Landmark Medical Center

Initial Orientation Essentials

2016

Must be completed PRIOR to beginning work.

This Essentials Packet is intended to give the reader an overview of important information on general safety guidelines.

All employees and agency personnel of Prime Healthcare Management Inc. are required to complete the Initial Orientation Essentials prior to their first day of work. This self-learning module has been designed to support the information given in General Orientation, which must also be attended and provides an update so that better patient care may be delivered. The completion of the module is mandatory.

Directions:

1. Read the self-learning “essentials” quiz thoroughly.
2. Complete the Post Test (circle the correct answer) and complete the evaluation form.
3. Submit quiz and Evaluation form to Human Resources or the facilitator.

Arrangements may be made for those of you who may need accommodation for special needs or instruction.

Revised 01/16
**Mission:** Landmark Medical Center (LMC) endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.

**Vision:** Landmark Medical Center (LMC) is consistently at the forefront of evolving national healthcare reform. Our organization provides an innovative and integrated healthcare delivery system. We remain ever cognizant of our patients’ needs and desires for high quality affordable healthcare.

**Values:**
- **Compassion:** We provide an environment that is caring and conducive to healing the whole person physically, emotionally and spiritually. We respect the individual needs, desires and rights of our patients.
- **Quality:** We believe in continuous quality of care and performance improvement as the foundation for preserving and enhancing healthcare delivery. Effective communication and education of our patients, physicians, staff and the community we serve are essential elements of this process.
- **Comprehensive:** We are committed to an integrated healthcare delivery system that encompasses the entire spectrum of healthcare delivery. This continuum of care encompasses all aspects of an individual’s healthcare.
- **Cost effectiveness:** We offer high quality healthcare that is accessible and affordable.

**Customer Service:**
Under the Customer Care Chain program, every staff member, physician and patient is an equal “link” in the customer service chain. The links of the Customer Care Chain are held together by values we refer to as “The Three Cs”: **Compassion, Commitment & Communication.** By following these simple values, we can rebuild and promote a team-building atmosphere, which will subsequently result in enhancing the patient experience. **Customer Service is the key component in the delivery of quality patient care and is EVERYONE’S RESPONSIBILITY.**

**Patient Grievances:**
If the patient has a concern, you should do all in your power to address and resolve their concerns. If necessary, please utilize the chain of command so that the management team may assist you with the concern as well. Be aware that patients can also file a complaint with the Rhode Island Department of Health at (401) 222-5960.

**Team Building:**
Effective teams set clear goals, evaluate progress, plan ahead, take advantage of individual talents, clarify roles, and share leadership. This requires assertive communication, active listening, and constructive criticism.

**Staff Rights:**
If a staff member feels that they are having difficulty caring for a patient due to religious or ethical reasons, they need to notify their Supervisor/Charge Nurse to see if reassignment can be made. Employees may report any concerns about the safety or quality of care provided in the hospital to the Compliance Officer – (877) 350-5827, the Ethics Hotline (877) 350-5827 or directly to The Joint Commission (TJC) or to the Rhode Island Department of Health. Employees reporting concerns related to safety or quality issues will not be subject to any disciplinary action for sharing their concerns. Any attempts at retaliation are prohibited and should be reported to the Compliance Officer.

**Harassment Policy:**
Harassment is considered to be a form of discrimination and is strictly prohibited. The Organization maintains a strict policy prohibiting unlawful sexual harassment, or unlawful harassment in any verbal, physical, or visual form because of age, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, or gender of any person, or any other basis.

**Code of Conduct/Anti-bullying:**
Studies have indicated that “disruptive and inappropriate behaviors” from staff, physicians, administrators, as well as other members of the healthcare team can result in medical errors, poor patient satisfaction, preventable adverse outcomes, increased costs, and higher turnover of staff. Inappropriate behaviors can be defined as verbal outbursts, physical threats, reluctance or refusal to answer questions, condescending language or tone, and impatience with questions. If you are subject to or witness this type of behavior, please report the behavior immediately to your supervisor, human resources, or to administration. There are non-retaliation protections for the person reporting the improper behavior.

**Corporate Compliance:**
Corporate Compliance ensures that we have adequate internal controls to prevent and detect violations of the law within our medical center. You can discuss any concerns with your supervisor or call your Corporate Compliance Officer, HR Director, Chief Medical Officer, Administration/Chief Nursing Officer at (401) 769-4100 without fear of retaliation.

**Staff Identification:**
All employees, affiliates, or contract personnel MUST wear appropriate picture identification (ID badge) at all times while on hospital premises.

**Smoking Policy**
Smoking is not permitted inside the hospital. Smoking is only permitted in designated areas outside of the hospital.
Impaired/Disruptive Staff/Physician
Landmark Medical Center has a policy to identify and manage disruptive physicians and/or staff suspected to be under the influence of a substance. Please report symptoms of impairment or disruptive behavior to your immediate supervisor.

Performance Improvement:
We use the FOCUS-PDCA model (Find, Organize, Clarify, Understand, Select, Plan, Do, Check, Act). We use a multidisciplinary approach. “Do the right thing-Do the right thing well”. Performance improvement is everyone’s responsibility.

Equal Employment Opportunity
Landmark Medical Center is firmly committed to Equal Employment Opportunity and to comply with all color, gender, national origin, religion, disability, protected veteran status and other protected qualifications. This policy applies to all employment decisions including, but not limited to, recruitment, hiring, training, promotion, pay practices, benefits, disciplinary action, and termination.

Affirmative Action
Landmark Medical Center is committed to taking affirmative action to hire and advance minorities, women, veterans, and individuals with disabilities.

Cultural Diversity
We work in a culturally diverse setting. Know your own beliefs but be respectful to the beliefs and practices of others. Resource books are available on all clinical units. Please be sensitive to those around you by communicating with other staff members in English in all work areas.

Interpreters:
Landmark uses CyraCom for interpreter services. Phones are available on every nursing unit and the video console for sign language and other face to face interpretations is available in the Emergency Department.

HIPAA & Confidentiality:
(Health Insurance Portability and Accountability Act of 1996). All hospital personnel are obligated to protect patient privacy rights, including any form of media that is electronic, paper, oral, CD, diskette or micro. We value the confidentiality of our patients and information systems. Protected Health Information (PHI) is given only to those who have an appropriate and authorized need for the information. Patients have a right to privacy.

Security:
Security is onsite 24 hours per day/7 days a week in the hospital. The Security department provides escorts upon request. You should report all thefts to the security department immediately. To contact Security for assistance dial 401-255-2161. For all emergency situations dial x2222.

Codes: Dial the emergency line ext. 2222

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Code Red</td>
<td>Fire</td>
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<td>Code Blue</td>
<td>Cardiac Arrest Emergency</td>
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<td>Code Amber</td>
<td>Infant Abduction</td>
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<td>Code Green</td>
<td>Bomb Threat</td>
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<td>Code Elopement</td>
<td>Patient has potentially left the premises/needs to be found</td>
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<td>Code Gray</td>
<td>Need Security</td>
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<td>Code Silver</td>
<td>Person with a Weapon</td>
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<td>Code Orange</td>
<td>Hazardous Material Spill/Release</td>
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<td>Code Clear</td>
<td>All clear</td>
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<tr>
<td>Code 25</td>
<td>Loss of Communication (use red phone)</td>
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<tr>
<td>Code Triage: Standby</td>
<td>Disaster Started, Prepare to Respond personnel only</td>
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<tr>
<td>Code Triage: Internal or External</td>
<td>Disaster in Progress</td>
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Violence Prevention:
We support a violence-free workplace. All incidents of aggressive behavior must be reported whether it involves an injury or not. Give the person/patient calm, clear and quiet directions. Allow the person to verbalize concerns. Potential signs of violent behavior are loud, angry speech, pacing around, or the presence of a weapon. Special training courses are held at Landmark for assaultive behavior management.

Infection Control:
Infection prevention and control is everyone’s responsibility. We want to protect ourselves, our family, as well as our patients. Additional strategies are applied when it comes to patients because they are more susceptible to infections due to compromised immunity.

DEFINITIONS
Infection - a pathological condition produced by invasion of body tissues by micro-organism(s).

CHAIN OF INFECTION
Infectious Agent - (bacteria, fungi, virus)
Reservoir - place for "agent" to live and multiply.
Portal of Exit - place where "agent" leaves reservoir.
Means of Transportation - how the "agent" travels.
Portal of Entrance - where the "agent" enters the body.
Susceptible Host - a compromised patient (where the organism can survive).
Breaking the Link:

1. Hand Washing
   *Hand Washing Is the Single Most Important Thing We Can Do To Prevent the Spread Of Infection.*

2. Respiratory Hygiene/Cough Etiquette
   - Cover the nose/mouth when coughing or sneezing;
   - Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
   - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials

*Do not report to work if you are sick*

3. Annual health screen and proper immunization
   - TB exposure detection
   - Influenza vaccine

4. Reporting suspected occurrences/activities
   - Infestation
   - Water leakage
   - Construction

5. Reporting exposure to Bloodborne Pathogens
   - Hepatitis B, C
   - HIV
   - Sharps (contaminated)

The following infectious diseases occur frequently in the hospital setting. These diseases have been divided into 2 groups, according to what we know about the epidemiology and whether the primary concern is:

1) preventing transmission of infection both to and from personnel and patients or;

2) preventing transmission of infection primarily from infected patients to personnel.

Within each section, diseases are listed alphabetically. Relevant epidemiology, microbiology, and preventive measures are reviewed for each disease. Infections that are unusual or are not major nosocomial problems in this country receive only a brief comment or none at all.

Group I Infections: Transmission to and from personnel

1. Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)

   **Facts about HIV infection**
   HIV is not spread by casual contact. It is spread primarily through sexual contact or through sharing needles used to inject drugs. HIV can also be spread from pregnant women to their unborn children or, through breast-feeding. HIV has been transmitted to persons who receive HIV-blood products or transfusions with HIV infected blood. In a few instances, HIV has been transmitted to Healthcare workers through unintentional needle-stick exposures to HIV-infected blood.

   **High risk behaviors for HIV infection:**
   - Injection drug use
   - Sexual activity with someone who is infected within HIV
   - Sexual activity with someone who has practiced any of the above behaviors
   - Sexual activity with someone whose drug use or history of sexual behavior is unknown (especially persons with multiple partners)
   - Receipt of blood products or blood transfusion between 1978 and 1985

2. Hepatitis
   - Hepatitis A is transmitted primarily by the fecal-oral route. It has not been reported to occur after inadvertent needle sticks or other contact with blood. Personnel can help protect themselves and others from infection with HAV by always maintaining good personal hygiene and practicing thorough hand washing at all times. If personnel become infected with HAV, the risk of transmitting infection is very low or negligible after about 7 days after onset of jaundice.
   - Hepatitis B does not appear to be transmitted by fecal-oral route. Generally, the highest risk of HBV infection in the hospital setting is associated with locations and occupations in which contact with blood from infected patients is frequent; blood banks, laboratories, emergency rooms, operating and recovery rooms, nurses, and physicians.
   - Non-A, Non-B Hepatitis transmission is usually associated with percutaneous needle exposure or other exposure to blood. Therefore, emphasis on blood precautions is the most reasonable current approach to preventing transmission from patients to personnel.

3. Herpes Simplex Viruses can be transmitted through direct contact with either primary or recurrent lesions or through secretions (such as saliva, vaginal secretions, or infected amniotic fluid) that can contain the virus.

4. *Staphylococcus Aureus and Streptococcus*, Group A and Group B, a person with a lesion found to be a common source.

5. *Tuberculosis*, all hospital staff are screened upon hire and annually depending on their job function.

6. *Varicella Zoster*—only personnel who have had varicella or those with serologic evidence of immunity are allowed to take care of these patients. The transmission is possible until all lesions are dry and crusted.
Additional Nursing Information for Nursing Staff: There are many evidence-based guidelines that can be used to prevent device infections and surgical site infections. These guidelines are called bundles. All the components for each bundle should be implemented together which result in better outcomes than when implemented individually.

**Central Line Bundle:**
1. Hand Hygiene
2. Maximal barrier precautions upon insertion
3. Chlorhexidine Skin Antiseptics
4. Optimal catheter site selection with avoidance of the Femoral Vein for Central Venous Access in Adult Patients

**CAUTI Bundle:**
(Catheter-Associated Urinary Tract Infection)
1. Document if catheter is present on admission
2. Insert using aseptic technique, hand hygiene
3. Use securement device
4. Maintain catheter drainage bag below bladder
5. Maintain closed system
6. Pericare at least daily and with fecal incontinence
7. Use a dedicated container for measuring or emptying
8. Daily review of catheter necessity, remove as soon as possible

**VAP (Ventilator Associated Pneumonia) Bundle:**
1. Elevation of the Head of the Bed
2. Daily “Sedation Vacation” and assessment of Readiness to Extubate
3. Peptic Ulcer Disease Prophylaxis
4. Deep Venous Thrombosis Prophylaxis

**SSI (Surgical Site Infection) Bundle:**
1. Appropriate use of antibiotics, to be administered within 60 minutes prior to the operation
2. Appropriate hair removal (clipping rather than shaving)
3. Appropriate glucose control
4. Perioperative normothermia

The following policies and documentation should be used as educational tools to assist you with safe practices and meeting regulatory compliances. These documents can be assessed through Hospital Intranet (from the Home page, Click “Policy & Procedure” tab, then click “Infection Control” tab to look for the list of these policies and documents).

Please contact Infection Control Department at x2337 for any questions or concerns related to infection.

- **Hand hygiene is the single most important intervention to stop hospital-acquired infections.**
- Hand hygiene is required before and after each patient contact, regardless of whether gloves were worn.

- Linens, equipment, bedrails, surfaces, etc. in patient rooms can contaminate hands, equipment, and uniforms.
- In general, alcohol handwash is superior to soap and water. If hands are visibly soiled, soap and water must be used.
- C- difficile is not killed by alcohol – use soap and water after care of patients with diarrhea. Always use Standard Precautions with all patients. All patients requiring Airborne Isolation (TB, Varicella, Measles, patients with shingles blisters) must be in a negative air flow room. Special Negative airflow rooms are monitored daily when rooms are used for airborne precautions (rooms 160, 174 and 260, ICU-280 & 288 and ER room 2 & 3). Notify Infection Control. N-95 masks must be worn by all caregivers (they must be fit-tested first).
- Isolation categories are: Airborne, Droplet, and Contact. Never re-use gloves or gowns.
- Report Latex sensitivity or allergies to Infection Control
- Acrylic nails are not to be worn by anyone with direct patient care. This includes all clinical staff and dietary.
- Patients with shingles blisters cannot be attended by non-immune staff.
- If you are ill with an infectious illness, notify Employee Health ext. 2337, Jean Garofano, Director of Infection control. If you are located in a hospital, please contact the hospital infection control provider.

**Oxygen Safety and Prevention of Panic**

Oxygen promotes conduction and may support a fire. Care must be taken when transporting patients with oxygen cylinders.

- No smoking may occur around oxygen- enriched areas.
- Oxygen administration may make the patient feel anxious because their mouth and nose may be covered. Prior to administration of oxygen, explain the procedure to the patient – this may help prevent feelings of panic.

**Radiation Safety:**

MRI and Ultrasound are not sources of radiation. How much radiation is given off and received depends on three factors: **Time, Distance, and Shielding. Read signs on doors and enter rooms cautiously if there is a radiation sign.**
Environment of Care:

Report all unsafe conditions to your supervisor.

- Hospital grade plugs must have 3 prongs.
- Medical equipment failures – place defective tag, write work order, do not use, report to Biomedical engineering.
- Electrical system failure – red plugs are to be used only for emergency power – i.e. all life saving equipment must use red plugs.
- Disruption of overhead paging or telephone service – use available cell phones- Engineering will use walkie-talkies.
- Sewer-water system failure – do not use toilets or water. Conserve available water.
- Material Safety Data Sheets (MSDS or SDS) are available 24 hours a day by calling 1-800-451-8346. The MSDS have first aid and clean-up procedures for those items used in your department.
- For utility system failure, notify engineering or after hours call nursing supervisor.
- Medical Waste is placed in red bags.

In case of a fire use R.A.C.E. and S.A.F.E.:

Rescue, Alarm, Contain, Extinguish
Safety of Life, Activate Alarm, Fight Fire, Evacuate

- The acronym P.A.S.S. outlines the proper procedure for using a fire extinguisher.
  - P- PULL the pin from the fire extinguisher
  - A- AIM the nozzle toward the base of the fire.
  - S- SQUEEZE the handle of the fire extinguisher.
  - S- SWEEP the hose from side to side at the base of the fire.

Body Mechanics/Ergonomics:

The back muscles are weaker than the leg muscles. When picking up objects: Assess load, if too heavy get help, bend knees, hold object(s) close to body, keep back straight, tighten abdominal muscles, lift with your legs, and avoid twisting motion.

2016 National Patient Safety Goals (NPSG):

Landmark is committed to providing a safe environment for patients and staff. In order to achieve this all staff must be observant for processes and systems that need to be revised to improve safety. The NPSG Initiative goals:

GOAL 1
Improve the accuracy of patient identification.

NPSG.01.01.01
Use at least two patient identifiers (Name and DOB) when providing care, treatment and services

NPSG.01.03.01
Eliminate transfusion errors related to patient misidentification.

GOAL 2
Improve the effectiveness of communication among caregivers.

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

GOAL 3
Improve the safety of using medications

NPSG.03.04.01
Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.

NPSG.03.05.01
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

NPSG.03.06.01
Maintain and communicate accurate patient medication information.

GOAL 6
Improve the safety of clinical alarm systems

NPSG.06.01.01
Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety.

GOAL 7
Reduce the risk of health care associated infections.

NPSG.07.01.01
Hand washing is done with soap and water or an alcohol based hand cleanser BEFORE and AFTER patient contact.

NPSG.07.03.01
Implement best practices to prevent health care associated infections due to multidrug-resistant organisms (MDRO).

NPSG.07.04.01
Implement evidence-based practices to prevent central line–associated bloodstream infections (CABSI).

NPSG.07.05.01
Implement evidence-based practices for preventing surgical site infections (SSI).

NPSG.07.06.01
Implement evidence-based practices to prevent indwelling catheter associated urinary tract infections (CAUTI).

GOAL 15
The hospital identifies safety risks inherent in its patient population.

NPSG.15.01.01
- Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide
- Address the patient’s immediate safety needs and most appropriate setting for treatment
- When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family
Universal Protocol

UP.01.01.01: Conduct a Pre-Operative Verification.
UP.01.02.01: Mark the Operative Site
UP.01.03: Conduct a “Time Out” immediately before starting the procedure.

Serious Reportable Events (Never 28 Reporting):

Report adverse events, as defined by the National Quality Forum to the Rhode Island Department of Health (RIDOH) no later than five (5) days after the event has been detected, or, if the event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than twenty-four (24) hours after the adverse event has been detected. All serious reportable events are managed and reported to the RIDOH by Risk Management.

This is the list compiled by the National Quality Forum:

1. SURGICAL OR INVASIVE PROCEDURE EVENTS

1A. Surgery or other invasive procedure performed on the wrong site
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1B. Surgery or other invasive procedure performed on the wrong patient
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1C. Wrong surgical or other invasive procedure performed on a patient
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1E. Intraoperative or immediately postoperative/post procedure death in an ASA Class 1 patient
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

2. PRODUCT OR DEVICE EVENTS

2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

3. PATIENT PROTECTION EVENTS

3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3B. Patient death or serious injury associated with patient elopement (disappearance)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4. CARE MANAGEMENT EVENTS

4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4B. Patient death or serious injury associated with unsafe administration of blood products
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers

4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy (new)
Applicable in: hospitals, outpatient/office-based surgery centers

4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers
centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

4G. Artificial insemination with the wrong donor sperm or wrong egg
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen (new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results (new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5. ENVIRONMENTAL EVENTS

5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

6. RADIOLOGIC EVENTS

6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area
(new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

7. POTENTIAL CRIMINAL EVENTS

7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7B. Abduction of a patient/resident of any age
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities. Healthcare providers must report all Provider-Preventable Conditions (PPCs) that did not exist prior to the initiation of treatment to the RI Department of Health. These are defined as Other Provider-Preventable Conditions in all health care settings and Health Care-Acquired Conditions in inpatient hospital settings only.

OPPCs = defined as
1. Wrong Surgical or other invasive procedure performed on a patient
2. Surgical or other invasive procedure performed on the wrong body part
3. Surgical or other invasive procedure performed on the wrong patient

HCACs = defined as
* Foreign object retained after surgery
* Air embolism
* Blood incompatibility
* Stage III or IV pressure ulcers
* Falls and trauma resulting in fractures, dislocations, intracranial injuries, crushing injuries, burns and electric shock
  * Manifestations of poor glycemic control
    - Diabetic ketoacidosis
    - Nonketotic hyperosmolar coma
    - Hypoglycemic coma
    - Secondary diabetes with ketoacidosis
    - Secondary diabetes with hyperosmolarity
* Catheter-associated Urinary Tract Infection (UTI)
* Vascular catheter-associated infection
* Surgical site infection:
  - Mediastinitis following Coronary Artery Bypass Graft (CABG)
  - Following bariatric surgery, i.e., laparoscopic gastric bypass, gastroenterostomy and laparoscopic gastric restrictive surgery
  - Following orthopedic procedures of spine, neck, shoulder and elbow
  - Following cardiac implantable electronic device (CIED) procedures (effective October 1, 2012)
* Latrogenic pneumothorax following venous catheterization (effective October 1, 2012)
For non-pediatric/obstetric population, Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) resulting from:
  - Total knee replacement
  - Hip replacement
Many of these conditions would additionally qualify as unusual occurrences or adverse events and must also continue to be reported as such.

**Risk Identification Report (RIR)/Medication Occurrence Report:**
Notification reports are filled out at the time of an incident. Notification reports are made for any unusual occurrences such as patient or visitor falls/Medication Errors-Near Misses - whether there is an injury or not. The RIR and/or Medication Occurrence Report will be completed electronically via the RL Solutions.

**Sentinel Event:**
A sentinel event is an unexpected occurrence involving the death or serious injury to a patient, or a risk that a reoccurrence could cause a bad outcome. These events must be immediately reported to Administration, and include such things, but are not limited to, infant abduction or discharge of an infant to a wrong family, suicide of an admitted patient, hemolytic reactions, or wrong site surgery. Once reported, an analysis of the root cause must be done within 45 days of the event.

**EMTALA:**
EMTALA is a federal law that mandates medical screening and stabilization requirements before a patient can be transferred to another facility. The purpose is to require proper screening and care of a person regardless of their ability to pay for the services. Any potential violations should be reported to the supervisor immediately.

**Age Specific Concerns and the Elderly:**
We consider the patient’s age in identifying special needs for care. Elderly patients for example may have specific needs due to their current life stage, such as poor skin integrity resulting in the need to be turned frequently.

**Patient Rights:**
Patients have the right to privacy, to respectful and responsive care, informed consent, Advance Health Care Directives, pain management, to refuse treatment and to be restraint free. Patients are given a copy of these rights by Admitting and have to sign a written acknowledgement of receipt.

**Advance Health Care Directives:**
The Health Care Decision Law (effective July 1, 2000) allows a person to give instructions or power of attorney to another (or both) for health care decisions. The law requires that all patients be asked if they have an advanced directive. If they do, a copy is placed in their chart. If the patient requests more information on advanced directives, you may contact social services.

**Abuse Recognition & Reporting:**
Healthcare workers are mandated reporters of suspected abuse.
- Abuse can be physical, emotional, fiduciary or sexual.
- Suspected abuse is reported promptly.
- Contact Social Services or Risk Management for assistance.

**Bioethics Committee:**
If a bioethical issue comes up with a patient or if a family member requests a ruling from the Bioethics Committee, you can notify the committee through your supervisor.

**Medicare Rule Change:**
Medicare requires all hospitals to provide written notification to every Medicare patient on their rights to refuse discharge. This notice must be provided at or just prior to admission and again, within 48 hours of discharge. Landmark has addressed this requirement by providing the notice in the patient’s admitting packet. Additionally, the patient is provided the second notice as a part of his/her discharge instructions. If the patient chooses to refuse discharge, the Nursing Supervisor or Case Management will be notified so that an additional form can be provided to the patient which details why the patient is medically stable. The patient must then contact the Health Centric Advisors at 800-528-3208, to initiate an appeal. The patient can then remain in the hospital until the appeal is resolved.

**Care of the patient with psychiatric needs:**
It is the hospital policy to provide evaluation and care to patients who present with mental health problems as a part of their health care needs. The hospital is licensed to provide psychiatric care, every effort will be made to ensure that an appropriate care plan will be developed with admission of LMC referral or transfer to a mental health service provider as needed.

**Organ Donation:**
Landmark is required by law to notify New England Organ Bank (NEOB) within one hour of all patient deaths (cardiac or brain death) to discuss the option of organ/tissue donation. If a patient is dying, please notify your supervisor so that the appropriate and timely notification can be made to NEOB. The NEOB staff will discuss the option of donation, if appropriate, with the family.

**Newborn Safe Surrender:**
An unwanted infant that is up to 72 hours of age can be voluntarily surrendered by a parent or other person with legal authority without fear of arrest or prosecution for abandonment as long as the baby has not been abused or neglected. The drop off person does not need to give their name. Escort the baby and the person surrendering the baby to the emergency department for follow up.
**Patient Identification:**
All patients must be identified by a proper arm band and an active, verbal confirmation of patient’s name and birth date must occur prior to any procedure, medication, etc.

**Colored ID Bands:**
Landmark has adopted portions of the Rhode Island’s Statewide Quality Committee’s recommendations for color coded patient identification wrist bands. These bands are placed when the need is identified and left on at all times. If the patient refuses, a Refusal to Wear a Colored Coded Wrist Band Form is signed and placed in the chart.

<table>
<thead>
<tr>
<th>Band Color</th>
<th>Communicates</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>Allergy</td>
</tr>
<tr>
<td>YELLOW</td>
<td>Fall Risk</td>
</tr>
<tr>
<td>PINK</td>
<td>Restricted Extremity</td>
</tr>
<tr>
<td>PURPLE</td>
<td>Do not resuscitate</td>
</tr>
<tr>
<td>GREEN</td>
<td>Latex Allergy</td>
</tr>
</tbody>
</table>

The topics below are for patient care personnel

**Methods of Assigning Patient Care:**
Landmark assigns patient care based on ratios designated by calculations based on acuity. The Unit Charge Nurse is responsible and accountable for developing appropriate nursing assignments.

**Pain Management:**
Assessment and management of pain is required on all patients. Appropriate interventions are offered. Landmark uses a 0-10 pain scale. Pain scale cards are posted in patient rooms and are available at the nurses’ station. Pain is the 5th vital sign. Patients have a right to be pain free.

When giving pain medications, REMEMBER TO DOCUMENT THE EFFECTIVENESS OF THE MEDICINE.

**Falls:**
Every patient is assessed for risk of falls upon admission. If a patient is at risk for falls, a yellow arm-band is applied to the patient and yellow socks are given to identify the high-risk potential, and the falling star program is initiated. Notify the charge nurse to discuss an appropriate plan of care. See fall policy for further information.

**Restraints:**
Restraints are used only after other methods have been attempted and unsuccessful. For this hospital competency, be sure the charge nurse is informed and goes through the process with you if restraints are needed.

**Administration of Medications:**
Landmark Medical Center uses a unit dose system. Medications are administered by the R.N. or L.P.N. responsible for the patient and then documented on the MAR (Medication Administration Record). If a medication error or an adverse drug reaction occurs, it must be reported to the Charge Nurse and documented electronically through the quality management module in RL Solutions.

**Transcription of Orders:**
The licensed nurse is responsible for ensuring that the MD orders are transcribed properly and accurately. All written orders are required to be dated and timed by the prescribing physician. All verbal orders are required to be read back to the physician to confirm accuracy and be documented by nurse signature in appropriate space. TORB must be documented.

**Discharge Planning:**
The initiation of the discharge plan starts on the day of patient admission.

**Suicide Assessment:**
Patients who commit suicide often have no history of suicide attempt or a psychiatric history. They are often admitted to the medical/surgical or emergency room without a known risk. Suicide risk screening should be performed on all admissions in order to identify and provide intervention as needed.

**Blood Administration:**
A consent form must be signed by the patient prior to hanging blood. Blood must be checked by two (2) licensed nurses prior to hanging. Vital signs for blood transfusions are: Baseline, 15 minutes after slowly starting blood, as necessary throughout the transfusion based on patient condition and at completion. Blood may only run for a maximum of 4 hours per unit. New tubing must be used for every additional unit hung.

**Core Measures:**
Landmark participates in the following nationally recognized quality core measures:
- Community Acquired Pneumonia (CAP)
- Acute Myocardial Infarction (AMI)
- Heart Failure (HF)
- Surgical Care Infection Prevention (SCIP)
- Emergency Department (ED)
- Immunizations (IMM)
- Stroke
- Venous Thromboembolism (VTE)
  * Hospital Outpatient (HOP)
  * Perinatal Care (PC)
  * Hospital Based Inpatient Psychiatric Services
  * Substance Use (SUB)

When caring for a patient/outpatient with a core measure diagnosis, carefully read and follow the preprinted orders in the chart.

**Bedside Assessment Team (BAT):**
When a patient is showing signs of a deteriorating medical condition, you can have the patient assessed by the Bedside Assessment Team (BAT). A critical care RN, a respiratory therapist, and the hospitalist will respond to assess the patient and implement necessary care. To summon the BAT to the bedside of a patient, call the Operator and request the BAT team indicating the floor and room number or dial 10 the
emergency line 2222.

**SBAR:**
SBAR is a standardized communication template adapted from the U.S. Navy that leads to a habit of precise, complete information exchange. Use the SBAR mnemonic to report the Situation, Background, Assessment, and Recommendation whenever communicating with a provider about a patient.

**Wound Care:**
Any patient admitted with a wound or compromised skin integrity, e.g. skin abrasion, bruising, etc., is to have the area photographed upon admission and when discharged. Assessment and documentation of skin integrity is done on admission and every shift.
Initial Orientation Essentials
2016

Print Name: ___________________________ Emp# ___________
Signature: _____________________________ Date: ___________

After reading the “Essentials”, please circle the best answer below.

MISSION, VISION, AND VALUES
1. The Hospital endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner.
   a. True  b. False

CUSTOMER SERVICE
2. Customer Service is a key component in the delivery of quality patient care and is everyone’s responsibility.
   a. True  b. False

PATIENT GRIEVANCES
3. If the patient has a concern, you should do everything in your power to address it. If necessary, have your supervisor get involved. Patients may also contact the RI Department of Health to complain if they feel their concerns are not being addressed.
   a. True  b. False

TEAM BUILDING
4. Effective teams include______________.
   a. Setting clear goals.
   b. Evaluating progress.
   c. Planning Ahead.
   d. All of the above

STAFF RIGHTS
5. If a staff member believes they have difficulty caring for a certain patient, they need to notify their supervisor to see if reassignment can be made.
   a. True  b. False

6. You may also report any concerns about the safety or quality of care provided in the hospital to Corporate Compliance Officer or directly to the Rhode Island Department of Health and The Joint Commission (TJC).
   a. True  b. False

HARASSMENT POLICY
7. Harassment is considered to be a form of discrimination that makes the receiver or anyone else feel uncomfortable.
   a. True  b. False
STAFF IDENTIFICATION
8. All employees, affiliates, or contract personnel MUST wear appropriate picture identification (ID badge) at all times while on hospital premises.
   a. True       b. False

SMOKING
9. Patients are allowed to smoke inside the hospital.
   a. True       b. False

PERFORMANCE IMPROVEMENT
10. Landmark utilizes the FOCUS-PDCA model for performance improvement.
    a. True       b. False
11. Performance improvement is the responsibility of ________.
    a. Your manager
    b. Yourself
    c. Administration
    d. Everyone

CULTURAL DIVERSITY
12. The best way to work with different cultures is to ________.
    a. Know your own beliefs but be respectful of others beliefs.
    b. Let others know that your cultural beliefs are always right.
    c. Indicate what works best in your culture and follow those guidelines with your patients.

HIPAA AND CONFIDENTIALITY
13. Patient information can be given to anyone who requests information about a patient:
    a. True       b. False

SAFETY – CODES
14. The code to be paged in the event of a fire is CODE ________.
    a. Red
    b. Blue
    c. Green
    d. Help
15. The code to page for Cardiac Arrest is CODE ________.
    a. Red
    b. Blue
    c. Green
    d. Dr. Strong

SECURITY
16. The Security Department provides escorts upon request.
    a. True       b. False
17. You should report all thefts to the Security Department immediately.
    a. True       b. False

VIOLENCE PREVENTION
18. You must report all incidents of aggressive behavior whether it involves an injury or not.
    a. True       b. False
19. Which of the following are obvious or potential signs of violent behavior?
    a. Loud, angry speech
    b. Pacing around
    c. The presence of a weapon
    d. All of the above
INFECTION CONTROL/STANDARD PRECAUTIONS
20. The single most important thing we can do to prevent the spread of infection is ________.
   a. Close the patient’s door.
   b. Wash our hands between patients and contacts.
   c. Take antibiotics.
   d. Wear a mask.

SAFETY – OXYGEN AND PREVENTION OF PANIC
21. Oxygen contains properties that feed/support a fire.
   a. True  b. False

22. Explaining the procedure prior to administering oxygen may help prevent the patient from feelings of panic.
   a. True  b. False

RADIATION SAFETY
23. Which factor(s) determines the risk for exposure to radiation?
   a. Time
   b. Distance
   c. Shielding
   d. All of the above

SAFETY – ENVIRONMENT OF CARE, GENERAL/UTILITIES
24. Hospital grade plugs should have _____ prongs.
   a. Two
   b. Three
   c. Two or three

25. Malfunctions of medical equipment must be reported to Bio-medical Engineering.
   a. True  b. False

26. All life saving equipment is to be plugged into red emergency outlets for emergency power.
   a. True  b. False

27. In case of fire, the first four steps of the Fire Plan are (in order):
   a. Pull the alarm, close all the doors, shut off the oxygen and remove anyone from the fire
   b. Rescue anyone near the fire, Alarm activation and dial the facility specific access code, Contain
      fire (close all the doors), and Extinguish if safe to do so
   c. Remove anyone near the fire, extinguish the fire, if too large, pull the alarm and close the
      doors.
   d. Get the ABC extinguisher, put out the fire, notify operator and close the doors if smoke.

MEDICAL WASTE
28. Medical waste is placed in ________ bags.
   a. Brown
   b. Yellow
   c. Clear
   d. Red

HAZARDOUS MATERIALS
29. Copies of MSDS, which identify first aid and clean up procedures for items used in your department, are
    available by calling: 800-451-8346 (24 hours a day).
   a. True  b. False
EQUAL EMPLOYMENT OPPORTUNITY & AFFIRMATIVE ACTION
30. Landmark Medical Center is committed to Equal Employment Opportunity and is committed to taking affirmative action to hire and advance minorities, women, veterans, and individuals with disabilities
   a. True   b. False

BODY MECHANICS/ ERGONOMICS
31. When you want to pick up an object from the floor, keep your knees straight and use your back.
   a. True   b. False

32. When lifting an object/patient, the steps to take (in proper order) are:
   a. Assess the load, keep the back straight and lift with the legs, hold away from the body.
   b. Bend the knees, keep the back straight, lift with the legs and keep the load close. Do not twist.
   c. Assess the load, if too heavy get help. When lifting, bend the knees, keep the back straight, and lift with your legs. Do not twist.
   d. Assess the load, bend the knees and lift with the legs.

PATIENT SAFETY/ PATIENT SAFETY GOALS
33. All hospital employees are responsible for patient safety.
   A. True   b. False

34. You work in the security department and notice a patient in the hallway who looks pale and is sweaty. The patient tells you that he thinks he is going to fall down. What is your best action?
   a. Stay with the patient until a nurse comes by to help.
   b. Help the patient sit down and call for medical personnel to help.
   c. Leave the patient and find help as soon as possible.
   d. Instruct the patient to walk back to their room.

35. The National Patient Safety Initiative has several goals. Which of the following are included?
   a. Patient identification accuracy
   b. Communication effectiveness
   c. Reduce risk of healthcare associated infections
   d. All of the above

SERIOUS REPORTABLE EVENTS (NEVER 28 REPORTING)
36. Never 28 reporting refers to a list compiled by the National Quality Forum describing 28 mistakes that are so serious they should never happen to patients, personnel or visitors and must be reported to the Rhode Island Department of Health.
   a. True   b. False

RISK IDENTIFICATION REPORT (RIR)
37. Risk Identification Report (RIR) Forms are filled out only if there is injury to a patient.
   a. True   b. False

SENTINEL EVENT
38. A sentinel event is an unexpected occurrence involving the death or serious injury of a patient while in the hospital setting. Examples are an infant abduction, suicide while in the hospital, and discharging a baby to the wrong family. If something like this happens, I will notify administration immediately.
   a. True   b. False

EMTALA
39. EMTALA is a federal law that requires hospitals provide medical care by requiring medical screening exams and stabilization of the patient prior to discharge or transfer, even if they cannot pay for the services.
   a. True   b. False
AGE SPECIFIC CARE
40. It is important to consider the patients age in order to identify special needs for care.
   a. True       b. False

PATIENT RIGHTS/GRIEVENCES
41. Patients have the right to refuse treatment.
   a. True       b. False

42. I am to do all in my power to ensure that the needs of patient are met. If the patient is making a complaint and I cannot resolve their concerns to their satisfaction, I should tell my supervisor or charge nurse.
   a. True       b. False

ADVANCE HEALTH CARE DIRECTIVE
43. All patients should be asked if they have an advance directive upon admission to the hospital. If they do not have one and have questions, I can direct them to social services for information.
   a. True       b. False

ABUSE RECOGNITION AND REPORTING
44. Health care practitioners are mandated reporters of suspected abuse.
   a. True       b. False

45. In addition to being physical, abuse can also be emotional, fiduciary (money) or sexual.
   a. True       b. False

BIOETHICS
46. If a patient or family member requests that their case be reviewed by the Bioethics Committee, I would notify a supervisor, Case Manager, or Nursing Director.
   a. True       b. False

MEDICARE RULE CHANGE
47. Medicare patients have a process that can be followed if they feel they are not medically ready to be discharged from the hospital.
   a. True       b. False

ORGAN DONATION
48. The law requires that the New England Organ Bank (NEOB) be notified within an hour of a patient’s death to discuss the option of organ/tissue donation.
   a. True       b. False

NEWBORN SAFE SURRENDER
49. An unwanted infant that is up to 72 hours of age can be voluntarily surrendered by a parent or other person with legal authority without fear of arrest or prosecution for abandonment as long as the baby has not been abused or neglected.
   a. True       b. False

CODE OF CONDUCT/ANTI-BULLYING
50. “Disruptive and inappropriate behaviors” from staff, physicians, administrators, as well as, other members of the healthcare team can result in medical errors, poor patient satisfaction, preventable adverse outcomes and higher staff turnover.
   a. True       b. False
Initial Orientation Essentials Evaluation
2016

Please circle the number that best reflects your views. Please feel free to add any comments below the category areas.

Not Helpful                      Very Helpful

1. The format was: 1 2 3 4 5 6 7 8 9 10

2. The material was easy to understand: 1 2 3 4 5 6 7 8 9 10

3. The information will help me remember key things I need to know at work: 1 2 3 4 5 6 7 8 9 10

4. The material was organized: 1 2 3 4 5 6 7 8 9 10

What I liked most about the format was:

What I did not like about the format was:

Thank you for your feedback.