremities every 2 hours by a licensed nurse.
    - The resident or legal surrogate / representative may exercise the right to give permission to the use of restraints. The "Consent / Refusal –Restraints in the Transitional Care Unit" must be obtained prior to the application of restraints.
    - Each episode of restraint should contain a "Consent / Refusal – Restraints in the Transitional Care Unit" signed by the legal representative within 5 days.
    - Termination of restraints should be done at the earliest possible time based on the daily RN assessment.

- **Pain Management PIH HEALTH policy/procedure #100.87200.624**
    - Patients have the right to effective pain management.
    - If a patient complains to you about pain they are experiencing, notify a nurse immediately.

- **Skin Care PIH HEALTH policy/procedure #100.87200.060**
  There will be individualized patient care plan focused specifically on personal hygiene of the skin with evaluation of the individual patient's risk for skin injury. Please report identified skin concerns to RN caring for the patient.

- **Color-Coded Wristband Standardization PIH HEALTH policy/procedure #87200.625**
    - Color-Coded Wristbands are utilized to identify and communicate patient-specific risk factors or special needs. These risk factors or special needs must also be documented in the patient's medical record.
    - The following represents the only color-coded wristbands used:
        - **White** wristbands are used for patient identification. These may be applied by registration staff in accordance with hospital policy #85600.624
        - **Purple** wristbands are used to identify patient with a "Do Not Resuscitate" order. Purple Band will display DNR.
        - **Red** wristbands shall be used to identify patients with allergies. Red Band will display "Allergies" All allergies should be documented in the medical record.

- **Yellow** wristbands are used to identify patients at risk for falls. Yellow Band will display "Fall Risk".
- **Black** wristbands are used on patients where one of their extremities is not be used for blood pressure measurement or blood draws. Black band will display "Do Not Use this Extremity"
- **Blue** wristbands are used on patients who are admitted to the following area with a different account number: Acute Rehabilitation Center, Transitional Care Unit, the Infusion Center, Surgical Admitting Unit and outpatient testing / procedure areas. Policy 100.86500.624

- The patient's medical record documents that the color-coded wristband was applied.
- All color-coded wristbands shall be placed on the same wrist as the patient identification wristband.
- Color-coded wristbands may only be applied or removed by the licensed nurse conducting an assessment.
- Patient/Family Involvement and Education: When applying a color-coded wristband(s) to a patient, the nurse shall educate the patient and family member(s) about the meaning of the wristband(s).
  - Nurse will teach all patient and family members that the wristband is not to be removed, and to notify the nurse whenever a wristband has been removed and is not reapplied, or when a new band is applied and they have not been given an explanation as to the reason.
  - Staff should assist and encourage the patient and family member(s) to be active partners in the care provided and safety measures being used.
- If a wristband needs to be removed for a treatment or procedure, only a nurse may do so.
  - If a wristband needs to be removed for a treatment or procedure, risks will be reconfirmed, and a new wristband will immediately be applied.
- Hand-Off in Care:
  - Prior to invasive procedures the nurse shall reconfirm that the color-coded wristbands are consistent with the medical record documentation.
  - The nurse will also confirm this information as consistent with the knowledge of the patient, family members or other caregivers and what is in the patient's chart.
    - Errors are corrected immediately.
  - Color-coded wristbands are not removed at discharge.
    - For home discharges, patient is advised to remove the band at home.
    - For discharges to another facility, the wristbands are left intact as a safety alert during transfer.
- Patient Refusal: If the patient is mentally competent and refuses to wear the color-coded wristband, the patient will be advised of the benefits of wearing the color-coded wristband and the risks of not wearing the wristband including that it is an opportunity for the patient to participate in efforts to prevent errors.
  - The nurse will document patient refusals in the medical record, and the explanation provided by the patient.

- **End of Life Care PIH HEALTH policy/procedure #87200.620**
  - Staff members shall give respectful, responsive care to the dying patient in order to optimize the patient's comfort and dignity. Appropriate treatment for primary and secondary systems (as desired by the patient or surrogate) will be provided in order to respond to the psychosocial, emotional, and spiritual concerns of the patient and family.
  - Manage pain aggressively: Pain medication should not be withheld due to inappropriate concern about respiratory depression or addiction. High doses of opiates may be used for palliation without concern of harm. Patients with orders for "No attempt at CPR" or "Modified attempt at CPR" on the medical record may be exempt per physician order from monitoring by continuous oximetry, being awakened to have sedation level assessed, and treatment for sedation and/or respiratory depression if being treated for pain with an opiate.
  - Patients who are receiving End of Life Care will have a cherry blossom magnet on their door. Staff should use discretion when entering these rooms.
- Provide psychosocial support:
  - Allow the patient/significant others time to grieve.
- Provide for spiritual needs:

- Contact PIH HEALTH Pastoral Care Services (extension 12500) if the patient/family requests.
- Assist patient/family in formulating an advanced directive as needed.

- Be aware of cultural concerns:
  - Consider cultural background when assessing needs.
  - Allow patient/family individual expressions.
- Address physiological needs:
  - Do bathing as needed for comfort.
  - Provide hygiene for comfort.
  - Assist with positions for comfort.
  - Allow family time and foods as desired.

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PIH Health
Health Insurance Portability and Accountability Act (HIPAA)
- A Primer -
Patient Privacy: It's everyone's job, not everyone's business!

What is HIPAA?

- HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996
- Federal legislation that governs among other things the privacy and security of private health information (PHI) and a patient's rights to access their own health information
- Safeguards the confidentiality of protected health information (PHI) and protects the integrity of health data while allowing the free flow of information for the provision of healthcare… a.k.a. the *Privacy Rule*
- Addresses the required physical, technical and administrative safeguards that must be employed to protect the integrity, availability, and confidentiality of electronic health information… a.k.a. the *Data Security Rule*

Who must comply with HIPAA?

- All "Covered Entities" must comply with the requirements of HIPAA
- A Covered Entity is defined as one of the following:
  - Healthcare provider
  - Health plan
  - Healthcare clearinghouse
  - PIH Health's Business Associate

How to Recognize PHI (Protected Health Information) - *A 4-Point Checklist*

1. Protected health information (PHI) is past, present, or future health info collected by a covered entity from a patient that identifies the patient or can be used to reasonably identify the patient. There are several ways, other than the patient's name, that health information can identify a patient; here are some examples:
   - Social Security Number
   - Address, phone / fax #
   - Medical Record Number
   - Photo
   - Driver's License Number
   - E-mail address
   - Account/Health Plan ID Number
   - Date of Birth
   - NOTE: Sometimes one item of information alone won't identify a person, but a combination of items may give you a reasonable basis for linking PHI to a person. If it does, the health information is PHI.
2. PHI can be information we create or that we receive from another provider.
3. PHI can be written, verbal, faxed, emailed, or text messaged.
4. PHI can be written or printed on paper, displayed on a computer screen, or provided on some other media.
5. Generally speaking, prior to PHI being disclosed a patient must authorize the disclosure. However, PHI can be used and disclosed without patient authorization while treating a patient, obtaining payment for treatment services, or conducting healthcare operations associated with the treatment provided to the patient.

Patients' Rights under HIPAA - *A 6-Point Checklist*

1. Patients must be given a copy of PIH Health's Notice of Patient Privacy Practices.

2. Patients may ask us to restrict how we use or disclose their protected health information (PHI).
3. Patients may ask us to communicate their PHI by an alternative method or to an alternate location.
4. Patients may inspect and/or obtain a copy of their medical records or PHI that we maintain through PIH Health's Health Information Management (HIM) Department.
5. Patients may ask us to amend or correct their medical record and/or PHI that we maintain. The HIM Department will assist in accomplishing this.
6. Patients may request a list (an accounting) of when their PHI was used or released for reasons other than treatment, payment or healthcare operations.

Potential Consequences of Violating HIPAA - *A 7-Point Checklist*

1. Civil penalties can range from $100 to $50,000 per violation. With a maximum penalty of $1.5 million in a calendar year for all violations of the same requirements.
2. Criminal penalties of up to $50,000, and a one-year jail sentence for knowingly releasing patient information in violation of HIPAA.
3. Gaining access to or release of patient information under false pretenses can result in a five-year sentence and a $100,000 fine.
4. Releasing patient information with harmful intent or selling the information can lead to a ten-year prison sentence and a $250,000 fine.
5. The hospital and employee can be sued for damages by patients through lawsuits.
6. Disciplinary action up to and including termination of employment at PIH Health.
7. If you have knowledge of a violation or potential violation of PIH Health's privacy policies, report it immediately to the HIPAA Privacy and Data Security Officer, ext. 2894, or the Corporate Compliance e-hotline at https://pihhealth.alertline.com/ or the Corporate Compliance Hotline:

(866) 368-1901
(800) 297-8592

Giving Patients our Notice of Privacy Practices - *An 8-Point Checklist*

1. During the registration process, we must give patients our Notice of Patient Privacy Practices, describing how we are allowed to use and disclose their PHI.
2. The Notice must be given before the first delivery of services, except in emergency treatment situations.
3. Patients not given our Notice due to an emergency treatment situation must be given the Notice as soon as possible after the emergency ends.
4. In most cases, if the patient is a minor or incompetent, our Notice must be given to the patient's personal representative.
5. We encourage the patient to sign an acknowledgment of receiving our Notice of Privacy Practice. However, signing this acknowledgment is not a condition to treatment.
6. We must document the efforts made to obtain the signature and, as appropriate, why they were unsuccessful.
7. We may deliver our Notice electronically, if the patient has agreed in advance to receive the notice that way.
8. We must post our Notice in prominent locations and provide it to any persons who ask for one. Copies are available at all Registration areas and in the HIM Department.

Processing Requests to Obtain an Accounting of PHI - *A 7-Point Checklist*

1. Patients may get a written accounting of disclosures of their PHI made by us and our business associates for reasons other than treatment, payment or healthcare operations.
2. Patients must make their requests in writing by completing the form Request for Accounting of Disclosures, available in the HIM Department.
3. The accounting covers disclosures beginning April 14, 2003.
4. We must provide the accounting within 60 days of the request unless we get an extension. We can get a one-time extension of 30 days.
5. The accounting must list the disclosure date(s), the recipient, the purpose, and a description of the PHI disclosed.
6. The patient can receive one accounting in a 12-month period free of charge. Additional accountings will be provided for a fee.
7. All disclosures of PHI must be kept for six years. In addition, the documentation of accountings provided must be kept for six years.

Processing Patient Requests to Amend Their PHI

1. Patients may ask to amend their PHI.
2. Patients must make their requests in writing by completing the form Request to Amend Protected Health Information, available in the HIM Department and in all patient care areas.
3. The request should be forwarded to the HIM Department
4. We must act on the request within 60 days unless we get an extension. We can get a one-time extension of 30 days.
5. We must notify patients that we granted or denied their request.
6. We must add any amendment which we have approved to the patient's medical record and establish an electronic link to information stored in our computer systems.
7. We must ask the patient who else needs the amended record and give it to whomever the patient identifies.

Processing Patient Requests for Access to Their PHI - *A 7-Point Checklist*

1. Patients may ask for access to PHI that we maintain on them in our medical record or business office records.
2. Access may be either by inspection and/or through obtaining copies.
3. Patients must make their requests in writing by completing the form Request for Access to PHI, available in the HIM Department and in all patient care areas.
4. The request should be forwarded to HIM department.
5. Upon approval, inspection must be provided within five working days of receipt of the written request. Copies must be provided within 15 calendar days.
6. Patients may make as many requests for access as they like.
7. We must keep all documentation regarding a patient's request for access for at least six years.

Minimum Necessary Standard of HIPAA - *A 5-Point Checklist*

1. PIH Health is required to adopt a "minimum necessary" standard in its use and disclosure of PHI.
2. Simply stated, the amount of patient data that you are allowed to access is dependent on the information you require to carry out your job.
3. For PHI contained in the medical record, the HIPAA Privacy Office and Data Security determines criteria and policies to define "minimum necessary" for chart requests.
4. For PHI contained in computer systems, the HIPAA Privacy and Data Security Officer sets criteria and policies to define "minimum necessary" within the computer systems.
5. The Information Solutions department has procedures for monitoring and adjusting access levels to PHI based on changes in an employee's status, department, and job.

Accessing a Computer System Containing PHI - *A 6-Point Checklist*

1. Never share your computer login (user ID and password) with anyone. Computers log activity and track which patients are accessed by your user ID.
2. To protect your own login, always sign off the computer system whenever you are done using it or lock the system.
3. Never leave patient information displayed on the computer screen when you walk away from the workstation.
4. All PIH Health systems containing PHI will be set to automatically log off a user after 15 minutes of no activity.
5. Never leave faxes or printed reports on the fax machine or printer, unless it is in a secured area.
6. All workstations that can access PHI must be in a secured location and not be visible to the public.

Using a Computer System Containing PHI - *A 6-Point Checklist*

1. Never store or save patient PHI on a CD, diskette, USB Flash Drive, or any local disk drive (e.g., C:drive.)
2. PHI should not be entered into mobile devices or laptops without prior approval from the HIPAA Privacy and Data Security Officer.
3. PHI may not be sent to any external e-mail address without adding the word 'SECURE' to the subject line for automatic encryption of the message.. (Note: External e-mail addresses do not end with@pihhealth.org.)
4. Any databases created in Microsoft Excel or Access (or similar software program) that contains PHI must be approved in advance by the HIPAA Privacy and Data Security Officer.
5. If other programs (e.g., Microsoft Word, Excel, and Access) are used to record or transmit PHI, all of the same protections apply for that PHI.
6. Immediately report any known or suspected information security problems to the HIPAA Privacy and Data Security Officer.

Manual Faxing of a Patient's PHI - *A 9-Point Checklist*

1. Fax only when PHI is needed for emergency or immediate patient care, or when the patient authorizes faxing.
2. Never fax sensitive information such as mental health records, chemical dependency records, or clinical results of HIV tests.
3. Use only the hospital's approved fax cover sheet.
4. Verify the fax number of the recipient before faxing.
5. Test pre-programmed fax numbers before using them for the first time.
6. File the fax transmission receipt in with the faxed material, or on the patient's medical record.
7. If a fax goes to the wrong fax number, contact the recipient and request that the material be returned. Fill out a MIDAS Incident Report on this incident.
8. Tell frequent fax recipients to notify you when their fax number or area code changes.
9. If you receive a misdirected fax containing patient PHI, call the sender of the fax and follow their instructions for returning or destruction of the fax.

HIPAA Do's…

- Remember to talk softly if your conversation can be overheard.
- If you have questions about HIPAA, a patient's rights under HIPAA, or PIH Health's policies and procedures, call the HIPAA Privacy and Data Security Officer, ext. 12818.
- Be careful when using patient sign-in sheets that the PHI on them cannot be viewed by the public.
- Be careful what information you relay to individuals other than the patient. The patient might have placed restrictions on what he/she allows to be disclosed.

HIPAA Don'ts…

- Don't take any printed reports or written records home with you, even if they are temporary notes created by you.
- Don't throw papers or reports containing PHI away in the trash can. Use only PIH approved recycle bins.
- Don't provide patient information to anyone unless you are sure it has been approved for release by the patient.
- Never "lend" your user ID/password to anyone nor use someone else's user ID/password. Systems log and track activity and use these to identify accesses to the patient data.
- Don't leave PHI on any answering machine or recording device.
- Do not discuss PHI when either party may be using a speaker phone.
- Do not speak with a loud voice when using a Vocera wireless communication device.
- Don't leave PHI unattended. Clear off or cover all PHI at your workstation when you leave the workstation for any reason.

Primary PIH HIPAA Contacts:

HIPAA Privacy and Data Security Officer: Anup Patel; Vice President, Enterprise Risk Management and Corporate Compliance
Ext. 12818
Corporate Compliance Hotline (English): (866) 368-1901