



**BON SECOURS  
CHARITY HEALTH SYSTEM**

A member of the  
Westchester Medical Center Health Network

# **2016 STUDENT ORIENTATION PROGRAM**



*Welcome to the Charity Health System Annual Student Education Program. This program is designed to review significant topics that impact our employees and our patients. It is hoped that upon completion of this program you will be aware of system initiatives to improve the quality of patient care , regulatory agency requirements and strategies to improve employee and patient safety.*

*This presentation includes the following topics:*

- *Bon Secours Strategic Plan*
- *Service Excellence*
- *Clinical Transformation*
- *Clinical Excellence Program*
- *Joint Commission National Patient Safety Goals*
- *Patient and Employee Safety*
- *Cultural Diversity*

# Bon Secours Charity Health System

## **Mission**

The mission of Bon Secours Charity Health System is to make visible God's love and to be Good Help to Those in Need, especially those who are poor, vulnerable and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

## **Vision**

Inspired by the Healing Ministry of Jesus and the Charisms of Bon Secours and the Sisters of Charity of Saint Elizabeth, the Bon Secours Charity Health System by the year 2015, will be distinguished as the leading provider of quality, compassionate and community based health care services in the Hudson-Delaware Valley.

# Westchester Medical Center Health Network

Bon Secours Charity Health System is now a member of the Westchester Medical Center Health Network (WMCHHealth). WMCHHealth is a 1,500-bed healthcare system headquartered in Valhalla, NY, spanning seven hospitals and several campuses and locations in the Hudson Valley. WMCHHealth employs more than 10,000 people, with nearly 3,000 attending physicians. From Level 1 and Level 2 Trauma Centers, the region's only acute care children's hospital, an academic medical center, several community hospitals and numerous health-related centers, programs and services, today WMCHHealth is the leading and pre-eminent provider of integrated health in the Hudson Valley.

# *Bon Secours Health System*

## Strategic Goals

2013-2015

To faithfully respond to God's gift of compassion, healing, and liberation we commit to:

- **Bring** our communities to wholeness
- **Ensure** our care is extraordinary
- **Transform** our health delivery
- **Express** our Catholic identity
- **Liberate** our people's potential

# Service Excellence: Our Goal

*“In every moment of every hour of every day,  
every person who walks through our doors  
will experience our very best.”*

# Service Excellence: What defines “Excellence?”

Patients feel the service and quality of care they receive are extraordinary

- The **WOW** Effect
- Employees feel valued
- Physicians feel their patients are getting great care
- It is a culture that makes our customer the center of everything we do.



# 6 C's of Service Excellence

- Caring
- Consistency
- Compassion
- Courtesy
- Communication
- Competence



*Service Excellence is reflected within Bon Secours Charity Health System Mission and Values and is measured by means of the Gallup Patient Engagement Survey.*



# A-I-D-E-T

## A-Acknowledge the patient

Whether you acknowledge patients by name or with a friendly smile, patients know that you have connected with them.

## I-Introduce yourself by name

State your department, your role and describe what you are going to do.

## D- Duration

Patients always like to know how long the procedure is, how long the wait will be, etc. Please take a moment to relay this information.

## E- Explanation

It is important to be kept informed. Explain what you are doing and what to expect.

## T- Thank You

Thank the patient for choosing our hospital for their care. Always ask before you leave a patient, “Is there anything else I can do for you?” and “Do you have any questions I can answer before I leave?”

# Service Recovery Program: ACT

## A - Acknowledge/Apologize

Acknowledge the problem and offer a sincere and heartfelt apology, “I am sorry we did not meet your expectations.”

## C - Correct/Communicate

Correct the problem and commit to communicate. Can you fix the problem here and now? If not, find someone who can.

Continue to update on the progress of the problem’s resolution.

## T - Thank You

Thank the customer. “I want to thank you for bringing this to our attention so we can correct it and improve our services.”

# SERVICE RECOVERY: *THE BASICS*

- This program is designed to consistently provide Service Recovery to those patients whose expectations have not been met, and to communicate with compassion our commitment to Service Excellence.
- The single most important thing you can do in a Service Recovery situation is continually communicate with the person rendering the complaint. For example: “Thank you Mr. Jones for bringing this occurrence to our attention, I want you to know that since I am unable to solve this issue at my level, I have called my manager and he/she will be here soon to speak with you”
- If you bring the matter to the attention of a manager, supervisor or patient representative, but do not communicate that effort to the person who complained, the situation only escalates.
- Communicate, Communicate, Communicate

# Clinical Transformation

**Clinical Transformation** teams from 2013 to 2015 have worked on:

- Ventilator day reduction
- ICU reduction in LOS
- Decreased respiratory treatments
- Wound care - pressure ulcer reduction
- Rehab Care
- Formulary restriction/IV to PO conversion
- Healthcare Acquired Infection reduction
- Sepsis
- Pneumonia Protocols
- Emergency Services
- Readmissions
- Antimicrobial Stewardship
- Critical Care/ CV Surgery Plan
- Healthcare Acquired Infection / Sepsis
- Orthopedics
- General Surgery
- Maternal/ Child Care
- Alarm Safety
- Hand Washing
- Coordination of Care
- Patient Safety Huddle

# The Joint Commission

- Hospitals that receive reimbursement from Medicare and Medicaid must be accredited by The Joint Commission. The Joint Commission conducts triennial surveys of organizations that are unannounced.
- The purpose of a survey is to evaluate the organization's compliance with nationally established Joint Commission standards. The survey also helps the hospital maintain optimal patient outcomes.
- The Joint Commission standards focus on the organization's quality of care, patient safety and the environment in which care is provided.



# The Joint Commission (Continued)

- Anyone believing that he or she has pertinent and valid information about such matters is encouraged to contact the organization's management. If the concerns in question cannot be resolved at this level, please contact a Joint Commission field representative.
- Information presented will be carefully evaluated for relevance to the accreditation process. Information about such matters must be made in writing and must also indicate the nature of the concerns.
- Such requests should be addressed to:
  - Division of Accreditation Operations
  - Office of Quality Monitoring
  - Joint Commission on Accreditation of Healthcare Organizations
  - One Renaissance Boulevard
  - Oakbrook Terrace, Illinois 60181
  - Phone Toll Free: 800.994.6610
  - Fax: 630.792.5636
  - Email: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)

*This is posted in accordance with the Joint Commission's requirements.*

# Contacting the NYS Department of Health

To initiate a complaint about a hospital or a diagnostic and treatment center, you may call the toll-free number at 1-800-804-5447, or you may print and complete the

[Health Facility Complaint Form \(DOH-4299\) with Instructions](#)

and send it to:

*New York State Department of Health*

*Centralized Hospital Intake Program*

*433 River Street, Suite 303*

*Troy, New York 12180-2299*

# Performance Improvement

- A data driven process to continually improve care and services for our patients and customers
- Bon Secours Health System uses a Juran Six Sigma 5 step methodology called DMAIC (*Define, Measure, Analyze, Improve and Control*) aimed at the near-elimination of defects from every product, process and service to drive out waste, improve quality, costs and time performance
- Patient safety, satisfaction and exceptional patient outcomes is always top priority

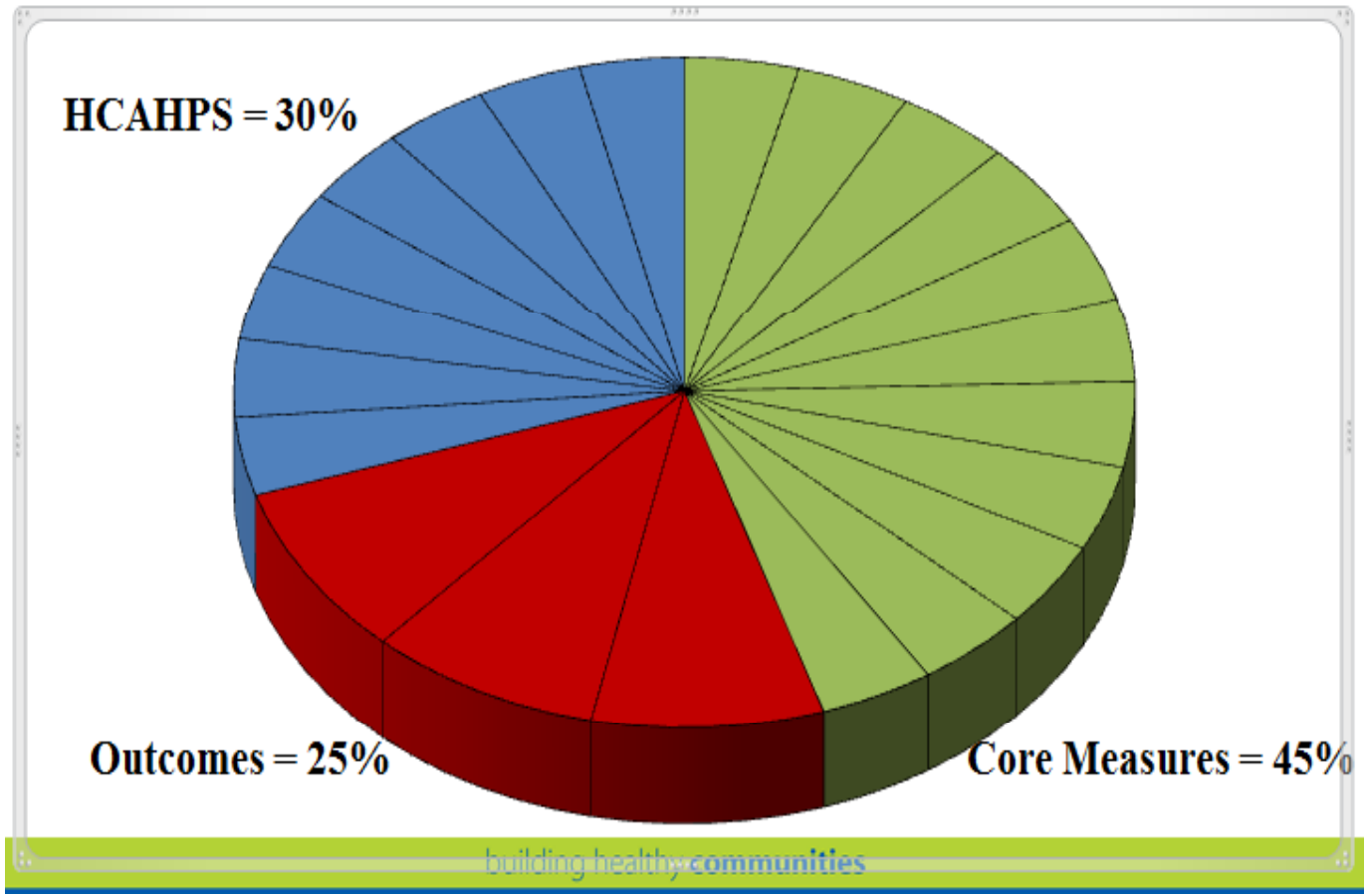




# Value Based Purchasing

- A set of indicators from The Joint Commission and CMS that are evidence based, scientifically researched standards of care in medicine, which have shown to result in improved clinical outcomes.
- Selected Core Measure (QUALITY) indicators are part of the Value Based Purchasing (VBP):
  - AMI, CHF, Pneumonia, Stroke, and SCIP (surgical) and Hospital acquired infections.
  - HCAHPS (PATIENT SATISFACTION) scores
  - Mortality Index
  - Readmission Index
  - Proper documentation is the key to successful compliance

# Value-Based Purchasing FY 2015



# Patient Relations | Patient Bill of Rights

- Mandated by the NY State Department of Health and is posted throughout the hospital
- Written copy given to all admitted patients via “Your Rights as a Hospital Patient” booklet or bedside patient guide which is also available to out-patients.
- As a patient in a hospital in New York State every patient has the right to understand each right that is consistent with the law.

# Patient Relations

- Every patient has the right to report any violations of their right without fear of reprisal.
- Every patient must be accommodated with the assistance to communicate. For patients who have a language barrier, the Cyracom language phone system is utilized.
- Sign language is available at each facility by a contracted service that is available as needed.

# Respect, Safety and Nondiscrimination

All patients have the right to fair and equal healthcare.



This is true regardless of :

- **Race**
- **Ethnicity**
- **National Origin**
- **Religion**
- **Political affiliation**
- **Level of Education**
- **Place of residence or business**
- **Age**
- **Gender**
- **Marital Status**
- **Personal appearance**
- **Mental or physical disability**
- **Sexual orientation**
- **Gender Identity**
- **Genetic information**
- **Source of Payment**

# Emergency Medical Treatment and Active Labor Act (EMTALA)

- Enacted by Congress in 1986
- Purpose- To prevent discrimination in the treatment of patients with emergency medical conditions
- Under EMTALA all patients have the same rights to EMERGENCY MEDICAL CARE regardless of their ability to pay.

# Risk Management/Patient Safety:

## Goals of Risk Management:

- To encourage and support an environment of safe clinical practice
- To guide activities designed to reduce risk of injury and illness to people and property
- To maintain a physical environment free of hazards
- Reduce the risk of litigation, bad publicity and loss of confidence

*The Risk Management Program was designed to reduce, modify, eliminate and control conditions and practices, which may cause injury and/or damage to persons or property and which might result in financial loss. The goal of the Program is to achieve and maintain a physically and clinically safe environment.*

## What is Quantros Safety Event Manager?

Safety Event Manager allows us to:

- Report, track and monitor adverse events
- Identify and address adverse events in real time
- Reduce the risk of litigation, bad publicity and loss of confidence

Why should I report?

- We can't fix what we don't know about
- Data collection helps to monitor quality of care and target appropriate interventions to improve healthcare delivery
- IT'S THE RIGHT THING TO DO!

## QUANTROS TRIAGE MANAGER

- Click on Internet Explorer and you will be on the Charity IRIS home page
- On the right lower side of page you will see Quick Links...find the Quantros link and click on it
- Select your hospital from drop down box, then click on Patient or Visitor
- On next screen, there are several options; choose the one which one pertains to your event
- When that page opens, you may begin to fill-out form. Give us as much information as you can (the more, the better)
- All red asterisked areas are required
- Click Submit and you are done!
- Please do not click "Save as Incomplete"



# Incident Reporting

If an exposure occurs to blood or body fluid:

- Wash with soap and water immediately to remove blood or body fluid.
- If the contact is to mucous membrane (eyes, nose, and/or mouth) flush with copious water
- Notify the shift manager of the event and the name of the source patient if known
- Report to the emergency room, as soon as possible
- Determination of exposure is made by emergency room physician
- For exposures, the shift manager is responsible for making sure the “needle stick protocol for source” is drawn for source patient
- Lab communicates result of source patient to ED physician (with written consent only)
- Complete an employee occurrence report and notify Employee Health of exposure

(Note: Quantros is not used for Employee incident reporting, but would be used for students)

# ORGAN DONATION

- Bon Secours Charity Health system adheres the standard of required referral.
- **All** deaths are called in to organ donor network within one hour
- Potential brain death patients and donation after cardiac death patients must be called in also
- Our system has policies that are in compliance with the laws and standards of practice mandated by Federal and State regulations.
- Our policies clearly speak to our consideration, sensitivity, and respect for cultural and religious beliefs while adhering to the legal statutes.

# Life Safety Codes



CODE	MEANING	CODE	MEANING
HICS	Disaster Plan Activated	ORANGE	Hazardous Materials Incident
RED	Fire	BROWN (Mr or Mrs)	Adult Patient Missing or Elopement
GREEN	Evacuation	BLACK	Severe Weather
BLUE	Cardio-Pulmonary Arrest	TRIAGE	Multiple Causality Incident
WHITE	Pediatric Cardio-Pulmonary Arrest	TRAUMA	ED Trauma Team Activated
PINK	Infant/Child Abduction	BRAIN STAT	Stroke Protocol Initiated
YELLOW	Bomb Threat	HEART STAT	Chest Pain Protocol Initiated
GRAY	Security/Behavioral Emergency	H	Hemorrhage
SILVER	Person With Weapon or Hostage	RAPID RESPONSE	Urgent Medical Assistance

**NUMBER FOR ALL EMERGENCIES IN ACUTE AND LONG TERM CARE FACILITIES**

**4444**

# Infant Abduction

Please review the procedure for the facility where you are a student.



# NEW EMERGENCY NUMBER

Call 4444

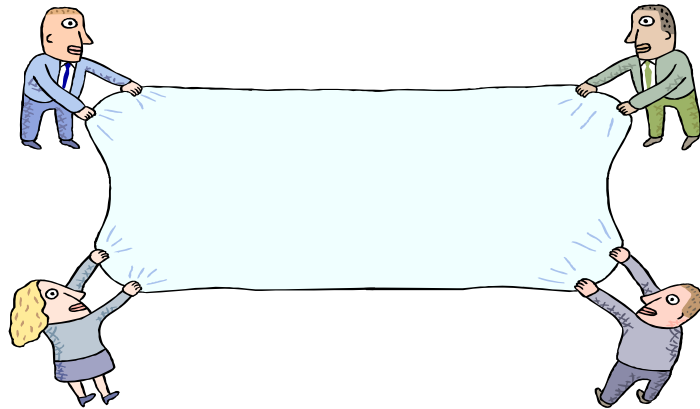
Don't Forget:

"Four Fours"

SACH Call: **845-986-3423** direct  
for Police and Fire



# 2015 National Patient Safety Goals



## Our Safety Net to Practice

Objective: To demonstrate the importance of improving, identifying and solving patient safety issues.

Review via the following link:

**[2015 Joint Commission National Patient Safety Goals](#)**

# Goal One: Identify patients correctly

Use at least two patient identifiers when providing care, treatment, or services

- Patient Name and Date of Birth
- If a third identifier is needed the last 4 numbers of the medical record number are used.
- Check both identifiers before every procedure, medication administration, before taking the patient for tests, drawing blood, administering blood, etc.
  - Label all specimens in the presence of the patient.





# Goal Two: Improve Staff Communication

**Get important test results to the right staff person on time and get call back (within 15 minutes)**



- For verbal or telephone orders and reporting of critical test results
  - Verify the complete order and/or test result
  - Receiving person must document and “read-back” complete order and/or test
- Use SBAR (Situation, Background, Assessment, Recommendation) for standardized handoff communications



# Improve Staff Communication

- Cyracom Phone (after each use it **must** be documented including the operator ID #).
- Must be used for all patients whose preferred language for health care is not ENGLISH.
- This is based on the CLAS Standards (<https://www.thinkculturalhealth.hhs.gov/content/cias.asp> )



# Goal Three: Use Medicines Safely

## Bon Secours Charity's program for medication safety:

- Pre-procedure medication labeling in practice areas
- Take extra care with patients on medications to thin their blood—anticoagulation education, order sets, and policy
- Bar-Coding – co-signatures, hard stops, allergy and dosing alerts
- Medication Reconciliation – compare home medications to hospital medications and verify medications patient to take at home upon discharge, bring updated list to all doctor appointments



# Goal Three: Use Medicines Safely

## Medication reconciliation **MUST** occur across the continuum of care

- Record and communicate information about the patient's medications
- Record what the patient is taking at home and compare to medications ordered in hospital
- Clarify with the patient which medications to take when they go home upon discharge
- Teach patient to bring an up-to-date medication list to each doctor's office visit



# Goal Four: Use Alarms Safely

## Cacophony of Alarm Sounds

**Infusion Pump**

**Monitor**

**Ventilator**

**Bed Exit**



**CRRT Pump**

**Wound VAC**

**IABP Pump**

**Feeding Pump**

**SCD**

# Goal Four: Use Alarms Safely

- Never shut the volume off on an alarm
- Answer alarms and call bells promptly
- Remember the “NO PASS ZONE”



## CORRIDOR DOME LIGHT MEANINGS

White Solid	Patient Call placed and not answered yet
White Slow Flashing	Patient bed cord out
Green Solid	Patient call answered but still waiting for service
Red Solid	Bathroom pull station. Respond immediately.
Red Fast Flashing	Staff Assist. Respond immediately
Blue Fast Flashing	Code Blue. Respond immediately



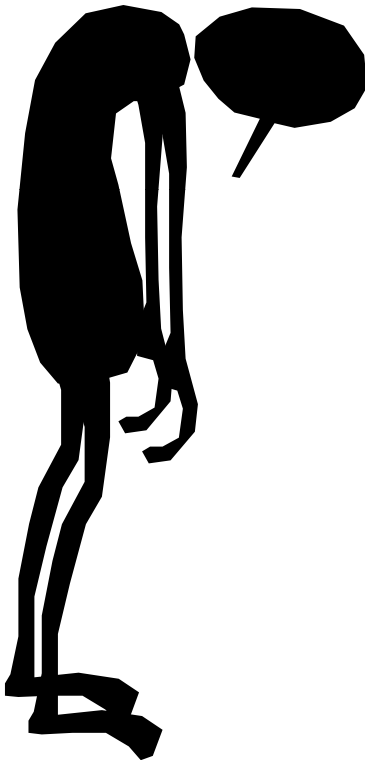
## Goal Seven: Prevent Infection

- Hand Hygiene Protocols—CDC and WHO Guidelines for hand washing. \*\*This is built into our policies and procedures and we monitor compliance on a monthly basis.
- Use proven guidelines to:
  - Initiate SEPSIS STAT as needed
  - Prevent infections that are difficult to treat (MRSA and VRE).
  - Prevent infection of the blood from central lines (CLABSI)
  - Prevent infection after surgery (SSI prevention and SCIP protocols)
  - Prevent infection caused by urinary catheters (CAUTIs)

**\*\*The above are a part of the Clinical Transformation Initiatives that have been developed throughout BSHSI. The practices implemented are all evidence-based.**

# Goal Fifteen: Identify Patient Safety Risks

## Identify patients at risk for suicide



- All patients are screened for signs of suicidal ideations at triage in the ED and again upon admission to the hospital
- In the case of a positive screening, physician must be notified and the patient should be observed continuously until transported to an appropriate environment or an appropriate medical/ psychological evaluation is completed and the patient is cleared

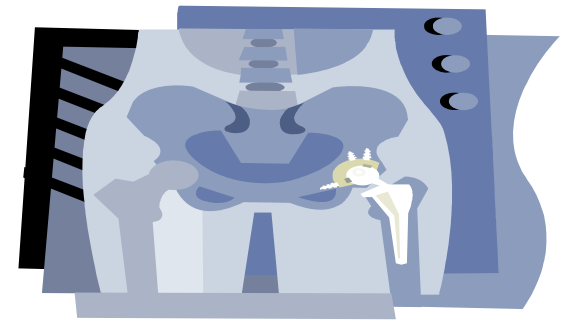


# Goal 17: Prevent mistakes in surgery

**Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.**

## *Follow the Universal Protocol:*

- Mark the correct place on the patient's body where the surgery is to be done—to be done by the surgeon performing the procedure, using his/her initials.
- Pause before surgery to make sure that a mistake is not being made. This is the "Time Out" phase of the procedure; the WHO Surgical Safety Checklist should be implemented for all procedures.
- During the "Time Out" phase, the procedure must be verified verbally by those licensed practitioners at the bedside and directly involved in the procedure



# Medical Waste



**Objective:** To properly determine the difference between types of medical waste and items belonging in bio-hazardous red bag waste

# What is Medical Waste?

## Regulated Medical Waste includes:

- Cultures and Stocks
- Human Pathological Waste –tissues, organs, body parts & body fluids removed during surgery, autopsy or other medical procedures; specimens of body fluids and their containers; and discarded materials saturated with body fluids other than urine.
- Urine or fecal matter submitted for purpose of diagnosis of infectious diseases only.
- Containers with free flowing blood and materials saturated with flowing blood.
- Sharps whether used or unused (Disposed in a Needle box)
- Any other waste materials containing infectious agents.
- Items in which dried blood can flake off in particles.



# What is NOT Medical Waste ?

## Waste NOT for Red Bag disposal:

- Used personal hygiene products : Diapers, Facial Tissues and Sanitary Napkins, Underpads and Adult Incontinence products
- When empty: Urine collection bags and tubing, suction canisters and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, hemovacs, and urine specimen cups
- Urinary catheters, suction catheters, plastic cannula, IV spikes, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers, irrigating feeding syringes, and bedpans/urinals.
- Items such as Bandages, Gauze, other Absorbent Materials which are NOT saturated, release blood or body fluids in a semi liquid state if compressed or if caked with dried blood or fluids.



Do **NOT** DISPOSE THE FOLLOWING IN ANY RX CONTAINER, FOLLOW CURRENT HOSPITAL POLICY

- EMPTY ITEMS (except the packaging of Nicotine & Coumadin products)
- CONTROLLED SUBSTANCES
- CHEMOTHERAPEUTIC AGENTS
- PLAIN IV's including:
  - Saline
  - Dextrose
  - Lactated Ringers
  - Electrolytes \*

\*Including instillations of Calcium Gluconate, Magnesium Sulfate, Potassium Chloride, and Sodium Bicarbonate

HELPFUL HINTS

**EMPTY SHARPS & SHARPS WITH BIOHAZARD WASTES**

DISPOSE IN RED SHARPS CONTAINER



- ❖ Empty Syringes (with or without needles)
- ❖ Empty Ampoules
- ❖ Syringe with blood or any body fluid

**SHARPS WITH MEDICATION**

DISPOSE IN BLACK 2 GALLON SHARPS CONTAINER

Leftover or Unused (non-controlled) Medication contained in:



- ❖ Syringes (with or without needles)
- ❖ Ampoules



OR

SHARPS

**COMPATIBLE HAZARDOUS**

If Coded: BKC or \*\*PBKC



(~5% Rx)

8 Gallon

INCLUDES LEFTOVER/UNUSED MEDICATION IN:

- ❖ IV Bags/Bottles (with tubing)
- ❖ Medication Soaked Absorbents
- ❖ Topical Ointments/Creams
- ❖ Tablets, Capsules, Pills (Whole or Partial)
- ❖ Vials

**NON-HAZARDOUS**

No Waste Code



(~94% Rx)

8 Gallon

\*\* - Empty Packaging as well as any leftover unused medication must be placed in a clear zip lock bag and placed in BLACK CONTAINER  
 Examples: Coumadin and Nicotine Products

Seal anything that might leak in a clear (non-marked) zip lock bag prior to disposal.  
 Examples include: IV bags/bottles with tubing, absorbents soaked in medication, ointments/creams without caps

**INCOMPATIBLE MEDICATIONS**  
 If Coded: SP, SPC, SPO or SPLP

Examples: Unused Silver Nitrate, M.D.I. Inhalers, Botox  
 Seal in clear (non-marked) zip lock bag and Send to the Pharmacy.

(~1% Rx)

NON-SHARPS

RETURN TO PHARMACY

## **IV DISPOSAL GUIDELINES**

### **DRAIN DISPOSAL ALLOWED**

Provided there are **NO MEDICATIONS** instilled in the IV, drain disposal is permitted for any of the following solutions:

➤Saline solution    ➤Dextrose solution    ➤Lactated Ringer's    ➤Electrolytes\*

\*Including Potassium Chloride, Magnesium Sulfate, Sodium Bicarbonate, Calcium Gluconate

### **NON-HAZARDOUS Rx WASTE- NO CODE (BLUE CONTAINER)**

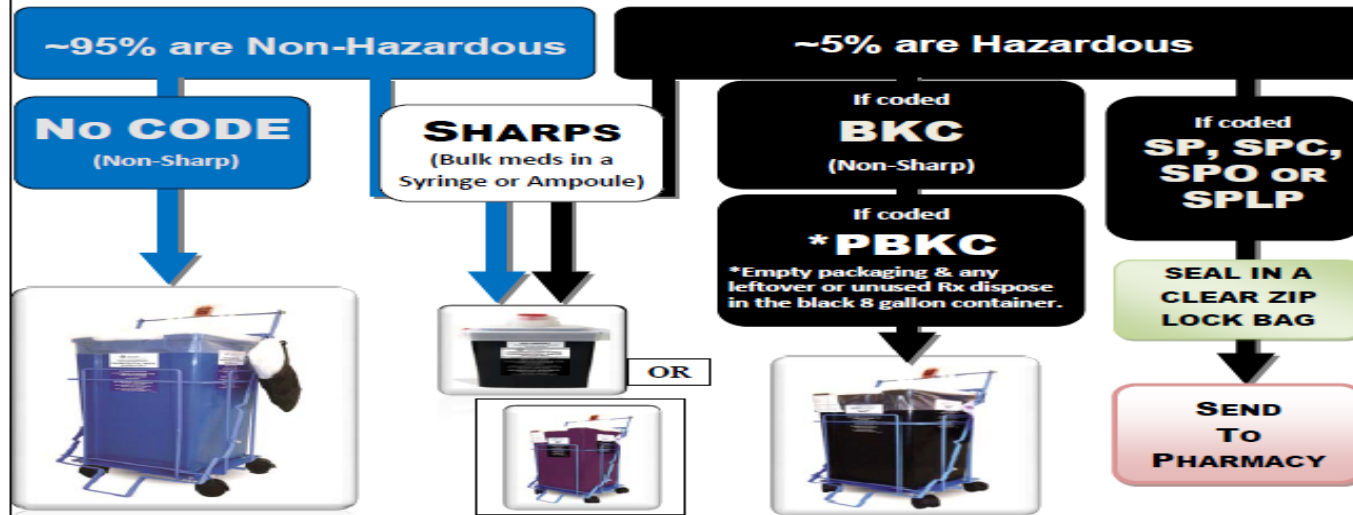
Any IV with a non-controlled substance instilled in it.

### **COMPATIBLE HAZARDOUS Rx- CODED: BKC**








Any IV with any compatible hazardous pharmaceutical coded BKC, non-controlled, instilled in it.

### **CONTROLLED SUBSTANCES (WITNESSED DISPOSAL)**

Controlled substances should be disposed of per current pharmacy/hospital policy.



# APPROPRIATE PHARMACEUTICAL WASTE SEGREGATION

	MEDICATION LEFT IN IV, VIAL, ETC.	LABELED / IDENTIFIED HAZARDOUS BY PHARMACY			NOT LABELED/IDENTIFIED		
CONTAINER							
SORT CODE	No Code	BKC or PBKC	SP, SP0, SPC	DW	CHEMOTHERAPY Rx WASTE		No Code
WASTE CLASS	<b>NON-HAZARDOUS Rx WASTE 92%</b>	<b>HAZARDOUS Rx WASTE</b>	<b>INCOMPATIBLE HAZARDOUS</b>	<b>POTENTIALLY INFECTIOUS &amp; HAZARDOUS Rx WASTE</b>	<b>BULK</b>	<b>TRACE</b>	<b>MAINTENANCE IV SOLUTIONS</b>
DESCRIPTION OF WASTES	<p>All Rx Waste without a waste code default to blue container. Any waste with the potential to leak must be in a recloseable bag. It is not permitted by the DOT to transport free flowing liquids.</p> <p><b>Examples of Non-RCRA waste:</b></p> <ul style="list-style-type: none"> <li>• Antibiotics</li> <li>• Tylenol</li> <li>• Aspirin</li> <li>• IV with medication left. Keep tubing attached and place in recloseable bag</li> <li>• Creams and ointments capped or in recloseable bag</li> <li>• Med soaked sponges or paper towels place in recloseable bag</li> <li>• Pills and Tablets</li> <li>• Vials with Medication</li> </ul>	<p><b>BKC</b></p> <ul style="list-style-type: none"> <li>• Allergenic</li> <li>• Antiseptics</li> <li>• IV and Other Compounded Solutions</li> <li>• Lotions, Creams, Ointments and Pastes</li> <li>• Medicinal Liquids and Shampoos</li> <li>• Pills and Tablets</li> <li>• Transdermal Patches</li> <li>• Unidentified Medications</li> <li>• Vials</li> </ul> <p><b>PBKC – Optional (for SQGs)</b></p> <ul style="list-style-type: none"> <li>• Nicotine / Nicotrol</li> <li>• Coumadin / Warfarin</li> </ul> <p><b>2 Gallon Black Sharps</b></p> <ul style="list-style-type: none"> <li>• Syringe or ampoule with medication left in bulk that <b>has not</b> come into direct patient contact (infectious) and <b>is not</b> a controlled substance.</li> </ul> <p><b>If Hospital is capturing P-listed waste to determine generator status, please contact pharmacy for disposal.</b></p>	<p>Rx Waste requires segregation to satisfy DOT, safety and disposal facility requirements. These wastes must be sent to the pharmacy in recloseable bags for proper disposal. Incompatible.</p> <p><b>Aerosols</b></p> <ul style="list-style-type: none"> <li>• Inhalers</li> </ul> <p><b>Corrosives (examples)</b></p> <ul style="list-style-type: none"> <li>• Glacial Acetic Acid</li> <li>• Glycopyrrolate</li> <li>• Sodium Hydroxide</li> </ul> <p><b>Oxidizers (examples)</b></p> <ul style="list-style-type: none"> <li>• Potassium Permanganate</li> <li>• Unused Silver Nitrate</li> </ul> <p><b>Place in recloseable bag and send back to pharmacy.</b></p>	<p>The following pharmaceuticals are identified as hazardous Rx Waste (BKC) by the pharmacy. After use, both are hazardous and potentially infectious waste.</p> <p>Syringe with medication left <b>in it</b> has come into direct patient contact, (infectious) and is RCRA Hazardous.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Non-Empty IV or Syringe with Hazardous Rx Waste &amp; Blood Borne Pathogens</li> <li>• Syringe with Live Vaccine</li> <li>• IV containing Blood Backup with Hazardous Rx Waste</li> <li>• Bloody Hazardous Gauze</li> </ul>	<ul style="list-style-type: none"> <li>• Chemo Agents</li> <li>• IV with Residual Chemo Agent</li> <li>• Chemo Spill Cleanup Debris</li> <li>• Container with Residual Chemo Agent</li> <li>• Tablets</li> </ul>	<ul style="list-style-type: none"> <li>• Empty Vial</li> <li>• Empty Syringe</li> <li>• Gown</li> <li>• Gloves</li> <li>• Goggles</li> <li>• Wipes</li> <li>• Empty IV / Tubing</li> </ul>	<p>Items that can be disposed of and poured down the drain.</p> <p><b>Plain down the drain</b></p> <ul style="list-style-type: none"> <li>• Maintenance IV Solutions Containing: <ul style="list-style-type: none"> <li>- Potassium Chloride</li> <li>- Potassium Phosphate</li> <li>- Sodium Phosphate</li> <li>- Calcium</li> <li>- Sodium Bicarbonate</li> <li>- Dextrose</li> <li>- Saline</li> </ul> </li> </ul>
<b>NO CONTROLLED SUBSTANCES</b>		<b>NO SHARPS IN ANY ABOVE CONTAINERS – (EXCEPT IN DUAL WASTE, 2 GALLON BLACK SHARPS AND TRACE CHEMO CONTAINERS)</b>					



# What to do in a FIRE

- When the fire alarm rings:

## RACE

**R**escue- Anyone in danger

**A**lert- Pull nearest fire alarm

**C**onfine- Close all doors and windows

**E**vacuate/Extinguish- Move patients to designated areas





# How to use a Fire Extinguisher

- Grab the fire extinguisher and:

**PASS**

**P**ull- Pull ring

**A**im- Aim nozzle at base of flame

**S**queeze- Squeeze handles

**S**weep- Use sweeping motion with nozzle across base of fire

**Remember!**

**P**ull

**A**im

**S**queeze

**S**weep



# Domestic Violence

*“ A pattern of coercive behavior which can include*

- **Physical**
- **Sexual**
- **Economic**
- **Emotional,**
- **Psychological Abuse**



*Exerted by an intimate partner over another with the goal of establishing and maintaining power and control.”*

# Domestic Violence Intervention

## How we can help:

1. Identify domestic violence
2. Assess risks and needs
3. Make a statement “That’s not OK”
4. Provide referrals and limited assistance when safe to do so
5. Assure documentation of abuse
6. Follow up if able



# Child Abuse

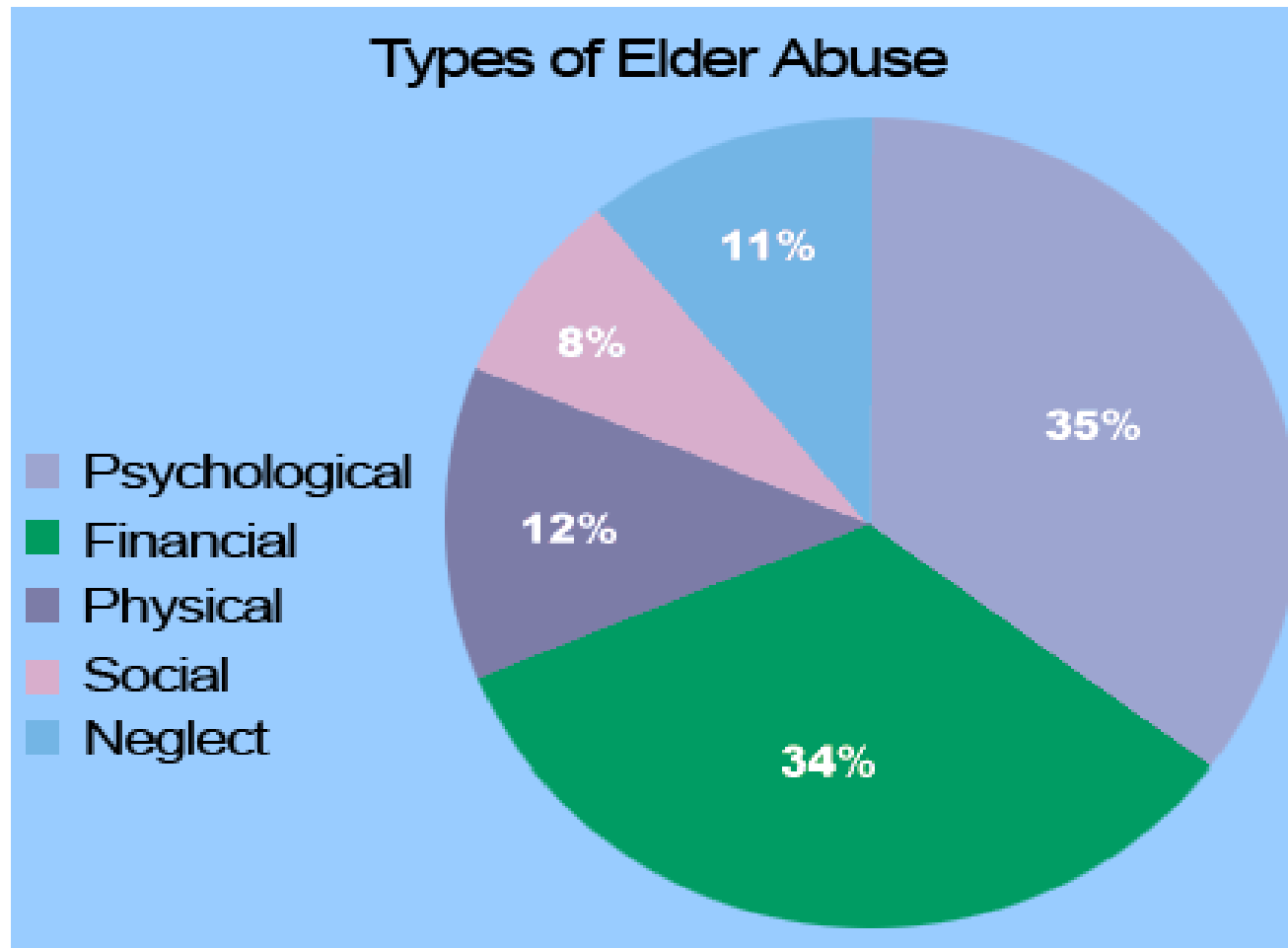




## Indicators of Physical Abuse Can Include:

- Injuries to the eyes, both sides of the head or body (accidental injuries typically only affect one side of the body)
- Frequent injuries of any kind (bruises, cuts, and/or burns) may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of other instruments
- Be alerted to the child who developmentally is unable to provide an adequate explanation of the cause
- Destructive, aggressive, or disruptive behavior
- Passive, withdrawn, or emotionless behavior
- Fear of going home or fear of parent(s)

# Elder Abuse



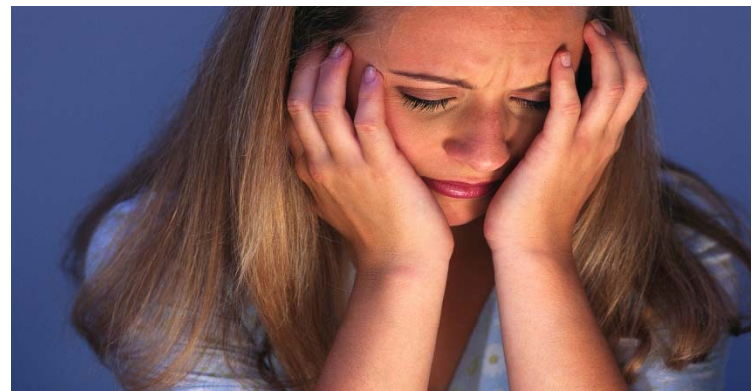
# Warning Signs

- **Skin findings:**
  - Skin tears, abrasions, lacerations, and bruises
- **Fractures:**
  - Spiral fractures of long bones
- **Malnutrition**
  - Also consider financial exploitation
- **Pressure Ulcers:**
  - May indicate neglect
- **Indicators of Sexual Abuse:**
  - Venereal disease
  - Vaginal or rectal bleeding
  - Bruises or lacerations on the vulva, abdomen, or breasts



# Indicators of Sexual Abuse Can Include:

- Symptoms of sexually transmitted diseases
- Injury to genital area
- Difficulty and/or pain when sitting or walking
- Sexually suggestive, inappropriate, or promiscuous behavior or verbalization
- Expressing age-inappropriate knowledge of sexual relations
- Sexual victimization of other children





# Reporting Abuses

Health Care Providers are mandated reporters of violence, maltreatment, neglect, and abuse.

Case Management is a helpful resource for staff.

SACH: 987-5171

GSRMC: 368-5000 extension 5083

BSCH: 858-7080



# Reporting Abuses

## **DOMESTIC VIOLENCE:**

Victims of domestic violence may not choose to seek help. This must be respected. If a victim does want help some of the resources available to them are:

New York State Domestic Violence 24 hour hotline

1-800-942-6906



# Reporting Abuses

## **CHILD ABUSE:**

Reportable with suspected reasonable grounds and requires immediate call to child protective services and/or local police. Healthcare Providers are immune from civil or criminal liability.

For suspected child abuse or maltreatment cases involving children call:

- **Child Protective Services:** 1-800-342-3720
  - ❖ **Orange County:** 845-291-4000
  - ❖ **Rockland County:** 845-821-5639
- **NYS Child Abuse & Maltreatment Register:**  
1- 800-635-1522
- **NYS Child Advocacy Resources & Consultation Center:** 1-866-313-3013



# Reporting Abuses

## **ELDER ABUSE:**

Often the elderly are left vulnerable when independence is lost. They depend on the care of family and others outside the home.

- New York State **only** 24 hour hotline:  
1-800-342-3009 (Option 6)
- Local County Departments of Adult Protective Services:
  - ❖ **Orange County:** 845-291-2800 or 24 Hours Toll Free: 1-800-451-5155
  - ❖ **Rockland County:** 845-364-2020



# Jean Watson's Ten Caritas Processes



Jean Watson is the theorist that the Bon Secours Health system uses to create an optimal experience for our patients. These processes are central to patient care.

1. *Embrace altruistic values and Practice loving kindness*
2. *Instill faith and hope*
3. *Be sensitive to self and others*
4. *Develop helping, trusting, caring relationships*
5. *Promote and accept positive and negative feelings—authentically listen to others*
6. *Use creative scientific problem-solving methods for caring decision making*
7. *Share teaching and learning that addresses the individual needs, readiness, and learning styles*
8. *Create a healing environment for the physical and spiritual self*
9. *Assist with basic physical, emotional, and spiritual human needs.*
10. *Open to mystery and allow miracles to enter.*

# Jean Watson's Caring Moment

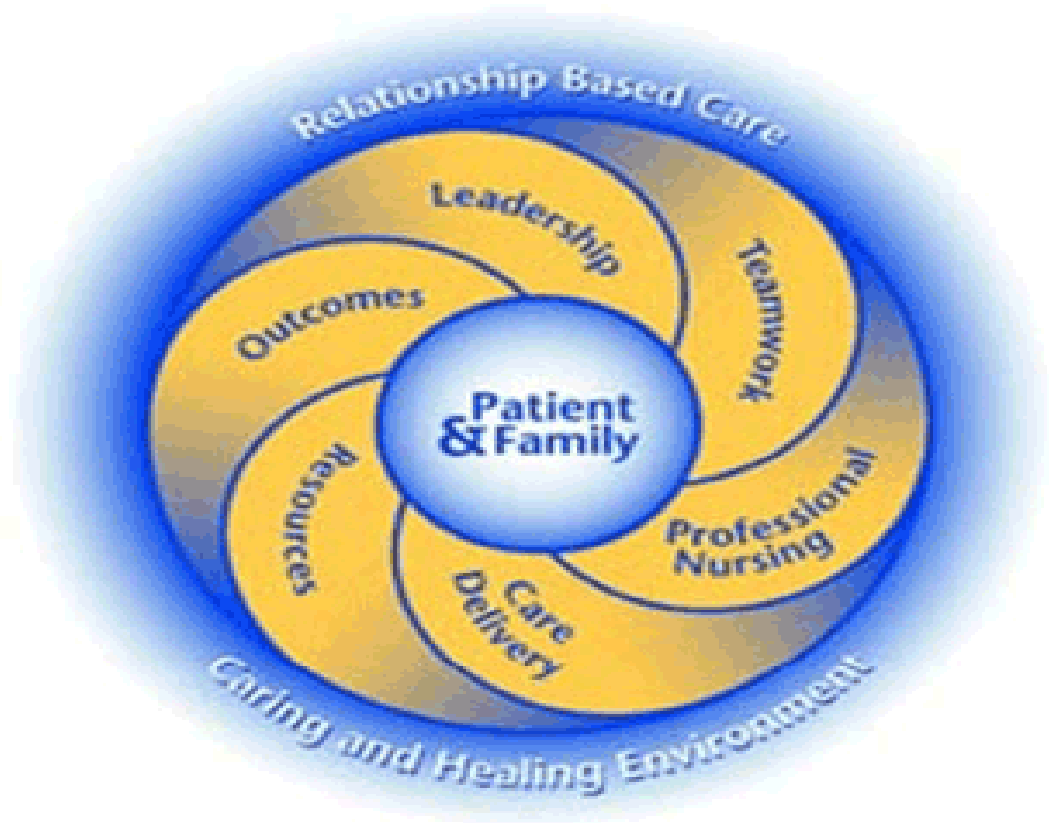
- A caring occasion/moment occurs when two people come together with their unique life histories and share a special moment/connection that can be greater than the occasion itself. These connections occur by being authentically present and listening to your patient and each other in that very moment.



# RELATIONSHIP BASED CARE

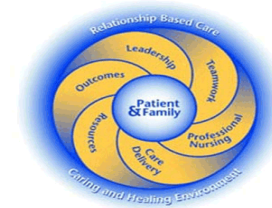
## Our Care Delivery Model

Relationship Based Care is the structure and process by which the power of relationships is leveraged across the organization to create caring and healing environments where patients and families are truly the center of caring practice.



# Relationship Based Care

We must have three crucial relationships:



1. Care provider-patient relationship

- We respect the dignity of individual patients, strive to understand what is most important to the patient and engage them in care

2. Care provider-self relationship

- Team member possesses skills and knowledge to manage personal stress, articulate personal needs values, take care of themselves and maintain work-life balance.

3. Care provider-colleague relationship

- Compassionate care requires the commitment of all care team members. We must always remember we are at work for a common purpose and have unique contributions in practice. Patients and their families are at the center of our relationships.



# Shared Governance at Charity

- A formalized structure that enables a partnership between clinical staff and leadership to work together to assist in making decisions to enhance and improve the care of their patients allowing us to achieve our goal of excellence in patient care.
- We accomplish this through interdisciplinary work on councils throughout our system. The councils at Charity are:
  - The Caritas Guiding Council.
  - The Clinical Practice Council
  - The Patient Care Leadership Council.
  - The Research/Professional Development.
  - The Nursing Quality Council.
  - The Recruitment and Retention Council. (Coming in near future)
  - Unit Based Councils

# Four Principles of Shared Governance:

- *Partnership* between nurses and management.
- *Accountability* for practice, quality assurance, competence, research, and resources.
- *Equity* in the decision-making process.
- *Ownership* by giving power to employees.

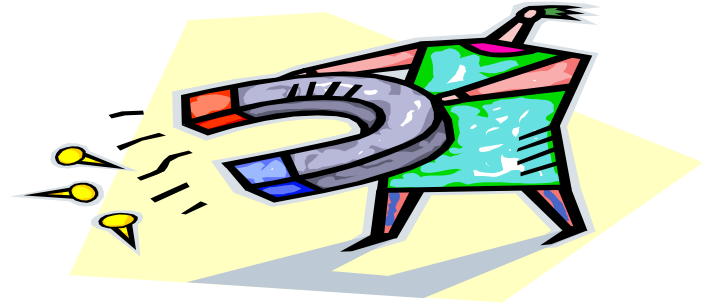


# Safety

- Refrain from any unsafe act that might endanger self or fellow students or employees
- Use all safety devices and personal protective equipment provided
- Report all hazards, incidents, and near-miss occurrences to immediate supervisor regardless of whether or not injury occurred
- All accidents are preventable



# MRI Safety



- It is **IMPERATIVE** that everyone is properly screened by MRI staff prior to entering the MRI suite
- The magnet is always on regardless of whether or not a patient is being scanned
- Metallic items are drawn into the magnet with considerable force and can cause great harm to patients
- Oxygen tanks cannot enter the MRI Suite
- Anyone entering the MRI magnet room will be asked to remove/lock up all belongings such as: wallet, keys, watch, stethoscopes, scalpels, etc.
- A patient is immediately removed from the magnet room during a code and brought to the MRI holding area adjacent to the MRI

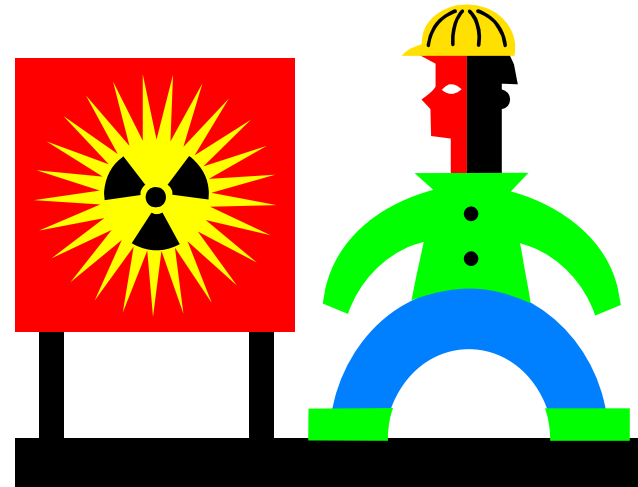
# Radiation Safety

The Radiation Safety Officer is designated by the hospital administration and authorized by the State of New York and Nuclear Radiation Commission (NRC) to oversee the Radiation Safety program in Bon Secours Charity Health Care Hospital.

- The Radiation Safety Officer can be contacted for:
- Personnel exposure data (if you are monitored for radiation or feel you should be)
- Regulations
- License
- Inspection Reports
- If you are pregnant and work in a Restricted Area
- If you have questions or suspect problems with radiation
- If you want to know about the NRC and other federal & state regulatory agencies regarding radiation protection

# Radiation Protection Methods:

- Time
- Distance
- Shielding
- Radiation Safety Officers
  - Shoaib Ahmed @ GSH
  - Robert Wilkens @ SACH,
  - Emmanuel Llado @ BSCH

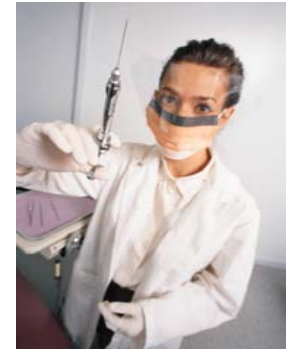


# Sharps Safety

- Prepare to use the device the moment the sharps are first exposed
- Organize equipment at point of use
- Make sure work space has adequate lighting
- Keep sharps pointed away from the user
- Locate a sharps disposal container, or have one nearby
- Assess the patient's ability to cooperate
- Get help if necessary
- Ask the patient to avoid sudden movement



# Sharps Safety



## *Take precautions while using sharps*

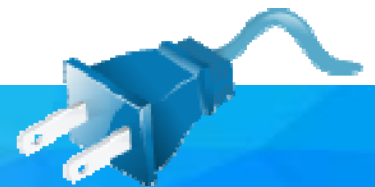
- Maintain visual contact with sharps during use
- Be aware of staff nearby
- Control the location of sharps to avoid injury to yourself and others
- Do not hand pass exposed sharps from one person to another
- Use predetermined neutral zone for placing/retrieving sharps
- Alert others when sharps are being passed
- Activate safety feature of devices with engineered sharps injury prevention features as soon as procedure is completed
- Observe audible or visual cues that confirm the feature is locked in place



# Electrical Safety



- Be familiar with all electrical equipment before using
- Visually inspect all equipment before using
- Don't drape power cords over metal
- Don't let power cords lie across traffic lanes or pathways
- Inspect all wall receptacles for burned spots, broken or damaged covers before plugging in equipment. If damaged do not use
- Plug and unplug equipment by holding plug firmly and straight
- All equipment should have a three prong plug
- Environment around electrical items should be kept clear and dry at all times.
- Hands must be dry when using electrical equipment
- Keep all fluids, chemicals and heat away from equipment and cables
- Any equipment that is defective or having frayed wires, bent prongs or other defects must be removed from use and reported to the Biomedical Department



# Emergency Preparedness

- Charity utilizes a Comprehensive Emergency Management Plan (previously called Disaster Plan).
- It is crucial to have an effective emergency response and management plan in place in order to be ready for any and all types of events, incidents or disasters. It features common terminology and reliance on a unified Action Plan and Chain of Command. This system is called HICS – “Hospital Incident Command System”.



# Hospital Incident Command Systems (HICS)

- A standardized chain of command
- Allows hospital to function effectively during a disaster
- Universal structure
  - All agencies and hospitals responding speak the “same language”



**When the plan is activated,  
designated management personnel  
respond to the following command centers:**

**GSH: Conference Room #5**

(located in the Caroline Schwartz Building)

**BSCH: 1<sup>st</sup> floor conference Room**

**SACH: 2<sup>nd</sup> floor Conference Room**



# Infection Control

When it comes to preventing infections, including those caused by multiple-drug resistant bacteria and other emerging pathogens, the following simple steps can have a big impact:

- Use standard precautions with all patients
- Practice 'Respiratory Etiquette' protocol  
Cough/Sneeze into tissue and discard, Hand Hygiene, N  
Patients with a cough if possible
- Initiate transmission-based precautions [airborne, droplet, contact] for suspicious or confirmed diagnosis
- Isolate or cohort colonized and infected patients
- Contact Infection Control for consultation



# Infection Control

- Review daily isolation list/document patient education
- Use appropriate hand hygiene techniques
- Always use appropriate clean and sterile techniques
- Clean, disinfect, and/or sterilize all reusable patient care equipment according to manufacturer's directions
- Keep the environment clean and sanitary
  - Use germicidal wipes
  - Maintain separation of 'clean' vs. 'dirty'
- Limit number of students in isolation rooms



# Infection Control



- Follow policy to determine what personnel protective equipment (i.e., gloves, gowns, masks, goggles, face shields) are necessary
- Use antibiotics judiciously - be aware of susceptibility patterns
- Screen and immunize eligible patients for pneumococcal and/or influenza vaccine before discharge
- Educate patients and families on the importance of following prescribed medication course
- Get vaccinated against influenza each season to help protect you, your patients, and your family

# Infection Control

Hand Hygiene is known to reduce patient morbidity and mortality from health-care acquired [HAI] infections. When performed properly, there is a significant decrease in the carriage of potential pathogens on the hands. Acceptable agents are: soap and alcohol-based waterless products

Exception: when hands are visibly soiled, and if patient has C-Difficile traditional hand washing using soap and water must be performed.





# Sample of germs from a nurse's hand after patient contact

Culture plate showing growth of germs 24 hours after a nurse placed her hand on the plate



# Infection Control



Only You can Prevent Infections

WASH YOUR HANDS !!!!

- Always use Standard Precautions for care of ALL patients
- Use appropriate precautions to minimize risk of exposure
- Wear gloves when in contact with blood and or body fluids
- This decreases the transmission of infection

# Infection Control

## Contact Precautions

- GLOVES are to be worn upon entry to room.
- CHANGE gloves after contact with infected material. This includes blood, dressing change, and fecal matter
- REMOVE gloves and wash hands before leaving patient's room.

# Infection Control Contact Precautions



Wear gown if patient or environmental contact is anticipated.

Don't put personal items on surfaces.

Remove gown and gloves and wash hands prior to leaving room.

DON'T TAKE ORGANISM WITH YOU



# Airborne Precautions

- Small particles that remain suspended in air  
Examples: TB, Measles, SARS
- In addition to using Standard Precautions wear N95 respirator mask. You must be test fitted and medically cleared for this type of mask.
- Patient wears mask for transport.

# Droplet Precautions

Large particles do not stay in air for long

## Examples:

- Influenza
- Bacterial Meningitis
- Pertussis
- Rubella

# Droplet Precaution

- In addition to using Standard Precautions
- Place patient in private room
- Wear regular mask entering room
- Patient to wear regular mask when transported
- Educate visitors on use of mask



# Advance Directives

- What is an advance directive?
- It is a document that gives instructions about a person's healthcare if he/or she is unable to make his/her wishes known.
- Examples:
  - Healthcare Proxy
  - Living Will
  - Durable power of attorney



# Advance Directives

- Patients receive information on advance directives during the admission process. The nurse asks the patient about end of life wishes. If further assistance is required the nurse will involve the patient's family as well as contact social services and pastoral care.
- A Do Not Resuscitate order allows the patient to choose less aggressive rescue efforts.
- A palliative care consult may also be requested by the physician, the patient or the patient's healthcare proxy.
- Palliative care may be requested by a patient who has had a history of a chronic debilitating disease and his /her wishes are for a less aggressive rescue efforts.

# Palliative Care Program

- Assisting physicians in development of care plans for patient's with advanced illness.
- Education to patients and their caregivers related to advanced directives and health care proxy.
- Pain and symptom management as requested by treating physician.
- A Palliative Care consult must be requested (medical order) by the physician

# Cultural Diversity in the workplace



# Diversity & Inclusion

## Our goal

*To build a trusting and openly  
inclusive workplace*

*To build a culturally competent workforce*





## Diversity & Inclusion

*Diversity is about our differences — the variety of perspectives, experiences, opinions, and contributions that each and every one of us brings to our Ministry.*

*Inclusion is about leveraging our diversity—appreciating not just our similarities but also our differences and fostering an environment of mutual respect and ongoing dialogue.*

# Biases



- We all have biases
- They are based on assumptions-hidden or conscious
- They are based on what is learned and experienced in life
- Become aware of your assumptions
- Make a conscious Choice not to act on your assumptions





## What about Culture?



Culture is the shared customs, beliefs, values, attitudes and practices that characterize a group of people.

Our culture comes from *how* and *where* and *by whom* we were raised. We often aren't aware of it until we meet up with a culture different from our own.

Culture provides us with a comfort zone for anticipated behavior.



# Cultural Competence



*The ability to systematically*

- Anticipate
- Recognize
- Respond

- to different needs & diverse backgrounds of patients & practitioners, customers & employees, through the implementation of policies, formation of leadership and staff, & knowledge and access to the right resources.





## Additional Definitions



- **Ethnocentrism:** Belief that one's own culture is better than all others.
- **Platinum Rule:** Learn how others want to be treated. (Best Practice for our patients)

# How do we address the needs of the diverse communities we serve?



# Web-Based Culture Vision

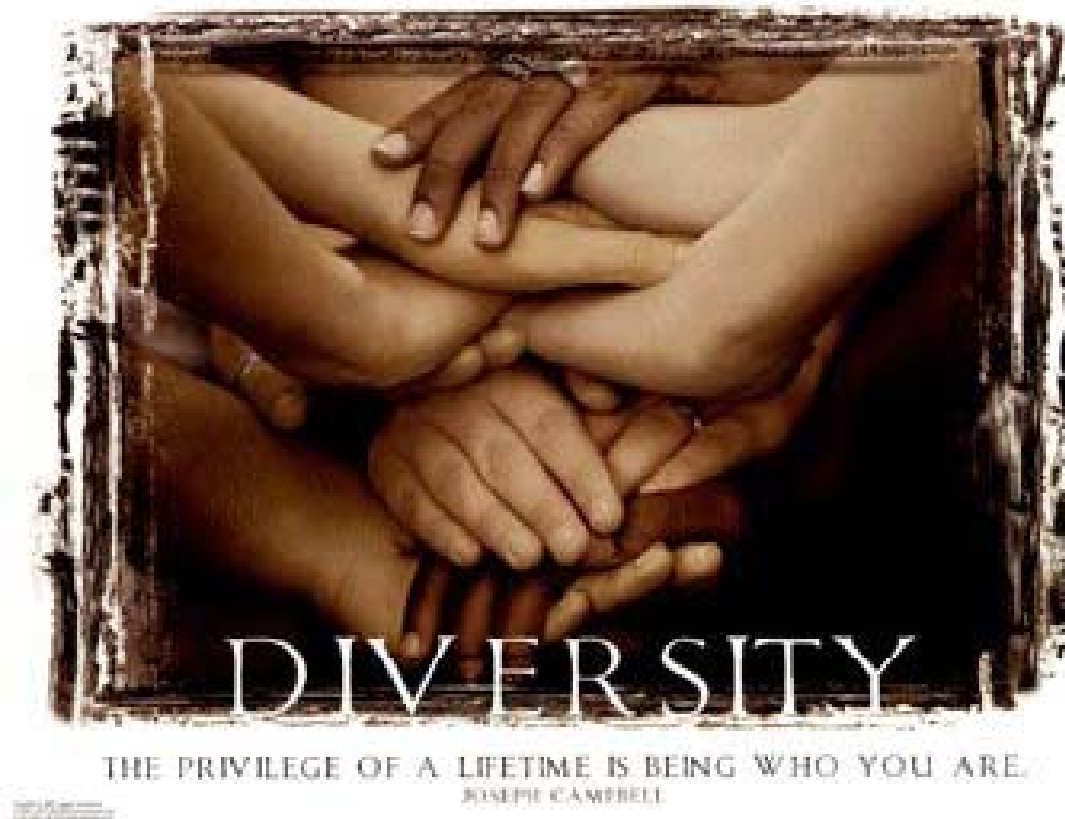
An online “encyclopedia”, Culture Vision addresses questions around specific ethnicities or religions

Charity website used for cultural diversity information is Culture Vision

[www.crculturevision.com](http://www.crculturevision.com)

## Your Mission.....

**Embrace the Diversity & Inclusion around you!**



# Weight Loss Surgery



The Surgical Weight Loss Program at the Charity System offers an in-depth approach to weight loss via a team of specialists who guide the bariatric patient through a comprehensive process that includes personal, pre-operative consultation, weight loss surgery (Roux-en-Y gastric bypass, adjustable gastric Lap band, or gastric sleeve), and post-operative follow-up.

# Weight Loss Surgery: Sensitivity

Sensitivity training is a process which enables all who come into contact with bariatric patients to understand the manner in which to treat them.

- Never make remarks about the patient's size.
- Always speak to the patient in an intelligent manner.
- Be mindful when asking for equipment. Don't ask for the "big" anything.
- Empathy is important. Support & encourage the patient.
- Demonstrate good communication & listening skills.
- Care for both their physical & emotional needs.
- Remember:
  - Obesity does not numb feelings.
  - Obesity is not a character flaw, but a disease.



# Ergonomics

- Definition: The proper alignment of your body within your work environment.
- Goal: To make the job or workstation fit the worker and reduce the likelihood of injury.



# Proper Body Mechanics:

- Bend at your hip joint using your legs when lifting
- Sit up straight with hips & knees at a 90 degree angle with feet supported
- Place frequently used items within reach, avoiding twisting or bending movements as much as possible
- Alternate sitting and standing activities and gently stretch back & neck muscles

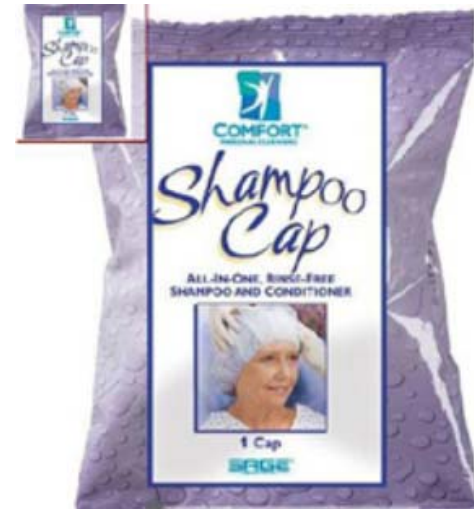




# Patient Hygiene



Comfort Bath® Cleansing Washcloths help provide a hygienic bathing alternative to bath basins.



Help prevent IAD with one-step Comfort Shield® Barrier Cream Cloths to clean, treat, and protect after an incontinence episode.



Provide comprehensive oral care with Q•Care® Oral Cleansing and Suctioning Systems

# CHG Bathing

The BSHSI policy for CHG bathing includes patients:

- In Critical Care Areas
- Undergoing Cardiac Surgery (CABG)(Pacemaker)
- Undergoing Breast Surgery
- Undergoing Joint Surgery

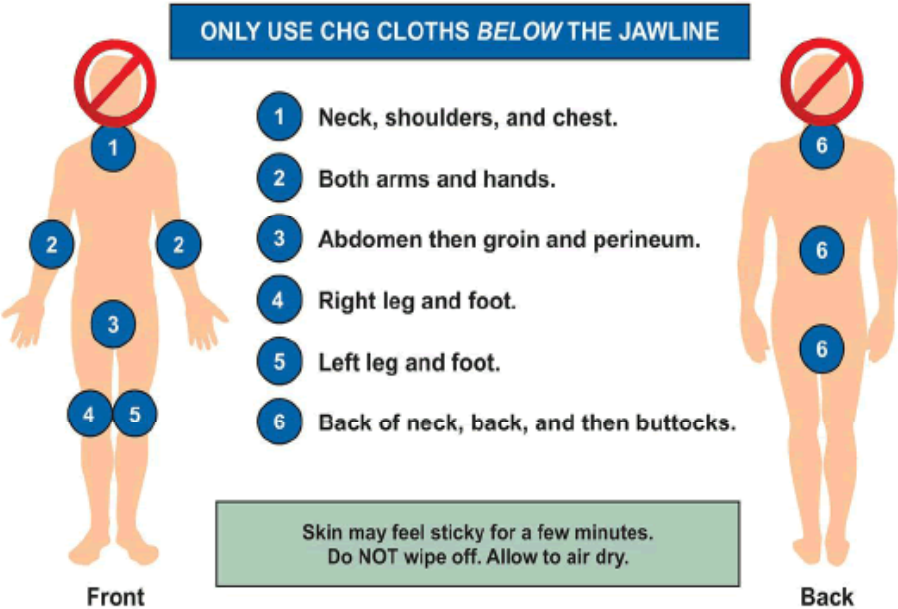
WE MUST DO ALL WE CAN TO PREVENT **INFECTION**

- Chlorhexidine gluconate (CHG) replaces routine bathing for entire ICU stay.
- Do NOT use soap below the jawline. Certain soaps and lotions can inactivate CHG.
- Only use CHG-compatible lotions and/or barrier products.
- Dispose of all cloths in the trash. Do NOT flush.

## BATHE WITH CHG USING FIRM MASSAGE TO REMOVE BACTERIA

- INCONTINENCE:**
- Clean with chux and water, NOT soap.
  - Then bathe with CHG cloths, air dry.
  - Use as many CHG cloths as needed.
  - Apply CHG compatible barrier.
  - Repeat throughout the day, as needed.

- LINES AND TUBES:**
- CHG is safe on lines, tubes, and devices.
  - Bathe with CHG right up to dressing.
  - Okay to bathe over occlusive dressings.
  - After bathing skin, clean 6 inches of tubes/Foley nearest patient.



# Catheter Management

- Perform hand hygiene before and after any manipulation of the catheter or catheter site.
- Using M wipe(soap and water), cleanse the perineum, proximal catheter, and meatal/catheter junction every 6 hours minimum and when soiled.
- **DO NOT USE DIAPERS** for fecal incontinence on a patient with an indwelling catheter.
- Do not disconnect the catheter from the drainage tubing unless the catheter must be irrigated. (If irrigation is necessary, use aseptic technique.)
- To collect a urine sample, clean the sampling port with alcohol and allow to dry. Then attach a sterile syringe and aspirate a urine sample.



Standardize meatal cleansing with M-Care™ Meatal Cleansing for the Foley Catheterized Patient.

# Catheter Insertion

- Use the smallest catheter possible to minimize urethral trauma while still allowing proper drainage.
- Perform hand hygiene, then put on clean gloves.
- DO NOT CHECK BALLOON BEFORE INSERTION
- Clean the patient's genital area and perineum thoroughly
- Teach patient and document
- After insertion, secure the catheter to the patient's thigh with a Stat-Lock.
- Hang the collection bag below the level of the bladder.



# LINEN POLICY

- The Bon Secours Charity Bed Changing Policy is intended to maximize patient comfort and care, while encouraging linen conservation and cost control. While Bon Secours Charity staff may use their individual discretion in determining when linen should be changed and what linen items to use, staff members are urged to comply with the Bed Changing Policy.
- *Unless soiled or upon request, complete linen change for patients will occur on M-W-F.* Pillowcases, patient gowns, towels, and washcloth will be provided as needed on all days. Bed linens should NOT be changed on the day of discharge.

# BASIC LINEN



Basic linen for bed consists of

- 1 knitted contour sheet
- 1 flat sheet
- 1 thermal blanket
- 1 pillowcase
- 1 patient gown if needed
- 1 bath towel will be provided upon the patients request

# Patient Apparel

- Patient Gown—To be changed daily or when soiled.
- Pajama Pants — To be changed as needed. Scrub pants should not be used as a substitute for pajama pants.
- Patient Robe—To be used for length of stay.

# Linen Usage



- Knit Contour Sheet: Each bed should contain one knit contour sheet to cover the mattress. The knit contour sheet should be changed three times per week, or as needed.
- Adult Sheet: Each bed should contain an adult sheet as the top sheet. The adult sheet should be changed three times per week or as needed.
- Reusable Incontinent Pad: One pad should be used for incontinent patients only. Only one incontinent pad should be used at any give time and pads should not be layered on the bed. In the event of a transfer or discharge by ambulance, the pad should be removed to avoid losses.
- Pillowcase: The pillowcase should be changed daily. If more than one pillow is being utilized on a bed for positioning purposes, then this pillowcase should not be changed unless soiled.
- Bath Blanket: The bath blanket should be used strictly for bed baths and patient warmth in the OR and Recovery Rooms.



# Linen Usage

- Thermal Blanket: One thermal blanket should be used as needed for warmth. Change only when soiled. If additional warmth is needed, place an adult sheet over the thermal to trap body heat. Change once per week or as soiled.
- Patient/IV Gown: Change daily or when soiled. Gowns should not automatically be introduced into the patient's room prior to determining actual needs. IV gowns should be utilized instead of patient gowns for in-patient units.
- Pajama Bottoms: Use only if requested and change daily or when soiled
- X Ray Gowns: Use only in Radiology Departments.
- Bath Towel: One bath towels should be provided with or after morning care unless additional are requested.
- 1X Patient Gown: Order as needed from the linen room.
- Discharge Patients: Patients who are scheduled for discharge should receive only a clean towel and washcloth on the day of release. Incontinent pads should be replaced with a draw sheet if the patient is being discharged via an ambulance. Bed linens should not be changed unless they are soiled.

# Further Considerations

- Thermal blankets are to be changed only when soiled.
- All unused, torn or stained linen found on the linen cart will be placed into the reject bag designated for that purpose.
- For non-ambulatory patients, a flat sheet folded in half crosswise, draw sheet, or specialty patient lifter should be utilized as a patient lifter.
- For incontinent patients or patients with wound drainage, an incontinent pad may be used.
- If necessary, a flat sheet should be used to cover patients transported from one department to another via wheelchair.

# Further Considerations

- To provide increased warmth for the patient, add a flat sheet over the thermal blanket to trap warmth and increase comfort.
- Pillows should be used to position patients instead of thermal or bath blankets. These pillowcases should be changed only when soiled.
- Linen should not be used to cover chairs.
- Cleaning cloths will be provided by Housekeeping as needed. They should be used to clean equipment and spills rather than towels, washcloths or blankets



# Security Issues



- School ID is to be worn at ALL times
- Do not leave your assigned area without your instructor's permission.



## HIPAA PRIVACY IN A NUTSHELL...

We Promise to Make  
**Reasonable Efforts** to Keep  
“Protected Health Information”  
to Ourselves



# HIPAA OVERVIEW

- HIPAA regulations punish individuals or organizations that fail to keep patient information confidential in accordance with the regulations
- Until these regulations were enacted, there was no federal framework to protect patient information from being exploited for personal gain
- The Office for Civil Rights, in the Department of Health and Human Services, has been charged with enforcing the HIPAA privacy rule, while CMS is the enforcement agency for security and transactions and code sets

# Covered entities: To Whom Does HIPAA Apply

HIPAA applies to any covered entity that transmits health information in electronic form in connection with the HIPAA standard transactions:

- Healthcare providers
- Health plans
- Healthcare clearinghouses

# PRACTICES FOR PROTECTING CONFIDENTIALITY

To protect the privacy of medical records, avoid these practices:

- Leaving a patient's medical file on the computer screen while you and your instructor walk away.
- Leaving your computer logged in to the medical records database.
- Printing any patient information with identifying markers.
- Discussing patient information in public areas, including elevators, restaurants, and the parking lot.
- Gossiping



# Protected health information

- HIPAA regulates the use and disclosure of what is known as protected health information or “PHI”
- PHI is any information that can be used to identify the past, present, or future healthcare of an individual or the payment for that care
- PHI is not limited to a patient’s clinical information. It includes any information that can identify the patient and is related to a person’s past, present, or future physical or mental health condition.
- Students may only access the EHR with their instructor.

# HIPAA privacy

Confidential information includes all identifying information patients provide and information about their treatment, including the following:

- Name
- Address
- Age
- Social Security number
- Diagnosis
- Medical history
- Medications
- Observations of health status

# Privacy officer contact information

To contact the privacy officer  
please call 845-368-5137

# THANK YOU



- You have completed the student orientation module. Please complete the post test that accompanies this module and review with your instructor. REMEMBER PARKING IS IN THE **EMPLOYEE LOT ONLY** FOR ALL STUDENTS AND INSTRUCTORS.
- Welcome to the Bon Secours Charity Health System. We wish you a wonderful and worthwhile learning experience with us