This booklet is to be completed by all new agency staff, contract staff, students, and others as appropriate.

SECTION ONE: GENERAL ORIENTATION

Our MISSION

When people and families face health-related crises and life's transitions, they want to be in a place that is comfortable and safe...where they can feel reassured and at home with professionals who help relieve their fears with excellent care and compassion.

With a history of over 100 years of service, Sutter Solano Medical Center values the trust of our community and is focused on the well-being of each person. We work with patients and their families to blend excellence in clinical practice and technology with the art of healing environments and compassionate care.

People are at the center of all that we do.

THE SPIRIT OF CARING

At Sutter Solano, you are expected to provide our patients, visitors, physicians, employees, volunteers, vendors, and students with a high quality of service consistent with the "Sutter Spirit." The Sutter Spirit is the spirit of caring you provide by showing respect, consideration, and compassion for our patients.

You are the best guarantee of quality care. Every action performed by you affects our patients either directly or indirectly. Collectively, all staff and students are the hospital's most important public relations team.

Identification Badge

Always wear your name badge while on duty, especially if you are in a position with patient and public contact. No insignia, other than those provided by the hospital or your school, may be worn on your badge or your clothing.

You may be requested to show your badge anytime there is some question about your identity. If the information on your badge is incorrect or if your badge is lost, contact the Human Resources Department as soon as possible. If you lose your badge, there is a charge for replacement. Your badge is to be returned to your supervisor when your rotation or externship ends.
### Appropriate Dress and Grooming

The Hospital recognizes that appropriate and acceptable attire and grooming are both the right and the responsibility of the individual.

Volunteers and students are subject to view by the public, as well as patients; therefore, you are expected to maintain standards of appearance and dress which reflect the public’s expectation of professionalism, safety, good taste, and judgment. In addition, personal grooming may affect infection control which is important in a hospital setting. Dress and grooming practices acceptable to the hospital are a condition of employment of each employee.

Supervisors may require certain restrictions in the interest of occupational hygiene or safety. When in doubt, you should check with your direct supervisor for clarification.

### ENVIRONMENT OF CARE: SAFETY INFORMATION

- The *Emergency and Safety Manuals* are available on the Intranet.
- If you have questions regarding safe work practices, contact your department manager or supervisor.

**Hospital Emergency:**
**Sutter Solano** call **5555**

### EMERGENCY CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Internal 5555</td>
<td></td>
</tr>
<tr>
<td>Code Blue</td>
<td>Medical Emergency: need for immediate medical attention; Adult Cardiopulmonary Arrest</td>
</tr>
<tr>
<td>Code White</td>
<td>Medical Emergency: need for immediate medical attention; Pediatric Cardiopulmonary Arrest</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Abusive / Assaultive Behavior: security assistance needed</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire / Smoke: follow R.A.C.E. procedures</td>
</tr>
<tr>
<td>Code Triage</td>
<td>Disaster Plan Activation: complete disaster status report form</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazardous Materials Spill/Incident: stay away from area.</td>
</tr>
<tr>
<td>Code Green</td>
<td>Patient Evacuation: move from area of danger</td>
</tr>
<tr>
<td>Code Purple</td>
<td>Child Abduction: secure exits and redirect to main lobby</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Bomb Threat: notify security of suspicious object</td>
</tr>
</tbody>
</table>
**Code Pink** .......................... Infant Abduction: secure exits and redirect to main lobby

**Code Silver** .......................... Person with a Weapon / Hostage Situation: stay away

### Security

The Security Department operates 24 hours a day, seven days a week. Security will provide an escort to any location within one block of the facility, 24 hours a day.

**For Emergencies:**
- Someone with a weapon
- Any unauthorized person carrying an infant

**Dial:**
- **5555** Sutter Solano
- If you are off-site, call 9-1-1 for emergencies.

**For Non-Emergencies:**
- Unusual incidents or crimes
- Evidence of a theft or break-in
- Suspicious behavior
- Security escort service

**Dial:**
- **6319** Sutter Solano

### Newborn Abandonment

California Health and Safety Code 1255 allows for the surrender of a newborn to a hospital. If someone approaches you with a baby to surrender:

- Escort the person directly to the Emergency Department.
- If they won’t go to the ED, have them stay where they are and contact the ED Charge Nurse, Manager, Nursing Supervisor or Security immediately. Stay with them until help arrives.
- If you find an abandoned newborn, bring the baby to the ED immediately. Contact Security if you need assistance.

Refer to Administrative Policy & Procedure, Newborn Abandonment (Accepting the Surrender of Newborn).

### Harassment-Free Work Environment

We maintain a firm policy prohibiting all forms of harassment, including sexual harassment, at the workplace. This policy applies to all volunteers and students at all levels in the organization and to non-employees who have contact with employees during working hours.

Sexual harassment includes unwelcome advances, requests for favors, and other sexual or suggestive misconduct. If the misconduct interferes with your work or creates an intimidating, hostile, or offensive work environment, then it may be considered harassment.

All volunteers and students must be allowed to work in an environment free from unsolicited and unwelcome overtures. You will not face retaliation in any form for raising concerns related to this or any policy.
In addition to our policy prohibiting harassment, federal and state laws provide that sexual harassment is an unlawful employment practice. We will thoroughly investigate any charges of harassment and initiate appropriate disciplinary action for any employee who engages in such behavior. Please contact your supervisor or the SSMC Human Resources Department to resolve any concerns you may have.

**Cafeteria**

Our cafeteria “Café Solano” is open for breakfast between 7:30 a.m. and 10 a.m., for lunch between 11 a.m. and 2 p.m.. The doors are open 24 hours a day to access the vending machine.

**Parking**

Please make sure when you are working at the SSMC campus that you only park in areas designated for employees. Please refer to campus map enclosed to determine which lots to park in for your assignment time. Registry not complying with the parking policy may be towed and/or not scheduled for additional shifts.

**Smoking**

For the safety and consideration of all patients, staff, students, volunteers and visitors smoking **is NOT allowed** on the premises or in parking lots. Smoke detectors are very sensitive and, when activated, alert the Fire Department directly. Cigarettes and other tobacco products are not sold at Sutter Solano because of the health hazards involved with smoking.

**Workplace Violence**

Sutter Solano Medical Center recognizes its obligation to take all reasonable action to provide a safe and healthy workplace for all persons working in or using its services and premises. Acts and/or threats of violence and carrying weapons, in other than an official capacity on SSMC premises, are therefore strictly forbidden.

Acts and/or threats of violence by employees or physicians will not be tolerated and will be grounds for discipline and/or other remedial action. Similarly, acts and/or threats of violence by non-employees, including patients, against persons as a result of their work for or on behalf of SSMC also will not be tolerated and will be grounds for appropriate remedial action.

The hospital is staffed with security guards on all shifts, every day of the week. These guards perform a variety of services, which include patrolling the premises, checking areas which are to be secured, handling disturbances, and assisting in drills. They, and any available supervisor, should be contacted immediately to deal with any potentially violent situation.

The guards also are available at shift change times in the parking lots. If you would like to be escorted to the parking lot during the evening or night hours, contact the security guard.
to arrange this service. If you notice something unusual, such as people loitering or a door that is left unlocked, please report this to the security guard immediately.

**Fire and Life Safety**

**Help Prevent Fires:**
- Help enforce smoking rules.
- Keep equipment that can spark out of areas where oxygen is used.
- Keep combustibles and flammables away from heat.
- Know where pull stations and evacuation routes are located.
- Know where fire extinguishers are located; do not block access.
- Never leave food heating in an unattended microwave

**In case of fire, “RACE”:**
- Rescue anyone in danger
- Alarm: pull the nearest alarm & alert hospital operator
- Confine: close doors and windows
- Extinguish if safe to do so

**To use a fire extinguisher, “PASS”:**
- P = Pull the Pin
- A = Aim the extinguisher at base of fire
- S = Squeeze or press the handle
- S = Sweep the spray from side to side

**Standards of Behavior**

We believe we are here to serve people. We are committed to providing the highest quality of service and care, and to meeting our customers’ needs in a courteous and respectful manner. This commitment must be reflected in our behavior. We are all responsible for displaying an attitude of professionalism, courtesy, and respect, and for demonstrating sensitivity to a person’s physical, emotional, and spiritual well being.

You will need to read completely, sign and return the Standards of Behavior Commitment located at the back of this packet.

**AIDET**

**Five Fundamentals of Service (AIDET)**

Five behaviors for use in every patient/family encounter to anticipate, meet and exceed the expectations of the customer.

A great framework for using key words

The defining difference between organizations that are excellent at communicating and those that struggle is the difference between **telling something** and **connecting with someone**
Acknowledge: Good morning Mrs. Jones, we’ve been expecting you.

Introduce: My name is Lori and I’ll be registering you for your appointment today.

Duration: It should just take me a few minutes to register you, and we’ll get you back into a room in the next 10 minutes or so.

Explain: First, I’ll need to collect your co-payment and make a copy of your health plan card. We do this to ensure we have the most current information for you.

Thank: Thank you.

Standard: All patient care personnel will consistently include the following in our encounters with our patients and families:

1. We will greet you by your name (Hello, Mr. __________).

2. When we meet you, we will introduce ourselves, our role, and what we will be doing for you.

3. Whenever possible, we will sit by your bedside as we have our conversations.

4. We will ask you about your beliefs about your illness, what your expectations are about your care, and what you feel helps you recover and heal.

5. We will ask you what is important for you right now (or what is your main concern that we might be able to help you with.)

6. As we care for you, we will let you know what we are doing and why. If you or your family will be caring for you after you leave the hospital, we will teach you, give you helpful hints, and have you try it.

7. We will notice what is unique about you --- e.g. photos of families, nice smile, warm hands, “You seem tense”, “Are you having pain right now?”

8. As we leave your room, we will ask you, “Is there anything else that I can do for you right now? I have the time.” If we say we will do something, we will let you know when we think you can expect to get an answer or resolution. (We will be realistic.)

9. If we say we will do something, we will follow up later to let you know it was done and check to see if it was resolved to your satisfaction.

10. We will “Walk out of the room backwards.” That is, as we leave the room, we will keep facing you as long as we talk with you. At the same time, we will notice anything about your room environment that may not be right---clutter, room temp, noise, availability of the call light, phone, TV control, bedside table, etc.
Risk Management

Sutter's Risk Manager works to protect the hospital assets by minimizing financial risks and liabilities. In order to accomplish this, systems are in place to identify, evaluate, and treat events and situations that pose harm or potential harm to patients, visitors, employees, volunteers and students.

Everyone is an important member of the Risk Management Team. Employees, volunteers and students most often witness events that are not consistent with the patient’s routine care or with the accepted standard of care. If you witness an incident, please report it to your supervisor or Risk Manager. Help Risk Management identify problems, solve problems, and handle potential liability situations early, before they become more difficult to control.

Quality Assessment Program

Our Quality Assessment Program is outstanding. Our management, employees, and medical staff are dedicated to providing the best patient care possible, consistent with available resources. This dedication requires constant problem identification and resolution.

The Quality Assessment Record (QAR) is used for documenting problems and recording actions taken for resolution. You are to report all departures from usual expected patient care on this form. Forms are available in all patient-related care areas. More details concerning our Quality Assessment Program are available by contacting our Clinical Risk Quality Coordinator at 554-5270

Utility Failure

- Report utility failures (e.g., water, electrical, medical gas) immediately to the Engineering Department (x5209).
- Survey your area to identify critical utility support requirements, in order to minimize any system(s) failure or significant limitation.
- Notify your Department Manager in the event of a utility failure. Note the impact on your areas of responsibility, and notify anyone affected by the disruption of services immediately.

Defective Medical Equipment

“Red Tag” any defective equipment immediately, remove it from service and report it to the Engineering Department.

Safe Medical Device Act

The Safe Medical Device Act (SMDA) is an FDA reporting requirement designed to lower the occurrence of patient injury and death from faulty devices.

If a medical device is involved in a serious illness, injury or death of a patient:
• “Red Tag” defective equipment, remove it from use and notify the Engineering Department.
• Notify the attending physician.
• Report the event to the Department Manager, who will notify Risk Management.
• Complete a “Notice of Unusual Occurrence” form.

If necessary, Risk Management will complete FDA’s “MedWatch – Mandatory Reporting” form.

### Electrical Safety

- Don’t block, or park items in front of, electrical panels.
- All appliances brought into the Medical Center (such as electric shavers, radios, etc.) must be checked and approved by Engineering prior to use.
- Check all equipment for a current preventive maintenance/inspection tag before using.
- Do not pull the cord to remove a plug from the outlet, grasp the plug.
- To prevent falls, keep cords and equipment out of the way.

### Unsafe Conditions /Hazard Information, Prevention and Control:

**Know the Hazards in Your Department**

**Steps to Control Exposure**
- Engineering controls
- Work practice controls
- Personal Protective Equipment (PPE)

**Hazardous Materials Spill/Incident**
- Code Orange
- Includes ceiling leak, sewage overflow or flood
- Follow emergency response procedures in department Fast Facts

**Identify Hazards**
- Hazardous substances/materials
- Unsafe acts or procedures
- Infectious/biological substances
- Physical, environmental, electrical & equipment hazards
- Ergonomic hazards

**Hazardous Materials Safety**
- Read container label
- Follow proper procedures
- Report all incidents

### Emergency Preparedness Plan

Prepares YOU for
- Fire or natural disaster (earthquake, flood, windstorm)
- Release of a hazardous substance
- **Power loss**
  
  Always be prepared, know your role and participate in training and drills.

For a complete listing of Emergency Codes and information specific to your department / unit refer to the *Safety and Emergency Guide* posted in your department.

### Reporting Medical Emergencies

All accidents to employees, patients or visitors, whether they result in apparent injury or not, should be reported the same day and receive immediate attention and examination.

<table>
<thead>
<tr>
<th>Event</th>
<th>Event Form to Use</th>
<th>Completed By</th>
<th>Submitted To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Accident, Injury, Illness</td>
<td>Report of Occupational Injury or Illness</td>
<td>Affected Employee</td>
<td>Department Manager</td>
</tr>
<tr>
<td>Patient / Visitor Accident (whether or not an injury is sustained)</td>
<td>Quality Assessment Record (QAR)</td>
<td>Responding Employee</td>
<td>Department Manager/Risk</td>
</tr>
</tbody>
</table>

Please note - if a patient injury is due to the Medical Center equipment, the defective equipment must be immediately tagged and removed from use.

<table>
<thead>
<tr>
<th>Event</th>
<th>Event Form to Use</th>
<th>Completed By</th>
<th>Submitted To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students/ non-employees</td>
<td>Quality Assessment Record (QAR)</td>
<td>Responding Employee</td>
<td>Department Manager/Risk</td>
</tr>
</tbody>
</table>

### Policy and Procedure Manuals

Policy & Procedure Manuals can be found on the SSMC Intranet.

- **Patient Care Policy and Procedure Manuals**: Sections reflect Standards of Care, Clinical Policy and Procedure, Standardized Procedures and Lab Specimen Practices.
- **Administrative Policy and Procedure Manual**: Organization-wide policies reflecting operational and regulatory requirements.
- **Human Resource Policy and Procedure Manual**: Organization-wide operational and regulatory policies and requirements.
- **Emergency & Safety Manual**
- **Infection Control Manual**
- **Unit-Specific Policy and Procedure Manual**: Policy and practices related to the unit only are not posted on Intranet. Ask your manager where these are located on your unit.

### Body Mechanics

It is your responsibility to use proper body mechanics when performing your work. If you are working with patients, ensure their cooperation by explaining what you are about to do and how it is to be done.

- Determine the patient’s ability to assist
- Ask for help if needed
**Ergonomics**

Ergonomics is the study of “making the job fit the worker”. Common ergonomic injuries include strains and sprains, repetitive motion injuries, eye strain, headaches and fatigue. Repetitive motion symptoms include:

- Pain in wrists, forearms, knees, shoulders or neck
- Headaches
- Decreased grip strength
- Redness, warmth, inflammation or swelling of affected areas
- Pain, numbness or tingling in hands or feet

To decrease risk of injury:

- Take a stretch break every hour
- Change tasks as often as possible
- Request an ergonomic evaluation
- Report any symptoms to your supervisor

**Diversity and Sensitivity**

SSMC patients and employees come from diverse cultural, ethnic, generational and spiritual backgrounds. Differences in values, practices, customs or beliefs may affect interactions with patients, family members and co-workers.

**Developing Sensitivity**

- Recognize, appreciate and respect differences. Make an effort to educate yourself about other cultures, religions, generations and beliefs; allow patients, their loved ones, and co-workers to teach you about values, beliefs and customs that are important to them, their culture or their generation.
- Don’t expect all members of a group, or people who are the same age, to behave in the same way or to have the same beliefs.
- Recognize that beliefs regarding health and illness may differ from your own.

**Language Line**

Sutter Solano Medical Center contracts with a Language Line Service for telephonic interpretation and written translation services to meet the needs of its Limited English Proficient patients. The Language Line Service is available twenty-four (24) hours per day, seven (7) days per week and will be utilized as the preferred interpreter:

**LANGUAGE LINE SERVICE 1-800-643-2255 / CLIENT ID # 201137**

Bilingual employees may be utilized to provide communication with LEP persons regarding basic

- instructions in activities of daily living or obtaining demographic data.

Employees of Sutter Solano Medical Center will not be utilized as interpreters with
respect to communication of information unless they have obtained appropriate certification for medical translation services in the language requested.

**Abuse Recognition and Reporting**

- **Section 11160-11163 (Suspected Violent Injuries/Suspected Domestic Violence Injuries)** of the Penal Code requires reporting of any cases of patients with physical injuries caused by violent behavior, including domestic violence. Any health practitioner employed in a health facility, clinic, or physician’s office who in his or her professional capacity or within the scope of his or her employment, provides medical services for physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report of:

  1. Any person suffering from any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.
  2. Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

- This report shall be made to a local law enforcement agency as follows:

  1. A report by telephone shall be made immediately or as soon as practically possible.
  2. A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person.

**Confidentiality / HIPAA Privacy Rules**

HIPAA stands for *The Health Insurance Portability & Accountability Act of 1996*. It improves access to health insurance coverage (the portability part) and expands controls to prevent fraud and abuse in healthcare billing (the accountability part). HIPAA also authorizes the Department of Health and Human Services to regulate several aspects of health information, including privacy protections and security safeguards.

**Privacy Rules: Key Provisions**

The privacy regulations impact how we manage the use, access, and release of all types of patient data.

- A covered entity (the Medical Center) may not use or disclose Protected Health Information (PHI), except as permitted or required by this rule.
- PHI is defined as any individually identifiable health information in *any form*, including electronic or paper records and oral communications.
The discussion, transmission or narration of protected patient health information in any form is forbidden except as a necessary part of treatment, payment or Medical Center operations.

This information is confidential and protected by HIPAA Federal Privacy Rules; there are legal penalties for knowingly divulging protected health information.

Staff receives HIPAA information and training specific to their role in the Medical Center. If you have questions regarding HIPAA, privacy rules or confidentiality, please ask your manager, supervisor or instructor.

## Radiation Safety

SSMC’s ongoing Radiation Safety Program complies with the numerous regulations and requirements set by both federal and state agencies. Radiation workers are expected to adhere to the Program, not only for their own protection but also for the safety of their patients, coworkers and visitors.

SSMC has several departments where radiation is employed:
- Radiology (X-ray, Imaging)
- Radiation Oncology/Therapy
- Cardiovascular Special Procedures
- Interventional Radiology
- Nuclear Medicine

These departments perform diagnostic and therapeutic procedures on outpatients as well as on hospitalized patients.

If you have questions or concerns about radiation safety, please contact Dave Elias @ x6091.

### SECTION TWO: CLINICAL ORIENTATION

#### 2010 National Patient Safety Goals

In recent years, medical errors have become a widespread public and professional concern. In the mid-to-late 1990s a number of reports were published that reflected the seriousness of the problem. One of the better known reports was published in 1999 by the Institute of Medicine called “To Err is Human,” estimating that 44,000 to 98,000 Americans die each year as a result of medical errors. Although keeping patients safe has always been important to health care providers, it was clear from the data that more specific action needed to be taken.

The Joint Commission on Accreditation of Health Organizations (JCAHO) is charged with ensuring the safety of patients in the health care organizations it accredits. To accomplish this mission, JCAHO develops standards intended to reduce the risk of
patient injury and adverse outcomes. In response to the public and professional concern surrounding medical errors, JCAHO formed the Sentinel Event Alert Advisory Group to advise them in the development of evidence- or consensus-based, cost-effective and practical safety strategies. This group reviews all cases of serious patient harm or death-related incidents reported as “sentinel events” by hospitals. The result of these efforts was the establishment of the National Patient Safety Goals.

2010 National Patient Safety Goals

I. Goal 1 – Improve the accuracy of patient identification.
A. Use of Two Patient Identifiers (NPSG.01.01.01)
B. Not applicable to hospitals
C. Eliminating Transfusion Errors (NPSG.01.03.01)

II. Goal 2 – Improve the effectiveness of communication among caregivers.
A. Not applicable to hospitals
B. Not applicable to hospitals
C. Timely Reporting of Critical Tests and Critical Results (NPSG.02.03.01)
D. Not applicable to hospitals
E. Not applicable to hospitals

III. Goal 3 – Improve the safety of using medications.
A. Not applicable to hospitals
B. Not applicable to hospitals
C. Not applicable to hospitals
D. Labeling Medications (NPSG.03.04.01)
E. Reducing Harm from Anticoagulation Therapy (NPSG.03.05.01)

IV. Goal 4 – Not applicable to hospitals

V. Goal 5 – Not applicable to hospitals

VI. Goal 6 – Not applicable to hospitals

VII. Goal 7 – Reduce the risk of health care–associated infections.
A. Meeting Hand Hygiene Guidelines (NPSG.07.01.01)
B. Not applicable to hospitals
C. Preventing Multidrug-Resistant Organism Infections (NPSG.07.03.01)
D. Preventing Central Line–Associated Blood Stream Infections (NPSG.07.04.01)
E. Preventing Surgical Site Infections (NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care. **Note:** All requirements for Goal 8 are not in effect at this time.
A. Comparing Current and Newly Ordered Medications (NPSG.08.01.01)
B. Communicating Medications to the Next Provider (NPSG.08.02.01)
C. Providing a Reconciled Medication List to the Patient (NPSG.08.03.01)
D. Settings in which Medications Are Minimally Used (NPSG.08.04.01)

IX. Goal 9 – Reduce the risk of patient harm resulting from falls.
A. Not applicable to hospitals
B. Not applicable to hospitals (NPSG.09.02.01)
X. **Goal 10** – Not applicable to hospitals

XI. **Goal 11** – Not applicable to hospitals

XII. **Goal 12** – Not applicable to hospitals

XIII. **Goal 13** – Not applicable to hospitals

**XIV. Goal 14** – Prevent health care–associated pressure ulcers (decubitus ulcers).
   A. Not applicable to hospitals (NPSG.14.01.01)

**XV. Goal 15** – The organization identifies safety risks inherent in its patient population.
   A. Identifying Individuals at Risk for Suicide (NPSG.15.01.01)
   A. Not applicable to hospitals (NPSG.15.02.01)

**XVI. Goal 16** – Not applicable to hospitals

**Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™**

**I. Universal Protocol**
   A. Conducting a Pre-Procedure Verification Process (UP.01.01.01)
   B. Marking the Procedure Site (UP.01.02.01)
   C. Performing a Time-Out (UP.01.03.01)

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**Patient’s Rights**

The Medical Center complies with Patient’s Rights.  
In addition, we comply with all rules and regulations regarding the reporting of suspected domestic violence and abuse. Refer to Clinical Policy and Procedure or contact Social Services for more information.  
**Patient Registration** gives Patient’s Rights information on admission. Call upon our Risk Manager at 5270  
- Address any questions, problems or concerns which may arise  
- File a grievance against the Medical Center

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**Pain Management**

Pain management is an important aspect of patient care; it can influence patient care outcomes.  
- Pain is assessed in all patients.  
- Patients are involved in all aspects of their care, including pain management.  
- Patients have the right to appropriate assessment and treatment of pain.  
- Patients have the right to be believed in regards to their report of pain.  

Pain is assessed using the Pain Scale and is documented in the medical record. Pain reassessment documentation after the administration of medication must be documented in eMap within 1 hour of administration.
Assessment/Documentation of Pain in Non-Verbal Patients
The Pain Assessment in Advanced Dementia scale (PAINAD) is used in lieu of the Pain Scale when a patient is unable to communicate (e.g. is comatose, intubated or sedated).

Refer to Nurse Policy and Procedures available on the SSMC Intranet.

Advanced Health Care Directive
- The patient may change his/her mind at any time by communicating the change to any member of the health care team. The patient’s wishes must be promptly documented in the medical record and the physician and other caregivers must be notified.
- Any questions regarding Advance Health Care Directive may be referred to:
  - Social Worker….extension 5234, all formal referrals a Social Worker must be done via the OC system and an OC order number must be documented in the Medical Record.
  - Nursing Manager/Director

Abuse Recognition and Reporting
- Section 11160-11163 (Suspected Violent Injuries/Suspected Domestic Violence Injuries) of the Penal Code requires reporting of any cases of patients with physical injuries caused by violent behavior, including domestic violence. Any health practitioner employed in a health facility, clinic, or physician’s office who in his or her professional capacity or within the scope of his or her employment, provides medical services for physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report of:
  1) Any person suffering from any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.
  3) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

- This report shall be made to a local law enforcement agency as follows:
  1) A report by telephone shall be made immediately or as soon as practically possible.
  2) A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person.

Documentation
- **DO NOT:**
  - Document that a QAR was done or put it in the chart
  - Alter, delete, or replace any notes in the medical record
  - Document blame
  - Leave blanks or gaps
  - Use white out or corrective tape/
- Use documentation practices that increase liability
- An **Assessment** by an **RN** must be done & documented every **8hrs** at minimum. This assessment should be done within time frames identified with in the individual Dept. P & P for assessment of patients.

<table>
<thead>
<tr>
<th>8 and 24 hour Chart Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>The verification of <strong>transcribed</strong> orders will be performed every shift (at the end of the 8 or 12 hour shift). An additional verification of all medication orders will occur every 24 hours. <strong>The nurse may do a verification of orders prior to the end of an 8 or 12 hour shift.</strong> In the event that new orders were received after this verification the RN would then re-verify that all orders are correctly transcribed and carried out at end of the 8 or 12 hour shift.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing fall risk assessment, diagnosis and interventions are based on use of the <strong>Morse Fall Scale</strong>.</td>
</tr>
<tr>
<td>When do we do a Fall Risk Assessment on patients?</td>
</tr>
<tr>
<td>a. Each patient will be assessed at time of admission</td>
</tr>
<tr>
<td>b. Documented on Admission Assessment Form</td>
</tr>
<tr>
<td>c. Reassess for fall risk every <strong>8hrs</strong>, (q shift)</td>
</tr>
<tr>
<td>d. If score changes document on Care Plan &amp; Progress Note</td>
</tr>
<tr>
<td>e. In the event of a fall</td>
</tr>
<tr>
<td>f. Change in status, transfer to another unit, at discharge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Restraints include: Any Device that restricts movement-such as soft mittens, soft jackets and full side-rails.</td>
</tr>
<tr>
<td><strong>First Assess Need &amp; Document in Narrative Notes:</strong></td>
</tr>
<tr>
<td>Underlying Cause of Unsafe Behavior</td>
</tr>
<tr>
<td>Specific Behavior of Injury to Self or Others</td>
</tr>
<tr>
<td>Use &amp; Efficacy of Alternatives to Restraints</td>
</tr>
<tr>
<td>Use &amp; Efficacy of Less Restrictive</td>
</tr>
<tr>
<td>Patient Response/ Frequent Check Assessments</td>
</tr>
<tr>
<td>Pt / Family Education</td>
</tr>
<tr>
<td>Physician Order must include:</td>
</tr>
<tr>
<td>Type, Reason, Time &amp; Date for Initiation and Discontinued, Body Part.</td>
</tr>
<tr>
<td>Behavioral Restraints need Face to Face Assessment within <strong>1HR.</strong></td>
</tr>
<tr>
<td>Medical Restraints need Face to Face Assessment with <strong>24Hrs.</strong></td>
</tr>
<tr>
<td><strong>However:</strong> Orders Need to be obtained <strong>Immediately</strong> and <strong>Renewed Every 4HRS</strong> for <strong>Behavioral</strong></td>
</tr>
<tr>
<td>Every <strong>24HRS</strong> for <strong>Medical/Surgical</strong></td>
</tr>
<tr>
<td><strong>CHECKS</strong></td>
</tr>
<tr>
<td>Behavioral 1:1 q15min checks</td>
</tr>
<tr>
<td>Medical q 2hrs checks or more Often as Needed</td>
</tr>
</tbody>
</table>

**NO PRN RESTRAINT ORDERS**

<table>
<thead>
<tr>
<th>Wound Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A <strong>Skin Risk Assessment</strong> using the Braden Scale will be done on <strong>all admitted patients</strong>, exception: Same Day Surgery and short term Obstetrical (72 hours).</td>
</tr>
</tbody>
</table>
2. A patient with a Skin Risk Assessment Tool (i.e., Braden Scale) score of 20 will have the appropriate interventions from "Prevention and Management Guidelines for Skin Integrity" initiated. Interventions will be based on patient’s Braden score.

3. Prevention & Management Guidelines for Skin Integrity will be initiated for patients with history of skin breakdown.

4. The Wound Assessment & Treatment Record will be initiated by completing a comprehensive wound assessment and photographing the wound (mount on form – see attachment A):

   a. Whenever wound or skin breakdown is identified; and,
   b. Whenever a significant change in the wound condition occurs; and,
   c. Whenever debridement has occurred (i.e. surgery, I & D); and,
   d. Every 7 days until healed; and,
   e. When transferred to TCU or to another facility; or,
   f. When discharged.

5. Daily assessment of wounds and wound care will be documented on the Daily Wound Assessment and Treatment form. See attachment B.

6. A routine skin assessment will be completed every 8 hours and documented on the Nursing Patient Care Record.

7. The MD will be notified of any skin breakdown.

8. A care plan will be developed and implemented to address Braden scale score of 17 or less.

9. A QAR form will be completed for any hospital acquired skin occurrence.

Rapid Response Team

- The purpose of the Rapid Response Team (RRT) is to bring immediate critical care expertise to the non-ICU patient with an acute deterioration. The Rapid Response Team is available to provide a higher level of assessment or physician intervention until the patient’s physician arrives. The intent is to “rescue” the patient prior to full cardiopulmonary arrest and to expedite the transfer of the patient to the Intensive Care Unit when appropriate.

- Reasons for activating the Rapid Response Team may include but are not limited to the following

  1. Change in systolic blood pressure to >180 or <90
  2. Change in heart rate to >130 or < 45
  3. Change in respiratory rate to >30 or < 10
  4. Sudden altered level of consciousness (ALOC)
  5. Acute shortness of breath (SOB)
  6. Acute bleeding
  7. Acute change in O₂ Saturation to <90% with O₂ in place
8. Seizures
9. Patient “does not look good” or nurse is worried about patient

### Code Blue/White

To provide a mechanism to assure that staff are competent and equipment and supplies are available to respond effectively to an adult or pediatric cardiopulmonary arrest. Code Blue is designated for adults (16 years or older) and Code White is designated for pediatrics (over the age of 30 days and under the age of 16 years). Refer to Neonatal Resuscitation Policy & Procedure for resuscitation of children under the age of 30 days (located in the MCHS Structure Standards).

- Adult crash carts and pediatric Broselow carts will be strategically placed throughout the facility. (See TX 10.1 for listing of crash cart locations). Every adult crash cart will contain adult emergency equipment, supplies, and medication. In addition, pediatric crash carts will be located in the areas where pediatric patients receive care: Emergency Department, Post Anesthesia Recovery/Ambulatory Surgery Unit (PACU), and the 3rd Floor Medical/Surgical Unit.

- Designated Code Blue and Code White Teams shall be available in the Medical Center at all times. The team members will be assigned by the Patient Care Supervisor/Staffing Coordinator and posted to each unit using the daily assignment sheet. Staff assigned on the team shall notify the Patient Care Supervisor/Manager if not able to perform the task due to patient safety concerns at the beginning of the each shift. All Respiratory Therapists will respond to Codes as needed.

Code Blue teams will be comprised of the following members and responsible for duties as listed:

a. **Team Leaders**
   - (1) Physician in Charge: Directs medical management of the patient.
   - (2) Critical Care ACLS Nurse in Charge:* (or Charge Nurse until relieved by Critical Care Nurse): Directs the team members throughout the Code.
     *ED Code Blue:  ED Nurse in Charge

b. **First Responder:** Assesses and remains with patient, calls for assistance, calls for code, and initiates basic life support.

c. **Second Responder/Compression Nurse:** Brings Crash Cart and provides artificial circulation per American Heart Association standards. Second responder will be relieved by Compression Nurse. Any BLS certified licensed clinical staff can perform this role.

d. **Primary Nurse:** Notifies patient’s primary physician. Provides Code Team with information about patient. Documents resuscitation interventions and patient’s response. Monitors patient’s vital signs.

e. **Respiratory Therapist:** Responsible for artificial ventilation. Any respiratory therapist can be assigned to this role. All available respiratory therapists will respond to the Code Blue and will determine appropriate code coverage once there.

f. **Critical Care/ER ACLS Nurse:** Code Team Leader. Responsible for preparing and administering necessary drugs per physician’s order. Must be ACLS certified RN with experience administering emergency drugs.

g. **Charge Nurse:** Code Team Leader until relieved by Critical Care ACLS nurse. Assists other team members.
h. Patient Care Supervisor/Manager/Director/Unit Supervisor: Assists family and visitors. Arranges for staff coverage of affected units. Conducts Code Blue Review and debriefing with Code Team and staff members.

### Core Measures

- Research has shown that specific interventions (core measures) can reduce morbidity and mortality rate of patients who are hospitalized with a primary and/or secondary diagnosis of acute myocardial infarction (AMI), Congested Heart Failure (CHF), and Community Acquired Pneumonia (CAP).
- All patients admitted with a primary or secondary diagnosis of AMI, CHF, or CAP must receive core measure interventions each and every time he or she is admitted to the hospital.
- *(All smokers and x-smokers who have quit smoking less than 12 months ago must receive smoking cessation advice and smoking cessation pamphlet)*
- The following steps have been taken to make nursing intervention and documentation easier:
  - Pre-assembled Core Measure packets are available
  - Revised Patient Education forms
  - Revised Discharge Instruction
  - Concurrent audits with reminders to complete core measure interventions

### Medication Reconciliation

- To obtain and assess a complete list of each patient’s current medications upon admission, and to communicate that list to the next provider of care when the patient is transferred to another setting, service, practitioner or level of care within or outside the organization.

**PROCEDURE**

A. Collecting the medication list upon triage/admission

1. Nurses will collect a complete list of current medications for each patient upon triage in the Emergency Department or upon admission for direct floor admits, including dose, route, frequency and time of last dose prior to admission using the Medication Reconciliation Form (attachment A).
2. Sources of the medication list may include the patient, the patient’s family, the patient’s pharmacy, or another healthcare provider.

B. Writing admission orders

1. The home medication list will be placed at the front of the chart so as to be available as a reference to physicians writing orders.
2. The admitting nurse will compare the physician’s admission orders with the completed medication reconciliation form. The nurse must indicate on the medication...
reconciliation form which medications are to be continued, discontinued, or placed on hold during the patient’s admission by checking the appropriate box on the form.

3. Any discrepancies between the medication reconciliation form and the admitting physician orders should trigger a call to the admitting physician by the nurse to clarify if the orders were missed upon admission or intentionally not continued. Once clarified this information should be recorded on the medication reconciliation form by recording the medication name and checking the appropriate box (hold, discontinue or reorder).

4. The Medication Reconciliation Form will not be used as a Physician’s Order Form (attachment A) and all orders for new or continued meds must be written on a physician’s order sheet.

C. Reconciling discrepancies

1. Discrepancies are resolved within 24 hours of admission.

D. Medication reconciliation at transfer in care

1. Medications must be reconciled at each transition in care.

2. The Patient Medication Reorder Form (from the eMAP system) is printed at each transition in care to facilitate reconciliation. This form includes all medications the patient is receiving as well as medications placed on hold status while the patient is in the hospital.

3. The Patient Medication Reorder Form is available to physicians to indicate which drugs are to be continued or discontinued upon transfer, and if signed by the physician, may be used as an order form.

E. Medication reconciliation at discharge

1. Discharge orders are written at discharge, and may be used by the physician to indicate which drugs are to be continued or discontinued upon discharge.

2. The discharge orders should be faxed to the patient’s pharmacy (via the SSMC Inpatient Pharmacy) and the discharge orders and the Medication Reconciliation Form must be sent/faxed to the patient’s primary care provider. Schedule II controlled substances must be ordered using the ordering physician’s securing prescription form according to law and regulation.

REFERENCE

Medication Management Requirements

1. Controlled Substances
   a. Pyxis Utilization
      i. Inventory
         1. Every Nursing Unit must complete a full controlled substance inventory of their Pyxis every week. Check with your Nursing Manager to verify the day of the week your unit has selected.
         2. Choose to inventory by medication class and choose all controlled substance classes (C2-C5)
      ii. Wasting Controlled Substances
1. When not administering a complete dose of a controlled substance waste must be documented in Pyxis
   a. If the nurse anticipates the need to document waste before the medication is administered the waste documentation can occur upon removal of the drug from Pyxis. The Pyxis machine will prompt the nurse with a “Do you plan to administer a full dose” message and allow a portion of the dose to be wasted as the drug is removed.
   b. If waste is not anticipated the nurse can go back into the Pyxis after the necessary portion of the medication was administered, select the waste function from the main menu, select the patient and the medication to be wasted and document the waste of the remainder of the drug.

2. Waste requires a signature of another licensed clinician and the witness **must watch** the wasting of the controlled substance – **Do Not** simply scan your fingerprint/enter your password and walk away.

   iii. Returning controlled substances
      1. Only intact, sealed packages may be returned to Pyxis
      2. All controlled substances must be returned to the return bin in the Pyxis machine.
         a. Be sure to spin the top of the return bin to ensure the medication has dropped secured box
      3. If the package is damaged, opened or compromised, waste the dose as described above.

   iv. Discrepancies
      1. Must be resolved at the end of every shift
      2. Must be valid reasons that account for the discrepancy and explain the variation in count.
         a. “Actual Count” does not explain the discrepancy

   v. Timeliness
      1. All medications removed from the Pyxis machine must be administered, wasted or returned within 15 minutes

2. Medication Orders
   a. Sent to Pharmacy
      i. All medication orders must be faxed/scanned to the pharmacy for a pharmacist review of the order
     ii. Only emergent or urgent medications that if delayed would result in harm to the patient can be administered prior to a pharmacist review of the order
   b. Reviewed by Pharmacist
      i. eMAP units know the pharmacist has reviewed the order by checking the patient’s profile and seeing the entered order
   c. Order Confirmation (for eMAP units)
      i. One of the most important steps in the medication administration process as this is where the order entry is compared to the physician’s order. Any discrepancies should be placed in a “clarify state” to alert others that a question about the order exists
   d. Pain Scales and Physician Orders
      i. Pre pain scales must be taken and documented in eMAP to assess the patient’s current level of pain
Based on the pain scale the appropriate pain medication order should be selected
1. Mild pain corresponds to 1-4/10
2. Moderate pain corresponds to 5-8/10
3. Severe pain corresponds to 9-10/10

If a patient has 3 pain med orders, one for each scale the appropriate order must be followed or a new medication order obtained.
1. For example:
   - Vicodin 1 tab po q4hrs prn mild pain
   - Vicodin 2 tabs po q4hrs prn moderate pain
   - Morphine 2 mg IV q2hrs prn severe pain
   - If the patient has a pain scale of 3 only 1 tab of Vicodin can be given

Post pain scale level must be reassessed within 1 hour of administering pain medication to evaluate the effectiveness of the medication for pain relief. It must be documented in eMAP before the end of the shift.

3. Other Valuable Information
   a. MultiDose Vials (MDV)
      i. Date the vial upon opening– may also write the expiration date of the vial
      ii. All MDVs expire in 28 days or by the manufacturer's expiration date, whichever is shorter
   b. Black Box Warning (BBW) Medications
      i. Be familiar with the warnings
      ii. Use the BBW link on the intranet or in eMAP for more info or call your pharmacist

Infection Control & Prevention

Standard Precautions

Standard precautions should be followed at all times with the assumption that all blood and body fluids are potentially infectious to reduce the risk of transmission of disease. Hand washing:

- Wash with soap/water for at least 15 seconds before rinsing
- Waterless hand cleansers are an effective alternative to soap and water
- To be effective, waterless cleansers should be applied to all hand surfaces and let dry for at least 20 seconds
- Wash hands before and after each patient contact (even if wearing gloves), after using the bathroom, before eating, applying lip balm or make-up, and after sneezing or coughing.

- Gloves should be worn in cases for potential contact with bloody/body fluids including soiled linens and trash
- Aprons, face shields and masks (possibly N95 respirator if patient has an aerosol transmissible disease - TB, Meningitis, etc) should be worn in cases for potential splash/aerosolized/splattering
- Syringes/sharp instruments should be disposed of in sharps containers only

Equipment:
- Clean all reusable equipment per Infection Control Policy and Procedure.

### Personal Protective Equipment (Protective Barriers)

Anyone having patient contact must wear appropriate personal protective equipment (gloves, mask, gown, eye/mouth shield).

- Gloves must be worn whenever contact with blood, body fluids, mucous membranes or non-intact skin is possible.
- If soiling of clothes is likely, wear a gown.
- When the at-risk task is complete, remove gloves and wash hands.

### Prevention: Care Giver Protection

- Education & awareness
- HANDWASHING
- Early detection/notification
- Immunization
- Contact investigation (Meningitis, TB, etc.)
- Follow-up treatment

**Protect yourself** from exposure by following Universal / Standard Precautions and by using adequate personal protective equipment when appropriate:

<table>
<thead>
<tr>
<th>Skin Contact Exposure</th>
<th>Eye Contact Exposure</th>
<th>Ingestion Exposure</th>
<th>Injection Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Splash or splatter</td>
<td>Splash or splatter</td>
<td>Blood or body fluid on hand that touches food</td>
<td>□ Break in skin</td>
</tr>
<tr>
<td>Routine contact with patients or specimens</td>
<td></td>
<td></td>
<td>□ Needle-stick</td>
</tr>
</tbody>
</table>

**Examples of exposure**

- Gloves, gown, apron, and lab coat
- Splash guard, face shield, or goggles

**How to Protect Yourself**

- Wash hands
- □ Work practices
- □ Use safety devices

### Prevention of Nosocomial Infections: Patient Protection

- HANDWASHING (see Universal / Standard precautions)
- Microbial awareness of aseptic technique and sterilization / disinfection

### Handling Wastes

- Anyone who handles wastes, linens or patient care items must avoid contact with blood or other body fluids.
Use safe practices such as:
- Wear gloves before handling
- Discard all trash and linen in impervious bags
- Use clear plastic decontamination bags for instruments and procedure trays that are contaminated with blood or body fluids
- Use red bags for bloody waste

**Aerosol Transmissible Disease Program**

The Medical Center has an Aerosol Transmissible Disease (ATD) Program to protect you in working with patients that have a disease that is transmissible by airborne agents. The hospital's program is available on Knowledgebase under *policies.*

The hospital practices the following components to protect employees from airborne transmissible diseases:

- **Early identification & Fast Track** - All employees are encouraged to identify patients with symptoms of an ATD. Specific screening is facilitated by the ED triage personnel to ensure that patients are cared for appropriately (masked or put in isolation) as warranted.
- **Isolation & Segregation** - If warranted by type of ATD, patient will be either isolated or segregated from the general patient population either in a negative pressure room or hepa filter.
- **Patient Relocation** - Assessment will be conducted to determine proper precautions and guidelines in transferring a patient with an ATD either internally or externally.
- **Standard and Transmission Based Precautions** - Standard Precautions should be used at all times. Appropriate Transmission Based Precautions should be utilized in addition to standard precautions when a patient is identified with highly transmissible or epidemiological pathogens and include **Droplet Precautions** (private room - door may be open, *STOP* sign and *DROPLET PRECAUTION* sign posted on patient's door visible to staff, if patient transport is necessary - mask patient), **Contact Precautions** (private room if possible - door may be open, dedicate non-critical equipment to patient's room, use of gown and gloves for any patient care) and **Airborne Precautions** (patient in negative pressure room or room with hepa filter - door stays closed, *STOP* sign and *AIRBORNE PRECAUTION* sign posted on patient's door visible to staff and visitors, staff use **N95 Respirator** unit for any patient care activities, patient transfer for service or room re-location if necessary under proper precautions, visitor limitations and protective equipment and room is properly sanitized).

**To wear an N95 respirator you must have the following:**
- Medical evaluation by an Employee Health Service.
- Respirator fit test
- Training on use

**Bloodborne Pathogens**

Exposure to blood and body fluids of an infected person is the mode of transmission for bloodborne pathogens.
**Hepatitis B:** Hepatitis B vaccine is available free to all SSMC employees who risk of exposure to blood or bloody body fluids.
- High risk of exposure since HBV can live outside the body for 7-14 days
- The risk of acquiring HBV from a positive needle-stick is 4 in 10

**Hepatitis C:**
- 90% of blood-transfusion-acquired hepatitis is caused by Hep C virus

### Sharps Management
- Use sharps containers for *sharps (and syringes) only* (no tape, wrappers, etc.)
- Use needleless systems and safety devices
- ACTIVATE safety device immediately after use
- Seal and replace sharps container when 2/3 full
- Do not shake a full sharps container - needles may puncture the container
- Do not re-cap needles

### Employee Health/ Occupational Medicine
Follow-up care will be directed by your employer/agency.

### Bloodborne Pathogen Exposure
*If you are exposed to blood or bloody body fluids:*
1. Immediately wash affected area with soap and water.
2. If “splash” exposure, irrigate eye/mouth with normal saline for 5 minutes.
3. Notify your supervisor /manager immediately.
4. Obtain appropriate *(Employee/Non-Employee)* packet for *Exposure to Blood or Body Fluid* in the units below; complete forms as indicated.

* Packets are available in Admitting, Nurse Staffing, and Human Resources.

After completing the above steps, proceed as follows, depending on status:

#### Non-SSMC employees
1. Go directly to ED (with forms) for evaluation and treatment, if needed.
2. Notify agency /school, and obtain information and direction for follow-up.
3. The Hospital’s Infection Control department will contact your employer/agency/school to relay Emergency Room evaluation information.

### Work Injury / Illness and Follow-Up
Reporting work-related injury or illness:
- Notify your manager or designee.
- Complete *Report of Injury* form and complete the Injury Investigation section with your manager. Take a copy to Human Resources.
- **If immediate treatment is needed, go to ED; bring forms with you.**
SSMC employees - Call Human Resources to schedule an appointment for evaluation/treatment with Sutter Regional Medical Foundation.

Non-SSMC employees (students, travelers, agency staff, etc.) should

- Complete *Report of Occupational Injury or Illness* form & give to manager
- Notify your employer/school and obtain information and directions for follow-up
SSMC General Orientation Packet
Acknowledgement Form

I understand that my signature below attests to my reading and understanding the contents provided in the General Orientation Packet. I also acknowledge that I have completed the enclosed disclosures and regulatory safety quiz listed below.

Safety and Emergency Quiz
Employee Awareness Statement
HIPAA Training Acknowledgment
Standards of Behavior
National Patient Safety Goals
Workplace Confidentiality Agreement

Agency Staff Signature: ________________
I. TRUE/FALSE
Circle the correct answer.

1. **Code Triage** signals Disaster Plan activation.
   
   True          False

2. Universal / Standard Precautions assume that all blood and body fluids are potentially infectious.
   
   True          False

3. The overhead announcement for “fire danger” is **Code Red**.
   
   True          False

4. Waterless hand cleansers /sanitizers must be allowed to dry on your hands for at least 20 seconds, and shouldn’t be used if your hands look dirty.
   
   True          False

5. In the event of an emergency Sutter Solano follows HEICS?
   
   True          False

6. Security measures and controls are mechanisms for protecting people and property.
   
   True          False

7. If you need detailed information regarding the hazards of a chemical and how to control them you would check the MSDS.
   
   True          False

8. It is alright to ask an admitting staff person a question while they are admitting a patient at the window.
   
   True          False

9. A PPD skin test must be current and updated annually.
   
   True          False

10. Safety is everyone’s business.
    
    True          False
11. Causes of back injuries include improper lifting technique, poor posture, slips and fall and lack of exercise.  
   True  False

12. Report all damaged electrical equipment as soon as possible.  
   True  False

13. If a **Code Grey** is announced, you should *stay away* from the area.  
   True  False

14. A patient may change his/her mind at any time regarding their health care instructions or Advance Health Care Directives.  
   True  False

15. Only persons suffering from any wound or other injury inflicted by his or her act should be reported.  
   True  False

16. Nursing Fall Risk Assessment, diagnoses and interventions are based on the use of the Morse Fall Scale.  
   True  False

17. MD’s can order PRN restraints and renew the order per policy.  
   True  False

18. A Skin Risk Assessment using the Braden Scale will be done on all admitted patients at time of admission.  
   True  False

19. MRSA is spread primarily by contact with healthcare workers hands, contaminated surfaces and equipment.  
   True  False

20. To initiate a Code Blue/White pick up the phone and dial 5555  
   True  False

**II. Multiple Choice**

1. What do the letters **R.A.C.E.** stand for?  
   a. Remove, Aim, Contain, Extinguish  
   b. Rescue, Alarm, Confine, Extinguish  
   c. Relative Assessment Contingency Evaluation  
   d. Rapid Assessment Committee Evaluation

2. What should you do if you have an injury / illness at work?  
   a. Notify supervisor, manager, or whomever they designate  
   b. Fill out appropriate forms  
   c. If after hours, go to the ED with completed forms  
   d. All of the above

3. Hand washing should be done:  
   a. Before and after each patient contact  
   b. After using the bathroom
c. Before eating
d. Before touching your face or eyes
e. All of the above

4. Symptoms of repetitive motion injury:
   a. Do not have to be reported since they go away on their own
   b. Include wrinkles and “liver spots”
   c. Include pain and headache
   d. Cannot be avoided

5. You can protect yourself from injury at work by
   a. Going to Employee Health regularly for checkups
   b. Wearing appropriate personal protective equipment (PPE)
   c. Recapping needles
   d. Going home early

6. After completing a Fall Risk Assessment on a patient, if the patient’s score changes upon reassessment it needs to be documented on
   a. Interdisciplinary Progress Notes
   b. Care Plan
   c. Mar and eMap
   d. a&b only
   e. All of the above

7. A physician has 1 hour to do a face/face assessment of a patient who is on Behavioral restraints. How many hours do they have to do a face/face assessment on a patient on Medical/Surgical restraints?
   a. 1 hour
   b. 8 hours
   c. 12 hours
   d. 24 hours

8. To pick up blood products from the blood bank you need a patient identifier such as:
   a. patient ID label
   b. chart face sheet
   c. neither
   d. either

9. You should assess your patient’s pain level:
   a. at the beginning of your shift
   b. before and after a pain medication is given
   c. patient’s condition changes
   d. every time you enter the room
   e. all of the above

10. To improve the accuracy of patient identification you should:
    a. ask them their name
    b. ask them their DOB
    c. neither
    d. both a and b

Signature: ________________________________________
HIPAA/ Confidentiality Agreement

Print name: _____________________________    Unit __________________

Any form of communication (including written, electronic or oral) in the Medical Center, or in conjunction with Medical Center activities, may involve information about patients, their families, friends or caregivers.

Under HIPAA Privacy Rules, the discussion, transmission or narration of protected health information in any form is forbidden except as a necessary part of treatment, payment or Medical Center operations. This information is confidential and protected by HIPAA Federal Privacy Rules; there are legal penalties for knowingly divulging protected health information.

I have read and understand the above, and agree to abide by the HIPAA Privacy Rules. I will direct any questions to my unit manager, instructor or supervisor.

________________________________________   _______/_____/_____
Signature Date
We believe we are here to serve people. We are committed to providing the highest quality of service and care, and to meet our customer’s needs in a courteous and respectful manner. We are all responsible for displaying an attitude of professionalism, courtesy, and respect and for demonstrating sensitivity to a person’s physical, emotional and spiritual being.

SAFETY
● Be responsible for providing a safe and clean environment for all
● Know your role in emergencies and be prepared to take the correct and prompt action
● Adhere to proper hand-washing techniques

CARING AND COURTESY
● We are the hosts of the hospital; treat customers as our guests; observe the 10/5 rule
● Always exceed customer’s expectations; Strive for Five (5: excellent care/service); anticipate their needs and before leaving, always ask what else you can do and that you have the time
● Use the “AIDET” approach

PROFESSIONALISM / APPEARANCE
● Be a positive role model for your coworkers: be a resource for problem solving and keep your knowledge and skills current
● Adhere to SSMC dress code
● Address problems or concerns with the person involved in a professional manner. Rudeness is not acceptable; do not criticize, condemn, or complain, but manage up your coworkers and customers

SENSE OF OWNERSHIP / ACCOUNTABILITY / PRIDE
● SSMC is our house and meeting our guests’ needs is everyone’s responsibility
● Take steps for resolving customer complaints: Apologize, Correct the Problem, Follow-Up
● Never say, “It’s not my job”; be flexible and show willingness to pitch in and do what needs to be done; look beyond assigned tasks
● Apologize for delays, problems and inconveniences; use service recovery as needed
● Escort the customer to their destination; if unable to do it, introduce them to someone who Can

COMMUNICATION
● Display appropriate body language at all times; maintain positive eye contact
● Answer the phone politely and professionally
● Use terms patients/families can understand
● Inform patients of delays and ensure their comfort. Update them periodically
● Make the patient a part of the decision making process. Give them 100% attention: listen carefully and avoid interruption. Understand the customer’s words, intent, and feelings
● Keep the noise level to a minimum
● All phones and pagers should be turned off or put into “vibrate” mode while with a patient or in a meeting

CONFIDENTIALITY / PRIVACY
● Maintain patient confidentiality by following HIPAA Guidelines.
● Always knock and announce yourself before entering room
● Ask patients if they would like doors or curtains closed for their privacy
● Provide sheets or blankets when transporting patients

TEAMWORK / ATTITUDES
● Have a positive attitude each day; our common purpose is to serve our patients, community and each other
● Respect all individuals personal and cultural beliefs, ideas and contributions in a supportive manner. Be sensitive to language differences. Set aside differences when working together
● Treat coworkers as professionals and hold each other accountable for the success of the team
● Praise each other in public and coach each other in private

Signature: ___________________________ Print Name ___________________________ Date __________
Employee Awareness Statement

California Law requires all hospital employees to sign statements acknowledging that they are aware of their responsibilities with regard to section 11166 of the California Penal code and Section 15630 of the California Welfare and Institutions Code, and agree to comply with the state obligations. **Section 11166 (Child Abuse)** of the Penal Code requires any child care custodian, medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

**Section 15630 (Elder Abuse)** of the Welfare and Institutions Code requires any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency, who in his or her professional capacity or within the scope of his or her employment, either has observed an incident that reasonably appears to be physical abuse, has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, shall report the known or suspected instance of physical abuse either to the long-term care ombudsman coordinator or to a local law enforcement agency when the physical abuse is alleged to have occurred in a long-term care facility, or to either the county adult protective services agency or to a local law enforcement agency when the physical abuse is alleged to have occurred anywhere else, immediately or as soon as possible by telephone, and shall prepare and send a written report thereof within 36 hours.

**Section 11160-11163 (Suspected Violent Injuries/Suspected Domestic Violence Injuries)** of the Penal Code requires reporting of any cases of patients with physical injuries caused by violent behavior, including domestic violence. Any health practitioner employed in a health facility, clinic, or physician’s office who in his or her professional capacity or within the scope of his or her employment, provides medical services for physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report of:

1) Any person suffering from any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.
2) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

This report shall be made to a local law enforcement agency as follows:

1) A report by telephone shall be made immediately or as soon as practically possible.
2) A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person.

I certify that I have read and understand this statement and will comply with my obligations under these laws. I understand I may be fully prosecuted by the State under these Penal Codes for failure to comply with the law.

________________________  __________________________  ________________
Signature                  Print Name                  Date
I understand that I may have access to information that is confidential and may not be disclosed except as permitted or required by law and by Sutter Solano Medical Center policies and procedures. This information includes, but is not limited to, protected health information, personnel information and business operation information. I understand that Jam committed to protect and safeguard from disclosure all confidential information regardless of the type of media on which it is stored (e.g. paper, micro-fiche, voice tape, computer systems). I agree that I will not disclose any confidential information from any record or information system to any unauthorized person.

I understand that:

• I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable law or the policies and procedures of Sutter Health-Sutter Solano Medical Center.

• I acknowledge that I may not use or disclose any confidential records of a friend, relative, staff member, volunteer or any other person, unless I am authorized to do so and am required to do so as part of my official duties. Such use and disclosure must be restricted to that required for essential business purpose(s).

• I will not discuss or allow confidential information of any type to be displayed or overheard in the proximity of any individual who does not have the right or need to know. This includes conversations in public places or private spaces where they may be easily overheard, allowing computer screens to be inappropriately visible, and leaving printed material where it may be openly viewed.

• In order to access certain information, a unique User ID, Security Code, Password, Access Device or Biometric ID may be established that identifies me to Sutter Health-Sutter Solano Medical Center Information Systems. My authentication codes and devices are for my use only when accessing facilities, systems and information appropriate to my work (although my supervisor or other authorized personnel may have access to such codes). To use anyone else’s authentication code or device in order to access any Sutter Health-Sutter Solano Medical Center system is considered a violation of Sutter Health-Sutter Solano Medical Center confidentiality and security standards.

• All information obtained from Sutter Health-Sutter Solano Medical Center systems remains the property of Sutter Health/Sutter Solano Medical Center regardless of physical location or method of storage, unless otherwise specified by Sutter Health/Sutter Solano Medical Center in writing.

• If I believe that information confidentiality or security may be compromised in any way, either through the possible disclosure of sign-on information or the direct unauthorized access of information, either intentional or accidental, I shall contact my direct supervisor and/or the Sutter Health Compliance Department as soon as possible.

• User accounts or access to electronic information may be disabled without prior notice by the Chief Data Security Officer, Chief Information Officer or their designee when, in their opinion, they hold a reasonable belief that a user’s account may be compromised or is being used for inappropriate access to information.

• I understand that my privileges are subject to periodic review, revision, and if appropriate, renewal. I understand that all access to Sutter Health/Sutter Solano Medical Center systems is subject to monitoring and review as deemed appropriate by Sutter Health/Sutter Solano Medical Center.

• If at any time I feel that the confidentiality of my password(s), sign-on(s) or identification device(s) has been compromised, I will notify the Sutter Health/Sutter Solano Medical Center Help Desk immediately so that my old code(s)/device(s) can be cancelled and new ones issued.

• My confidentiality obligation continues indefinitely.

• This Agreement does not supersede any other rules or expectations regarding the use or disclosure of confidential information that may be contained in other Sutter Solano Medical Center documents. Such documents include, but are not limited to, job descriptions, policies, employee handbooks and department procedures.

I understand that any access, attempted access, or disclosure of information in violation of law or Sutter Health/Sutter Solano Medical Center policies will be considered a breach of confidentiality. I understand that if I breach such confidentiality, I may be subject to immediate disciplinary action, up to and including termination.

My signature below acknowledges that I agree to abide by the terms of this agreement.

Signature: ___________________________ Printed Name: ___________________________ Date: ______________

WORKFORCE CONFIDENTIALITY AGREEMENT
Once you have completed your Post Test....please self-correct your answers and bring Test with you to SSMC with other documents.

POST TEST KEY

I. TRUE/FALSE

1. **Code Triage** signals Disaster Plan activation.
   - True

2. Universal / Standard Precautions assume that all blood and body fluids are potentially infectious.
   - True

3. The overhead announcement for “fire danger” is **Code Red**.
   - True

4. Waterless hand cleansers /sanitizers must be allowed to dry on your hands for at least 20 seconds, and shouldn’t be used if your hands look dirty.
   - True

5. In the event of an emergency Sutter Solano follows HEICS?
   - True

6. Security measures and controls are mechanisms for protecting people and property.
   - True

7. If you need detailed information regarding the hazards of a chemical and how to control them you would check the MSDS.
   - True

8. It is alright to ask an admitting staff person a question while they are admitting a patient at the window.
   - True

9. A PPD skin test must be current and updated annually.
   - True

10. Safety is everyone’s business.
    - True

11. Causes of back injuries include improper lifting technique, poor posture, slips and fall and lack of exercise.
    - True

12. Report all damaged electrical equipment as soon as possible.
    - True
13. If a **Code Grey** is announced, you should *stay away* from the area.
   
   **True**

14. A patient may change his/her mind at any time regarding their health care instructions or Advance Health Care Directives.

   **True**

15. Only persons suffering from any wound or other injury inflicted by his or her act should be reported.

   **False**

16. Nursing Fall Risk Assessment, diagnoses and interventions are based on the use of the Morse Fall Scale.

   **True**

17. MD’s can order PRN restraints and renew the order per policy.

   **False**

18. A Skin Risk Assessment using the Braden Scale will be done on all admitted patients at time of admission.

   **True**

19. MRSA is spread primarily by contact with healthcare workers hands, contaminated surfaces and equipment.

   **True**

20. To initiate a Code Blue/White pick up the phone and dial 5555

   **True**

**II. Multiple Choice**

1. What do the letters **R.A.C.E.** stand for?
   
   a. Remove, Aim, Contain, Extinguish
   
   **b. Rescue, Alarm, Confine, Extinguish**
   
   c. Relative Assessment Contingency Evaluation
   
   d. Rapid Assessment Committee Evaluation

2. What should you do if you have an injury / illness at work?
   
   a. Notify supervisor, manager, or whomever they designate
   
   b. Fill out appropriate forms
   
   c. If after hours, go to the ED with completed forms
   
   **d. All of the above**

3. Hand washing should be done:
   
   a. Before and after each patient contact
   
   b. After using the bathroom
   
   c. Before eating
   
   d. Before touching your face or eyes
   
   **e. All of the above**
4. Symptoms of repetitive motion injury:
   a. Do not have to be reported since they go away on their own
   b. Include wrinkles and “liver spots”
   c. Include pain and headache
   d. **Cannot be avoided**

5. You can protect yourself from injury at work by
   a. Going to Employee Health regularly for checkups
   b. **Wearing appropriate personal protective equipment (PPE)**
   c. Recapping needles
   d. Going home early

6. After completing a Fall Risk Assessment on a patient, if the patients score changes upon reassessment it needs to be documented on
   a. Interdisciplinary Progress Notes
   b. Care Plan
   c. Mar and eMap
   d. **a&b only**
   e. All of the above

7. A physician has 1 hour to do a face/face assessment of a patient who is on Behavioral restraints. How many hours do they have to do a face/face assessment on a patient on Medical/Surgical restraints?
   a. 1 hour
   b. 8 hours
   c. 12 hours
   d. **24 hours**

8. To pick up blood products from the blood bank you need a patient identifier such as:
   a. patient ID label
   b. chart face sheet
   c. neither
   d. **either**

9. You should assess your patient’s pain level:
   a. at the beginning of your shift
   b. before and after a pain medication is given
   c. patient’s condition changes
   d. every time you enter the room
   e. **all of the above**

10. To improve the accuracy of patient identification you should:
    a. ask them their name
    b. ask them their DOB
    c. neither
    d. **both a and b**
In exchange for access to the computer systems, I understand and agree to the following:

- I understand SSMC’s policies and my responsibilities concerning the confidentiality of patient information. (MI.10, MI.12, MI.23, MI.24)
- I understand that the information on the computer system is strictly confidential. (MI.12)
- I will not disclose, through written or oral communication, any information pertaining to SSMC’s patient records, business records or employee records without permission from my department manager and/or director. (MI.12)
- I will not allow others to access information using my password, nor will I access any unauthorized information. (MI.10, MI.23, MI.24)
- If I become aware of any unauthorized use of a password or unauthorized computer activity, I will immediately report this activity to my supervisor or department manager. (MI.10, MI.23, MI.24)
- I will sign off my terminal when leaving my work area. (MI.23)
- I will not post my user name or password in a visible location. (MI.24)
- I will not attempt to install, copy, or download any software on a PC brought from home, from the network, or otherwise. All software must be approved and installed by the IT department. (MI.14)
- I will not install any hardware on a PC. All hardware must be approved and installed by the IT department. (MI.14)
- I understand that the hospital’s network, internet, and email systems serve as useful tools that are a part of daily operations at SSMC. These systems are intended for business purposes only and use of said systems is monitored by the IT department as referenced in Administrative Policy # MI.13.

In accordance with SSMC’s policy number HR.302 entitled, Personnel Policy Guidelines for Disciplinary Procedures, I understand that if I violate the basic intent of this agreement or any of the above statements, I will be subject to disciplinary action up to and including suspension or involuntary termination, or revocation of privileges. I further understand that all security violations will be reported to the department director for appropriate action and that my computer accounts may be terminated.

<table>
<thead>
<tr>
<th>Registry-Print name:</th>
<th>Date:</th>
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<td>Registry Signature:</td>
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### Sutter Solano Medical Center

#### Influenza Vaccination for Registry, Contractors, Students/Interns


**Your Healthcare Worker Category (Please check one)**

- [ ] Contractor or Construction Worker, Non-Sutter Security, etc  
  *Be specific:*

- [ ] Registry (either Nursing, Travelers, Occupational Therapist, Respiratory Therapist, etc)  
  *Be specific:*

- [ ] Students, Trainees, Interns (regardless of specialty)  
  *Be specific:*

**PRINTED Name:** __________

**Today’s Date:** __________

**Attestation for Receipt of Influenza Vaccination**

- [ ] I have received the influenza vaccine for the 2011-2012 season. *(Actual documentation must be provided)*

  Setting where vaccine was administered *(please check one):*  
  - [ ] SSMC  
  - [ ] Non-SSMC

**Signature** ________________________________________________________________

**Declination**

- [ ] I decline to receive the influenza vaccine for the 2011-2012 season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death to my patients, my coworkers, my family, and my community.

**Reasons for declination:**

- [ ] The times and/or clinic location is not convenient for me to get my flu vaccination.
- [ ] I have an allergy or other contraindication to receiving the vaccine.
- [ ] I won’t take the vaccine because of non-allergy side effects (including severe flu symptoms).
- [ ] I do not like needles.
- [ ] I don’t believe in vaccines
- [ ] I don’t believe it is important; I never get the flu.
- [ ] Other reason – please specify. ________________________________________________
- [ ] I do not wish to say why I decline.

*If you decline to receive an influenza vaccination you will be required to wear a face mask at all times in patient contact and clinical areas throughout the duration of the 2011/2012 flu season as defined by the CDC (actual dates will be provided later).*

*This Sacramento Sierra Region policy applies to all hospital/foundation/home health employees, licensed independent practitioners, temporary workers, students/trainees, volunteers, contracted clinical personnel and vendors (with direct patient contact).*

**Signature** ________________________________________________________________