Welcome to Saint Anne’s Hospital, a member of Steward Health Care, the second largest health care system in New England. Saint Anne’s is a 160-bed, acute-care community hospital with comprehensive inpatient and outpatient services that provides care to southeastern Massachusetts and Rhode Island. We offer specialized services in oncology, pediatrics, diabetes, cardiac care, rehabilitation, behavioral medicine, and pain management.

As a student, you are responsible for completing CHIP **before** you begin your experience at Saint Anne’s Hospital.

**A minimum score of 85% is required for successful completion of CHIP.**

The answer sheet should be submitted to your instructor or brought to your computer orientation. You will not be permitted to start your clinical until you have successfully completed the post test.

Thank you and we look forward to having you at Saint Anne’s Hospital!
MISSION OF SAINT ANNE’S HOSPITAL

Mission Statement:
Steward Health Care is committed to providing the highest quality care with compassion and respect.

Identity Statement:
Faithful to the legacy of Charity and Compassion of Blessed Marie Poussepin, in 1906 the Dominican Sisters of the Presentation founded Saint Anne’s Hospital, a Catholic, Community health care organization, providing accessible and quality health care to all within our Culturally diverse Greater Fall River community.

HOSPITAL SAFETY

Safety Committee: The Safety Committee meets monthly to discuss issues related to the environment of care and hospital safety issues. The committee determines and oversees appropriate corrective actions. Environment of Care (EOC) Rounds are scheduled throughout the year in all patient care and non-patient care areas and at satellite locations. If something needs to be fixed immediately, notify your supervisor or instructor.

Safe Medical Device Act (SMDA): The Safe Medical Device Act (SMDA) requires all healthcare facilities to report to the Food and Drug Administration (FDA) and the appropriate manufacturer any medical device related deaths, serious injuries, or illnesses. Healthcare facilities must do this within ten working days of becoming aware of the event.

In the healthcare setting, we are surrounded by equipment. Many of these devices play an important role in the diagnosis, treatment, and rehabilitation of our patients. While most equipment performs without any significant problems, there are always devices that can produce risk of injury to either the patient or the staff operator.

We are all required to ensure that the risk of injury to the patient, employee and student is properly managed. The Steward Healthcare Medical Equipment Management Program (MEMP) contains policies and procedures related to medical equipment management.

- Each student has a responsibility to know proper operating principles for the equipment he/she uses. Staff must be knowledgeable about the use of equipment prior to use on or with a patient. Most clinical equipment has an operator’s manual, and that manual should be in a specific location within the department. If you have a question about any of your clinical equipment, please contact your supervisor or instructor for clarification prior to use.

- Ensure that any power cord is in proper working condition. Power cords cannot have frayed or exposed wires. The power plug should be in good condition with no cracks or missing pins that plug into the electrical outlet. Power cords and plugs can cause a risk to staff and patients alike.
• Check the inspection sticker. All medical equipment has a biomed sticker attached with the next inspection due date. If the next due date has passed, the item should not be used and you should contact your supervisor or instructor.

• In case of a malfunctioning or past due piece of equipment, immediately take the equipment out of service, attach a Red Tag - Danger Do Not Use to the item, and contact your supervisor or instructor.

• In the event of any medical equipment injuries, illnesses or related deaths, notify your supervisor or instructor who will notify the hospital risk manager and administrator on call as needed. Complete an online incident report and/or a Product/Equipment Defect Report, noting lot number, serial number or model number. Whenever possible, retain all parts of the equipment or device for the risk manager who will coordinate reporting to the FDA.

• Upon receiving notification of an event that may be reportable under the SMDA, the hospital risk manager and hospital safety officer/designee will interview staff as appropriate. When indicated, the vice president of medical affairs, appropriate senior leaders, and others will review results of the investigation.

EVACUATION PLAN

The patient care supervisor, administrator on call, or the director of facilities, security and safety organize and direct planned and emergency evacuations on site in the hospital. All emergency evacuations take place behind fire doors. Do not use elevators or stairs unless instructed to do so. Evacuate horizontally first, then vertically, if authorized by the onsite incident commander. Do not touch medical gas shut offs during an event unless directed by the Director of Respiratory or designee who has made arrangements for portable gases. Refer to Fire Plan — Hospital that can be found under Policies & Procedures on MySteward.

Satellite locations have a policy entitled Fire and Emergency Plan that outlines specific procedures for the site.

DISASTER PLAN

A disaster is a situation or "all-hazard" event that disrupts normal flow of patient care services (explosions, severe storms, biological incident/attack, chemical exposure, crashes, gang violence, mass casualty events). The hospital's plan is designed in accordance with the national Hospital Incident Command System (HICS). The federal Department of Homeland Security now requires that all public and private organizations have an emergency response plan that uses the Incident Command System as the response model. The number to call for ANY emergency situation in the hospital is ext. 5555. The hospital has plans to prepare for an incident that may last up to 96 hours in duration. All plans can be found in the Emergency Management section of the SAH Policies & Procedures at MySteward.
Codes and levels for disasters are as follows:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Black</td>
<td>Close ED - Internal Emergency</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Cardiac/Respiratory Arrest</td>
</tr>
<tr>
<td>Code D</td>
<td>Emergency Operations Plan</td>
</tr>
<tr>
<td>Internal/External</td>
<td>Standby or Activation</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Security STAT / Violence Intervention</td>
</tr>
<tr>
<td>Code Green</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>Code H (Help)</td>
<td>ED Volume Decompression</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazmat Spill</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant/Child Missing / Abduction</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire Alarm</td>
</tr>
<tr>
<td>Hostage Situation</td>
<td>Hostage Situation</td>
</tr>
<tr>
<td>Rapid Response</td>
<td>Rapid Response Team</td>
</tr>
<tr>
<td>Code I</td>
<td>Infectious Disease Incident</td>
</tr>
<tr>
<td>Active Shooter</td>
<td>There is a person or persons actively engaged in killing or attempting to kill people in the hospital or on the hospital campus</td>
</tr>
</tbody>
</table>

Disaster & Response Plans can be found online at MySteward under the Saint Anne’s Hospital Policies and Procedures, Emergency Management. Please review to identify your department’s specific role in a disaster event.

**FIRE SAFETY**

For all fire emergencies in the hospital pull the nearest pull station and call ext. **5555** to report the location of the fire emergency. If you smell smoke or see a fire, **RACE**.

<table>
<thead>
<tr>
<th>Rescue</th>
<th>Rescue patients from immediate danger but <strong>DO NOT</strong> put yourself in danger – use common sense.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alarm</td>
<td>Activate the fire alarm by pulling a pull station and call <strong>5555</strong> and say “Code Red” and location of the fire.</td>
</tr>
<tr>
<td>Confine</td>
<td>Confine the fire by closing doors to all rooms, hallways, and EXIT doors.</td>
</tr>
<tr>
<td>Evacuate</td>
<td>Evacuate anyone in immediate danger under the direction of the incident commander and when it is safe to do.</td>
</tr>
</tbody>
</table>

Think **PASS** when using a fire extinguisher. Do not use a fire extinguisher unless trained to do so.

<table>
<thead>
<tr>
<th>P</th>
<th>Pull the pin</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Aim extinguisher</td>
</tr>
<tr>
<td>S</td>
<td>Squeeze the trigger</td>
</tr>
<tr>
<td>S</td>
<td>Sweep back and forth</td>
</tr>
</tbody>
</table>
ELECTRICAL SAFETY

- Don’t overload the circuits.
- Use extension cords only with permission of the Facilities Department. Surge protectors must be hospital grade and approved by the Facilities Department.
- Check cords and connections for damage and do not use if cracked or broken.
- Take damaged or broken equipment out of service by attaching a Red Tag - Danger Do Not Use and remove from the service area. Be sure to notify your supervisor or instructor.

In the event of a loss of utilities, immediately notify your supervisor or instructor. To ensure a power supply for critical patient care equipment, plug equipment into RED EMERGENCY receptacles.

ETHICS CONSULTATION

Saint Anne’s Hospital is committed to quality care and service that is delivered with compassion and respect for personal and professional values. Members of the Ethics Committee are available to provide advice and analysis about ethics concerns or questions regarding patient care. An ethics concern is an uncertainty or conflict among patient, family, or staff regarding values or ethical obligations in patient care. Patients, family members, physicians, any employee of the hospital, or a member of the community may request an Ethics Consult by speaking directly with a healthcare professional, who will facilitate a consult on their behalf, or by calling the Ethics Access Line at ext. 5566. Work with your supervisor or instructor on all Ethics Consults.

RULES OF CONDUCT IN THE WORKPLACE

All employees, volunteers, students, physicians and contract staff must be familiar with the hospital's Respectful Working Environment Policy and Sexual and Workplace Harassment Policy and ensure that their behavior is in keeping with the guidelines of these policies. The policies can be found on MySteward under policies and procedures, Human Resources. Consistent with these policies, no individual working in the hospital should engage in or encourage harassing behavior, or fail to report any observance of breaches to the rules of conduct as outlined in Hospital policies. All individuals are to treat each other with dignity and respect, and interact with appreciation for the important role each person plays to achieve our mission.

Unwelcome sexual advances, requests for favors, and verbal or physical contact constitute sexual harassment. Derogatory comments or insulting remarks towards another person will not be tolerated.

If you feel you are a victim of sexual abuse or observe a violation of the Respectful Working Environment Policy, report the offense to your supervisor or instructor. A prompt and thorough investigation of all reports will commence and appropriate steps will be taken as deemed necessary. You should be aware that the hospital is required to investigate each and every report of harassment and will do its best to maintain total
confidentiality within legal parameters. All persons identified in the allegation will be contacted and involved in the investigative process.

**EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT OF 1986 (EMTALA)**

EMTALA was enacted in 1986 to prevent “patient dumping” from one hospital to another. EMTALA applies to:

- All hospitals participating in the Medicare program
- All individuals who come to a dedicated Emergency Department
- All individuals who come onto hospital property seeking emergency care
- Ambulances and hospital satellite locations with one third of services offering emergency care.

EMTALA requires a medical screening exam, separate from triage, for all individuals requesting emergency care to determine if a medical emergency exists. This medical screening exam must be provided by a physician or mid level practitioner and may require calling in specialty physicians for consults.

If no medical emergency exists, then the hospital’s obligation under EMTALA has been fulfilled.

If an emergency does exist, the hospital’s obligation under EMTALA requires stabilization of the patient, regardless of the patient’s ability to pay for services. This requirement also applies to a patient in active labor, where assisting with birth would be needed, even in a facility that does not have an OB service.

Once the patient is stable enough for transfer, a hospital may transfer the patient to an accepting facility that offers a higher level of care. Medically qualified personnel must transfer the patient to the accepting facility. The proper paperwork must accompany the patient. This transfer requirement also applies to a patient in active labor.

Simply put, no patient requesting emergency medical care may be turned away. At a minimum, we must offer each patient a medical screening exam provided by a physician.

**CULTURE OF SAFETY**

Steward Health Care is working diligently to monitor and improve patient safety and reduce harm. The Steward Culture of Safety is defined as everyone, every day, using behaviors that result in safe, reliable, productive performance. Steward leaders created a new vision for safety that involves 6 safety behaviors:

1. Pay attention to details
2. Communicate clearly and directly
3. Have a questioning attitude
4. Perform effective handoffs  
5. Work together with your team  
6. Follow the rules

INTERPRETER SERVICES: COMMUNICATING WITH LIMITED ENGLISH PROFICIENT AND/OR DEAF AND HARD OF HEARING PATIENTS

Legal Mandates

Minors: *Anyone under 18 is prohibited from interpreting*

Communication with Limited English Proficient and/or Deaf /Hard of Hearing patients

Steward Health Care has legal requirements to provide interpreter services (including both oral, sign and written language assistance) **at no cost** to our patients who are deaf, hard of hearing, who do not speak English or whose proficiency in English is limited.

- Family members, friends and significant others will not be used to interpret for any patient unless specifically requested to do so by the patient. This information needs to be communicated to the patient by the clinical and hospital staff through a qualified, approved medical interpreter resource (in person, by phone, or via video remote link) and include staff disclosure to the patient that the hospital's interpreter resources are available free of charge.

- This discussion should occur in private wherever reasonably possible to ensure patients are refusing hospital interpreter services of their own accord and not because of pressure from family members or others to do so.

- The refusal of hospital interpreter resources will be documented by clinical and hospital staff in the patient’s medical record and will include the interpreter name/ ID number used for the release as well as the full name and relationship of the person appointed by the patient to replace the interpreter.

Obtaining Informed Consent from Limited-English Proficiency Patient and/or Patient who is Deaf:

- The responsibility for informed consent shall reside with the clinical staff, as is the case with patients for whom no language barrier exists. The only responsibility the interpreter bears for informed consent is to ensure that the elements of information stated by the provider be transmitted in a manner understandable to the patient.

- A qualified, approved medical interpreter resource must be used when obtaining informed consent from a patient who is Deaf and/or LEP.

- Even patients who have refused hospital medical interpreter resources may not exclude them during informed consent. When a physician or other clinician has native fluency in the patient’s preferred language, he/ she may obtain direct consent without the assistance of an interpreter as he/ she is simply providing scope of practice in a different language.
How do I contact Interpreter Services?

Interpreter support is available from the Saint Anne’s Hospital Interpreter Services department 24/7 via the ServiceHub request system on the MySteward portal. Work with your supervisor or instructor on how to request Interpreter Services.

**NOTE FOR STUDENTS WHO ARE NOT LOCATED IN THE HOSPITAL:**

All students who are not on the hospital campus should **dial 911** in case of an emergency (NOT 5555). All extensions referenced in this CHIP module are preceded by the main hospital (508) 674-5600.
2016 CHIP TEST for Nursing Students

Use the attached answer sheet to complete the post-test.

1. If you suspect a piece of equipment is malfunctioning, what is the FIRST action you should take?
   a. Contact Biomedical Engineering
   b. Attach a “Red Tag” - "Danger Do Not Use" to the item
   c. Immediately take the equipment out of service
   d. Notify your manager or the patient care supervisor

2. Which of the following things should you do during an evacuation?
   a. Evacuate horizontally first, then vertically
   b. Do not touch medical gas shut offs unless directed
   c. Do not use elevator or stairs unless instructed to do so
   d. All of the above

3. You are working in a department in the hospital. Over the loud speaker, you hear there is a Code Blue. What does this mean?
   a. There is a hostage situation
   b. There is an actual fire
   c. There is a hazardous spill
   d. There is a cardiac/respiratory arrest

4. You are working in a department in the hospital and there is a fire. You pull the nearest pull station, call ext. 5555 to report the location of the fire emergency and you RACE. What does “R” in RACE stand for?
   a. Run
   b. Roaring fire
   c. Rescue
   d. Reach

5. To ensure a power supply for critical patient care equipment, plug equipment into:
   a. Red emergency receptacles
   b. Orange emergency receptacles
   c. Yellow emergency receptacles
   d. Black emergency receptacles

6. Patients, family members, physicians, any employee of the hospital, or a member of the community may request an ethics consult by which of the following:
   a. Speaking directly with a healthcare professional
   b. Calling the Ethics Access Line at ext. 5566
   c. Either of the above
   d. Neither of the above
7. All workforce members based at Saint Anne's Hospital must be familiar with the hospital’s Respectful Working Environment Policy and Sexual and Workplace Harassment Policy. Which of the following statements are consistent with these policies?
   a. No individual working in the hospital should engage in or encourage harassing behavior
   b. All individuals are to treat each other with dignity and respect
   c. All individuals are to interact with appreciation for the important role each person plays to achieve our mission.
   d. All of the above

8. A patient presents in the Emergency Room. She has no insurance and is in active labor and assisting with the birth may be necessary. What do you do?
   a. Turn her away because we don't have OB at Saint Anne’s Hospital.
   b. Offer her a medical screening exam provided by a physician.
   c. Stabilize the patient, including delivery of the child if necessary, regardless of the patient's ability to pay for services
   d. Both b and c

9. Which of the following is/are safety behaviors?
   a. Follow the rules
   b. Perform effective handoffs
   c. Have a questioning attitude
   d. All of the above

10. Which of the following are required for obtaining an informed consent from a non-English speaking, Limited English speaking and/or patient who is deaf?
    a. Family members, friends and significant others will not be used to interpret for any patient unless specifically requested to do so by the patient.
    b. The information needs to be communicated to the patient by the clinical and hospital staff through a qualified, approved medical interpreter resource (in person, by phone, or via video remote link)
    c. Include staff disclosure to the patient that the hospital’s interpreter resources are available free of charge.
    d. All of the above
2016 Student CHIP Test
(Facility Specific – to accompany the online CCP modules)

PRINT Name*: __________________________ Date: __________ School/Program: __________

*TO RECEIVE CREDIT, PLEASE PRINT YOUR NAME

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

Please bring this answer sheet and page 12 (signed in two places) with you to your computer orientation.

Don’t forget to register yourself on My Profile.

This is REQUIRED before your orientation day.
Steward Health Care Privacy Agreement

- Employees
- Fellows/Residents Students/Interns
- Contracted Workforce Members
- Volunteers

This Agreement describes your responsibilities as it relates to protecting privacy at Steward Health Care.

I, _____________________________(please print name) understand that, in my role at Steward Health Care (“Steward”), I may access or be privy to Confidential Information, as defined below, as part of my employment/assignment/affiliation with Steward. As part of my responsibility to safeguard Confidential Information I understand and agree to the following:

- It is my responsibility to maintain the confidentiality of all Protected Health Information (“PHI”), human resource, payroll, fiscal, management, and any other non-public information that could subject the organization, the data owner, or the data subjects, to harm (including but not limited to financial damages, embarrassment, or damage to reputation) if the data were lost, stolen, accessed or acquired by unauthorized individuals (“Confidential Information”).
- Not to access, use or disclose Confidential Information without a job-related reason to do so. I agree not to use or disclose Confidential Information for personal purposes and agree not to disclose PHI to any individual or entity that does not also have a job-related reason to access the Confidential Information.
- Not to make inquiries about Confidential Information for others who are not authorized to access it.
- When I access, use or disclose PHI, I will use the minimum necessary amount of PHI required to do the job.
- Not to copy or remove Confidential Information from Steward premises without authorization and applying appropriate safeguards. Nevertheless, I will do so only as related to performing my job duties.
- To take appropriate precautions, as defined by policy, when mailing or faxing Confidential Information including checking that the contents and address are correct.
- To maintain all paper Confidential Information securely (e.g. locked desk, locked file cabinet or locked office).
- Not to leave Confidential Information unattended in plain view in an area that is accessible to persons not authorized to view the Confidential Information.
- To avoid discussing Confidential Information in public areas such as lobbies, public hallways and elevators. When discussing Confidential Information, I agree to take appropriate precautions, such as lowering my voice, to prevent unauthorized individuals from hearing the information.
- To appropriately dispose of paper Confidential Information by shredding. Trash and recycling bins are not an acceptable method of disposal. Confidential Information may never be placed in a recycling container.
- To immediately report any known or suspected inappropriate access, use or disclosure following the entities incident reporting protocol or to the Office of Corporate Compliance & Privacy.
- To refer to the Steward Privacy Policies, as appropriate, for additional guidance on privacy-related matters.
- Violation of this Agreement or applicable privacy law or policy, may result in disciplinary action, up to and including termination of my relationship with Steward, in accordance with Steward policies.
- Violation of this Agreement may result in legal liability for me as well as Steward. I agree to indemnify Steward and its parent(s), affiliates, directors, trustees, medical staff, officers, employees or agents and assignees from any loss, damage, claim or liability including reasonable attorneys’ fees arising out of my willful neglect or failure to exercise reasonable care which results in an unauthorized access, use or disclosure of Confidential Information in breach of this Agreement and in violation of applicable Steward policies.
- Upon termination of my relationship with Steward, I will immediately return any documents in my possession containing Confidential Information, in addition to any other required materials.
- My obligations under this Agreement continue after the end of my relationship with Steward.

By signing this document I certify that I have read the above Agreement and agree to comply with its terms.

Signature: _____________________________ Date: __________________

Steward Code of Conduct Attestation

I hereby acknowledge that I have received the Steward Code of Conduct. I certify that I will review the Code and comply with these standards in my daily work activities and that I have a responsibility to report any suspected violations of the Code.

I understand adhering to these standards is a condition of employment or business relationship with Steward and that if I have any questions about the Code I must ask my manager for clarification and/or call the Office of Corporate Compliance & Privacy (OCCP). I certify that I will report to my manager and/or the OCCP any instances where I did not or was unable to comply with the standards set forth in the Code.

Signature: _____________________________ Date: __________________