LMC NON-EMPLOYEE CLINICAL ORIENTATION HANDBOOK

“the best place to care and be cared for”
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Welcome to Lovelace Medical Center!
We look forward to having you in our facility and showing you why we are the “best place to care and be cared for.”

ACCREDITATION

Lovelace Medical Center (LMC) transitioned from Joint Commission to DNV for its accrediting body in 2013. Who is DNV: Det Norske Veritas meaning True North, DNV surveys healthcare systems annually. After our accreditation in 2013, DNV requires we become ISO 9001 certified within 3 years.

- ISO is the International Organization for Standardization and 9001 is one of ISO generic standards that are used by more than a million organizations in 175 countries to help improve their quality management. Why isn’t it IOS? Because ISO refers to the Greek Term “ISOS for equal” (Isosceles Triangle).
- The standard accomplishes this by ensuring everyone in the organization is clear about who is responsible for doing what, when, how, why and where. They are not a product or service standards, but a process standards, by systemizing the processes nothing is left out so that the same level of service quality of product can be delivered every time. We get the three fundamentals of ISO: Consistent Service, Improved Patient Satisfaction and Continual Improvement for the organization.

To accomplish this task, we will strive for continual improvement and will use the PDCA (Plan, Do, Check, Act) quality control tool to problem solve the processes in the hospital. This will help us reach ISO 9001: certification and allow us to provide the best possible care, in the most efficient manner, to every patient, every time.

We will be focusing on 6 key focus areas.

- **Document Control**
  Ensure documents are available to everyone and are the most current revision. Examples of documents are policies, protocols, forms, and process maps.

- **Record Control**
  Patient medical records, calibration records, generator testing records and human resources records are examples that should be controlled in the following manner:
  - Identification of records
  - Storage of records
  - Protection of records
  - Retrieval of records
  - Retention of records
  - Disposal of records

- **Internal Audit**
  A method used to continually improve quality and evaluate efficiencies and processes throughout the hospital. (Say what you do, Do what you say, Prove it, and Improve it)

- **Control of Non-Conforming Products**
  Describe steps taken to prevent harm to patients and staff when we find supplies, medications, equipment, or other items that are out of date, broken, or recalled that do not meet our expectations. Examples: recalled medications, equipment, or food items.

- **Corrective Action**
  Process which defines the cause of problem (non-conformity) and helps identify possible solutions. “Root Cause Analysis” which leads to a redesigned of the process to eliminate the problem from reoccurring.

- **Preventative Action**
  Process which helps outline ways (processes) to avert a potential problem.
CUSTOMER SERVICE

- **Lovelace Medical Center Values**
  - The same high standard of professionalism is expected from you that we expect from our own employees while providing care to our patients.
    - **ATTACHMENT 13** is a list of LMC Values, review and use this as a guide while providing excellent patient care.

- **Customer Service** is a priority for Lovelace Medical Center (LMC). A high standard of professionalism is expected from ALL our Healthcare Providers while providing care to our patients. During interaction with patients, their families and other healthcare team members, all healthcare providers are expected to utilize the following tools listed below.
  - **Five Fundamentals of Patient Communication: AIDET**
    - AIDET is a simple acronym that represents how we can gain trust and communicate with people who are nervous, anxious, and feeling vulnerable. AIDET gives us, the healthcare professional, the ability to connect and share our experience, knowledge, and training with the patient.
    - **Why use it**
      - Reduce patient anxiety
      - Increase patient compliance
      - Improve clinical outcomes
      - Increase patient satisfaction
    - To ensure excellent customer service everyone should use the AIDET principles while communicating with patients, families, physicians, or other staff members.

<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
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<tbody>
<tr>
<td></td>
<td><strong>How can you:</strong></td>
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<tr>
<td></td>
<td>- Show positive attitude?</td>
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<td></td>
<td>- Make patient feel you expected them, that you know them?</td>
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<tr>
<td></td>
<td>- Put patients at ease and make them feel comfortable?</td>
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<td>- Ask permission to enter room?</td>
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<tr>
<th>I</th>
<th>Introduce</th>
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<tr>
<td></td>
<td><strong>How can you introduce yourself?</strong></td>
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<tr>
<td></td>
<td>- Job title, certification, licensure, years of experience, number of procedures done, or special training.</td>
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<td></td>
<td><strong>How can you introduce co-workers, other departments, or physicians?</strong></td>
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<td>- Make patient feel more comfortable with the care they will receive by the individual or department</td>
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<tr>
<th>D</th>
<th>Duration</th>
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<td><strong>How can you communicate:</strong></td>
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<td></td>
<td>- How long will this take?</td>
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<td></td>
<td>- Initial assessment or preparation</td>
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<td></td>
<td>- Exam or test</td>
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<tr>
<td></td>
<td>- Waiting after the test</td>
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<td>- When will the results be back?</td>
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<tr>
<th>E</th>
<th>Explanation</th>
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<tr>
<td></td>
<td><strong>How can you help patients or family members understand:</strong></td>
</tr>
<tr>
<td></td>
<td>- What you will be doing and why?</td>
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<td>- What should they expect? What is the plan for the future?</td>
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<tr>
<th>T™</th>
<th>Thank You</th>
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<td></td>
<td><strong>How can you:</strong></td>
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<td></td>
<td>- Let patients know you have enjoyed working with them?</td>
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<td></td>
<td>- Thank the family for using us and for entrusting us with the care of their loved one?</td>
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Clinical Area Focus: The patient experience is greatly affected in the direct clinical care area. Due to this heavy influence, many specific techniques are used to improve the overall experience. Clinical staff has 4 tools, in addition to AIDET, which aid in caring for and communicating with their patients/customers:

- **Hourly Rounding**
  - Ensures that patients are evaluated hourly and issues such as position, comfort, and needs are managed in a timely fashion. Refer to ATTACHMENT 15 for the 8 Key Rounding Behaviors.

- **Bedside Shift Report**
  - Includes the patient and available family member’s in the transition of care between staff members and allows for transparency with care plan.

- **Whiteboard Communications**
  - Allows patient and family to have an updated source of information related to care plan, recent tests, any restrictions, and all the names of the Providers related to their care.

- **SBAR**
  - Used to improve the effectiveness of communication among caregivers, everyone is to use a standardized way of communicating with other healthcare givers about a patient's condition. SBAR is an acronym that stands for Situation, Background, Assessment, and Recommendation, refer to ATTACHMENT 2 for a template.

### CODE OF CONDUCT, CONFIDENTIALITY, & INFORMATION SYSTEMS

#### CODE OF CONDUCT

You’re expected to act with honesty, integrity and openness. This Code of Conduct is a guide of how we’ll conduct ourselves as we perform our jobs. It is not meant to cover every situation you’ll encounter or every detail of our policies and rules, but it is a mandatory guideline.

#### ADMISSIONS AND TREATMENT

- We treat all patients with compassion and respect
- We provide quality health care that is necessary and appropriate
- We do not discriminate in the admission or treatment of patients, and we will not make any distinction based on a patient’s age, gender, disability, race, religion or national origin
- Our facility will admit only those patients who need and will benefit from our treatment

#### PATIENT RIGHTS AND CONFIDENTIALITY

- Each patient or their representative will receive a written statement of patient rights upon admission.
- We will respect these rights throughout the individual’s treatment unless otherwise required by state or federal law.
- In the course of providing care, we may collect information about a patient’s medical condition, past treatments, family history or medication.
- We will be sensitive to the personal nature of this information, and we will maintain its confidentiality at all times.
- Patient information will not be released or discussed unless it is necessary to serve the patient or required by law.

#### HIPAA (HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT)

- We will comply with the Health Insurance Portability and Accountability Act (HIPAA) in our access, use, disclosure and processing of our patients’ protected health information.
- Immediately upon treatment or enrollment in our health plan, we will notify our patients of how we might use their information and their rights under HIPAA.
- We will abide by the policies and procedures established to maintain the confidentiality of protected health information, and we will protect this information regardless of its form or medium.
- Adequate safeguards will be taken when communicating protected health information in written, oral or electronic form.
- We will not share our patients’ protected health information without their permission except when authorized under HIPAA for treatment, payment or health care operations or if required by law.

- **Protected Health Information**
  - Patient Name/Address/Employer/Relative’s Name/ Date and Birth
o Telephone numbers, email addresses, Social Security Number, Medical Record Number, any vehicle/other device serial number. Photos
o Admission/Discharge Date, Date of Death, all ages over 89, Health Plan beneficiary numbers, account numbers, other account/identifying numbers
- In all cases, we will share the minimum amount necessary to fulfill our legal obligations.
- We will follow any state laws that provide more stringent protections for patient health information than HIPAA.

**REPORT ANY HIPAA Privacy Breaches/Suspected Identity Theft Concerns to:**
- LMC Compliance Officer: 727-8198
- LHS Compliance Officer: 727-4332

**PERFORMANCE AND PROFESSIONALISM**

**DRESS CODE AND PROFESSIONAL APPEARANCE**
- Lovelace healthcare providers are expected to project a positive and professional image to all clients, visitors, providers and co-workers. Dress, grooming, and personal hygiene should be appropriate to the work facility/department situation. Dress should maintain a professional appearance which is essential to a favorable impression. Good grooming and appropriate dress reflect employee pride and inspire confidence on the part of such persons.
  - Those not considered to be in compliance with the dress code will be asked to return home to come into compliance.

- Must wear their ID badge with their name and picture visible at all times and worn above the waist.
  - ID Badge is required for security and identification to our patients and visitors.

- Clothing should be clean, neat, and fit appropriately to allow freedom of movement.
  - Dresses/shirts/blouses must have a modest neckline and be worn with bras or proper undergarments that are covered. Spaghetti straps may be worn only with a jacket/lab coat.
  - Blouses/shirts exposing any art or part of the midriff are not allowed.
  - Inappropriate dress includes shorts, spandex, leggings, tee-shirts with print or advertisements i.e. characters, cartoons and containing messaging other than company provided shirts, sweat shirts, net shirts, halter tops, sweat pants, shorts, or bib overalls are not allowed.

- Footwear should be appropriate for the work environment. Shoes should be clean, provide sufficient support, not be too noisy, or create a safety hazard.
  - Closed-toe shoes should be worn in Clinics and Inpatient units; open toed shoes are not appropriate in clinical or any direct patient care area. Flip flop style shoes are not acceptable in any work area.

- Hair clean, combed, neatly trimmed or arranged. Shaggy, unkempt hair is not permissible regardless of length.

- Beards, mustaches, side-burns neatly trimmed.

- Cosmetics, perfume, after-shave, colognes and jewelry in moderation.

- Body piercing (including facial) is not acceptable. Earrings worn on an earlobe should be worn in moderation. Tattoos and body piercings (other than earrings) should not be visible.

- Fingernails of all staff who provide services in a direct patient care area shall be kept clean and trimmed so as not to exceed ¼ inch (6mm).
  - No artificial nails in direct patient care areas.
  - Artificial nails are defined as any substance applied over the natural nail that is meant to lengthen or add thickness to the top of the natural nail, including acrylic overlay (with or without glued on tips), acrylic sculptured nails, gel coated nails, silk and glue wrapped nails, nails glued directly onto the natural nail surface.
  - Polished natural nail surfaces must be free of chips or cracked areas.
SAFETY AND EMERGENCY MANAGEMENT

FIRE SAFETY
- LMC: Dial 3333 from any phone in the facility
- HHNM@LMC: Dial 55 or 0 from any phone in the facility

<table>
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<th>In a Fire:</th>
<th>Fire Extinguisher Use</th>
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<td>R = Rescue, Remove anyone in immediate danger</td>
<td>P = Pull the pin</td>
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<td>A = Alarm, pull box</td>
<td>A = Aim the nozzle</td>
</tr>
<tr>
<td>C = Confine, Contain fire – close doors/windows</td>
<td>S = Squeeze the handle</td>
</tr>
<tr>
<td>E = Extinguish fire &amp; further Evacuate</td>
<td>S = Sweep base of fire</td>
</tr>
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- **Response to alarm sounds if on a unit:**
  - Assist in clearing corridors (evacuation routes).
  - Close doors
  - Assist in evacuation of patients when necessary.

- **Response to Fire or Smoke in immediate area:**
  - If you discover a fire, remain calm.
  - Report the fire immediately regardless of size. PULL THE NEAREST FIRE ALARM BOX
  - LMC: Dial 3333 - Tell the operator where the fire is, the kind of fire, your name and extension number.
  - HHNM@LMC: Dial 55 - Tell the operator where the fire is, the kind of fire, your name and extension number.
  - Alert the charge nurse and all other staff in threatened area to prepare patients for immediate removal.
  - Remove patient(s) and other individuals from immediate danger.
  - Close door to confine smoke and fire.
  - Seal corridor and room doors with wet linens, when necessary to block spread of smoke.
  - Use fire extinguisher ONLY if comfortable with size of fire.

ACTIVE SHOOTER RESPONSE
Active shooting situations can happen anywhere and without warning. They are unpredictable and evolve quickly. The random nature of active shootings means that threats cannot be predicted, only responded to.

- **Respond to an Active Shooter –**
  - Evacuate – If there is an accessible escape path attempt to evacuate the premises.
  - Hide out – If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.
    - Be out of the active shooter’s view
    - Lock the door
    - Blockade the door with furniture
    - Silence your cell phone/pagers
    - Turn off lights
    - Remain quiet
    - Remain calm

- **Take action against the active shooter –** As a last resort, and ONLY when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
  - Acting as aggressively as possible against him/her
  - Throwing items
  - Yelling
  - Committing to your actions

- **When Law Enforcement Arrives –**
  - Remain calm and follow the officers’ instructions
  - Put down any items in your hands (e.g., bags, jackets, cell phones, etc.)
Immediately raise your hands and spread your fingers
- Keep your hands visible at all times
- Avoid making quick movements toward officers, such as attempting to hold on to them for safety
- Avoid pointing, screaming and/or yelling

**EMERGENCY MANAGEMENT CODES**
- Code Red = FIRE
- Code Grey = SECURITY
- Code Blue = MEDICAL EMERGENCY
- Code Pink = INFANT ABDUCTION
- Code Orange = HAZARDOUS SPILL

**MEDICAL EMERGENCY MANAGEMENT**

**CODE BLUE**
- Code Blue team is a team of medical personnel who work to revive an individual in a cardiac arrest.
- Remember to Stay CALM
  - Check Unresponsiveness, Check Code Status, Pull Code Blue Button, Call for assistance, and Begin CPR/CAB
- If you are at LMC and work in an area where there is no Code Blue Button you must
  - Dial 3333 - Tell the operator CODE BLUE, what Facility you are at and the location in the facility
- If you are at HHHM@LMC and work in an area where there is not a Code Blue Button you must
  - Dial 55 - Tell the operator CODE BLUE and location in facility

**RAPID EMERGENCY ASSESSMENT CARE TEAM (REACT)/RAPID RESPONSE TEAM**
- The REACT Team is a team of clinicians that bring critical care expertise to the patient bedside. The goal is prevent deaths in patients whose condition changes outside of the intensive care unit settings.
  - Anybody can call the REACT Team
    - Staff member is worried about the patient
    - Acute change in heart rate <40 or >130 beats per minute
    - Acute change in systolic BP <90 mmHg
    - Acute change in RR <8 or >28 per min
    - Acute change in saturation <90% despite O2
    - Acute change in conscious state
  - LMC: Dial 7-8800
    - Tell the operator what facility you are at and your location in the facility
  - HHHM@LMC: Dial 55
    - Tell the operator: RAPID RESPONSE TEAM and Location in facility

**STROKE ALERT**
- Stroke Alert is our REACT Team/Rapid Response Team with additional neurology support. Our goal for our facility is to become a stroke certified facility.
  - Anybody can call a STROKE ALERT
    - Acute Mental Status Change
    - Signs & symptoms of a Stroke
    - New onset Seizures or Continuous Seizures
    - Nurse has Gut Feeling that something is not right with the patient.
  - LMC: Dial 7-8800 - Tell the operator STROKE ALERT, what facility you are at and your location in the facility
  - HHHM@LMC: Dial 55 - Tell the operator: RAPID RESPONSE TEAM and Location in facility

**CONDITION H (HELP)**
- Condition H is a way for patients and families to call for help if they believe their condition is deteriorating or if questions and/or concerns have not been answered. Dialing 4444. This team will be comprised of a Charge Nurse, Floor Nurse, Nursing Supervisor and REACT RN
FACILITY MEDICAL EMERGENCY PHONE NUMBERS

ALWAYS TELL OPERATOR FACILITY LOCATION, YOUR LOCATION AND TYPE OF ALERT/CODE

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>CODE BLUE</th>
<th>CODE DOCTOR BABY</th>
<th>REACT/RAPID RESPONSE</th>
<th>STROKE ALERT</th>
<th>CODE PINK</th>
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<tbody>
<tr>
<td>LMC</td>
<td>7-3333</td>
<td>n/a</td>
<td>7-8800</td>
<td>7-8800</td>
<td>7-3333</td>
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<td>HH of NM@LMC</td>
<td>55 or 7-3333</td>
<td>n/a</td>
<td>55</td>
<td>55</td>
<td>55 or 7-3333</td>
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<tr>
<td>REHAB</td>
<td>911</td>
<td>n/a</td>
<td>n/a</td>
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</tbody>
</table>

**Note:** Westside employees MUST overhead page. State three times the type of alert, unit, and location.

COMMUNICATION AND TEAMWORK

TELEPHONE ETIQUETTE
- Answering the telephone is often the first impression people have of Lovelace Medical Center, refer to *attachment 1* for specific techniques on how to answer the telephone appropriately.

TEAMWORK
- Our goal at Lovelace is to maintain positive teamwork and provide quality care to all patients. To ensure that you are contributing positively to the team, follow these guidelines:
  - Be dependable
  - Listen
  - Share openly and willingly
  - Actively participate
  - Give constructive communication
  - Deal with problems in a solution-oriented manner
  - Be flexible
  - Respect and support other team members

ORGANIZATIONAL STRUCTURE

- Chief Executive Officer (CEO)
- Chief Operating Officer (COO)
- Chief Nursing Officer (CNO)
- Chief Financial Officer (CFO)
- Directors of Units or Departments
- House Supervisors/Nurse Managers/Charge Nurses

CHAIN OF COMMAND

- Chain of Command is a formal line of authority within a hospital to facilitate resolution of patient care, safety, and quality issues. It is the responsibility of all staff to ensure that patients receive safe quality care and to take action as deemed appropriate.
  - The chain of command procedure are to be taken when a staff member determines that a care issue exists that may adversely affect the patient and/or does not comply with known hospital policies or procedure. Refer to your facilities policy on Chain of Command for the specific procedure or flow sheet.
- Voicing Your Concerns: as a medical staff member at Lovelace Medical Center you should know it is not just patients who have the right to contact regulatory bodies and voice their concerns about safety or quality of care issues. While we encourage all of our staff, personnel, and medical staff members alike, to bring concerns to the attention of our administrative leaders for resolution, you have the right to contact
outside agency to inform them of any safety or quality of care issues you may have. You should know that Lovelace Medical Center supports your right to voice your concerns and no disciplinary or retaliatory action will be taken against you, should you exercise this right. To report a concern about safety or quality of care you may contact the following outside agencies:
  o Ardent Ethics Hotline (1-800-633-2939)
  o Centers for Medicare and Medicaid (CMS)

RISK MANAGEMENT

- Lovelace Medical Center Patient Advocate – 727-7130
- LMC Risk Management – 727-8396
- Westside Risk Management – 727-2456
- Women’s Risk Management – 727-7013; on call-727-8000 (ask operator to page).
- Rehab-Risk Management – 727-4781

INCIDENT REPORTING

- An incident report is an official report by Healthcare Providers or other staff to inform administrators (Risk Management) of any event that affects patients, visitors, or Healthcare Providers. Examples: falls, medication errors, missing belongings, etc....
- Charge Nurse/Lead can assist with documentation of an incident report.

INFECTION CONTROL & INFECTIOUS WASTE

INFECTION CONTROL

- Hand Washing is the single most important prevention step for reducing disease transmission and is an essential element of Standard Precautions. Adherence to recommended hand hygiene practices can help reduce rates of healthcare acquired infections.

Hand Hygiene
  o Always perform hand hygiene before entering and leaving patient rooms
  o After contact with bodily fluids, excretions, secretions, or non-intact skin
  o Before and after touching a patient
  o After touching items in the patient’s environment
  o Before donning gloves and after glove removal
  o Moving between different procedures and sites
  o When moving from dirty to clean objects.
  o Washing hands with soap and water is required after caring for a patient who has C. difficle. Alcohol-based handrubs are not effective in removing C. diff spores

Standard Precautions
  o Use personal protective equipment (PPE) whenever contact with secretions, excretions, or bodily fluids is anticipated. This may include the use of gowns, gloves, goggles, masks, or full face masks.
  o Always perform hand hygiene when indicated.
  o Follow injection safety guidelines (see pg. 13).
  o Follow respiratory and cough etiquette: Cover your mouth and nose with a tissue when coughing or sneezing, or cough into your sleeve. Use in the nearest waste receptacle to dispose of the tissue after use. Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.
  o Always wear a mask when assisting with lumbar puncture procedures.

Transmission Based Precautions are called Contact, Droplet, OR Airborne
  o These precautions are to be used in addition to Standard Precautions.
  o Signs are posted outside of patients rooms along with personal protective equipment (PPE) for patients on transmission based precautions, refer to ATTACHMENT 4 for specific precautions.
Health care professionals and family members must follow the required patient precautions.

- Removal of PPE before leaving the patient’s environment and washing hands with soap and water or waterless antiseptic is essential.

**Reporting Accident/Incident/Exposure**
- Check with Charge Nurse/House Supervisor/Team Lead to complete appropriate paperwork
- Send paperwork to Employee Health; Phone number is 727-7271 Fax:727-9151

**INFECTIOUS WASTE**

**Storage and Containment**
- Infectious waste shall be segregated by separate containment from other waste at the point of origin.
- Except for sharps; Infectious waste, shall be contained in plastic bags inside rigid containers. All bags used for containment shall be red or orange and clearly identified as specified in 29 CFR 1910.145(f).
- Sharps shall be contained for storage, transportation, treatment and disposal in leak-proof, puncture-resistant containers, which are manufactured for the purpose of sharps containment and are taped, closed or tightly lidded to preclude loss of contents.
- Rigid containers shall be labeled “biomedical waste” or otherwise conspicuously labeled as holding infectious waste or placed in disposable bags used for other infectious waste. Disposable rigid containers shall meet the requirements of 49 CFR 173.197.
- If other waste is placed in the same container as infectious waste, then the generator must package, label and mark the container and list entire contents as infectious waste.
- Generators of infectious waste, shall place sufficient absorbent material inside the rigid container or liner of the rigid container sufficient to absorb the entire amount of liquid present in the event of an unintentional release of contents, as specified in 49 CFR 173.197.

**Handling**
- Infectious waste is located in the soiled utility room (staging areas) or in a designated area physically separated from clean supplies if no soiled utility room is available. The point of contact for this documentation and oversight of hazardous waste control is Environmental Services.
- Gloves are worn when collecting or handling waste/trash including regulated medical waste.
- Routine waste/trash and regulated waste are separated and contained at the point of origin.
- Solid and semi-solid regulated medical waste, other than sharps, is disposed of in a single leak-resistant biohazard bag (red bag marked biohazard) and securely tied prior to storage, transport, or disposal. The plastic bags will be kept inside a biohazard approved rigid container.
- Sharps are discarded into an approved sharps container promptly after use and will be placed in rooms at the point where the infectious waste (sharps) is generated. Sharps containers will be securely taped or lidded prior to storage, transport and disposal.

**Disposal**
- Lovelace Medical Center contracts with Stericycle, Inc. to pickup waste from the Infectious Waste Storage Room located at the dock area. Stericycle Inc. has an arrangement with Lovelace Medical Center at the Housekeeping Office.
- The bags shall be securely tied to prevent leakage or expulsion of solid or liquid wastes during storage, hauling or transport.
- Refer to **ATTACHMENT 3** for specific information about proper waste disposal

**INFECTION PREVENTION**

**PREVENTING HEALTHCARE-ASSOCIATED INFECTIONS DUE TO MULTIDRUG-RESISTANT ORGANISMS (MDROS)**

- Multidrug-resistant organisms are defined as bacteria (excluding M. Tuberculosis) that are resistant to 1 or more classes of antimicrobial agents and (which are usually resistant to all but 1 or 2 commercially available antimicrobial agents). Options for treating patients with these infections are often extremely limited.
The CDC recommends the following prevention and control strategies to control antimicrobial resistance in health care settings:

- Vaccinate both patients and healthcare workers
- Remove catheters as soon as possible
- Target the pathogen
- Consult with the experts: infectious disease
- Use antimicrobials wisely
- Treat infection, not contamination
- Know when to say NO to vancomycin
- Stop antimicrobial treatment
- Isolate the pathogen
- Break the chain—encourage healthcare workers to stay home when sick, promote respiratory hygiene and cough etiquette, wash hands, and restrict visitors who are children

PREVENTING CATHETER ASSOCIATED URINARY TRACT INFECTIONS

- Catheter-associated urinary tract infections—called CAUTIs—are to blame for more than 30% of infections reported by acute care hospitals. Complications resulting from CAUTIs can be as severe as cystitis, gram-negative bacteremia, epididymitis, or prostatitis.

**Proper Techniques for Urinary Catheter Insertion**

- Perform hand hygiene immediately before and after insertion or any manipulation of the catheter device or site.
- Ensure that only properly trained persons who know the correct technique of aseptic catheter insertion and maintenance are given this responsibility.
- In the acute care hospital setting, insert urinary catheters using aseptic technique and sterile equipment.
  - Use sterile gloves, drape, sponges, an appropriate antiseptic or sterile solution for periurethral cleaning, and a single-use packet of lubricant jelly for insertion.
  - Routine use of antiseptic lubricants is not necessary.
  - Properly secure indwelling catheters after insertion to prevent movement and urethral traction.
- Unless otherwise clinically indicated, consider using the smallest bore catheter possible, consistent with good drainage, to minimize bladder neck and urethral trauma.
- If intermittent catheterization is used, perform it at regular intervals to prevent bladder overdistension.
  - Consider using a portable ultrasound device to assess urine volume in patients undergoing intermittent catheterization to assess urine volume and reduce unnecessary catheter insertions.

**Proper Techniques for Urinary Catheter Maintenance**

- Maintain a closed drainage system
  - If breaks in aseptic technique, disconnection, or leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment.
  - Consider using urinary catheter systems with preconnected, sealed catheter-tubing junctions.
- Maintain unobstructed urine flow.
- Keep the catheter and collecting tube free from kinking.
- Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor.
- Empty the collecting bag regularly using a separate, clean collecting container for each patient; avoid splashing, and prevent contact of the drainage spigot with the nonsterile collecting container.
- Use Standard Precautions, including the use of gloves and gown as appropriate, during any manipulation of the catheter or collecting system.
- Complex urinary drainage systems (utilizing mechanisms for reducing bacterial entry such as antiseptic-release cartridges in the drain port) are not necessary for routine use.
- Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.
- Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering)
PREVENTION OF CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

- Central line-associated bloodstream infections (CLABSIs) result in thousands of deaths each year and yet these infections are preventable. CDC provides the following guidelines for the placement and care of Central venous catheters:
  - Optimal catheter site selection
  - Daily review of line necessity with prompt removal of unnecessary lines
  - Maximal sterile barrier precautions during catheter insertion
  - Handle and maintain central lines appropriately
    - Dressings must be changed using sterile technique according to institutional policy. During dressing changes, everyone in the room, including the patient unless intubated, must wear surgical face masks.
    - Use proper hand hygiene and aseptic technique
    - Use proper skin preparation
    - Use a catheter securement device
    - Always scrub the catheter access port with an alcohol or chlorhexidine wipe and allow to air dry prior to accessing the port, even if a disinfecting port protector (Curos Cap) is in place.

PREVENTING SURGICAL SITE INFECTIONS

- Surgical site infections (SSIs) are the most common cause of all healthcare acquired infections (HAIs) accounting for 38% of all such infections. When surgical patients with HAIs die, 77% of deaths are related to the infections. SSIs increases a patient’s hospital stay by approximately 10 days.

To prevent surgical site infections, review the following SSI prevention strategies from the CDC and the joint commission:
  - Properly prepare the patient before surgery
  - The surgical team should perform proper antisepsis techniques for the hand and forearms
  - Encourage personnel with signs of transmissible infectious illness to report their conditions promptly
  - Administer antimicrobial prophylaxis
  - Properly maintain surgical environment
    - Clean and disinfect environment with disinfectants approved by the Environmental Protection Agency (EPA)
    - Sterilize equipment according to published guidelines
    - Wear proper surgical attire and drapes
    - Adhere to principles of asepsis
  - Use proper technique for postoperative incision care

INJECTION SAFETY: SAFE NEEDLE, SYRINGE, AND MEDICATION PRACTICES

- Unsafe injection practices put patients and healthcare providers at risk of infectious and non-infectious adverse events and have been associated with a wide variety of procedures and settings. Use the following practices guidelines from the CDC to prevent cross-contamination of blood borne pathogens:
  - Never administer medications from the same syringe to more than one patient, even if the needle is changed.
  - After a syringe or needle has been used to enter or connect to a patient’s IV it is contaminated and should not be used by another patient or to enter a medication vial.
  - Never enter a vial with a used syringe or needle.
  - Never use medications packaged as a single-dose vials for more than one patient.
  - Assign medications packaged as multi-dose vials to a single patient whenever possible.
  - Do not use bags or bottles of intravenous solution as a common source of supply for more than one patient.
  - Follow proper infection control practices during the preparation and administration of injected medications.
  - Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space.
DIVERSITY AND POPULATION SPECIFIC CARE

CULTURAL DIVERSITY

- It can be challenging to deliver quality care to specific patient populations which vary in age, ethnicity, cognitive ability, and sexuality. It is important to understand how the special needs and behaviors of specific patient populations affect communication and care.

- Diversity is often thought of as different ethnic groups but actually encompasses:
  - Ethnicity, Race, Gender, Age, Religion, Social economic status, Developmental challenge, Physical challenges, Special needs, Cognitive abilities, Life-long patterns of living and life-style choices, Nationality or region, and Place of employment or school

- The combination of the many different cultural groups we belong to creates a unique cultural identity for each of us. When you are sensitive to cultural diversity you:
  - Gain the skills and awareness that encourage harmony and productivity
  - Minimize stereotypical thinking that can interfere with successful cross-cultural relations
  - Accurately interpret the behaviors and needs of different cultures
  - Understand that motivation can vary from culture to culture
  - Develop a culturally sensitive approach
  - Become aware of cultural differences
  - Appreciate individuality
  - Avoid pre-judging
  - Examine the subtle, and NOT so subtle, biases and stereotypes that impact interactions
  - Refuse to participate in conversations that may reinforce prejudice or bias
  - Treat others with respect for their different perspective

- When communicating with someone from a different culture from yours or a culture you are not familiar with:
  - Do not condescend or patronize
  - Always check for understanding
  - Think about how your comments and actions might seem to someone who is not from your culture - gestures or actions may have a very different meaning
  - Think about what you are going to say before speaking
  - Think about the words you use: Could they be misinterpreted? An expression might be perfectly clear to you, but to someone from another cultural context, it could be meaningless, or possibly insulting.
  - If English is not their first language, speak slowly and clearly at a moderate tone and level
  - Use interpreter and translation services when needed for effective communication

INTERPRETER SERVICES

- Patients are asked about their language preferences for speaking and reading
- Patients have the right to receive information in a language they understand, available in 193 languages.
  - Be informed about diagnosis, treatments, their plan of care, and outcomes
  - Be involved in decision-making
- A Patient Interpreter Chart can assist in the identification of the language the patient speaks.
  - Contact InSync at 866-501-2002 or Certified Languages International (CLI) at 1-503-484-2425
- If patient uses Sign Language
  - Contact Community Outreach Program for the Deaf at 255-7636. After hours call 857-3642.
  - Access ASL (Paul) - 999-0608
  - If Hearing Impaired, Contact Admitting Department to obtain a TTY phone

AGE DIVERSITY

- Modify strategies to accommodate patients with special literacy and language needs. Most importantly, treat all people with respect and dignity. When delivering quality care to patients of various ages, understand and consider the different abilities and needs at various life stages.
Neonates are in a stage of total dependency.
Infants and toddlers are in a period of very rapid growth and development.
In young children physical growth begins to slow, but motor skill development will accelerate.
In adolescence a child's body matures and transforms into an adult body. Physical appearance becomes increasingly important.
Young adults have reached physical and sexual maturity, and healthy body maintenance becomes the focus.
In middle-aged adults chronic health conditions often develop. Visual and auditory acuteness begin to diminish and reflexes begin to slow. The impact of these changes should be discussed in relation to driving and other activities of daily living. Women may experience menopause. Regular check-ups should be encouraged.
Older adults should be involved in all decision making related to their care. Fear of losing independence or control in regard to their bodies is common. Conditions commonly seen in this stage include arthritis, depression or grief, high blood pressure, hearing impairment, heart disease, osteoporosis, esophageal reflux, bowel, and bladder conditions.
Adults 80 and older are capable of making their own healthcare decisions. Do NOT treat them like children, but healthcare workers should be alert for signs of mental decline and confusion. Keep the environment free of hazards that could lead to falls – falls can be devastating at this age.

**POPULATION SPECIFIC**

- Healthcare workers should be trained or provided with the training required to provide care to specific patient populations. The DNV (SR.1) requires that all staff is competent to perform their responsibilities and that the hospital has an approved policy to evaluate staff performance.
  - LMC Populations are
    - Pneumonia
    - COPD
    - Chest pain
    - Ortho
    - Abdominal pain
    - GI bleed
    - Sepsis and Septic Shock
  - An individualized plan of care/treatment is developed based on patient’s needs and the patient receives education based on their needs.

**END OF LIFE CARE**

- At the end of life, patients and their families experience special needs that should be understood and respected. Each patient has unique ideas, desires, and concerns with respect to the dying process. The goal of end-of-life care is to comfort. There are 4 comfort needs near the end-of-life:
  - Physical
  - Mental and emotional
  - Spiritual
  - Practical

- Pain and discomfort can come from a variety of problems, and for each problem, there are specific things that healthcare workers can do to help:
  - Experts believe that care for the dying should focus on relieving physical pain without worrying about possible drug dependencies.
  - Pain is easier to prevent than it is to relieve. Stay ahead of pain by administering medication in a timely manner.
  - Dyspnea or shortness of breath is common during end of life. This may make communication difficult and frustrating for patients and their family members.
  - People very near death may have noisy breathing called a death rattle. This is caused by fluids collecting in the throat or by the throat muscles relaxing.
  - Skin irritations can be very uncomfortable, and excessive dryness can make skin more fragile.
Dryness on the face, lips, and eyes is a common cause of discomfort near the time of death. Sitting or lying in one position puts constant pressure on sensitive skin that can lead to painful pressure ulcers. Nausea, vomiting, constipation, and loss of appetite are common end-of-life complaints. Patients often lose their appetite during the dying process. Favorite foods should be offered in frequent, small amounts, but patients should NOT be forced to eat. Patients who are dying may NOT be able to tell you they are too cold or too hot. Lack of energy and tiredness are common during the end-of-life process. Keep activities simple. Depression and anxiety are common during the end-of-life process. Families and healthcare workers should also be sensitive to special fears or concerns during this time. Healthcare workers should encourage family members to stay nearby, and explain their presence is usually comforting. Setting a comforting mood may ease mental and emotional stress during the dying process. Patients’ spiritual needs may be as compelling as their physical needs. Visits from a pastor, rabbi, priest, minister, chaplain, or other spiritual leader can comfort patients and their families. Respect all spiritual needs during this time. Family and friends should be encouraged to talk to rather than about the patient who is dying.

There may be times when a dying patient (who has been confused) suddenly becomes clear thinking. Take advantage of these moments, but understand that it might only be temporary, NOT necessarily a sign a patient is getting better.

ABUSE AND NEGLECT IDENTIFICATION AND REPORTING

Health Care Providers are required by state law to report all incidences of suspected abuse and neglect in adults and children.
- Adult Protective Services: 1-800-752-8649
- Child Protective Services: 1-800-797-3260

PAIN MANAGEMENT

Pain Assessment Techniques
Hospital staff is required to respect a patient's right to pain management. Patients should receive a comprehensive pain assessment according to the hospital's scope of care, treatment, and services, along with the patient's condition. In order to reduce stress and pain related to procedures, staff should intervene before the procedure using pharmacologic and non-pharmacologic comfort measures.
- The following are recommended pain assessment techniques:
  - Self-report: the most reliable way to assess a patient for pain. However, some patients are unable or unwilling to verbalize their pain. In that case further investigation, assessment, and observation are needed.
  - Observe behavior: when self-reporting isn't possible, observe behavior to assess pain. Some behaviors that may indicate pain in adults include:
    - facial grimacing
    - moaning
    - rubbing of body parts
    - agitation, restlessness
    - irritability
    - confusion
    - combativeness
  - Infants and children may react to pain by:
    - changes in facial expression
    - high-pitched, harsh cries
sleeping and withdrawn behavior
- posturing
- irritability
- agitation, and
- restlessness

- Surrogate reporting: caregivers or family members may assist in identifying the presence of pain. However, use these observations with other evidence whenever possible.

**Pain Management Responsibilities**

- Other pain management responsibilities include:
  - Ongoing assessment and reassessment of every patient for pain
  - Education of patients and families about their roles in managing pain, as well as the potential limitations and side effects of pain treatments
  - Consideration of personal, cultural, spiritual, and ethical beliefs in the treatment of pain
  - Communication to patients and families that pain management is an important part of their care
  - Recognizing that unrelieved pain can be harmful, impede recovery and result in longer hospital stays
  - Intravenous Patient-Controlled Analgesia (IVPCA) should be utilized whenever appropriate
  - It is very important for you to know that your hospital is committed to pain management. It takes a team effort, and includes physicians, nurses, therapists, mental health professionals, pharmacists and the patient and family.

  - The focal points of the team approach are:
  - Understanding the importance of the pain management standards
  - Utilizing a multidisciplinary methodology
  - Identifying opportunities for improvement
  - Educating providers and staff on the comprehensive nature and involvement required
  - Assessing provider and staff knowledge and validating competency
  - Continually striving for improvement throughout your organization

- Competent pain management is vitally important to our patients. Be aware that medication is not the only pain management tool. Be familiar with adjunctive therapies such as imaging and relaxation techniques, acupuncture, aromatherapy, massage therapy, biofeedback, and reflexology. It is up to you to know your facility's pain management standards.

**MEDICATION ADMINISTRATION**

**MEDICATION INFORMATION**

- **Medication Administration**
  - Scheduled medications should be given within 1 hour before or after the scheduled time
    - If Meds are given outside the scheduled time range, a legitimate reason must be documented and an online incident report must be completed on Fastlane. Must consult Pharmacy on any time changes.

- **Patient Education**
  - All patients must receive education about any new medications prior to administration of the first dose.
  - Patient education sheets are provided on the nursing units and can be accessed on Fastlane under Patient Education (Micromedex Care Notes).

- **“Look-a-Like/Sound-a-Like” , LASA Medication List**
  - Everyone is responsible for knowing the Look-a-like/Sound-a-like medication list and knowing the measures for preventing a medication error.
To prevent this type of error, the approved “look alike sound alike list” will be readily available to all staff. LASA medications will be stored in separate locations within the automatic dispensing machine (ADM) and will be identified by an alert in the ADM.

<table>
<thead>
<tr>
<th>epHEDrine</th>
<th>epINEPHrine</th>
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<tbody>
<tr>
<td>Heparin</td>
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<td>hydrALAzine</td>
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<td>Klonipin</td>
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<td>Wellbutrin SR</td>
<td>Wellbutrin XL</td>
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<td>Dilaudud (HYDROMorphone)</td>
<td>Morphine injections</td>
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<td>Insulin products</td>
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<td>vinBLASTine</td>
<td>vinCRISTine</td>
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<td>Oxycodone</td>
<td>Oxycotin</td>
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<tr>
<td>Topamax</td>
<td>Toprol XL</td>
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- **High Risk Medications**
  - Always verify with another licensed staff member:
    - Insulins
    - Anticoagulants
    - TPN
    - Concentrated Sodium Chloride (>0.9% concentration
    - Epidural and Intrathecal PCA Solutions
    - Neuromuscular Agents
    - IV Digoxin
    - Cardioplegia
    - Electrolytes (except premixed IV Fluids containing 20-40 mEq KCL)

**QUALITY PATIENT CARE**

**SCOPE OF PRACTICE**
- “Permissible boundaries of practice for the health professional—defines the types of procedures, and actions that a licensed individual can perform”
- Scope of practice consists of: Professional Licensure, Standards set by Professional Organizations, and Facility Policies/Procedures. It is encouraged that all healthcare workers refer to the New Mexico State Statues and Professional Organizations to review their Scope of Practice requirements.

**VALUED BASED PURCHASING**
Value based purchasing is a Quality Incentives Program to promote higher quality care for Medicare. It was authorized by the Affordable Care Act, which added Section 1886(o) to the Social Security Act and funded through escalating withholdings from the Diagnosis Related Group, (DRG) System.

As of 2013 **1% will be withheld (2013) will increase to 2% by 2017**
- No more paying for Services offered, focus is to reward better value and outcomes
- Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure
- Next step in promoting higher quality care for Medicare beneficiaries
- Pays for care that rewards better value, patient outcomes, and innovations, instead of just volume of services
- Funded by a 1.25% reduction from participating hospitals’ base-operating Diagnosis-Related Group (DRG) payments in FY 2014

**HCAHPS (Hospital Consumer Assessment of Health Care Providers and Systems)**
- Required by Center for Medicare and Medicaid Services (CMS)
- Patients are randomly surveyed and asked 27 questions about
  - Quality of Care
o Communication
o Environment
• Survey is publicly reported. It is the patient’s perception of their hospital care, see ATTACHMENT 5

CORE MEASURES
• What is a Core Measure?
  A "Core measure" is a systematic approach through evidence based practice to treat specific disease processes
  o The measures are based on scientific evidence about treatments that are known to get the best results
  o Publicly reported on Website:
    http://www.hospitalcompare.hhs.gov/Hospital/Search/compareHospitals.asp

  Core Measure Data shows how often hospitals give recommended treatments known to get the best results for patients with certain medical conditions or surgical procedures.
  o Information about these treatments are taken from the patients’ records and converted into a percentage. This is one way to compare the quality of care that hospitals give.

• We are required to collect data for CMS.

• Bottom-line – Excellence…Always!
  o At LMC, we feel the use of core measures is the right thing to do and demonstrates that LMC wants all patients, visitors, and staff to know about our hospital….Excellence…Always!
  o By consistently implementing core measures for the patient, our culture of Continuous Improvement and the Excellence…Always! experience is reinforced, with EVERY PATIENT, EVERY DAY.

• To obtain this goal We Need YOU to:
  o Know the core measures
  o Use the core measures
  o Document core measure use
  o Optimal patient care and safety insists on compliance with all Core Measure requirements and documentation. It is an expectation of every LMC Team Member!

• Refer to ATTACHMENT 8 for a list of all LMC Core Measure Sets.

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<thead>
<tr>
<th>Core Measure by Facility</th>
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<tbody>
<tr>
<td><strong>CORE MEASURES</strong></td>
</tr>
<tr>
<td>Acute MI/Chest Pain</td>
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<tr>
<td>Heart Failure</td>
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<tr>
<td>Pneumonia</td>
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<tr>
<td>Surgical care improvement (SCIP)</td>
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<tr>
<td>Stroke</td>
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<tr>
<td>VTE</td>
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<tr>
<td>Immunization – Pneumococcal</td>
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<tr>
<td>Immunization - Influenza</td>
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<tr>
<td>Pregnancy Related Conditions</td>
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<tr>
<td>Children’s Asthma</td>
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<tr>
<td>Emergency Department</td>
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<tr>
<td>Tobacco Use</td>
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<td>Behavioral Health</td>
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PATIENT SAFETY

HOSPITAL ACQUIRED CONDITIONS
• Hospital Acquired Conditions (HACs) are conditions that could reasonably have been prevented through the application of evidence-based guidelines. Examples of HCA are
  o Foreign Object Retained after Surgery
SERIOUS REPORTABLE EVENTS (SRE): NEVER EVENTS

- Serious Reportable Events (SRE) are unambiguous, largely preventable medical errors that could cause serious consequences for the patient (injury or death). Refer to ATTACHMENT 7 for a summary of HACs & Serious Reportable Events.

NATIONAL PATIENT SAFETY GOALS (NPSG)

- Requirements for improving the safety of patient care in health care organizations.
- Refer to ATTACHMENT 9 for the current year NPSGs.

RESTRAINTS

- Individuals who provide Direct Patient Care must demonstrate how to correctly apply/release restraints.
- Always consider the least restrictive device to keep a patient safe. Restraints should only be initiated as a last option to reduce the risk of patient injury.
- A NON-VIOLENT RESTRAINT is a medical restraint used for behavior driven by a medical condition. The patient is attempting to remove lines, tube, surgical dressing or otherwise interfering with medical treatment.
  - A registered Nurse may initiate a restraint in an emergency, must call MD within 1 hr to obtain order.
  - Patient monitoring must be performed and documented every 2 hours.
- A VIOLENT/SELF-DESTRUCTIVE RESTRAINT is used for those violent and destructive behaviors over which the patient should have control. The patient exhibits behavior that jeopardizes the immediate physical safety of the patient or others.
  - A registered Nurse may initiate a restraint, must notify LIP immediately to obtain order.
  - Patient monitoring must be performed and documented every 15 minutes.

FALL PREVENTION

- Fall risk will be assessed by the nurse as a component of admission assessment, routine shift assessment, upon transfer to another unit or change in level of care.
- Fall risk must also be assessed if the patient falls or is observed in a potential or near fall situation.
- The following Basic Fall Precautions interventions will be implemented for all patients:
  - Orient patient to surroundings,
  - Bed in lowest position with brakes set,
  - Anti-slip footwear,
  - At least 2 side rails up at all times,
  - Call light and personal items within reach (especially eyeglasses, hearing aids, and personal ambulatory assistive devices).
  - Eliminate environmental hazards and floor clutter.
  - Provide frequent orientation to surroundings,
  - Assess need for additional lighting in room,
  - Evaluate need for urinal or bedpan at bedside, offer toileting /assistance frequently throughout waking hours,
  - Respond promptly to the call light, and
  - Perform hourly rounds on patient.
• When patient is identified as a fall risk, follow appropriate interventions and document in daily nursing flowsheets.
• Refer to **ATTACHMENT 11**, for fall prevention signage.

**ORGAN DONATION**
• NM Donor Services is a non-profit organ and tissue donor program serving New Mexico
• People of all ages and medical histories should consider themselves potential donors
• A red heart on your driver’s license indicates that you wish to be a donor
• At LMC, we are required to notify Donor Services within one hour of a patient’s death
• Organ and tissue donation is determined by the patient’s medical condition at the time of death

**RESOURCES**

**MICROMEDEX**
• Micromedex is an evidence-based resource for staff that provides information about medication management. Tools that can be accessed are information on drug interactions, IV compatibility, drug identification, and toxicology/drug product lookup and drug comparison.

**CARENOTES**
• CareNotes provides patient education in a written format that is complete, easy-to-understand information about all aspects of their care, medications, and health. CareNotes are best practice and can be individualized for each patient to meet Core Measure and “meaningful use” requirements. CareNotes can be printed in 15 languages.
• To access both Micromedex and CareNotes, refer to **ATTACHMENT 12**.

**SAFETY DATA SHEETS (SDS)**
• Safety Data Sheets are information sheets that easily communicate hazards of hazardous chemical products. SDS can be accessed on Fastlane through the **HAZSOFT link**. Any charge nurse/lead can assist with accessing this information.

**PARKING**
• For the Main Medical Center—Parking is only permitted in the off campus lot located at the Baptist Church on Broadway between Martin Luther King and Central. Go West on Martin Luther King, South on Broadway and West on Tijeras to North Parking Lot of the Church. Take the Lovelace Shuttle to the hospital. Refer to **ATTACHMENT 16** for a map.
  o Main Medical Center—Employees that work swing, grave, weekend, and holiday shifts are required to park on the lower level of the East Parking Structure B per LMC Policy (Parking ramps excluded).
  o For the Heart Hospital—Parking is only permitted in the Far Northeast corner parking lot. Located North of the Helipad. To access the Street (Woodward Place) to the parking lot from Elm Street go North past Kindred Hospital and turn east on Woodward place.
Attachments
One of the most effective ways to build a “Culture of Service” is to constantly improve on what we are currently doing. How we answer the telephone is often the first impression people have of the Lovelace Medical Center. The following are techniques for improving service when answering the telephone. You will need to customize your greeting to your specific unit/department.

### Answering Phone

#### PBX (Outside Calls Verbiage)

**Option 1:** “Good (morning/afternoon/evening), Lovelace Medical Center, this is (your name) how may I assist you?”

“Thank you, my pleasure to connect you!”

**Option 2:** “Thank you for choosing Lovelace Medical Center, this is (your name) how may I assist you?”

#### PBX (Internal Calls Verbiage)

“Good (morning/afternoon/evening) this is (your name) how may I assist you?”

#### All Departments (Internal Call Verbiage)

“Good (morning/afternoon/evening), (name of department), this is (your name) how may I assist you?”

#### All Departments (External Calls Verbiage)

“Good (morning/afternoon/evening), Lovelace Medical Center, (name of department), this is (your name) how may I assist you?”

### Placing a Caller on Hold

#### Asking a Caller to Hold

“(name, if you know it), may I place you on a brief hold?”

**Remember to wait for the caller’s response before you place them on hold.**

### Thanking the Caller for Holding

#### Returning to a Call Placed on Hold

“Thank you for holding (name), how may I assist you?”

“My pleasure to connect you.”

**If the call has been on hold for a time period requiring an apology:**

“Thank you for holding, my apologies for the delay, how may I assist you?”

### Transferring a Call

#### Transferring a Call

“My pleasure to connect you (name) to (destination).”

**When possible, give the caller the direct phone number prior to the transfer.**

- To transfer a call, click the “trans” button, dial the extension, and click the “trans” button again to release the call.

### What to say if you received a busy signal

#### Calls that are connected to a busy signal:

“I’m sorry, that line is busy. Would you like to hold or leave a voice message?”
# Communication Worksheet

**Patient:**

**Date:** / /  
**Time:** AM PM  
**Location:**  
**DOB:** / /  
**Room:**

**Pre-Call Preparation:** Gather the following information: Patient’s name, age, chart. Rehearse in your mind what you plan to say. Run it by another nurse if unsure. If calling about pain, when and what was last pain medication? If calling about fever, what was the most recent temperature? If calling about an abnormal lab, what was the result of the last test? What is the goal of your call? Remember to start by introducing yourself by name and location. Use area below as a checklist to gather your thoughts and prepare.

**Situation:**
- Briefly describe the current situation.
- Give a clear, overview of pertinent issues.

**Background:**
- Briefly state the pertinent history.
- What got us to this point?

**Assessment:**
- Summarize the facts and give your best assessment.
- What is going on? Use your best judgement.

**Recommendation:**
- What actions are you asking for?
- What do you want to happen next?

**Follow-up Action (Next Steps):**
- Document the call and “read back” orders to ensure accuracy.
- Is there a change in the plan of care? Yes No
**Proper Medical Waste Disposal**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IV bags and tubing</td>
<td>Blood and all OPIM (Other Potentially Infectious Material)</td>
<td>All sharps Examples: needles, broken glass vials, broken ampules, blades, scalpels, razors, pins, clips, staples</td>
<td><strong>Trace Chemo:</strong></td>
</tr>
<tr>
<td>Empty Medicine Vials or containers</td>
<td>Blood tubing / bags / hemovacs / pleurevacs</td>
<td>All empty syringes, tubexes, carpjects or those with trace (unpourable) amount of medication and / or visible blood</td>
<td>All supplies used to make and administer chemo medication</td>
</tr>
<tr>
<td>Trash / wrappers</td>
<td>Soaked / dripping / flaking / caking bloody dressings</td>
<td>Trocars, introducers, guide wires, sharps from procedures, specimen devices in endoscopy, etc. (Use large volume sharps container with foot pedal, if needed)</td>
<td>Example: tubing, empty bags / bottles / vials. Syringes, gloves, pads, mask, gowns, wipes etc.</td>
</tr>
<tr>
<td>Dressings</td>
<td>Intact glass or plastic bottles with bloody fluid visible, or OPIM</td>
<td></td>
<td>Return all unused chemo to Pharmacy in original pharmacy bag for credit or disposal.</td>
</tr>
<tr>
<td>Chux</td>
<td>Suction liners with bloody fluid, visible blood, or OPIM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapers</td>
<td>All disposable items saturated / dripping / flaking / caking with blood or OPIM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposable patient items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitary Napkins</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above items should have NOT be saturated / dripping / flaking / caking with blood or OPIM
## Transmission Based Precautions Quick Reference Guide

### Hand Hygiene Before and After Patient Contact

Ref: HICPAC/CDC Guidelines, 2007

<table>
<thead>
<tr>
<th>Clinical Situation</th>
<th>STANDARD</th>
<th>CONTACT</th>
<th>Droplet</th>
<th>Airborne</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patients</td>
<td></td>
<td>MDRO’s-Resistant organisms, diarrhea, draining wounds</td>
<td>Upper Respiratory Infections, including unknown Infections prior to organism ID</td>
<td>Tuberculosis – pulmonary or laryngeal disease confirmed or suspected; Chickenpox, Measles</td>
</tr>
<tr>
<td>Private or Semi-private</td>
<td></td>
<td></td>
<td>Private room preferred; consult Infection Control.</td>
<td>Private room; negative airflow room; keep door closed.</td>
</tr>
<tr>
<td>Contact w blood, body fluids, or potentially contaminated material</td>
<td>Wear gloves upon entering room</td>
<td>Same as Standard</td>
<td>Same as Standard</td>
<td></td>
</tr>
<tr>
<td>Wear Mask</td>
<td>Contact with blood, body fluids, or potential sprays of respiratory secretions</td>
<td>Same as Standard</td>
<td>Wear mask upon entering room</td>
<td>Wear an N-95 mask or higher level respirator</td>
</tr>
<tr>
<td>Wear Gown</td>
<td>Contact with blood, body fluids, or potentially contaminated material</td>
<td>Wear gown upon entering room</td>
<td>Same as Standard</td>
<td>Same as Standard</td>
</tr>
</tbody>
</table>

### Precautions Required for Frequently Isolated Organisms

<table>
<thead>
<tr>
<th>Precautions Required for Frequently Isolated Organisms</th>
<th>Standard</th>
<th>Contact</th>
<th>Droplet</th>
<th>Airborne</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS/HIV- Acquired Immune Deficiency Syndrome/ Human Immunodeficiency Virus</td>
<td></td>
<td>Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adenovirus Pneumonia</td>
<td>Lice (head) Scabies</td>
<td>MDRO’s-Multi-drug resistant organisms MRSA, VRE, ESBL’s, VISA/VRSA, resistant S. pneumoniae</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspergillosis</td>
<td>Measles-rubeola</td>
<td></td>
<td></td>
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<tr>
<td>Blastomycosis</td>
<td></td>
<td>Meningococcal disease sepsis, pneumonia, or meningitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-diff – Clostridium difficile</td>
<td></td>
<td>Parovirus B19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (Varicella)</td>
<td>Mumps</td>
<td>RSV Respiratory Syncytial Virus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMV-Cytomegalovirus</td>
<td>Pertussis (Whooping Cough)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B, C, D, E, &amp; G</td>
<td></td>
<td>TB Mycobacterium tuberculosis (pulmonary or laryngeal disease confirmed or suspected)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes Zoster (varicella zoster) shingles disseminated disease</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Herpes Zoster (varicella zoster) shingles localized</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Histoplasmosis</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HSV-Herpes Simplex Virus (encephalitis, oral, skin, &amp; genitals)</td>
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</tbody>
</table>

**Handle needles, syringes, and sharps with care, use rigid sharps containers for disposal. **DO NOT recap, break, or bend needles. Exposures to blood/body substance- immediately wash site, contact supervisor, and notify Employee Health.

LMC Education Department 6/2014
CAHPS® Hospital Survey (HCAHPS)

What is HCAHPS?
The HCAHPS survey contains 18 patient perspectives on care and patient rating items that encompass eight key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, and quietness of the hospital environment. The CMS (Center for Medicare and Medicaid Services) now requires that hospitals survey patients using the HCAHPS survey. All patients over 18 years of age receive a call from our vendor, HealthStream, if they are selected in the sampling. HealthStream continues to call patients until they reach their quota of responses.

Why is HCAHPS survey important?
1. CMS designed the survey based on things that are most important to patients.
2. CMS publishes all hospitals scores on their website Hospital Compare.gov for consumers to use when selecting a hospital.
3. All hospitals have their job performance rated in part on HCAHPS survey results and these scores determine reimbursement of Medicare/Medicaid payments.

Below are the actual questions in the HCAHPS survey.

Please answer the questions in the survey about your stay at the hospital named on the cover. Do not include any other hospital stay in your answers.

YOUR CARE FROM NURSES
1. During this hospital stay, how often did nurses treat you with courtesy and respect?
   a. Never
   b. Sometimes
   c. Usually
   d. Always

2. During this hospital stay, how often did nurses listen carefully to you?
   a. Never
   b. Sometimes
   c. Usually
   d. Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?
   a. Never
   b. Sometimes
   c. Usually
   d. Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
   a. Never
   b. Sometimes
   c. Usually
   d. Always
   e. I never pressed the call button

YOUR CARE FROM DOCTORS
5. During this hospital stay, how often did doctors treat you with courtesy and respect?
   a. Never
   b. Sometimes
6. During this hospital stay, how often did doctors listen carefully to you?  
   a. Never  
   b. Sometimes  
   c. Usually  
   d. Always  

7. During this hospital stay, how often did doctors explain things in a way you could understand?  
   a. Never  
   b. Sometimes  
   c. Usually  
   d. Always  

THE HOSPITAL ENVIRONMENT  
8. During this hospital stay, how often were your room and bathroom kept clean?  
   a. Never  
   b. Sometimes  
   c. Usually  
   d. Always  

9. During this hospital stay, how often was the area around your room quiet at night?  
   a. Never  
   b. Sometimes  
   c. Usually  
   d. Always  

YOUR EXPERIENCES IN THIS HOSPITAL  
10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?  
    a. Yes  
    b. No  
    If No, Go to Question 12  

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?  
    a. Never  
    b. Sometimes  
    c. Usually  
    d. Always  

12. During this hospital stay, did you need medicine for pain?  
    a. Yes  
    b. No  
    If No, Go to Question 15  

13. During this hospital stay, how often was your pain well controlled?  
    a. Never  
    b. Sometimes  
    c. Usually  
    d. Always  

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?  
    a. Never  
    b. Sometimes  
    c. Usually  
    d. Always  

15. During this hospital stay, were you given any medicine that you had not taken before?  
    a. Yes  
    b. No
If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
   a. Never
   b. Sometimes
   c. Usually
   d. Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
   a. Never
   b. Sometimes
   c. Usually
   d. Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else’s home, or to another health facility?
   a. Own home
   b. Someone else’s home
   c. Another health facility
      If Another, Go to Question 21

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left hospital?
   a. Yes
   b. No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
   a. Yes
   b. No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stays in your answer.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
   a. 0 Worst hospital possible
   b. 1
   c. 2
   d. 3
   e. 4
   f. 5
   g. 6
   h. 7
   i. 8
   j. 9
   k. 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?
   a. Definitely no
   b. Probably no
   c. Probably yes
   d. Definitely yes
Hospital Acquired Conditions
(Conditions that could reasonably have been prevented through the application of evidence-based guidelines)

As of October 1, 2008, hospitals will not receive payment for any of these hospital acquired conditions listed below:

1. Foreign Object retained after Surgery
2. Air Embolism
3. Blood Incompatibility
4. Pressure Ulcers, stage III & IV
5. Surgical Site infection following Mediastinitis after Coronary Artery Bypass Graft (CABG)
6. Surgical Site infection following Bariatric Procedures
   a. Laparoscopic Gastric Bypass
   b. Gastroenterostomy
   c. Laparoscopic Gastric Restrictive Surgery
7. Surgical Site Infection following Certain Orthopedic Procedures
   a. Spine
   b. Neck
   c. Shoulder
   d. Elbow
8. Surgical Site Infection following Cardiac Implantable Electronic Devices (CIED)
9. PE or DVT related to recent orthopedic surgery
10. Poor Glycemic Control
    a. Diabetic Ketoacidosis
    b. Nonketotic Hyperosmolar Coma
    c. Hypoglycemic Coma
    d. Secondary Diabetes with Ketoacidosis
    e. Secondary Diabetes with Hyperosmolarity
11. Falls and Trauma
    a. Fractures (Multiple Pelvic)
    b. Dislocations
    c. Intracranial Injuries
    d. Crushing injuries
    e. Burns
    f. Other injuries
12. Catheter-Associated Urinary Tract Infection (UTI)
13. Vascular Catheter Associated Infection
14. Iatrogenic Pneumothorax with Venous Catheterization
7 Categories of SERIOUS REPORTABLE EVENTS
(Unambiguous, largely preventable, and serious, as well as either adverse, indicative of a problem in a healthcare setting’s safety systems, or important for public credibility or public accountability)

1. **Surgical Events:**
   - Surgery performed on the wrong body part or the wrong patient
   - Wrong surgery performed
   - Object left in the patient
   - Death that occurs in the OR or afterwards

2. **Product or Device Events:**
   - Death or serious disability due to infected drugs, devices, or biologics
   - Death or serious disability due to air embolism

3. **Care Management Never Events:**
   - Death or serious disability due to medication error, hemolytic reaction from incompatible blood, labor or delivery of low risk pregnancy (mom or baby), fall, from irretrievable loss of an irreplaceable biological specimen, or failure to communicate lab/diagnostic procedures results.
   - Stage III or IV pressure ulcers
   - Artificial insemination with the wrong donor sperm or wrong egg
   - **Environmental Never Events:**
     - Death or serious disability due to electrical shock, burn, another gas instead of oxygen given to the patient, fall, or restraints

5. **Patient Protection Events:**
   - Patient, unable to make decisions, released/discharged to an unauthorized person
   - Suicide on the unit
   - Death or serious injury associated with elopement (disappearance)

6. **Radiologic Events:**
   - Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area

7. **Criminal Events:**
   - Impersonating others (MD, Nurse)
   - Abduction of a patient
   - Sexual assault on a patient
   - Death or disability due to a fight
**WHAT IS A CORE MEASURE?**

A "Core measure" is a systematic approach through **evidence based practice** to treat specific disease processes. Core Measure Data shows **how often hospitals give recommended treatments known to get the best results for patients with certain medical conditions or surgical procedures.** Each facility is required to collect data for CMS and is publicly reported on the Website: [http://www.hospitalcompare.hhs.gov/Hospital/Search/compareHospitals.aspx](http://www.hospitalcompare.hhs.gov/Hospital/Search/compareHospitals.aspx)

**WHY ARE CORE MEASURES IMPORTANT?**

#1 Reason: **The Patient**! It isn’t about the numbers….it is about providing **Evidence Based Practice, Every Time**! Excellence in Core Measure Care reduces morbidity, mortality, complications, and readmissions. Excellent care must be reflected in the Medical Record with **Specific Required Information**.

Expectation is 100% Compliance on all Core Measure Requirements!

<table>
<thead>
<tr>
<th>Patient Condition</th>
<th>Need to have these measures documented:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Congestive Heart Failure (CHF)</strong></td>
<td></td>
</tr>
<tr>
<td>• Ejection Fraction (EF) documented by MD <strong>upon admission</strong>, can include previous assessment done within 30 days</td>
<td></td>
</tr>
<tr>
<td>• EF if &lt; 40% needs ACEI or ARB ordered by MD at <strong>time of discharge</strong> or documents contraindication/rationale for not ordering</td>
<td></td>
</tr>
<tr>
<td>• <strong>Discharge</strong> instructions must include:</td>
<td></td>
</tr>
<tr>
<td>o Weight</td>
<td></td>
</tr>
<tr>
<td>o Diet</td>
<td></td>
</tr>
<tr>
<td>o Follow-up</td>
<td></td>
</tr>
<tr>
<td>o Med Instruction-all meds must be written on med reconciliation form at discharge, <strong>do not write resume home meds</strong></td>
<td></td>
</tr>
<tr>
<td>• Worsening Symptoms</td>
<td></td>
</tr>
<tr>
<td>o Activity Level</td>
<td></td>
</tr>
</tbody>
</table>

| **Acute Myocardial Infarction (AMI)/Chest Pain** |  |
| • Received ASA 24 hrs **before or after arrival** |
| • LSVD Assessment-EF documented by MD **upon admission**, can include previous assessment done within 30 days. |
| • **Discharged** home on the following medications: |
| o ASA |
| o Beta Blocker |
| o ACE/ARB if LVSD (EF < 40%) |
| o Statin for LDL> 100 |
| (*if the MD orders any other medication besides a STATIN, MD must document rationale) |
| • Fasting lipids (LDL) results documented by MD **within 48 after admission**, can include previous test result done within 30 days |
| • PCI **within 90 minutes after hospital arrival** |
| o If there is a delay in care, ensure that the provider documents reason. **Note:** System reasons for delay are **NOT** acceptable. There must be MD documentation that there was a0 "hold", "delay", or "wait" in initiating Lytic/PCI **AND** this was not system related. **Acceptable documented reasons:** |
| • "Hold lytics. Will do CAT scan to r/o bleed" or "Consent delay, patient deciding about treatment and waiting to speak to husband before giving consent for treatment." |
| • Fibrinolytic Therapy Received **Within 30 Minutes** of arrival |
### Patient Condition

<table>
<thead>
<tr>
<th>Need to have these measures documented:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prophylactic antibiotic <strong>within 60</strong> minutes prior to incision time, vancomycin or fluoroquinolone <strong>within 120</strong> minutes prior to incision</td>
</tr>
<tr>
<td>• Antibiotic selection appropriate <strong>must</strong> be made by MD</td>
</tr>
<tr>
<td>o If there is an allergy to the antibiotic the MD must document any Beta-lactam allergy</td>
</tr>
<tr>
<td>o If using Vancomycin must document preoperatively</td>
</tr>
<tr>
<td>• <strong>Hair clipped or no hair removal</strong> must use clippers. Shaving is inappropriate-NO RAZORS.</td>
</tr>
<tr>
<td>• Beta Blocker given <strong>prior to OR</strong></td>
</tr>
<tr>
<td>o If taken at home med documentation must reflect communication by the patient</td>
</tr>
<tr>
<td>o If medication is not required MD must document rationale</td>
</tr>
<tr>
<td>• Normothermia maintained ≥ 36°C either <strong>30 min prior or 15 minutes after anesthesia end time</strong></td>
</tr>
<tr>
<td>o Documentation can reflect warming during procedure or a Body Temp within 30 minutes of anesthesia end time or 15 minutes after anesthesia end time.</td>
</tr>
<tr>
<td>• Controlled 6 a.m. <strong>Postoperative</strong> Blood Glucose for Cardiac Surgery Patients maintain &lt; 180</td>
</tr>
<tr>
<td>• Discontinue Antibiotics w/in:</td>
</tr>
<tr>
<td>o <strong>24 hrs</strong> for ALL Ortho Surgeries, Colon Surgery, Hysterectomy, Vascular Surgeries</td>
</tr>
<tr>
<td>o <strong>48 hrs</strong> for CABG/ Other Cardiac Surgeries</td>
</tr>
<tr>
<td><strong>time starts after anesthesia end time</strong></td>
</tr>
<tr>
<td>• Foley D/C within <strong>48 hrs</strong> anesthesia end time</td>
</tr>
<tr>
<td>o <strong>Exception</strong> are patients who have had GYN, Bladder, Prostate Surgery or intubated in the ICU</td>
</tr>
<tr>
<td>• VTE prevention <strong>initiated w/in 24 hrs of anesthesia end time</strong></td>
</tr>
<tr>
<td>o General Surgery cases need pharmacologic agent w/in 24 hrs of anesthesia end time unless actively bleeding, Spinal/Epidural, or blood transfusion in <strong>1st 24 hrs post op</strong> (excludes orthopat)</td>
</tr>
<tr>
<td>o Hips and Knees need SCD’s and a pharmacologic agent <strong>within 24 hrs</strong>.TED HOSE <strong>Contraindicated</strong></td>
</tr>
<tr>
<td>o <strong>ASA alone cannot be VTE Prophylaxis</strong> (except for hip and knee patients)</td>
</tr>
<tr>
<td>o Ambulation does not meet the measure for any surgical patient</td>
</tr>
<tr>
<td>o If patient on oral Xa inhibitor, need to have rationale documented, hx afib/flutter, hx of hip, knee replacement or partial replacement, treatment of thromboembolism</td>
</tr>
<tr>
<td>• Blood Cultures <strong>prior to 1st antibiotic dose</strong></td>
</tr>
<tr>
<td>• Appropriate antibiotic selection (See Table): <strong>Non-ICU vs ICU status</strong></td>
</tr>
<tr>
<td>• Delayed diagnosis of Pneumonia? Appropriate documentation of why.</td>
</tr>
<tr>
<td>• <strong>IV thrombolytic</strong> needs to be initiated with 3 hours of last time known well (must have documented administration time)</td>
</tr>
<tr>
<td>• VTE prophylaxis all ischemic stroke patients</td>
</tr>
<tr>
<td>o <strong>Never</strong> use Arixtra or Xarelto or TED Hose</td>
</tr>
<tr>
<td>o ASA alone cannot be VTE Prophylaxis</td>
</tr>
<tr>
<td>• <strong>Discharged</strong> on</td>
</tr>
<tr>
<td>o Antithrombotic therapy</td>
</tr>
<tr>
<td>o Statin if LDL&gt; 100</td>
</tr>
<tr>
<td>• Anticoagulation therapy for Atrial fib/flutter at discharge or reason documented not to prescribe.</td>
</tr>
<tr>
<td>• Antithrombotic therapy <strong>within 48 hours</strong> of admission or reason documented not to prescribe.</td>
</tr>
<tr>
<td>o <strong>Includes aspirin</strong></td>
</tr>
<tr>
<td>• Fasting lipids and prescribe Statin medication if LDL &gt;100, can include result within 48hrs <strong>after admission</strong> or result from test within 30 days <strong>prior to admission</strong></td>
</tr>
<tr>
<td>• <strong>Discharge</strong> education (5 components):</td>
</tr>
<tr>
<td>o Activation of emergency medical system</td>
</tr>
<tr>
<td>o Follow-up after discharge</td>
</tr>
<tr>
<td>o Medications prescribed at discharge</td>
</tr>
<tr>
<td>o Risk factors for stroke</td>
</tr>
<tr>
<td>o Warning signs and symptoms of stroke</td>
</tr>
<tr>
<td>• Assessed for rehabilitation <strong>during admission</strong></td>
</tr>
<tr>
<td>Patient Condition</td>
</tr>
<tr>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Venous Thromboembolism (VTE)</td>
</tr>
<tr>
<td>Tobacco Use</td>
</tr>
<tr>
<td>Hospital Outpatient (HOP) ED Throughput</td>
</tr>
<tr>
<td>HOP ED Pain Management</td>
</tr>
<tr>
<td>HOP ED Stroke</td>
</tr>
<tr>
<td>Hospital Outpatient (HOP) ED AMI/Chest pain</td>
</tr>
<tr>
<td>Hospital Outpatient (HOP) ED Surgery</td>
</tr>
<tr>
<td>Immunizations</td>
</tr>
<tr>
<td>Patient Condition</td>
</tr>
<tr>
<td>------------------</td>
</tr>
</tbody>
</table>
| **Immunizations** | • Influenza immunization for ALL patients admitted to the hospital (see criteria) starting the 1st of October through March 31st.  
  o Refusals must be documented by filling out the declination form from FormFast |
| **Pregnancy and other Related Conditions** | • Neonatal mortality rates  
  • VBAC rates-overall rate reported  
  • Third and Fourth Degree Lacerations-all patients with vaginal deliveries who sustained 3rd and 4th degree laceration during delivery  
  • Previous uterine surgery  
  • Exclusive breastfeeding  
  • Parity  
| **Children’s Asthma Care** | • Relievers given during hospitalization  
  • Systemic corticosteroids given during hospitalization  
  • Written home management plan of care given to caregiver-all admitted patients. Parents or caregivers must receive written plan by discharge. |

### Antibiotics for Community Acquired Pneumonia Core Medications

<table>
<thead>
<tr>
<th>Non ICU patients</th>
<th>ceftriaxone (IV/IM) + doxycycline (IV/PO) OR azithromycin (IV/PO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>cephalosporin or penicillin allergy:</td>
<td>levofloxacin (IV/PO)</td>
</tr>
<tr>
<td><strong>ICU patients</strong></td>
<td>ceftriaxone (IV) + levofloxacin (IV) OR azithromycin (IV)</td>
</tr>
<tr>
<td>cephalosporin or penicillin allergy:</td>
<td>levofloxacin (IV) + aztreonam (IV)</td>
</tr>
<tr>
<td><strong>All patients with pseudomonal risk</strong></td>
<td>piperacillin/tazobactam (IV)+ levofloxacin (IV/PO) OR ciprofloxacin (IV/PO)*</td>
</tr>
<tr>
<td>if penicillin allergy:</td>
<td>Imipenem/cilastin (IV) + levofloxacin (IV/PO)</td>
</tr>
<tr>
<td><strong>All patients with MRSA risk</strong></td>
<td>add vancomycin (IV) pharmacy to consult</td>
</tr>
</tbody>
</table>

*NOTE: To meet CMS requirements initial therapy must be IV for ICU admission (transition to PO when stable)*

### Surgical Antibiotic Selection Based on Procedure for Inpatients (SCIP)

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Treatment</th>
<th>B-lactam Allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CABG, cardiac, vascular</td>
<td>cefazolin OR vancomycin</td>
<td>vancomycin OR clindamycin</td>
</tr>
<tr>
<td>Hip/knee arthroplasty</td>
<td>cefazolin OR vancomycin</td>
<td>vancomycin OR clindamycin</td>
</tr>
<tr>
<td>Colon</td>
<td>cefazolin + metronidazole</td>
<td>clindamycin + gentamicin OR ciprofloxacin metronidazole + gentamicin OR ciprofloxacin</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>cefazolin or ampicillin/sublactam</td>
<td>Clindamycin or vancomycin plus either gentamicin OR ciprofloxacin</td>
</tr>
</tbody>
</table>

### Surgery and Level of Risk

<table>
<thead>
<tr>
<th>Recommended VTE Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARDIAC, VASCULAR, AND PEDIATRIC (all patients under 18) SURGERY</strong></td>
</tr>
</tbody>
</table>
| **INTRACRANIAL NEUROSURGERY PLASTIC SURGERY** | Any of the following:  
  ● LDUH  ● LMWH  
  ● IPC with or without GCS  ● LDUH or LMWH combined with IPC or GCS  
  **Note:** Current guidelines recommend post-op LMWH for Intracranial Neurosurgery |
| **UROLOGIC SURGERY** | Any of the following:  
  ● LDUH  ● LMWH  ● Factor Xa Inhibitor (Fondaparinux)  ● IPC  
  ● LDUH or LMWH or Factor Xa Inhibitor (Fondaparinux) combined with IPC or GCS |
| **GENERAL SURGERY** | Any of the following:  
  ● LDUH  ● LMWH  ● Factor Xa Inhibitor (Fondaparinux)  ● IPC |
| **GYNECOLOGIC SURGERY** | Any of the following:  
  ● LDUH  ● LMWH  ● Factor Xa Inhibitor (Fondaparinux)  
  ● LDUH or LMWH or Factor Xa Inhibitor (Fondaparinux) with IPC or GCS  
  ● IPC |
| **ELECTIVE TOTAL KNEE OR HIP REPLACEMENT** | Any of the following:  
  ● LMWH  ● LDUH  ● Factor Xa Inhibitor (Fondaparinux)  
  ● Oral Factor Xa Inhibitor (Rivaroxaban)  ● Warfarin  ● Aspirin  ● IPC  ▪ VFP |
| **HIP FRACTURE** | Any of the following:  
  ● LDUH  ● LMWH  ● Factor Xa Inhibitor (Fondaparinux)  ● Warfarin  ● Aspirin  ● IPC |

LMWH-Low Molecular Weight Heparin; LDUH-Low-dose unfractionated Heparin; GCS-Graduated Compression Stockings; IPC-Intermittent Pneumatic Compression (SCD’s); VFP-Venous foot pump

*Rivaroxaban is only SCIP compliant following knee or hip replacement surgery ONLY.*
### Medication Charts

<table>
<thead>
<tr>
<th>Beta Blockers</th>
<th>Antithrombotic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brand</strong></td>
<td><strong>Generic</strong></td>
</tr>
<tr>
<td>Betapace</td>
<td>sotolol</td>
</tr>
<tr>
<td>Brevibloc</td>
<td>esmolol</td>
</tr>
<tr>
<td>Coreg</td>
<td>carvedilol</td>
</tr>
<tr>
<td>Corgard</td>
<td>nadolol</td>
</tr>
<tr>
<td>Inderal</td>
<td>propranolol</td>
</tr>
<tr>
<td>Kerlone</td>
<td>betaxolol</td>
</tr>
<tr>
<td>Lopressor</td>
<td>metoprolol tartrate</td>
</tr>
<tr>
<td>Toprol XL</td>
<td>metoprolol succinate</td>
</tr>
<tr>
<td>Tenormin</td>
<td>atenolol</td>
</tr>
<tr>
<td>Trandate/ Normodyne</td>
<td>labetolol</td>
</tr>
<tr>
<td><strong>ARB</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Brand</strong></td>
<td><strong>Generic</strong></td>
</tr>
<tr>
<td>Avapro</td>
<td>irbesartan</td>
</tr>
<tr>
<td>Cozaar</td>
<td>losartan</td>
</tr>
<tr>
<td>Diovan</td>
<td>valsartan</td>
</tr>
<tr>
<td><strong>ACEI</strong></td>
<td><strong>STATIN</strong></td>
</tr>
<tr>
<td><strong>Brand</strong></td>
<td><strong>Generic</strong></td>
</tr>
<tr>
<td>Accupril</td>
<td>quinapril</td>
</tr>
<tr>
<td>Altace</td>
<td>ramipril</td>
</tr>
<tr>
<td>Prinivil/ Zestril</td>
<td>lisinopril</td>
</tr>
<tr>
<td>Vasotec</td>
<td>enalapril</td>
</tr>
<tr>
<td>Lotensin</td>
<td>benazepril</td>
</tr>
<tr>
<td>Capoten</td>
<td>captopril</td>
</tr>
</tbody>
</table>

### Pneumococcal Vaccine
Screen year round all patients 65 years of age and older or patients age 19-64 with High Risk Conditions:
- Diabetes (not gestational)
- Nephrotic Syndrome
- Asplenia
- COPD-includes Asthma
- Homeless
- Smoking
- Resident of nursing home or long-term care facility
- Alcoholism
- ESRD (End stage renal disease)
- Chronic Heart Disease
- Chronic Liver Disease
- Immunosuppression (HIV, Cancer)
- CSF leak
- Cochlear Implant

### Flu Vaccine
Screen October thru March (Subject to vaccine availability)
- Ages 6 months or older
1. **GOAL 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION**
   a. **Always** use at least 2 patient identifiers
      i. **Anytime** blood products, medications, lab specimens, treatments, or procedures are given we must always:
         1. Use two patient identifiers
            a. Name
            b. Date of birth or MRN number
      ii. **Always** involve the patient in the identification by having them state their name and date of birth.
          1. Non-verbal use patient’s armband to review name and date of birth/MRN #
          2. If there is no arm band in place, the patient’s nurse will verify the patient.
      iii. **Always** label specimens in the presence of the patient
   b. **Anytime** blood or blood components are being given
      i. **Always** match order to blood or blood components
      ii. **Always** match the patient to the blood or blood component
         1. Blood verification must be done at the patient’s bedside with two qualified individuals (nurses)

2. **GOAL 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS**
   a. **Always** report critical results of tests and diagnostic procedures on a timely basis
      i. **Always** notify the LIP of critical test
         1. Within 1 hour
         2. If no answer notify the charge nurse
         3. Document critical values in the physician’s progress notes
      ii. Keep a log of length of time of the times
         1. Labs from time called till test reported to lab
         a. Time ordered, when the critical result was available, the actual value, and who was notified
         2. Quality Department will note time of response from nurse to any interactions done

3. **GOAL 3: IMPROVE THE SAFETY OF USING MEDICATIONS**
   a. **Always** label all medications, solutions, and syringes that are not immediately given, or when transferring from one container to another
      i. Write: Name, Strength, Quantity, Diluents and Volume, Expiration Date (greater than 24 hours) and Time (less than 24 hours) Concentration/Strength
      ii. In **procedure areas** when verifying medications and solution always do so verbally and visually with another qualified individual
         1. **Always** review labels of Medications/Solutions with all staff who are entering and exiting staff responsible for the management of medications
         2. **Always** discard medication or solutions that are unlabeled
         3. **Discard** all medications/solutions after a procedure
   b. **Always** reduce the likelihood of patient harm associated with the use of Anticoagulant Therapy.
      i. **Always** use approved protocols for the initiation and maintenance of anticoagulant therapy
      ii. **Always** verify and document that baseline labs have been taken prior to starting Warfarin. Use INR to adjust therapy.
      iii. **Always** notify dietary if a patient is on Coumadin
      iv. **Always** instruct patient and family on the importance of follow-up monitoring, compliance, Drug-food interactions and possible side effects of anticoagulation therapy
      v. **Always** use a programmable pump for any one on IV or continuous Heparin

4. **GOAL 4: IMPROVE THE SAFETY OF CLINICAL ALARM SYSTEMS**
   a. **Always** physically enter the patient room during an alarm, look at the patient, evaluate the reason for the alarm, and turn off capabilities but do not deactivate.
   b. All alarms should be audible over competing noises.

5. **GOAL 7: REDUCE THE RISK OF HEALTH CARE-ASSOCIATED INFECTIONS**
   a. **Always** perform hand hygiene:
      i. Before entering and leaving rooms
      ii. Between patients
      iii. Moving between different procedures and sites
      iv. When moving from dirty to clean objects
      v. After removing of gloves
b. **Always** clean and disinfect equipment
c. **Always** use Contact precautions when dealing with patients who have MDRO (MRSA, VRE, C-diff)
   i. **Always** educate patients and family on prevention strategies for MDRO
   ii. For readmission of patient with an MDRO notify all staff (IC Nurse) of prior diagnosis, place on isolation, and follow hospital policy for maintenance of labs
d. **Central Line-associated blood stream infections**
   i. **Always** wash hands before manipulating a central line
   ii. **Do not** insert in the femoral vein
   iii. **Always** use PICC line supply kit for dressing changes and chlorhexidine for skin prep. Change dressing every 7 days, unless dirty
   iv. **Always** use alcohol to wash caps. Scrub for 20 seconds.
   v. **Always** evaluate need for line and remove if not needed
e. **Prevention of surgical site infections**
   i. **Educate** patient and family members who are undergoing surgical procedures about surgical site infection prevention
   ii. **Always** administer prophylaxis antibiotic according to procedure or disease (evidence based)
   iii. **Always** use hair clippers not razors
f. **Prevent indwelling catheter-associated urinary tract infections (CAUTI) through Evidence Based Practice**
   i. **Always** limit use and duration of indwelling urinary catheters
   ii. **Always** use aseptic technique during insertion
   iii. **Always** use evidence-based guidelines while managing indwelling urinary catheters by:
      1. Securing catheters, maintaining sterility of urine collection system, replacing urine collection system when required and collecting urine samples

6. **GOAL 8: ACCURATELY AND COMPLETELY RECONCILE MEDICATIONS ACROSS THE CONTINUUM OF CARE**
   a. **Always** get a complete list of medications patients take at home at admission
      i. Enter medications in the computer
   b. **Always** compare and reconcile home list with medications ordered while patient is in our care
      i. Fix discrepancies
   c. **Always** ensure that the LIP has completed and signed a transfer MAR
   d. **Always** give a copy and explain the Medication list to the patient or Family

7. **GOAL 15: IDENTIFIES SAFETY RISKS INHERENT IN ITS PATIENT POPULATION**
   a. **Always** assess patients with behavioral health or emotional disorders for suicide risk
      i. Ask if he or she is having suicidal thoughts?
      ii. Do you have a plan?
      iii. Can you tell me about your plan?
   b. **Always** provide a safe environment
      i. Perform contraband check and remove hazardous item (razor blades, shoe laces, belts), Use plastic utensils, notify dietary, Ensure that they swallow pills, and Provide a sitter and stay within arm’s length away
   c. **Always** discharge patients who are at risk with crisis hotline information
      i. USA National Suicide Hotlines (Toll-Free / 24 hours / 7 days a week)
         1. **1-800-SUICIDE** 1-800-784-2433
         2. **1-800-273-TALK** 1-800-273-8255
         3. **TTY:** 1-800-799-4TTY (4889)
      ii. New Mexico Suicide Hotline
         1. Agora Crisis Center
         2. (505) 277-3013
         3. Statewide: 1-866-HELP-1-NM

8. **UNIVERSAL PROTOCOL**: Requirement for procedures at Bedside or in specialty areas (OR, IR, GI, etc)
   a. **Always** make sure you have the:
      i. Right Patient, Right Site, Right Side, Right Procedure, Right Consent, Right Films, and Right Fluids
   b. Identify safety precautions based on patient history or medication use (allergies, H&H, aspiration risk, etc)
   c. **For any patient undergoing a procedure---Even if it is at the patient’s bedside.......**
      i. **Always** call a TIME OUT before the procedure starts and DOCUMENT that a TIME OUT was done
Falling Guy: Hangs on Clip outside Door
HOW TO ACCESS MICROMEDEX and CareNotes
2 ways to access

1. Easily accessed from FastLane
   a. Click on the internet icon from any computer in your department.
   b. Click on Patient Education (Micromedex CareNotes)

2. Easily accessed from Horizon Clinicals-ABQ CAF
   a. Click on the Reference Link Tab
   b. Then click on Micromedex
Lovelace Medical Center Values

ABSOLUTE INTEGRITY
Is honest, accurate and transparent without compromise
• I follow through and demonstrate our values
• I have the courage to stay true to our values

ACCOUNTABILITY
Identifies opportunities for improvement, takes responsibility and meets shared goals
• I am accountable to the highest professional standards
• I hold myself and others responsible for results and behavior

RESPECT
Demonstrates empathy and sensitivity, treats others with courtesy, dignity and kindness
• I acknowledge others with a smile and eye contact
• I listen and communicate openly and honestly

ONE UNIFIED TEAM
Uses a positive attitude, achieves results using collaboration and communication
• I share knowledge and expertise
• I celebrate the contributions of others
Lovelace Mission: “BEST PLACE TO CARE AND BE CARED FOR”

EXCELLENT PATIENT CARE MODEL

INDIVIDUALIZED PATIENT CARE

HOURLY ROUNDING

NURSING PATIENT CARE EXCELLENCE

HAND-OFF COMMUNICATION

DISCHARGE PHONE CALLS

RESULTS OF ROUNDING
* Fewer Call Lights  * Increase Staff Efficiency  * Improves Staff Satisfaction  
* Reduces Falls & Pressure Ulcers  * Improved Clinical Outcomes  
* Promotes High Quality Care  * Decreases Patient Anxiety  
* Builds Patient Trust & Confidence  * Improves Patient Satisfaction

ROUNDING WITH A PURPOSE EVERY HOUR

“THE EIGHT KEY BEHAVIORS”

1. Introduce yourself, what your role is, and your level of experience or the expertise, etc.
2. Perform scheduled tasks
3. Address the FOUR P’s..... Pain, Potty, Position, Possession
4. Address additional Comfort Needs
5. Are the patient’s possessions within reach?
6. Before leaving, ask…”Is there anything else I can do for you, I have the time?”
7. Tell the patient you will be rounding each hour and when you or someone else will be returning
8. Document on the rounding log
References


FORMS INSTRUCTIONS

• Read, sign, and return all forms to your Clinical Director/Coordinator/Instructor
  o Everyone must sign and turn in the
    ▪ CLINICAL ATTESTATION FORM
  o Nursing Students ONLY must sign and turn in
    ▪ Blood Transporting Checklist
TRANSPORTER TRAINING CHECKLIST
(For Nursing Students Only)

Please review these standards and requirements:

1. Only Transfusion Service personnel may remove contents from the blood component storage areas.
2. The blood acquisition form for blood products must include the patient’s name, medical record number, DRIB number, component(s) needed, and nurse/physician signature.
3. The issuing of the blood component from the Transfusion Service requires that two persons check the patient and blood unit information from the unit tag and component label to include:
   - Patient name and medical record number
   - DRIB number
   - Donor number
   - Patient blood type
   - Unit blood type
   - Expiration date of unit
4. The blood component must be transported immediately to the patient area to be started infusion within 30 minutes of issue time.
5. No food or drink allowed while transporting components.
6. The blood component must not be allowed to warm excessively or be placed in a refrigerator prior to transfusion. Return to the Transfusion Service if unit cannot be infused within 30 minutes.
7. Alert nursing staff when the blood component is delivered to the nursing unit.
8. Only one patient will be issued at any one time.

I have read these standards and requirements for the issuing and delivery of blood components and understand what is required of me as the transporter. Any questions I may have had have been answered satisfactorily by the Transfusion Service staff.

Name (please print) ___________________________ Date ___________________________
Signature ___________________________ Title ___________________________
Reviewed By ___________________________ Date ___________________________
Non-Employee Clinical Orientation Attestation Form

The following topics were reviewed for all participants by reading through the Non-Employee Clinical Orientation Handbook:

<table>
<thead>
<tr>
<th>Accreditation</th>
<th>*DNV &amp; ISO 9001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service/Patient Experience</td>
<td>*LMC Values, AIDET, Clinical Area Focus: Hourly Rounding, Bedside Shift Report, Whiteboard Communication, &amp; SBAR</td>
</tr>
<tr>
<td>Code of Conduct, Confidentiality, and Information Systems</td>
<td>*Admissions and Treatment, Patient Rights and Confidentiality, &amp; HIPPA</td>
</tr>
<tr>
<td>Performance and Professionalism</td>
<td>*Dress Code and Professional Appearance</td>
</tr>
<tr>
<td>Safety and Emergency Management</td>
<td>*Fire Safety, Active Shooter Response, &amp; Emergency Management Codes</td>
</tr>
<tr>
<td>Medical Emergency Management</td>
<td>*Code Blue, REACT, Stroke Alert, Condition H, &amp; Code Pink</td>
</tr>
<tr>
<td>Communication and Teamwork</td>
<td>*Telephone Etiquette &amp; Teamwork</td>
</tr>
<tr>
<td>Organizational Structure</td>
<td></td>
</tr>
<tr>
<td>Chain of Command</td>
<td>*Chain of Command &amp; Voicing Your Concerns</td>
</tr>
<tr>
<td>Risk Management</td>
<td></td>
</tr>
<tr>
<td>Incident Reporting</td>
<td></td>
</tr>
<tr>
<td>Diversity and Population Specific Care</td>
<td>*Age diversity, Cultural Diversity, Population Specific, &amp; Interpreter Services</td>
</tr>
<tr>
<td>End of Life Care</td>
<td></td>
</tr>
<tr>
<td>Abuse And Neglect Identification and Reporting</td>
<td></td>
</tr>
<tr>
<td>Pain Management</td>
<td>*Pain Assessment Techniques and Pain Management Responsibilities</td>
</tr>
<tr>
<td>Quality Patient Care</td>
<td>*Scope of Practice, Value Base Purchasing, HCAHPS, &amp; Core Measures</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>*HAC, SREs, NSPSG, Restraints, Fall prevention, &amp; Organ Donation</td>
</tr>
<tr>
<td>Resources</td>
<td>*Micromedex, Carenotes, &amp; Hazardous Communication Safety Data Sheets</td>
</tr>
<tr>
<td>Parking</td>
<td></td>
</tr>
</tbody>
</table>

The following additional requirements or skills were viewed during Orientation:

***Note: check mark indicates what was reviewed as it is based on Department Requirements or Facility.**

| ☐ Department Specific Competencies | ☐ Restraints | ☐ Other: ____________________ |

I attest that I have received, read, and understand the information provided in the Clinical Orientation Handbook. I am aware of the topics related to quality and safety and their application within Lovelace Medical Center.

_________________________/________________________/___________/________________

Student Signature PRINT Name School Date

_____________________________________________/________________

School Clinical Director/Coordinator/Instructor Signature Date