Directions
- Review each slide of the presentation.
- To advance to the next slide, either:
  - click on the appropriate heading in the table of contents, found on the left, OR
  - use the navigation arrows found toward the bottom of your browser.
- Once you reach the last slide
  - If you **ARE NOT** a Direct Care Provider
    - click on the Post Test link
  - If you **ARE** a Direct Care Provider
    - click on the link that takes you to the Direct Patient Care section.
    - once you have completed that section, you will be able to take the Post Test.
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Direct Care Providers Only!
- Population-specific/Age-appropriate competencies
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ORGANIZATIONAL OVERVIEW
Mission

To provide outstanding education of physicians, scientists, nurses and other healthcare professionals.

To advance knowledge through cutting edge research and translate it into practice.

To care for and improve the lives of our globally diverse communities.

To foster an environment that embraces cultural diversity.
Vision

SUNY Downstate will be nationally recognized for improving people's lives by providing excellent education for healthcare professionals, advancing research in biomedical science, health care and public health, and delivering the highest quality, patient-centered care.
SUNY Downstate Medical Center
Brooklyn's Academic Medical Center

Values
- Pride
  - to take satisfaction in the work we do every day, and to value our collective contributions to the Downstate community.

Professionalism
- We commit to the highest standards of ethical behavior and exemplary performance in education, research, and patient care.

Respect
- We value the contributions, ideas and opinions of our students, coworkers, colleagues, patients and partnering organizations.

Innovation
- We research and develop new and creative approaches and services for the anticipated changes in healthcare.

Diversity
- We embrace our rich diversity and commit to an inclusive and nurturing environment.

Excellence
- We commit to providing the highest quality of education and service to our students, patients and community by holding ourselves, our coworkers and our leaders to high standards of performance.
Guided by our mission and vision, our strategic plan focuses on community needs - by providing accessible, timely, appropriate, and fiscally sound health care services. Collaboration and partnership to strengthen our clinical enterprise and meeting our customers’ expectations.
PERFORMANCE IMPROVEMENT
Performance Improvement means ......

- **Doing the Right Thing and Doing the Right Thing Well!**
  - The goal of improving organizational performance is to continuously improve patient health outcomes by
    - the *availability* of appropriate care to meet the patient’s needs
    - the *timeliness* of care
    - the *effectiveness* of care to achieve desired health outcomes
    - the *continuity* of care provided to the patient in collaboration with other services, practitioners, and providers over time
PDSA

- How do we do this?
  - **Plan**
    - developing a plan to test the change.
  - **Do**
    - carrying out the test.
  - **Study**
    - observing and learning from the consequences.
  - **Act**
    - determining what modifications should be made to the test.
Performance Improvement means that We work as part of a team!

- Teambuilding and interdisciplinary collaboration mean
- involving other departments, services, and disciplines in addressing issues or problems that need improvement
  - team members may be ancillary, professional or administrative staff
- working together to find solutions
- making recommendations to the appropriate personnel
- being responsible for monitoring recommendations when they are implemented
- escalating problems/issues that need attention at a higher level
CORE COMPETENCIES
Our 7 Core Competencies Are

1. **Customer Service**
   a. demonstrating respect and courtesy to all

2. **Communication**
   a. communicating effectively with customers, visitors, patients, and staff

3. **Quality Management**
   a. Delivering the highest standard of care

4. **Resource Management**
   a. taking an active role in managing resources
Our 7 Core Competencies Are

5. Personal and Professional Development
   a. taking an active role in one’s own learning

6. Civility
   a. using ethical principals to guide decisions and actions consistent with DMC operating goals and objectives

7. Safety Management
   a. maintaining a safe and efficient work environment
Corporate Compliance
PRINCIPLES OF BEHAVIOR
Code of Conduct
Service Excellence

Pillars of Excellence

- People
- Service
- Quality
- Community
- Finance
- Growth

Best Place for Patients to Receive Care
Best Place for Employees to Work
Best Place for Physicians to Practice Medicine

Principles of Behavior
Pillars of Excellence

Best Place for Patients to Receive Care
Best Place for Employees to Work
Best Place for Physicians to Practice Medicine

PEOPLE
SERVICE
QUALITY (Using Data)
COMMUNITY
FINANCE
GROWTH

VISION
VALUES
MISSION
Principles of Behavior

- Create positive first impressions
- Treat everyone with respect
- Communicate compassionately and effectively
- Acknowledge, Apologize, and Amend
- Maintain a safe environment
- Protect confidentiality and privacy
Code of Conduct

- A Code sets forth general standards of legal and ethical conduct by all employees, faculty, and members of the College Council
ELEMENTS OF THE Code of Conduct ARE …

- Compliance with laws and regulations
- Adherence to ethical standards
- Patient care
  - equal access to care
  - respectful care and treatment
  - protection of privacy
  - confidentiality of medical information
- Non-discrimination
- Confidentiality
- Record accuracy and retention
- Protection of assets
- Avoidance of conflict of interest
- Business relationships
- Academic/research integrity
- Environmental laws
- Occupational safety
- Maintenance of a drug & alcohol free workplace
Deficit Reduction Act (DRA) - Detection & Prevention of Fraud, Waste & Abuse

- DMC is committed to preventing the submission of false claims for payment from a Federally or State funded healthcare program (Medicare/ Medicaid).
- The DRA requires education on the Federal and State laws regarding fraud and abuse, whistleblower protections under these laws and DMC’s Compliance policies in preventing and detecting fraud, waste and abuse.
DRA- Federal & State Laws

- Federal & NY State False Claims Acts
- Establishes liability for:
  - Knowingly presenting a false claim for payment
  - Knowingly making a false statement to get a false claim paid; or
  - Conspiring to defraud

- Violations may include up to $11,000 per false claim and exclusion from Federal health care programs.
- Private persons are eligible to file qui tam/whistleblower lawsuits (without threat of employer retaliation) on behalf of the Federal government
- If successful, 10-30% of recoveries may be awarded.
Compliance Line

- DMC’s confidential Compliance Line is a 24/7 hotline service available as an internal reporting mechanism for reporting illegal or unethical conduct.
- If you become aware of a situation that may jeopardize DMC’s ethical integrity, it is up to you to report it!
- Call: Compliance Line (877)-349-SUNY or
- Click on “Compliance Line” link on DMC webpage @ www.downstate.edu
Reporting ANY Violations

- Employees can report in person, by phone or in writing to anyone of the following:
  - Supervisor or responsible VP
  - Chief compliance officer
  - SUNY counsel’s office
  - Compliance line: 877-349-SUNY (anonymous)
Conflict of Interest

- A conflict of interest occurs when
  - an official's private interests may benefit from his/her public actions
  - the person is in a position of trust which requires him/her to exercise judgment on behalf of others (people, institutions, etc.) and also has interests or obligations of the sort that might interfere with the exercise of judgment, and which the person is morally required to either avoid or openly acknowledge

- Violations of conflict of interest may incur penalties, fines, disciplinary action, and dismissal
Conflict of Interest

- No Officer or Employee of a state agency
  - Should participate in any activity that may impair independence of judgment in the exercise of official duties
  - Should participate in any activity that will require disclosure of confidential information
  - Should disclose confidential information or use such information for personal interests or gains
  - Should use their position to secure unwarranted privileges or exemptions
  - Should engage in any activity that may have a direct or indirect financial interest and conflict with the exercise of official duties
Conflict of Interest

No Officer or Employee of a state agency

✓ Should permit themselves to be improperly influenced in the exercise of official duties

✓ Should make personal investments that may pose a conflict of interest between conducting official duties and private interests

✓ Should pursue a course of conduct that will raise suspicion among the public that is likely to be perceived as a violation of trust

✓ Should engage in any activities that may result in personal financial gain that result from being an officer or employee of a state agency
Professional Conduct

- Professional conducts in the workplace includes:
  - Wearing your employee identification card at all times in the hospital with photo showing and at eye level
  - Dressing appropriately and professionally, being well groomed, and having a positive attitude
  - These behaviors convey to our customers that you have pride in representing SUNY Downstate
Professional Misconduct

Examples of Professional Misconduct include:

- obtaining a license fraudulently
- practicing a profession while impaired by alcohol, drugs, physical, or mental disability
- having been found guilty of professional misconduct in another state
- permitting, aiding or abetting an unlicensed person to perform activities requiring a license
- practicing your profession with gross incompetence or gross negligence
Subject to NYS Law on Professional Misconduct

- Physicians
- Dentists
  - Dental Hygienists
- Nurses
- Pharmacists
- Physician’s Assistants
  - Specialist’s Assistants
- Physical Therapy Assistants

- Psychologists
- Social Workers
- Occupational Therapists
- Speech Pathologists
- Audiologists
- All other persons licensed pursuant to Title 8 of the NY state Education Law
Patient’s Rights

- All patients have rights
- Health care institutions must
  - advise patients of their rights under state law and hospital policy
  - provide services to patients who have physical, hearing, and speech impairments
- If the patient is unable to make decisions for himself/herself, or if the patient is a minor, these rights can be exercised on the patient’s behalf by a designated surrogate or proxy decision maker.
The patient has the right to...

1. Understand and use these rights. The hospital must provide assistance, including an interpreter, to help you understand your rights.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care.
6. Know the names, positions, and functions of any hospital staff involved in your care and refuse their treatment, examination, or observation.
The patient has the right to …

7. Receive complete information about your diagnosis, treatment, and prognosis.

8. Receive all information you need to give informed consent for any proposed treatment or procedure.

9. Receive all information you need to give informed consent for an order not to resuscitate.

10. Refuse treatment and be told what effect your decision may have on your health.

11. Refuse to take part in research.

12. Request privacy while in the hospital and confidentiality of all information and records regarding your care.
The patient has the right to ... 

13. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.


15. Receive an itemized bill and explanation of all charges.

16. Complain, without fear of reprisals, about the care and services you are receiving.

17. Authorize those family members who will be given priority to visit based on your ability to receive visitors.

18. Make known your wishes in regard to organ donation.
Patient Complaint Management

- The policy for patient complaint management recognizes and supports the rights of the patients, their families and/or significant others to freely express concerns and/or complain about the care of services received.
Who Manages and Coordinates Patient Complaints?

- Director of Patient Relations (ext 1111)
- All Complaints are forwarded to appropriate department heads for review and action
- Handled accordingly to DMC policy on confidentiality
Responsibility of DMC Employees, Volunteers, and Contract Personnel

- All complaints are taken seriously and must be reported to immediate supervisor.
- Addressing and resolving complaints must be facilitated at the unit, service or departmental level.
- If attempts to resolve complaints fail, refer to Patient Relations.
Regulatory and Accreditation Agencies
Regulatory and Accreditation Agencies

- To protect the safety of patients and employees, the medical center must comply with the standards and guidelines set forth by the following regulatory and accreditation standards:
  - The Joint Commission (TJC - formerly JCAHO)
  - NYS-DOH
  - CMS
  - EMTALA
EMTALA

- EMTALA stands for the Emergency Medical Treatment and Active Labor Act
  - Also known as the Patient Transfer Act or the Anti-Dumping Law

- Requires a hospital to provide an appropriate medical screening examination to any person who comes to the hospital emergency department and requests treatment or an examination for a medical condition
EMTALA

• If the examination reveals an emergency medical condition, the hospital must also provide either necessary stabilizing treatment or an appropriate transfer to another medical facility

• Applies to all hospitals that participate in the Medicare program and offer emergency services and covers all patients treated at those hospitals, not just those who receive Medicare benefits
EMTALA

• All SUNY Downstate Medical Center and University Hospital of Brooklyn employees, staff, and physicians are responsible for ensuring that EMTALA regulations are followed

• Examples of Emergency Medical Conditions
  - emergency condition
    - Acute MI (Heart Attack), Stroke, Seizure, Pain
  - condition that may place the patient’s health in jeopardy
    - psychiatric condition, substance abuse
  - condition that threatens to impair bodily functions unless immediate medical attention is provided
Medical Screening Examination (MSE) Process

• The MSE may never be delayed to inquire about financial or insurance information
• The MSE must be conducted by a qualified medical professional
• The facility must provide appropriate services to the patient in order to evaluate, treat or stabilize the emergency medical condition
• If the MSE reveals that no emergency medical condition exists, EMTALA regulations no longer apply
• Once a patient has been evaluated, treated, and admitted to the hospital for acute, inpatient care, EMTALA regulations no longer apply
Transfer to Other Facilities

• In the event that a patient must be transferred to another facility for further evaluation and treatment, the following steps must be taken:
  – the patient should be stabilized prior to transfer
  – in the case where the patient cannot be stabilized at the time of transfer, the medical record must document that the benefits and risks associated with an unstable transfer were considered

• The other facility must be contacted by a designated member of the Emergency Department to request the transfer of the patient
Transfer to Other Facilities

- The medical record must contain sufficient information regarding the patient’s condition and transfer including:
  - Time and means of arrival to UHB
  - Condition on arrival to UHB
  - Results of the MSE
  - Evaluation, treatment, and testing provided to the patient at UHB
  - Summary of telephone transfer arrangements with the other acute care facility
  - Reason for transfer from UHB
  - Condition at the time of transfer

- The transferring physician at UHB must complete the Transfer Certificate
  - A copy of the UHB medical record must accompany the patient upon transfer to the other facility
Emergency Department Contact

- The Emergency Department must be contacted should an employee, staff member or physician encounter:
  - A patient presenting to any campus location who appears to have an emergency medical condition
  - A pregnant patient who appears to be in active labor

- A telephone request for a patient transfer from another facility
  - in the case of a transfer from another facility, all personnel are required to comply with UHB policy and procedure number ADM-31 “Transfer of Patients with Emergency Medical Conditions to UHB from another Acute Care Facility”
Center for Medicare and Medicaid Services – CMS

- CMS
- A federal agency within the U.S. Department of Health and Human Services that is responsible for
  - overseeing the Medicare, Medicaid, and HIPAA requirements
  - ensuring that hospitals comply with the conditions of participation for Medicare programs
New York State
Department of Health-NYSDOH

• The NYSDOH is charged with assessing hospital compliance with health care and safety-related Rules and Regulations through routine surveys, investigations of patient complaints, and/or incidents reported by the facility through NYPORTS (New York Patient Occurrence and Tracking System)

• All hospitals in New York State must comply with the established New York Code Rules and Regulations
The Joint Commission

- The Joint Commission is an accreditation agency that assesses hospital compliance with established functions and guidelines related to:
  - Ethics, Rights, and Responsibilities
  - Provision of Care, Treatment, and Services
  - Competency and Credentialing
  - Medication Management
  - Surveillance, Prevention, and Infection Control
  - Leadership
  - Management of the Environment of Care
  - Management of Human Resources
  - Management of Information
  - Medical Staff
  - Nursing Staff

Patients May Contact The Joint Commission by dialing 1-800-994-6610.
Patient Safety Standards
Definitions

• **Patient Safety**
  - is a process that guards against any adverse condition occurring in a patient as a result of testing or treatment by caregiver(s).

• **Medical Error**
  - is the failure of a planned action to be completed as intended (i.e., error of execution) of the use of a wrong plan to achieve an aim
Who is Responsible for Patient Safety?

- *All hospital employees*
- We strive to provide a blame free culture. Any employee who observes a patient safety risk should immediately report it to his/her direct supervisor.
- All employees have the right to report safety concerns to the Joint Commission. The hospital will take *no disciplinary action* because an employee reports safety or quality of care concerns to the Joint Commission.
- Hospital encourages/supports staff that report actual or potential errors.
2012 National Patient Safety Goals
NPSG 1: Identify Patients Correctly.

- Use at least two patient identifiers (neither to be the patient’s room number)
  - Inpatients: Verify patient’s stated First Name, Last Name, and Date of Birth with patient ID band.
  - For patients with the same first and last name, or same DOB, check Medical Record Number
  - Outpatients: Verify patient’s First Name, Last Name, and Date of Birth with patient or surrogate.
  - In Psychiatry & Radiation Oncology, in addition to the above, photograph of patient is also required for identification.
  - Whenever administering blood or blood products; taking blood samples and other specimens for clinical testing, administering medications, or providing any other treatment or procedures
NPSG 1: Identify Patients Correctly.

• Ask the patient (or surrogate) to state the patient’s first and last name aloud.
  - DO NOT state the patient's name before the patient (or surrogate) does
  - Patients have been known to respond to names other than their own.
NPSG 1: Identify Patients Correctly.

- Compare the patient’s full name (first and last), DOB, and/or medical record number on the procedure, medication, specimen, transfusion forms, etc., to those on the patient’s identification band.
- For patient’s without an identification band (i.e., Ambulatory Care), ask the patient’s full name, and at least one of the following: DOB, or medical record number, or other identifiers as per Policy PTSAF-03.
- Photo is also required for Psychiatry and Radiation Oncology.
NPSG 1: Identify Patients Correctly.

• Label specimens *in the patient’s presence*
• Verify that all identifiers on the specimen, related forms and the identification band correspond exactly
  - *Note* - For blood transfusions, the hospital policy requires a signed and dated blood bank requisition and label on the specimen tube.
  - *Note* - Place the chart copy of the Transfusion Slip that accompanies each blood product in the patient’s medical record (chart) immediately following each transfusion.
NPSG 2: Improve staff communication.

For verbal or telephone orders or for telephonic reporting of critical test results
- Write down the order or result
- Verify the order or test result by having the person receiving the order or test result “readback” the complete order or test result

Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values

Implement a standardized approach to “hand off” communication, including an opportunity to ask and respond to questions - SBAR
NPSG 3: Use medicines safely.

Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.

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

Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the hospital.

A complete list of the patient medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

The complete list of medications is also provided and explained to the patient, as needed, the family on discharge from the facility. For a minimal use of medication, modified medication reconciliation is done to the patient on discharge from the facility.
• 1. Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented; a list may be used for documentation, but a separate list is not required.
  - Note 1: The hospital defines the types of medication information (for example, dose, route, frequency) to be collected in different settings and patient circumstances. Examples of such settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, diagnostic settings, behavioral health, and other locations where medications may be prescribed.
  - Note 2: Current medications include those taken at scheduled times and those taken on an as-needed basis.

• 2. Define the types of medication information to be collected in non-24 hour settings and different patient circumstances.
  - Note 1: Examples of non-24 hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.
  - Note 2: Examples of medication information that may be collected include name, dose, route, frequency, and purpose.
3. Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify discrepancies.
   - Note 1: The patient’s medication information is updated during the patient’s stay in the hospital to reflect new and revised medication orders and to resolve any discrepancies. Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the hospital, does the comparison.

4. Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter.
   - Note 1: Providing the patient written medication information is necessary only when medications are deleted or added or doses or frequencies are changed during the encounter or stay within the hospital. When the only additional medications prescribed are for a short duration, the medication information the hospital provides includes only those medications.

5. Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.
   - Note 1: Examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are deleted, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.

Evaluate the effectiveness of the medication reconciliation process as illustrated in the introduction to this goal.
NPSG 7: Prevent infection.

- Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Center for Disease Control and Prevention (CDC) hand hygiene guidelines.
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- Prevent
  - Multidrug Resistant Organism
  - Central Catheter Associated Blood Stream Infections
  - Surgical Site Infections
UNIVERSAL PROTOCOL (UP 1)

- Conduct a pre-procedure verification process to ensure ...
  - Correct person
  - Correct site
  - Correct procedure
- Mark the operative site with INITIALS of the surgeon/interventionist
- Conduct a ACTIVE “time-out” immediately before starting the procedure

It’s Not Just For The OR!!!!!
“Time-Out”

- Initiated by a designated member of the team (i.e., Registered Nurse)
- During a time-out
  - activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure
  - it involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, OR technician, etc.
Time-Out for Multiple Procedures

- When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated.
  - During the time-out, the team members agree, at a minimum, on the following: a) Correct patient identity, b) Correct site, c) Correct procedure.
  - Document the completion of the time-out.
Sentinel Event

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, a “near miss”
What are Examples of Sentinel Events?

- Medication errors that result in harm to patients
- Wrong site Surgery
- Inpatient Suicide
- Infant Abduction
- Infant discharge to the wrong family
- Operative and post-operative complications
- Blood transfusion error
How do we investigate a sentinel event?

• The goal of a Root Cause Analysis is to find out
  – What happened
  – Why did it happen
  – What to do to prevent it from happening again.

• Root Cause Analysis is a tool for identifying prevention strategies. It is a process that is part of the effort to build a culture of safety and move beyond the culture of blame.

• Root Cause Analysis is:
  – Inter-disciplinary, involving experts from the frontline services
  – Involving of those who are the most familiar with the situation
  – Continually digging deeper by asking why, why, why at each level of cause and effect.
  – A process that identifies changes that need to be made to systems
  – A process that is as impartial as possible
Incident Occurrences

- For the purpose of hospital procedure, an incident/occurrence can be defined as any event that is not consistent with the desired operation of the hospital, or the care of patients.

- An incident may be an event in which a patient is injured, or it may be an event in which there is a high potential for injury and/or property damage.

- Document on a Patient Incident Report Form
Reporting Employee Accidents/Incidents

- Employee Accident and Investigation Report Form (E.A.R.)

- Employee incidents should be reported immediately to the supervisor of the employee involved
Failure Mode & Effects Analysis (FMEA)

• What is a failure modes and effect analysis?
  A failure modes and effect analysis (FMEA) is a simple technique which identifies the potential problem areas of a product or a process and initiates corrective action to reduce harm. We use FMEA’s in hospitals to identify processes that could result in patient harm.

• The steps in conducting an FMEA are:
  - Describe each part of a process
  - Identify what could go wrong
  - Identify how much harm could occur to a patient if something went wrong
  - Plan action to improve the process to reduce the likelihood of patient harm
Information Management and Security
Who is Responsible for Protecting the Confidentiality of Patient Information?

You Are!

Healthcare workers, volunteers, educators, researchers, students, contractual workers, vendors, and all others who may have access to and/or handle data in the hospital

Patient information is confidential!
HIPAA

HIPAA stands for Health Insurance Portability and Accountability Act

Safeguards to protect and maintain confidentiality of patient’s health information

This information is called Protected Health Information or PHI
Notice of Privacy

A Notice Of Privacy

must be given to every patient the first time they are provided with services
describes the patients’ rights in regard to their “protected health information” or PHI and what our responsibilities are in protecting those rights

patients must authorize the use or disclosure of their information that is not for treatment, payment or healthcare operation purposes

lets patients know that they can

have access to their information
request an amendment to their information
request that we communicate with them at an alternate phone number or address
request for an accounting of all the disclosures we made of their PHI
Patient Confidentiality

- To maintain patient confidentiality, employees must
  - Verify the identity of the requestor of PHI
    - Employees must show hospital ID
    - Patients must show photo ID
    - Public officials must present a badge or agency letterhead
  - Provide the minimum information needed to accomplish the intended function
    - EVEN TO OTHER INTERNAL EMPLOYEES
  - An entire medical record may not be disclosed or shared with another individual unless there is a need to view the information contained in the record
HIV/AIDS Confidentiality

Confidential HIV information is:
- Any information indicating that a person has been tested for HIV
- Has HIV infection or related illness
- Has AIDS
- Any information that could indicate potential exposure to HIV

Information related to HIV/AIDS status should be recorded in the patient’s medical record.

Information regarding HIV/AIDS status should only be discussed among members of the health care team who are directly responsible for the care of the patient.
Safeguards

Employees must always use reasonable safeguards to protect PHI in its various forms:

- Physical
- Electronic
- Oral
- Telephone
- Faxing
- Email
Safeguards

Physical Safeguards
- DO NOT leave PHI on top of nursing stations or conference tables
- DO NOT discard PHI in regular trash cans
- Use a shredder
- DO NOT leave rooms or cabinets containing PHI unlocked

Electronic Safeguards
- Exit information systems before leaving a workstation
- DO NOT share passwords or log on IDs with other personnel

Oral Safeguards
- DO NOT discuss PHI in public areas
  - For example: waiting room, cafeteria, elevator, hallway

Telephone Safeguards
- Verify identity of caller using caller ID or call back
- If identity cannot be confirmed, caller should FAX the request on appropriate letterhead before disclosing PHI

FAXing Safeguards
- Use Downstate HIPAA cover page
- Call to confirm receipt of the fax and auditing of pre-programmed numbers

Email Safeguards
- DO NOT send PHI externally via email without encrypting it first
The New Magnet Model
Magnet Vision

- ... will serve as the fount of knowledge and expertise for the delivery of nursing care globally.
- ... solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation.
- ... will lead the reformation of health care; the discipline of nursing; and care of the patient, family, and community.
Transformational Leadership

The organization's senior leadership team creates the vision for the future, and the systems and environment necessary to achieve that vision. They must enlighten the organization as to why change is necessary, and communicate each department's part in achieving that change.

They must listen, challenge, influence, and affirm as the organization makes its way into the future. Gradually, this transformational way of thinking should take root in the organization and become even stronger as other leaders adapt to this way of thinking.
Structural Empowerment

- Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision, and values come to life to achieve the outcomes believed to be important for the organization.

- This is accomplished through the organization's strategic plan, structure, systems, policies, and programs. Staff need to be developed, directed, and empowered to find the best way to accomplish the organizational goals and achieve desired outcomes.
Exemplary Professional Practice

- The true essence of a Magnet organization stems from exemplary professional practice.
- The goal of this Component is more than the establishment of strong professional practice; it is what that professional practice can achieve.
New Knowledge, Innovation, & Improvements

- Strong leadership, empowered professionals, and exemplary practice are essential building blocks for Magnet-recognized organizations.
- Magnet organizations have an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements.
Empirical Quality Outcomes

"What difference have you made?"

Magnet-recognized organizations are in a unique position to become pioneers of the future and to demonstrate solutions to numerous problems inherent in our healthcare systems today.

Quantitative benchmarks should be established. These outcomes will represent the "report card" of a Magnet-recognized organization, and a simple way of demonstrating excellence.
<table>
<thead>
<tr>
<th><strong>MODEL COMPONENTS</strong></th>
<th><strong>FORCES OF MAGNETISM</strong></th>
</tr>
</thead>
</table>
| Transformational Leadership | >> Quality of Nursing Leadership  
                      Force #1  
                      >> Management Style Force #3 |
| Structural Empowerment | >> Organizational Structure Force #2  
                      >> Personnel Policies and Programs  
                      Force #4  
                      >> Community and the Healthcare Organization Force #10  
                      >> Image of Nursing Force #12  
                      >> Professional Development  
                      Force #14 |
| Exemplary Professional Practice | >> Professional Models of Care  
                      Force #5  
                      >> Consultation and Resources  
                      Force #8  
                      >> Autonomy Force #9  
                      >> Nurses as Teachers Force #11  
                      >> Interdisciplinary Relationships  
                      Force #13 |
| New Knowledge, Innovations, and Improvements | >> Quality Improvement Force #7 |
| Empirical Quality Outcomes | >> Quality of Care Force #6 |
Customer Service occurs whenever a customer (patient, family, visitor) comes into contact with any aspect of DMC.
Who Are Our Customers?

Our customers come from diverse cultural, ethnic, linguistic, spiritual, educational, and social backgrounds.

Our customers include:
- Our Patients
- Their Families
- Each Other
- The Community
There are universal human needs that need to be recognized in all individuals. They include the need to:

- feel welcome and receive attention
- receive timely service
- feel comfortable
- be understood
- receive help or assistance when required
- be recognized and remembered as an individual
- feel appreciated
PROMOTING CUSTOMER SATISFACTION INCLUDES:

- Establishing rapport/friendly relationships
- Listening with accuracy
- Anticipating customer concerns and needs
- Demonstrating dedication and decorum
MAJOR DO’S AND DON'TS OF CUSTOMER SERVICE

**Don’t Say:**
- I don’t know
- No
- That’s not my job
- You want it by when?
- I’m too busy!

**Do Say:**
- I’ll find out
- How can I assist you
- This is who can help you
- Let’s find a solution
- I’ll find someone to help you
CUSTOMER SERVICE FACTS:

- A dissatisfied customer will tell 10-20 people about their experience
- A satisfied customer tells only 1-2 people
- Customers don’t care that “it’s against policy,” they want to know what you can do for them
- Our hospital’s reputation can improve or decline based on how well we met our customers’ needs
- Excellent customer service helps ensure job security
- Most customers don’t make a fuss when they are dissatisfied, they simply don’t come back
- Do not criticize your company in front of customers. It gives them a negative impression
How can you create a positive impression for customers?

- Welcome/Greet the customer.
- Use customer’s name.
- Introduce self and role.
- Smile, make eye contact.
- Use touch
  - ask first !!!
  - handshake or touch customer’s arm, as appropriate
- Make customer comfortable—both physically and emotionally
- Be polite
- Treat customer with respect
- Recognize customer as an intelligent being
- Give full attention/listen
- Use appropriate language - do not talk down to the customer or speak over their heads
What are some techniques you can use to effectively communicate with Customers???

- Listen effectively/attentively
- Be sensitive to nonverbal clues
- Give positive cues to customer
- Express concern
- Nod in agreement
- Maintain direct eye contact
- Paraphrase their questions to confirm understanding
- Ask questions to clarify
- Speak clearly and slowly
- Reveal what you CAN do
- Explain reasons (avoid “it’s policy”)
- Explain process for care and procedures
- Work to educate and inform
- Offer alternative solutions
- Be authentic, genuine
Cultural Competency in Healthcare
What is Culture?

- “the learned and shared beliefs, values, and lifeways of a designated or particular group which are generally transmitted intergenerationally and influence one’s thinking and action modes” (Leininger, 1995)

- “health and illness states are strongly influenced and often primarily determined by the cultural background of an individual” (Leininger, 1970)
Our patients are diverse. Let’s see just how diverse they are.

- 30% of US population are ethnic minorities
  - By 2050, 50% of the U.S. population will be ethnic minorities
- 28 million are foreign born
- 47 million people speak a language other than English at home
  - Over 300 languages are spoken in the USA
- Ethnic minorities are poorly represented among US healthcare professionals
  - 6% of physicians
  - 9% of nurses
- This discrepancy leads to
  - Poor Health Outcomes
  - Health Disparities
What Is Culturally Congruent Care?

- refers to the use of sensitive and meaningful care to fit with a person's values, beliefs, and lifestyles. This may mean helping them with difficult life situations, disabilities, or death. (adapted from Leininger, 2002)
Why Do We Need To Become Culturally Competent Healthcare Providers?

• Misunderstandings may occur due to language barriers
• Poor communication can lead to medical errors and mistrust
• Doctor shopping, late presentation of disease, and inappropriate use of the ED can arise from mistrust of medicine and dissatisfaction with care that is not culturally responsive
• Lack of cultural competence and understanding of a patient’s health beliefs can contribute to non-compliance, poor health outcomes, and widespread racial/ethnic disparities
How do I become Culturally Competent?

- Being culturally competent **DOES NOT** mean you know everything about every cultural group you work with.

- Know your own cultural beliefs and practices—think about how your culture and upbringing affect you.

- Learn about the beliefs and values of other people from other cultures.

- Integrate these values into the plan of care.

- Treat each patient as an individual.
Standards and Guidelines

- The organizations below have developed Standards and Guidelines to ensure that we meet the culture care needs of patients and their families
  - Institute of Medicine
    - Core Competencies for Health Care Professionals
  - Joint Commission
    - Standards for Cultural Competency in Health Care
  - Office of Minority Health
    - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care
Culturally and Linguistically Appropriate Healthcare Services (CLAS Standards)
CLAS Standards

1. Effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

2. Strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
CLAS Standards

3. Staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

4. Language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
CLAS Standards

5. Provide patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

6. Competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
CLAS Standards

7. Easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

8. Written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
CLAS Standards

9. Initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

10. Data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
CLAS Standards

11. Current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

12. Participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
CLAS Standards

13. Conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

14. Public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.
L.E.P.

Limited English Proficiency
Definitions of Language Services

• **Interpreter** - a multilingual employee

• **Language assistance coordinator** - responsible for carrying out, overseeing, and ensuring full implementation of language service policies and procedures
Definitions of Language Services

• **LEP patient** – patients whose primary language is not English and who cannot speak, read, write or understand the English language at a level sufficient to permit such patient to interact effectively with health care providers
Why Provide Language Services?

- Title VI of the 1964 Civil Rights Act
- Joint Commission Standards
- 405.7 Patient’s Rights
- State and Federal Regulations
- Less Risk for Healthcare Practitioners
What Populations Are Targeted?

- Limited English Proficient
- Vision Impaired and Deaf
- Persons with Mental, Developmental, and/or Physical Disabilities
  - Non-verbal
  - Limited verbal ability
  - Limited ability to comprehend and communicate complex medical information
L.E.P. Program

• Ensures all patients who require language assistance to receive interpretation at no cost to them
• Provides meaningful access to hospital services
  - Interpreters
  - Cyracom phones-If patient’s bedside phone is not turned on, dial 5300
  - Translated documents
  - Deaf Talk - For patients who are deaf
  - TTY [telephone telegraphy]
Requirements

• Language Assistance Coordinator
• Development of Policies and Procedures for the Plan
• Management of skilled interpreters for L.E.P. patients and with vision and/or deaf individuals
• Annual needs assessment of area population
• Translation of significant hospital forms and instructions will be available for languages serving our communities' needs, i.e. Spanish, Haitian Creole
Meeting an L.E.P. Patient, What to Do?

- Inform Patients of Their Right to Free Language Assistance Services
- Identify a L.E.P. Patient’s Language
- Time Limit on Securing Language Assistance Services
- Documenting Services Provided in Patient’s Chart
What Happens If A Patient Refuses Our Interpreting Services?

• If a patient refuses our services
  • Bi-lingual Staff Interpreter
  • Cyracom Phone
  • Agency Interpreter

- DOCUMENT, DOCUMENT, DOCUMENT!
What Not to Do!

• DO NOT ask children younger than 16 years of age to interpreter
  - EXCEPTION TO THE RULE
    • Only in an Emergency
• DO NOT use family members, friends or non-hospital personnel as interpreters, unless;
  - the patient agrees to their use
  - free interpreter services have been offered and patient refuses
INFECTION CONTROL

• This section contains the following topics:
  – Hand Hygiene
  – Transmission of Infection
  – Standard/Universal Precautions
  – Isolation Procedures
  – Safe Injection Practices
Compliance with Hand Hygiene and Isolation Precautions

• Hand Hygiene is the single most important way to prevent the transmission of infections.

• Compliance with isolation procedure reduces the potential for the spread of communicable diseases and multi-drug resistant pathogens.
Wash/Sanitize Your Hands Before & After Each Patient Contact, Before Donning and After Removing Gloves

• Use a waterless product if hands are not visibly soiled before contact with the patient and/or equipment (e.g. monitors, bedside table, or other equipment in the patients’ environment)

AND

• Use a waterless product, ONLY if hands are not visibly soiled, after contact with the patient and/or equipment (e.g. monitors, bedside table, or other equipment in the patients’ environment).
Wash/Sanitize Your Hands Before & After Each Patient Contact, Before Donning and After Removing Gloves

• Use soap & water if hands are visibly soiled or if the patient has a spore forming pathogen such as *C. difficile*

• Wash your hands for 15 seconds each time (say 1:1000 through 1:1500 or sing the happy birthday song twice).
In addition to Standard Precautions

**Visitors, Please report to Nurse before entering patient's room!**

<table>
<thead>
<tr>
<th><strong>Hand Hygiene</strong></th>
<th>Upon entering room wash or sanitize hands, and also before and after each patient contact. Use soap and water for spores</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOWNS</strong></td>
<td>Use fluid resistant gowns if splashing is likely as per Universal/Standard Precautions (UP).</td>
</tr>
<tr>
<td><strong>Personal Protective Equipment (PPE)</strong></td>
<td>Don a N95 Respirator mask upon entry into the patient room. Use goggles or mask with face shield as indicated.</td>
</tr>
<tr>
<td><strong>GLOVES</strong></td>
<td>Wear gloves for touching patient or any equipment in the immediate area</td>
</tr>
<tr>
<td><strong>Patient Transport</strong></td>
<td>Limit Transport and movement of patients to <strong>medically-necessary purposes</strong>. Cover patient with a sheet and instruct patient to <strong>wear a surgical mask</strong> if possible. Ensure proper Respiratory Hygiene and Cough Etiquette standards are followed. Staff must wear the applicable respiratory protective device e.g. <strong>N95 Respirator</strong></td>
</tr>
<tr>
<td><strong>WASTE</strong></td>
<td>Dispose of items containing blood in Red Bags. Dispose of sharps in rigid containers.</td>
</tr>
</tbody>
</table>
Isolation Precautions Requirements

• **Use Respiratory Airborne Precautions – color coded BLUE:**

• diseases known to be transmitted via the airborne route - TB, Varicella Zoster

• **Single Room** - Airborne Infection Isolation Room (AIIR) with negative pressure or portable HEPA filter

• Wash hands before and after patient contact, (N95 Respirator required for TB; fluid resistant gown ONLY to be worn when performing procedures where soiling is anticipated.
Personal Protective Equipment (PPE)
Don a surgical mask upon entry into the patient room or cubicle.
Use goggles or mask with face shield when splashing is likely as per Universal/Standard Precautions

GLOVES
Wear gloves for touching patient or any equipment in the immediate area

Patient Transport
Limit Transport and movement of patients to medically-necessary purposes.
Cover patient with a sheet and instruct patient to wear a surgical mask if possible.
Ensure proper Respiratory Hygiene and Cough Etiquette standards are followed. No mask is required for persons transporting patients on Droplet Precautions.

WASTE
Dispose of items containing blood in Red Bags.
Dispose of sharps in rigid containers.
Isolation Precautions Requirements

• **Use Droplet Precautions – Color code Green:** diseases known to be transmitted via respiratory droplets - Invasive meningiococcal disease, pertussis, H1N1

• Single room preferred, can cohort. Maintain spatial separation of 3 feet.

• Wash hands before and after each patient contact; surgical mask is required – (N95 Respirator required for H1N1), fluid resistant gown ONLY worn when performing procedures where soiling is anticipated.
### CONTACT PRECAUTIONS

In addition to Standard Precautions

Visitors, Please report to Nurse before entering patient’s room!

| **Hand Hygiene** | Upon entering room wash or sanitize hands, and also before and after each patient contact. Use soap and water for spores (e.g., *c. difficile*). |
| **GOWNS**       | Wear gowns for any close contact with patient Use fluid resistant gowns if splashing is likely. |
| **Personal Protective Equipment (PPE)** | Don a mask upon entry into the patient room or cubicle. Use goggles or mask with face shield as indicated. |
| **GLOVES**      | Wear gloves for touching patient or any equipment in the immediate area |
| **Patient Transport** | Limit Transport and movement of patients to medically-necessary purposes. Cover patient with a sheet and follow Respiratory Hygiene/Cough Etiquette. |
| **WASTE**       | Dispose of items containing blood in Red Bags. Dispose of sharps in rigid containers. |
Isolation Precautions Requirements

• **Contact Precautions – Color coded Orange:**
  • patients with multi-drug resistant pathogens including MRSA, VRE, ESBL, *C. difficile*, or with diseases known to be transmitted by direct contact or indirect contact with contaminated objects.
  
  • Single room preferred, can cohort. Maintain spatial separation of 3 feet.
  
  • Wash hands before and after each patient contact; gowns worn for close contact (touching patient, or patient care equipment, transporting patient). Fluid resistant mask/face shield, fluid resistant gown worn when performing procedures where splashing & soiling is anticipated.
SOURCES OF INFECTION

• Sources of infection include
  – patients, employees, or visitors with active disease, incubating or in a carrier state
  – Contaminated objects may also be a potential source of infection
SPREAD OF INFECTION

For infections to spread you need a(n)
1. Infectious Agent
2. Source/Reservoir
3. Means of transmission
   - Contact, indirect contact, droplets, airborne, common vehicle or vector
4. A susceptible host
5. Portal of entry
6. Portal of exit
STANDARD/Universal PRECAUTIONS

• are used when caring for **ALL** patients
• includes hand washing/hand hygiene regardless of whether gloves are worn
• wearing gloves when handling all body fluids, secretions, and when handling items soiled with blood or body fluids
• requires the use of protective equipment (gloves, masks, gowns, goggles) when performing procedures that may require contact with
  • blood
  • body fluids
  • secretions (except sweat)
  • non-intact skin and mucous membranes, or
  • any item soiled or contaminated with any of these substances

• changing gloves after each patient contact
• take precautions to prevent injuries when using needles or other sharp instruments
• making sure immunizations are up to date
RESPIRATORY ISOLATION

• is used to prevent microorganisms (germs) that can travel on air currents

• it is most important that the door to the patient’s room be kept closed at all times and N95 masks (orange side up) be worn by all people entering the room

• the patient on Respiratory Isolation must wear a mask when being transported
CONTACT ISOLATION

• Contact
  – necessary to prevent microorganisms (germs) that may get on your hands after touching the patient or items in the patient’s room
  – gloves must be worn entering the room
    • other protective equipment may be recommended by the nurse (for example, gown)
• Since hand washing is the most effective means of preventing the spread of infection, all visitors are encouraged to wash their hands before and after visiting patients
DROPLET Precautions

- Use droplet precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets (i.e., large-particle droplets) that are generated by a patient who is coughing, sneezing, or talking.
- Don a mask upon entry into the patient room or cubicle.
- If transport or movement in any healthcare setting is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.
- H1N1 - Healthcare providers must wear a N 95 mask when caring for patients with the virus.
Safe Injection Practices
“One Needle, One Syringe, Only One Time”

- Providers Shall:
- Never administer medications from the same syringe to more than one patient, even if the needle is changed
- Never use the same syringe or needle to administer IV medications to more than one patient
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftovers for later use.
- If multi-dose vials must be used, both the needle and the syringe used for accessing the multi-dose vials must be sterile.
Safe Injection Practices

• The rubber septum should be disinfected with alcohol prior to piercing.
• Do not use intravenous solutions in bags or bottles as a common source of supply for multiple patients.
• Medication vials should be discarded upon expiration or any time there are concerns regarding sterility.
• Ensure proper hand hygiene before handling medications.
FALLS PREVENTION

IS

Everybody’s Business
Fall Definition

“A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor or other surface.”

This includes:

• Falling into other people
• Being lowered to the floor
• Loss of balance
• Legs giving away

_Slips and Trips may lead to “Falls”_
When You See This "Rose", Think Falls Prevention !!!
High Risk For Falls

Recharging Our Safety Efforts
Recharging Our Safety Efforts

Common Elements of Fall Risk Assessment:

- History of recent falls
- Depression
- Confusion/Disorientation
- Altered elimination
- Dizziness/Vertigo
- Alteration in functional mobility
  - Amputations
  - Musculoskeletal impairments
- Medications (For Example)
  - Antihypertensives
  - Antidepressives
  - Anticoagulants
  - Diuretics
- IV lines/equipment attached to patient
- Environmental hazards: spills, wires/cords, broken tiles/flooring
Recharging Our Safety Efforts

- Change culture.
- Assess/reassess fall risk every shift.
- Assess/reassess when patient’s condition changes
- Report environmental hazards
- Identify patient at risk for falls
- Educate the family.
- Develop a team approach to fall assessment and reassessment

Patients who are at Risk for Falls ...
- Wear non-skid red foot wear/socks
- Wear a gold neon wrist band
- Have a “Rose” sign posted at the patient’s room door or over the patient’s bed
- Patients being transported to/from procedural areas will have the “Rose” sign affixed to the front of the chart.
- The patient’s chart MUST be sent with the patient when the patient leaves the unit for procedures, surgery, transfer, etc.
This section of your Annual Mandatory Education Program includes the following topics:

- Fire Safety
- Electrical Safety
- Hazard Communication
- Radiation Safety
- Disaster/Emergency Preparedness
- Security Management
- Environmental Safety
- Magnetic Resonance Imaging – Safety Issues
A-ALARM

- Any employee discovering fire or the presence of heat and/or smoke must immediately cause an alarm by shouting “code red” and activating the fire alarm.

- Go to the nearest pull station and pull on the lever. Dial x2626, identify yourself and give the operator the exact location of the fire: building, floor, room number and your name.
A-ALARM

- Let everyone know that a fire exists.
- Shouting “Code Red”
- Pull a fire alarm box
- Call x2626 for the University Police
R-ESCUE/R-EMOVE

- Rescue/Remove anyone in immediate danger
- Make certain that all patients or employees are removed from immediate danger of fire or smoke, if possible
Don’t allow smoke and fire to spread
Contain fire by closing doors and windows
Move combustible materials away from the fire area
Close all doors and windows to confine the fire, smoke, heat or gases.
Keep office doors closed
E-EVACUATION

- In the event that an evacuation is necessary, the first stage is a horizontal evacuation to the adjacent compartment (i.e. east/west across the double corridors doors)
- A vertical evacuation maybe required an executed at the direction of the Fire Marshal
- Employees, clients and visitors are moved downward and out of the building
- Elevators are not to be used for evacuation
E-EXTINGUISH

- If the fire is small, you may attempt to put it out with the appropriate extinguisher.
- **Use an extinguisher only after you have initiated an alarm and rescued anyone in danger.**
- Do not attempt to extinguish the fire if in doing so you endanger yourself or anyone else.
FIRE EXTINGUISHERS

- The most common type of fire extinguisher on our campus is:
- “A,B,C” Dry chemical Fire Extinguisher. They can be used on the following types of fires:
  - ordinary combustible fires
  - flammable liquid fires
  - electrical equipment fires
CLASS A FIRES

- Ordinary combustibles
  - Wood
  - Paper
  - Plastic
  - Garbage
CLASS B FIRES

- Flammable liquids
  - Gasoline
  - Kerosene
  - Solvents
  - Oil
CLASS C FIRES

- Energized electrical equipment
  - Appliances
  - Switches
  - Panel boxes
  - Power tools
HOW TO USE A FIRE EXTINGUISHER

- Pull
- Aim
- Squeeze
- Sweep
When to use the phrase “Code Red”

- When a fire situation is discovered the term “Code Red” shall be called out loud by any personnel.
- Any person hearing the phrase “Code Red” shall go to the aid of that person calling the “Code Red”
- Any person in the area upon hearing “Code Red” called out loud shall pull the fire alarm.
- If the alarms are inoperative call/dial “x2626”. State “Code Red”
Procedures Used in Case of a Fire Alarm

- Do not use elevators
- Do not transport patients until code race is cleared
- Close all doors and windows
- Keep telephone lines clear (answer only)
- Wait for “all clear” signal
- Nursing personnel must know location of unit’s oxygen shut off valve
- The charge nurse is responsible for turning off the oxygen shut off valve in case of a fire emergency
**Bells, Bells, Bells:**
What do they mean when the fire is not in your area?

- If the fire is not in your area you should count the bell codes to determine the location of the fire. These codes are found on the fire alarm charts located next to every staircase.

  - For example:
    - 5-1-1 (Cafeteria)
    - 5 = Hospital Building
    - 1 = Staircase #1
    - 1 = 1st Floor
SUNY - DOWNSTATE MEDICAL CENTER

FIRE ALARM CHART (sample)

In case of fire, follow instructions in the fire plan, R - A - C - E. Activate the nearest fire alarm if fire or smoke is visible. Then, immediately notify University Police ext. 2626, who will call the NYC Fire Department (911 or 636-1700 or 999-4444

<table>
<thead>
<tr>
<th>ALL CLEAR 1-1-1-1</th>
<th>TOTAL EVACUATION 3-3-3-3</th>
<th>DISASTER ALARM 4-4-4-4</th>
<th>OFFSITE FIRE (HSEB) 7-7-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Signals end of emergency</td>
<td>- For complete building evacuation</td>
<td>- Signals start of Disaster Plan</td>
<td>- Signals fire emergency in HSEB</td>
</tr>
<tr>
<td>- Activated by OPERATOR</td>
<td>- Activated by UNIVERSITY POLICE</td>
<td>- Activated by UNIVERSITY POLICE</td>
<td>- Emergency Team report to HSEB lobby</td>
</tr>
</tbody>
</table>

UNIVERSITY HOSPITAL

<table>
<thead>
<tr>
<th>FLOORS</th>
<th>Stair “1”</th>
<th>Stair “2”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Basement</td>
<td>7-1-1-2</td>
<td>7-2-1-2</td>
</tr>
<tr>
<td>Basement</td>
<td>7-1-1-1</td>
<td>7-2-1-1</td>
</tr>
<tr>
<td>1st Floor</td>
<td>7-1-1 Cafeteria</td>
<td>7-2-1</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>7-1-2</td>
<td>7-2-2</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>7-1-3</td>
<td>7-2-3</td>
</tr>
<tr>
<td>4th Floor</td>
<td>7-1-4</td>
<td>7-2-4</td>
</tr>
<tr>
<td>5th Floor</td>
<td>7-1-5</td>
<td>7-2-5</td>
</tr>
<tr>
<td>6th Floor</td>
<td>7-1-6</td>
<td>7-2-6</td>
</tr>
<tr>
<td>7th Floor</td>
<td>7-1-7</td>
<td>7-2-7</td>
</tr>
<tr>
<td>8th Floor</td>
<td>7-1-8</td>
<td>7-2-8</td>
</tr>
<tr>
<td>Penthouse</td>
<td>7-1-9 Absorbers</td>
<td>7-2-9</td>
</tr>
</tbody>
</table>

SPRINKLER ALARMS

All Water Flow Alarms are 10-1

SMOKE & DUCT DETECTORS

All Smoke & Duct Detectors are 10-2

If any sprinkler alarm or smoke detector alarm is activated, Emergency Response Team must check with the Control Room, x2810, for exact location.
Attention!!!

- Don’t waste time. While someone is activating the alarm, other personnel should begin to Remove individuals from the area of immediate danger, close windows and doors
- Always remain as calm as possible
- Communicate and work together as a team
Hazardous Materials & Wastes Management

- The Right-To-Know Law or Hazard Communication Standard require employers to give information pertaining to hazardous materials in the workplace. Upon an employee’s request, the employer shall provide a material safety data sheet (MSDS) specific to the chemical
Hazardous Materials & Wastes Management...

- The Material Safety Data Sheet or MSDS, is a document supplied by the chemical manufacturer that describes the characteristics of their products.
How to Gain Access to Material Safety Data Sheet (MSDS) On-line

- Please follow all instructions carefully. If any difficulties are encountered while trying to gain access to this information, please call the Environmental Health and Safety Office at x5212 or x1216.
- 1. Go to www.downstate.edu
- 2. On the left side of the computer screen, there is a list of services offered by SUNY. Click on the “Administration”
- 3. Scroll Down to “Intranet”
- 4. Click On: “Material Safety Data Sheets”
- 5. A search page comes-up with the following information:
  - Common Name: ________________________________
  - Manufacture Name: ________________________________
  - Full Text: ______________________________________
- 6. Type in name of chemical or the manufacturers’ name, whichever is applicable/available. Then click on the ‘Search option’.
- 7. If no results came up when using the name of the chemical or the manufacturer’s name, a full-text search with name of the chemical can also be done to find the available information.
Hazardous Materials & Wastes Management…

- Hazard waste consist of the following categories:
- *Regulated medical waste or infectious waste*
- *Chemical waste*
- *Radioactive waste*
Regulated Medical Waste

- The General Categories of regulated medical waste are:
- Clinical sharps that include but are not limited to:
  - Medical needles
  - Scalpel blades
  - Glass slides
  - Blood vials
Regulated Medical Waste...

- Human blood and blood products, including plasma and blood-soaked materials
- Human pathological materials: 
  - Body tissues
  - Organs
  - Fluids
Regulated Medical Waste...

- Culture and stocks of:
  - Infectious agents
  - Vaccines
  - And the items contaminated by these materials
Regulated Medical Waste...

- Animal pathological materials:
  - Animal tissues
  - Organs
  - Body fluids
  - Carcasses
  - And beddings
- Any item that has the bio-hazard symbol on it
Handling Regulated Medical Waste

- Regulated medical wastes are placed in red bags, specially designed and marked containers and removed from site for decontamination or destruction.

- Regulated medical waste is never mixed with regular garbage.
Chemical Waste Disposal

- Chemical wastes are any liquid, solid or gaseous substances which are flammable, have toxic properties, can cause air and water pollution if released into the atmosphere, or produce adverse physiological reaction.
Handling of Chemical Waste

- Disposal of chemical wastes is handled by the Office of Environmental Health & Safety @ Ext. 2395.
- The waste must be in appropriate containers with labels of the waste’s identity or composition
Radioactive Waste Disposal

- Radioactive materials are solid, liquid, or gaseous substances that emit ionizing radiation.
- When they lose their radioactive properties, they can be disposed of as chemical waste.
Handling of Radioactive Waste

- Procurement of radioactive materials and disposal of radioactive waste are coordinated by the Office of Radiation Physics @ ext1423
Electrical Safety

- Extension cords used from household are prohibited
- Power strips with a circuit breaker are permitted
- Inspect all equipment and cords for damaged wiring, plugs, cords, EKG leads, etc.
- Check to ensure equipment inspection sticker is up to date prior to use
Electrical Safety…

- Use caution when operating electrically powered equipment around sources of water (sinks, wet floors)
- If equipment does not operate properly, turn it off, unplug it, affix a defective tag, notify supervisor and send equipment for repair
- Send all malfunctioning medical equipment to SMIC Department
Electrical Safety...

- Any equipment or Biomedical device (purchased, rented and loaned) must be inspected by the Scientific Measurement, Instrumentation and Calibration Department (SMIC) prior to use.

- Electrical appliances can be unsafe to use in a hospital environment. Therefore, the use of hair dryers, curling iron, electrical curlers, radios, TVs, computers and other appliances are Prohibited unless battery operated.

- Any patient with a temporary pacemaker, central venous catheter or pulmonary artery catheter is considered to be “electrically sensitive”
Emergency Generator Outlet System

- Provides emergency power if an electrical failure occurs
- The **red outlets** are used for life support equipment such as ventilators, cardiac monitors etc.
- Always disconnect plugs from the wall by grasping the safety plug and not the power cord
Radiation Safety

- The guidelines for radiation safety include:
- The less time in contact with the source, the less exposure
- “Maximum Exposure” allowed is ½ hour per provider shift
- A film badge or dosimeter should be worn by all employees in close proximity to patients
Radiation Safety…

- In general pregnant health care providers receiving diagnostic or therapeutic treatments should not care for patients with implants or assist with x-ray examinations.
- Consult the Radiation Office at ext. 1423 for specific instructions.
- Children under 18 are not allowed to visit patients with implants or work radiation devices unless enrolled in a specific course.
Radiation Safety…

- Personal Safety Measures:
- Wear a film badge when performing all duties which involve x-ray machines and radioactive sealed or unsealed sources
- Wear only the film badge assigned to you. Do not exchange badges with co-workers
- Report lost or misplaced film badges to the Radiation Office so that a replacement can be issued
Radiation Safety…

- Do not interchange film badges or wear both badges, if working at more than one institution
- Do not wear film badge while receiving medical or dental x-rays
- Do not expose film badges to extreme heat
- Do not wear film badge under lead or shielding aprons
Radiation Safety…

- Wear appropriate shielding when assisting patients
- Leave the room or stand 6 feet from the source while portable x-rays are taken, unless wearing protective gear
Disaster/Emergency Preparedness
Emergency Preparedness Plan

- The emergency preparedness plan outlines your role and responsibilities should a disaster occur in the hospital or in the community.
- Be sure to learn and follow your department’s specific disaster and call back plan.
- In the event that you receive a bomb threat, you MUST notify:
  - University Police at extension 2626
  - and your immediate supervisor.
Emergency Preparedness Plan

- 4-4-4-4 bells mean an actual disaster is in progress
- 3-3-3-3 bells means complete building evacuation
- 1-1-1-1 bells is the all clear signal for the following (disaster, bomb threat, fire)
Who Ya Gonna Call for other codes?

CODE BUSTERS
FOR CARDIAC ARREST (aka CODE) and EARLY ACTIVATION
CALL EXT 2323 – adult
CALL EXT 4040 - child

- The operator will announce this as a Code 99 - a notification that a patient, visitor, or staff member is experiencing a medical emergency
DO WE HAVE OTHER CODES? Yes!

- **Code D**
  - Full Disaster
  - 4-4-4-4 Bells
- **Code H**
  - Acute Chest Pain (Dial extension 2323)
- **Code M (MOM)**
  - Maternal Hemorrhage/Emergency (Dial extension 2323)
- **Code PINK**
  - Infant Abduction (Dial extension 2121)
- **Code N**
  - Neonatal Emergency (Dial extension 4040)
- **Code S**
  - Acute Stroke (Dial extension 2323)
What if I need Security STAT
call ext 2626
Identification Cards

- Wearing an identification card maintains a safe and secure hospital environment
- Patients have the right to know who is providing care for them (It is the law!)
- Co-workers have the right to know your name, title, and department
Reporting a Security Incident

- All UHB staff who witness physical altercations, theft, observe anyone with a weapon, and any other incidents must immediately call University Police at extension 2626
Environmental Safety

- **Spills**
  - Wet floors are one of the most common reasons people fall

- **Falls**
  - Prevent falls by
    - Identifying people at risk for falls
    - Reporting dangerous situations such as wet floors or wires/cables on the floor

- **The Environment**
  - Make sure the environment is
    - clear of clutter, wires, and spills
    - well lighted

- **Pushing Carts**
  - Always be able to see over the cart that you are pushing
  - Items **MUST NOT** be above eye level
  - Make sure to remove any objects that may obstruct your view
  - Just like driving a car, KEEP YOUR EYES ON THE ROAD at all times so you are able to see where you are going
Report Spills and Prevent Falls

- **Reporting Spills**
  - Notify your manager and the appropriate emergency responders immediately
  - Contact Environmental Services Department Monday – Friday: 7:00 AM – 5:00 PM at extension 2997/2998
    - After 5:00 PM: in the event voicemail picks up, call the Page Operator (2121) and have them contact the housekeeping supervisor on the shift
    - Weekends: in the event voicemail picks up, contact the Page Operator (Extension 2121) and have a housekeeping supervisor contacted
  - **Information to Report:**
    - Name and extension of person reporting the spill
    - Exact location of the spill
    - What instrument was broken
    - Amount of water or liquid
    - What action has been taken so far

- **Precautions Taken By Cleaner:**
  - Caution signs are placed
  - Gloves are worn
  - Safety Glasses or Goggles are used
Magnetic Resonance Imaging

- For your safety and the safety of your patients, please remember
  - **THE MAGNET IS ALWAYS ON!!!!!!**
- Failure to maintain safety in this restricted area can result in serious injury or death
- The primary danger related to MRI is the powerful magnetic field that will attract iron-containing objects and may cause them to move suddenly
  - This sudden movement is called the Missile Effect and poses a risk to the patient or anyone in an object’s flight path
Magnetic Resonance Imaging

- The following items **CANNOT** be brought into the area where the MRI system is located
  - Screwdrivers
  - Hammers
  - Knives
  - Keys
  - IV poles
  - Mops/Metal buckets
- Oxygen tanks
- Watches
- Jewelry
- Items/clothing that may have metallic threads or fasteners
- Patients with
  - implants (surgical clips, orthopedic hardware, pacemakers, ICDs)
  - Nicotine patches
  - tattoos
How Do I Respond to the Media

- Refer the media (newspaper, radio, reporters, TV) inquires/questions to Institutional Advancement at extension 1176 or to the administrator on duty on off-tours, weekends, and holidays
Workplace Safety
Protect Your Back; Protect Your Patients
Proper Body Mechanics

Definition: Body mechanics is the utilization of correct muscles to complete a task safely and efficiently, without undue strain on any muscle or joint.
Principles of Good Body Mechanics

- Maintain a stable center of gravity
  - Keep your center of gravity low
  - Keep your back straight
  - Bend at the knees and hips

- Maintain a Wide Base of Support. This will provide you with maximum stability while lifting
  - Keep your feet apart
  - Place one foot slightly ahead of the other
  - Flex your knees to absorb jolts
  - Turn with your feet

- Maintain the Line of Gravity. The line should pass vertically through the base of support
  - Keep your back straight
  - Keep the object being lifted close to your body

- Maintain Proper Body Alignment.
  - Tuck in your buttocks
  - Pull your abdomen in and up
  - Keep your back flat
  - Keep your head up
  - Keep your chin in
  - Keep your weight forward and supported on the outside of your feet
Techniques of Good Body Mechanics

- **Lifting**
  - Use the stronger leg muscles for lifting
  - Bend at the knees and hips; keep your back straight
  - Lift straight upward, in one smooth motion

- **Reaching**
  - Stand directly in front of and close to the object
  - Avoid twisting or stretching
  - Use a stool or ladder for high objects
  - Maintain a good balance and a firm base of support
  - Before moving the object, be sure that it is not too large or too heavy

- **Pivoting**
  - Place one foot slightly ahead of the other
  - Turn both feet at the same time, pivoting on the heel of one foot and the toe of the other
  - Maintain a good center of gravity while holding or carrying the object

- **Avoid Stooping**
  - Squat (bending at the hips and knees)
  - Avoid stooping (bending at the waist)
  - Use your leg muscles to return to an upright position
General Considerations

- It is easier to pull, push, or roll an object than it is to lift it.
- Movements should be smooth and coordinated.
- Less energy or force is required to keep an object moving than it is to start and stop it.
- Use the arm and leg muscles as much as possible, the back muscles as little as possible.
- Keep the work as close as possible to your body. It puts less of a strain on your back, legs, and arms.
- Rock backward or forward on your feet to use your body weight as a pushing or pulling force.
- Keep the work at a comfortable height to avoid excessive bending at the waist.
- Keep your body in good physical condition to reduce the chance of injury.
When lifting or moving patients, there are a number of factors which can lead to the development or aggravation of back injuries, including:

1. Physical demands of work
2. Equipment and facilities
3. Work practices or administrative issues
4. Personal factors
Be cautious of
Bending, twisting or reaching when:
* Attaching gait or transfer belts with handles (e.g., the bed or chair is too low or far away)
* Providing in-bed medical care (e.g., the bed is too low and side rails up)
* Washing patient’s legs and feet in a shower chair (e.g., the shower chair is too low and access is limited)
* Dressing or undressing patients or residents
* Repositioning or turning patients in bed (e.g., the side rails are up, bed is too low, and the provider reaches across patient or resident)
* Performing stand-pivot transfers (e.g., the wheelchair is too far from the bed and the providers twist their bodies instead of moving their feet)
- Pick up load and bring it close to you
- Lift by using your legs and buttocks and push up to straighten your body
- If turning, DON’T twist. Turn your feet by taking small steps
Remember ...

- Use proper body mechanics in order to avoid the following:
  - Excessive fatigue
  - Muscle strains or tears
  - Skeletal injuries
  - Injury to the patient
  - Injury to assisting staff members
Abuse, Neglect, and Exploitation
## Mandated Reporters

- Physician
- Registered physician's assistant
- Surgeon
- Medical examiner
- Coroner
- Dentist
- Dental hygienist
- Osteopath
- Optometrist
- Chiropractor
- Podiatrist
- Resident
- Intern
- Psychologist
- Registered nurse
- Social worker
- Emergency medical technician
- Licensed creative arts therapist
- Licensed marriage and family therapist
- Licensed mental health counselor
- Licensed psychoanalyst
- Hospital personnel engaged in the admission, examination, care, or treatment of persons
- Christian Science practitioner
- Alcoholism counselor

- All persons credentialed by the office of alcoholism and substance abuse services
- School official, including (but is not limited to):
  - school teacher
  - school guidance counselor
  - school psychologist
  - school social worker
  - school nurse
  - school administrator or other school personnel required to hold a teaching or administrative license or certificate
- Social services worker
- Day care center worker
- School-age child care worker
- Provider of family or group family day care
- Employee or volunteer in a residential care facility for children
- Any other child care or foster care worker
- Mental health professional
- Substance abuse counselor
- Peace officer
- Police officer
- District attorney or assistant district attorney
- Investigator employed in the office of the district attorney
- Any other law enforcement official
Child Abuse

Reporting of Suspected Child Abuse or Maltreatment
Each hospital shall have a designated staff member to coordinate reporting activities and to accept reports from mandated reporters within the hospital who have direct knowledge of and/or suspect the abuse or maltreatment.

In this institution, the Social Work Department is contacted to facilitate this process.
Definition of an Abused Child

- Child under 18 years of age who:
  - Has been inflicted with physical injury by other than accidental means which has caused risk of death, disfigurement, physical or emotional health problems or loss or impairment of bodily functions
  - Has had a sex offense committed against him/her
  - Has been allowed or encouraged to engage in acts of prostitution or other sexual acts.

- Social Services Law, Sec. 412
In accordance with New York State Law, University Hospital of Brooklyn will report all cases of suspected child abuse and ensure the welfare and safety of any child brought to the hospital for treatment.
Reporting Requirements for Mandated Reporters

- Chapter 193 of the Laws of 2007 amended The Social Services Law, section 413 regarding the reporting requirements for mandated reporters who have direct knowledge of or reasonable cause to suspect child abuse or maltreatment.

- This law states that any mandated reporter who works for a medical institution MUST PERSONALLY REPORT any case of suspected child abuse or maltreatment to the State Central Register (SCR) of the Administration for Children’s Services (ACS).

- This new obligation to personally report eliminates the opportunity for facilities to utilize a designated
Reporting Requirements for Mandated Reporters

Once one mandated reporter makes the report, any other mandated reporters with direct knowledge of the possible abuse or maltreatment who know that a report was made are not required to make a separate additional report.

The person making the report must immediately notify the designated agent of the person in charge and provide the information reported to the SCR, including other persons:
- with knowledge of the abuse/maltreatment
- having reasonable cause to suspect child abuse or maltreatment

The mandated reporter must inform other mandated reporters that the report was made to the SCR and whether the report was accepted or not.
A maltreated or neglected child

A child under 18 years whose:

- Mental or emotional condition has been impaired or is in danger of becoming impaired as a result of failure or unwillingness of his/her parent or legal guardian to provide a minimum degree of care:
  - Not providing food, shelter, clothing, education, medical or surgical care though financially able to do so or offered the means to do so.
  - Inflicts harm or corporal punishment
  - Misuses a drug on a child
  - Abandons the child
    - Family Court Act, Sec 1012 (e)
Reasonable Cause

Certainty or proof is not required before reporting suspected child abuse or neglect.

- The law purposely requires only “reasonable cause to suspect” that a child is abused or maltreated.

- Based on what you have observed or been told, combined with your training and experience, you feel that harm or imminent danger of harm to the child could be the result of an act or omission by the person legally responsible for the child.
**Where to Call to Make a Report**

New York State Central Register:

- **Mandated Reporter** (800)-635-1522
- **Website**: [www.ocfs.state.ny.us](http://www.ocfs.state.ny.us)
- **Available 24/7**
- **Anonymous report** - not required to notify the parents or legal guardians before or after you make the call
Legal Protections for Mandated Reporters

- **Immunity** - Any person, officials or institutions who in good faith make a report, take photographs and/or take protective custody have immunity from civil or criminal liability.

- **Confidentiality** - identity of the person who made the report will not be released without consent.

- No medical, public or private institution, school, facility or agency shall take any action against an employee who makes a report to the NYSCR.
Consequences for Failing to Report

Mandated reporters who willfully fail to report:

- **Legal Repercussions**
  - May be guilty of a Class A misdemeanor
  - May be civilly liable for the damages caused by such failure to report

- **Societal Repercussions**
  - Child Protective Service cannot act until a report is made
  - Help cannot be offered to family and child cannot be protected from further abuse
Physical Abuse

- Bruises, welts and bite marks
- Lacerations
- Burns
- Fractures
- Head injuries
- Symptoms suggestive of parentally-induced or fabricated illnesses
Physical Abuse - Behavioral indicators

- Wary of contacts with parents or other adults
- Apprehensive when other children cry
- Behavioral extremes
- Afraid to go home
- Reports of injury by parents
- Habit disorders
- Inappropriate attire
- Low self-esteem
- Suicide attempts
Maltreatment and Neglect – Physical Indicators

- Failure to thrive
- Positive indicator of toxicology
- Consistent hunger, poor hygiene, inappropriate attire
- Speech disorders
- Constant lack of supervision
- Unattended health problems
- Chronic truancy
- Abandonment
Maltreatment and Neglect - Behavioral Indicators

- Begging
- Extended stays at school
- Constant fatigue
- Alcohol or drug abuse
- Runaway behavior
- Conduct disorders
- Behavior extremes – passive/aggressive
Sexual Abuse

- **Physical indicators**
  - Difficulty walking/sitting
  - Torn or bloody underclothing
  - Pain or itching in genital area
  - Bruises to genital or anal area, or hard or soft palate
  - STDs
Sexual Abuse

Behavioral Indicators

- Withdrawal, fantasy, infantile behavior
- Unusual sexual behavior
- Poor peer relationships
- Prostitution
- Forcing sexual acts on other children
- Extreme fear of being touched
- Low self-esteem
Abuse

- **Calling the State Central Register**
  - Mandated Reporter Hotline: 1-800-635-1522
  - Telephone call must be made immediately

- **Child Abuse Reporting Form: DSS-2221-A**
NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT

SUBJECT(S) OF REPORT

List all children in household, adults responsible and alleged subjects.

Line #  Last Name  First Name  Age  Sex  WC  Date of Birth  Age At Time of Susp.  Relationship  Role  Code  Code  Code  Code
1.  
2.  
3.  
4.  
5.  
6.  
7.  

Local Address and Telephone Numbers (Using Line Numbers Above)  

AREA CODE) TELEPHONE:

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)/name(s) if all children, write "ALL.

- DOA/Fatality
- Fractures
- Internal Injuries (e.g., Subdural Hematoma)
- Lacerations/Bruises/Welts
- Burns/Scalding
- Excessive Corporal Punishment
- Inappropriate Isolation/Restraint

Inappropriate Custodial Conduct (institutional abuse only)

Other (specify)

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(High risk, give timeline of alleged incident)

MD  DAY  YR

Additional sheet attached with more explanation.

The Mandatory Reporter Requests Finding of Investigation  YES  NO

CONFIDENTIAL

SOURCE(S) OF REPORT

RECEIVED

NAME  ADDRESS  TELEPHONE

AGENCY/INSTITUTION  ADDRESS

RELATIONSHIP

Med. Examiner/Coroner  Physician  Hospital Staff  Law Enforcement  Neighbor  Relative  Other (Specify)

Social Services  Public Health  Mental Health  School Staff  Other (Specify)

FOR USE BY

Physicians Only

Medical Diagnosis of Child

Signature of Physician who examined/visited child

(Area Code) Telephone No.

Hospitalization Required:  None  Under 1 week  1-2 weeks  Over 2 weeks

Actions Taken Or  Medical Exam  X-Ray  Removal/Keeping  Notified Med. Examiner/Coroner

About To Be Taken  Photographs  Hospitalization  Returning Home  Notified DA

Signature of Person Making this Report

Title

Date Submitted  MD  DAY  YR.
REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

<table>
<thead>
<tr>
<th>Report Date</th>
<th>Case ID</th>
<th>Call ID</th>
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<tbody>
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<th>Time</th>
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<td>PM</td>
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</table>

PERSON MAKING THIS REPORT:

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

<table>
<thead>
<tr>
<th>(If known, give time and date of alleged incident)</th>
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<tbody>
<tr>
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<td>Time</td>
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</tbody>
</table>
The Social Work Department will continue to follow the case and coordinate the disposition process.

No child will be discharged from the hospital without appropriate communication between the social worker, ACS and the medical team.
What YOU Know About Domestic Violence Can Save A Life !!!!!
Give Me The Facts!!!!!!

✓ 1 in 4 households are involved in active abuse
✓ Domestic violence carries over into the workplace
Could I Be a Victim of Domestic Violence?

✓ Does my Partner:
  ✓ constantly criticize me
  ✓ behave in an over-protective or jealous manner
  ✓ threaten to hurt me or my children
  ✓ prevent me from seeing my family
  ✓ get suddenly angry or “lose temper”
  ✓ destroy personal property/throw things around
  ✓ deny me access to bank accounts, credit cards, car
  ✓ hit, punch, slap, kick, shove, choke me
  ✓ use intimidation or manipulation
  ✓ humiliate or embarrass me
Domestic violence

is a pattern of controlling behavior which can be physical, sexual, economic, emotional, and/or psychological.
DOMESTIC VIOLENCE in the WORKPLACE

Domestic violence occurs when one person does a variety of things to control another person in an intimate relationship.

TACTICS OF CONTROL
a. physical violence
b. sexual violence
c. emotional/psychological abuse
d. isolation, coercion, threats
e. minimizing, denying and blaming
f. using children
g. using male privilege
h. economic abuse
Signs of Domestic Violence

- Unexplained injuries
- Stories that don't make sense
- Excessive absences and medical appointments
- Anxiousness
- Startles easily
- Difficulty making decisions
- Changes in appearance, behavior

Places to contact for help outside UHB:
- Safe Horizon’s Domestic Violence Hotline:
  800.621.HOPE (4673)
- NYC Domestic Violence Hotline (all languages)
  (800) 621-4673 TDD: (866) 604-5350
✓ The vast majority of adult victims of Domestic Violence are women

✓ Every woman is at risk for becoming a victim of Domestic Violence

✓ The majority of men who batter their female partners are also abusive to their children

✓ Children from families in which there is adult Domestic Violence often suffer negative consequences, even if they are not the direct targets of abuse
Am I the Only One?
Can somebody HELP?

✓ Support Groups will enable you to talk to other women who are in your situation

✓ 24 hour HOTLINES:
  ✓ - NY Coalition Against Domestic Violence 1-800-942-6906
  ✓ NY Spanish Speaking Hotline 1-800-942-6908
  ✓ NYC Domestic Violence Shelter Unit 1-800-621-HOPE
What is Exploitation?

✓ Any attempt by any individual, whether immediate family member, relative, friend or acquaintance, to take financial or emotional advantage of and over the patient or any physical threat based on financial pressure towards the patient
Elder Abuse

- Elder Abuse and Neglect has been around for centuries
- It is the most recent form of family violence to come to public attention
- Abuse may be physical abuse, physical neglect, psychological abuse, financial or material abuse, violation of personal rights
- It occurs among men and women of all racial, ethnic and socioeconomic groups
- The perpetrator of abuse is often the spouse, an adult child, or informal caregivers
Report Suspected Cases of Abuse to Your Supervisor
WORKPLACE VIOLENCE - AWARENESS, PREVENTION, RESPONSE
**Workplace Violence**

- **Did you know that**
  - 1 out of 4 employees were attacked, threatened, or harassed at work in the last year

- **Policy**
  - All employees have a right to work in an environment free from discrimination, verbal abuse, sexual harassment, and violence
TYPES OF VIOLENCE

- HITTING
- SHOVING
- PUSHING
- KICKING
- SEXUAL ASSAULTS

TYPES OF VIOLENCE

- SOURCES OF VIOLENCE
  - Internal: comes from within the organization and is caused by employees or former employees
  - External: comes from outside the organization such as angry visitors and patients
CAUSES OF VIOLENCE

- Unstable economy
- Widespread job layoffs
- Rigid, authoritarian style of management
- Insensitive terminations
- Pressure for increased productivity
- Psychological instability
- Lack of individual responsibility

PATIENT AND VISITOR CAUSES

- They aren’t satisfied with the service
- They have to wait
- Mistakes are made
- Promises aren’t kept
KNOW THE WARNING

SIGNS

- Direct threats
  - “I’ll get even with him”
- Veiled threats
  - “This place would shut down for days if the mainframe crashed and the backup was damaged”
- Conditional threats
  - “If I’m fired they will be really sorry”
- Is usually argumentative
- Doesn’t cooperate well with others
- Has a problem with authority figures
- Frequently blames others for problems
- Demonstrates extreme or bizarre behavior
- Frequently appears depressed
- Is involved in alcohol or drug abuse
- Has a history of violence
DEFINITIONS

Workplace Violence

Unwelcome physical or psychological forms of harassment, threats or attacks that cause fear, mental or physical harm or unreasonable stress in the workplace.

Harassment

The act of someone creating a hostile work environment through unwelcome words, actions or physical contact or stalking behavior NOT resulting in physical harm.

Bullying

Negative actions committed repeatedly and over time, on the part of one or more other persons to another person or group. “Negative actions” can be understood as "when a person intentionally inflicts injury or discomfort upon another person, through physical contact, through words or in other ways.”
THREAT

An expression of an intent to cause physical harm at that time or in the future. Any words, slurs, gestures, stalking behavior or display of weapons which are perceived by the worker as a clear and real threat to her or his safety and which may cause fear, anxiety or the inability to perform job functions.

Physical Attack

With or without the use of a weapon, a physical attack is any aggressive act of hitting, kicking, pushing, biting, scratching, sexual attack or any other such physical act directed to the worker by a co-worker, patient, client, relative or associated individual which arises during or as a result of the performance of duties and which results in death or physical injury.
PHYSICAL VIOLENCE

- Former Employees: 3%
- Current Employees: 26%
- Domestic Spillover: 6%
- Strangers: 25%
- Customers: 40%

HOMICIDES

- Employees: 7%
- Domestic Spillover: 3%
- Customers: 30%
- Strangers: 60%
Can potential aggressors be identified?

POSTAL

Profile + Observable Warning Signs + Shotgun + Triggering Event = Always Lethal
Profile + Observable Warning Signs + Shotgun + Triggering Event = Always Lethal

Profile (of potentially violent persons):
1. Previous history of violence, toward the vulnerable, e.g., women, children, animals
2. Loner, withdrawn; feels nobody listens to him; views change with fear
3. Emotional problems, e.g., substance abuse, depression, low self-esteem
4. Career Frustration – either significant tenure on the same job OR migratory job history
5. Antagonistic relationships with others
6. Some type of obsession, e.g., weapons, other acts of violence, romantic/sexual, zealot (political, religious, racial), the job itself, neatness and order
Profile + Observable Warning Signs + Shotgun + Triggering Event = Always Lethal

Observable Warning Signs (often newly acquired negative traits):
1. Violent and Threatening Behavior, hostility, approval of the use of violence
2. "Strange" Behavior, e.g., becoming reclusive, deteriorating appearance/ hygiene, erratic behavior
3. Emotional Problems, e.g., drug/alcohol abuse, under unusual stress, depression, inappropriate emotional display
4. Performance Problems, including problems with attendance or tardiness
5. Interpersonal Problems, e.g., numerous conflicts, hyper-sensitivity, resentment
6. "At the end of his rope", e.g., indicators of impending suicide, has an unspecified plan to "solve all problems"
Profile + Observable Warning Signs + Shotgun + Triggering Event = Always Lethal

**Shotgun** (not required for non-lethal violence):
- Access to and familiarity with weapons
Profile + Observable Warning Signs + Shotgun + Triggering Event = Always Lethal

**Triggering Event** (the last straw, no way out, no more options):
1. Being fired, laid off or suspended; passed over for promotion
2. Disciplinary action, poor performance review, criticism from boss or coworkers
3. Bank or court action (e.g., foreclosure, restraining order, custody hearing)
4. Benchmark date (e.g., company anniversary, chronological age, Hitler's birthday Ð as was the case for Columbine)
5. Failed or spurned romance; personal crisis (e.g., divorce, death in family)
Police knew of Virginia killer's troubled history
April 19, 2007

Horror At Fort Hood, Predictable or Not?
Portrait Emerges Of Hasan As Troubled Man
by Jeff Brady  November 17, 2009

CNN poll: Majority think Fort Hood shooting was preventable
   November 19, 2009 10:49 a.m. EST

Press Release: Gov. Declares Workplace Violence Preventable
OFFICE OF GOV. BILL RITTER, JR.
WWW.COLORADO.GOV/GOVERNOR
WEDNESDAY, OCT. 7, 2009

Doctor stabbed, attacker killed
MGH patient shot by guard
By David Abel and Maria Cramer
Boston Globe Staff / October 28, 2009

December 7, 2009
Binghamton Student Says He Warned Officials
By MICHAEL S. SCHMIDT and MICHAEL D. REGAN

Blind Eye: How the medical establishment let a doctor get away with murder
HOW TO PROTECT YOURSELF IF CONFRONTED WITH A POTENTIALLY VIOLENT PERSON?

1. Understand the mindset of the hostile or potentially violent person

2. Practice "Active Listening"

3. Avoid confrontation. Instead, build trust and provide help

4. Allow a total airing of the grievance without comment or judgment

5. Allow the aggrieved party to suggest a solution

6. Move toward a win-win resolution
REPORTING WORKPLACE VIOLENCE

- All staff and volunteers are required to promptly report any incidence of workplace violence including threats and menacing behavior to their immediate supervisor and Security
- All incidents must be recorded on an Employee Workplace Incident Report form
- There is an interdisciplinary task force charged with analyzing and tracking incidents of workplace violence, reviewing security measures and procedures, evaluating workplace safety hazards
UHB Management is committed to the emotional and physical safety of all DMC personnel as well as UHB patients and to a respectful workplace.
Identification and Management of Patients At Risk For Suicide

Policy PSY-2:

- **ALL** healthcare providers are responsible for recognizing and observing patient’s suicidal feelings and behavior.

- **ALL** UHB staff are responsible for reporting observations of patient’s suicidal feelings and behavior to the appropriate health care provider immediately (RN, LPN, MD).
Identification and Management of Patients At Risk For Suicide

- **Risk Factors for Suicide**
  - Current suicidal ideation, intention, plan or suicidal behavior
  - Poor impulse control or poor frustration tolerance
  - Withdrawn or isolative behavior
  - Current symptoms of depression, anxiety, agitation of psychosis
  - Current hallucinations, especially command hallucinations and delirium
  - Presence of borderline personality disorder, especially with self-destructive tendencies
  - History of suicide attempts/ self-harm
  - Recent significant loss (e.g., spouse, job, etc)
  - Chronic serious mental illness
  - Excessive guilt or remorse
  - Family history of suicide
  - Feelings of hopelessness, worthlessness or helplessness
  - Marked change in behavior at home, job and/or leisure activities
  - Sudden improvement in mood
Identification and Management of Patients At Risk For Suicide

- Licensed Nursing and Medical Staff are responsible for:
  - Conducting a suicide risk assessment on admission and ongoing throughout length of stay (change in behavior/ideation)
  - Completing nursing admission note addendum (see side 2)
  - Initiating suicide observation (1:1), as per policy
  - Notifying MD immediately to obtain a Psychiatric consultation
  - Searching patient and environment for unsafe objects and Removing those objects from the environment (e.g. razors, nail files, glass objects, belts, ties, pantyhose, medications, matches, lighters, cords, breakable utensils, antiseptic solutions, alcohol, lotion, gauze, kling)

- Unlicensed Staff are responsible for:
  - Reporting observations of suicidal behavior or ideation immediately to RN/Charge Nurse, LPN, or MD
Identification and Management of Patients At Risk For Suicide

z Documentation:
  z Progress Notes must include:
    x At risk behaviors
    x MD notification: name of MD, time
    x Note: Face-to- Face Psychiatric consultation and evaluation of the patient must occur within 1 hour
  z Interventions (e.g., institution of 1:1 observation)
  z Patient response
  z Resources provided to patient/family
  z Patient/family teaching
  z Discharge planning

z One-To-One Observation Record
  x Complete Form as per policy
Identification and Management of Patients At Risk For Suicide

- **Assessment**
  - Complete Suicide Initial Risk Assessment Form
    - Contained within the Nursing Admission Database
  - Q-Shift Re-assessment form
  - 1:1 Observation Form (See Below)
- For patients who were identified to be at risk or new risk identified
- Place Patient on 1:1 Observation for Suicide Precautions
  - Complete 1:1 Observation Record For Suicide/Self-Harm
- Search patient and room for contraband that might be used to harm self or others
- Request Psychiatric consult within 1 hour to assess patient
- Notify Patient Safety Department at extension 3709
- Provide patient/family/significant other with written Crisis Prevention information
Stroke - Basics
Warning Signs of Stroke

- Sudden weakness or numbness of the face, arm or leg (especially on one side of the body).
- Sudden trouble seeing in one or both eyes.
- Sudden confusion trouble speaking or understanding.
- Trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.
- If you see someone with these signs, call ext. 2323, for help immediately.
Family First Program

- Our program is modeled after the Condition H program at Johns Hopkins.
- The program was developed by the mother of 2 year old Josie King who died an unexpected death due to lack of communication.
- It is designed for a patient, family or visitor to obtain assistance when necessary.
Families May Call If ...

- There is an emergency and you cannot get the attention of the hospital staff.
- You see a change in the patient’s condition and the health care team is not recognizing the concern.
- You have spoken to hospital staff and you continue to have serious concerns about the patient’s care.
- There is a breakdown on how care is given or uncertainty over what needs to be done.
Rapid Response Team Initiated by the Patient or Family Member/Visitor

- Patient, family/visitor contacts the primary RN and requests he/she call the Family First response.
- Can also directly dial **Ext. 5120** and request the Operator to call the Family First RN to the patient’s room.
- During Tour II, the page will be answered by the Critical Care Nurse Manager carrying the code beeper.
- Tours I and III will be covered by the WHEN Tour Supervisors.
- Goal is to arrive in the patient’s room within 5 minutes.
If you **ARE NOT** a Direct Care Provider click **HERE** to go to the Post Test

If you **ARE** a Direct Care Provider, please continue with the presentation.
The next section is for Direct Care Providers Only!
Age-Appropriate/
Population Specific Care

The
CHILDREN'S
Hospital at Downstate
Age-Specific Care

Each age group has specific needs that health care providers should recognize and address when interacting with patients and family.

Being sensitive and knowledgeable of the various stages of the patient’s life cycle helps the caregiver to respond more appropriately to the specific needs of their patient.
Age Groups

- Neonate (First 4 weeks of life)
- Infant (1 month to 1 year)
- Toddler (1 - 3 years)
- Pre-school Child (3 - 5 years)
- School age Child (6 - 12 years)
- Adolescent (13 - 18 years)
- Young Adult (19 - 40 years)
- Middle age Adult (41 - 65 years)
- Older Adult (over 65 years)
Age-Specific Needs

Age-specific needs for all age groups must focus on the:
- physical
- motor/sensory responses
- cognitive/knowledge level
- psychosocial needs of the patient and parents and/or significant other(s)
Age-Specific Needs

As a child reaches school age and moves into adolescence, young adulthood, and older adulthood, other factors will influence the needs of the patient. These include:

- Growth and Development
- Psychosocial tasks
- Developmental tasks
- Significant persons in their life
- Major fears/stressors
- Communication level
- Safety
Neonate (1st 4 weeks)
Infant (1 month to 1 year)

Physical Development
- Grows at a rapid rate, especially the brain

Motor/sensory Responses
- Responds to light and sound
- Towards middle of year able to; raise head, roll over, bring hand to mouth
- Towards end of year able to; crawl, stand alone, may be walking with assistance or by themselves

Cognitive/Knowledge
- Toward middle of year, able to recognize familiar objects and people.

Psychosocial
- Significant persons are the primary caregivers or parents
- Develops a sense of trust and security if needs are met
- Fears unfamiliar situations
- 7 – 8 months; fear of strangers, 9 – 10 months; separation anxiety
Neonate and Infant Interventions for Caregivers

- Involve parents in procedures/encourage parents to assist in the daily care of their infant, as appropriate
- Limit the number of strangers caring for infant
- Keep environment safe, keep side-rails up at all times
- Provide opportunity for parents to return demonstrate procedures.
- Allow time for parents to ask questions
- Speak softly and smile at infant
Toddler (1 to 3 years)

Physical
- Growth rate decreases, has intermittent growth spurts
- By about 18 months; bowel control, by 2 - 3 years; bladder control

Motor/Sensory Response
- Walks independently, progressing to running, jumping and climbing
- Able to feed self

Cognitive
- Able to use language
- Short attention span
- Can understand simple directions and requests

Psychosocial
- Parents are the significant persons
- Becomes independent, develops a sense of will, temper
- Attached to security objects, toys
- Skills may regress due to illness or hospitalization
Toddler
-Interventions for Caregivers

- Encourage child to communicate
- Use distraction as a way to minimize fear and or pain
- Give one direction at a time
- Prepare child shortly before a procedure, let them touch equipment, use a doll
- Allow for rest periods based on home routine if possible
- Maintain a safe environment at all times
- Involve parent in care if possible
Pre School (3-5 years) and School-Age Child (6-12 years)
- Interventions for Caregivers

- Explain procedures, demonstrate use of equipment
- Focus on one thing at a time
- Encourage child to verbalize
- Involve the child whenever possible
- Maintain safety at all times
- Give permission to express feelings
- Provide for control over privacy
- Praise for good behavior
Adolescent (13 – 18 years)

Growth and Development:
- Physical - grows in spurt, matures physically
- Mental - abstract thinker, chooses own values
- Social/Emotional - Develops own identity, builds close relationships, challenges authority

Psychosocial Tasks:
- Concerned with body image and flaws
- Learning to relate to opposite sex
- Behavior may be inconsistent, unpredictable
- Makes own decisions independent of parents
Adolescent (13 - 18 years)

- Significant persons
  - Peer group acceptance, relationships start with members of opposite sex

- Major Fears/Stressors
  - Appearance, school performance, rejection
  - Need time to adjust and cope with change
Adolescent - Interventions for Caregivers

- Assist patient in dealing with concerns with body image
- Involve in decision-making
- Encourage questions
- Provide acceptance, privacy and respect
- Discourage risk taking behavior
Young Adult (19 to 40 Years)
- Intervention for Caregivers

- This age group forms relationships with members of same and opposite sex, sets career goals, starts own family
- Assist with struggles of balancing family, work and health issues
- Allow for as much decision making as possible
Middle Age Adult (41 - 65 years)

- **Growth and Development:**
  - Begins to age, develop chronic health problems, women experience menopause
  - Use life experiences to solve problems

- **Psychosocial Tasks:**
  - May have concurrent responsibilities for their children and aging parents

- **Significant Persons:**
  - Spouse, friends, aging parents

- **Major Fears/Stressors:**
  - Major life decisions to make, mid-life crisis
  - Losing youthfulness, vitality, death of spouse
Middle Age Adult (41 - 65 years)

- Interventions for Caregivers

- Provide information and education
- Provide decision making opportunities
- Allow choices
- Address age related changes
- Encourage self care and health screening
Older Adult (65 till...)

- **Growth and Development:**
  - Ages gradually, decline in abilities
  - Memory skills may start to decline
  - Balances independence and dependence

- **Psychosocial Tasks:**
  - Adjusting to advanced age, illness, disability

- **Significant Persons:**
  - Spouse, adult children, friends

- **Major Fears/Stressors:**
  - Declining health, loss of spouse, change in social and economical status
Older Adult (65 years till...) - Interventions for Caregivers

- Give respect
- Provide information on aging
- Recognize hearing, visual, mobility and mental disabilities/limitations that may impact on health care
- Implement measures to provide hospital safety
- Promote home safety
Medication Management

- Component of the palliative, symptomatic, and curative treatment of diseases and conditions
  - Selection and procurement
  - Storage
  - Ordering and transcribing
  - Preparing and dispensing
  - Administration
  - Monitoring
Medication Management System

• Reducing practice variation, errors and misuse
• Monitoring medication management processes in regard to efficiency, quality and safety
• Standardizing equipment and processes across the hospital
• Using evidence-based practice
• Managing critical processes
• Handling all medications in the same manner
Medication Management Indicators

- Pyxis Medstations
- Audits
- EMAR
  - CPOE
- Just in time follow-up
- Implementation of IV admixture program
How Can You Reduce Risks With High-Alert Medications?

*High-alert medications have a heightened risk of significant patient harm when involved in medication errors.*

- Include brand and generic names in medication orders.
- Perform an independent double-check of dosage calculations for high-risk populations.
- Prepare medications in standard concentrations.
- Double check the drug, dose, and route when dispensing or retrieving drugs from storage areas.
- Look for these reminders: HIGH ALERT, NAME ALERT, CHEMOTHERAPY
- Double check the Five Rights (right patient, drug, dose, route, time) when administering medications.
- Infuse intravenous preparations using smart pumps with Guardrails® drug library.
- Partner up to perform an independent double-check when administering infusions of high-alert medications. Look for the reminder:

  Take the 3-step approach with the Five Rights with each new order, change in drug bag or syringe, or change in dose.

  Compare the medication order, drug product, and pump setting each time.
High Alert Medications

- Antineoplastic Agents
- Opiates
- Adrenergic Agonists, IV
- Neuromuscular Blockers
- Inotropic Agents, IV
- Sedatives, IV
- Antithrombotic Agents
- Potassium Preparations, IV
- Thrombolytics
- Magnesium Preparations, IV
- Insulins
- Parenteral Nutrition
"Double-Check Required" Reminder on eMAR
Pain Management

- Pain relief is everyone’s priority
- Patients have the **RIGHT** to have their pain
  - Assessed
  - Reassessed, and
  - Managed

- Nursing and medical staff must recognize that pain is a priority and act accordingly
- All staff in the hospital must be sensitive to patient pain and report it to the appropriate staff member

Any staff member who comes into contact with a patient complaining of pain **MUST** report it
Pain Management Patient’s Rights

- As a patient at SUNY Downstate Medical Center you have the right to
  a. Describe your pain in a manner that is accepted and respected by the staff as the best indicator of your pain
  b. Be seen by competent staff who will help you deal with your pain
  c. Have your pain addressed promptly
  d. Get information about pain and how to relieve it
  e. Be informed and participate in your pain management plan of care
  f. Receive pain care that is continuously monitored and evaluated by staff dedicated to relieve pain
  g. Request changes in your pain management plan of care
  h. Help your doctor or nurse measure your pain
  i. Talk to your doctor or nurse about your pain relief choices
  j. Ask for pain relief when your pain starts
  k. Tell your doctor or nurse if your pain is not relieved
  l. Tell your doctor or nurse any worries you have about taking pain medication
What pain rating scales are used at University Hospital of Brooklyn?

- **Pain Intensity scales**
  - Numeric pain scale
  - **Wong-Baker Face Scale**
    - Recommended for children > 3 years old
- Behavioral Scale/Indicators for pre-verbal or non-verbal patients
Pain Re-Assessment

- The following delineates the revised pain reassessment protocol based on route of pain medication administration:
- PO, IM, SQ or Rectal: within 60 minutes
- IV Bolus, IV Push: within 30 minutes
- IV infusion: initial reassessment within 30 minutes and then at least every hour
- Epidural (continuous or bolus/clinician dose): within 30 minutes and then at least every hour
- Transdermal: within 4 – 6 hours
Pain Management

• **Patient Education**
  - Patients and their families must be informed and educated about pain management strategies and alternatives
    - Print
    - Audio/visual
    - Discussion
  - Patient and their families must understand that the management of pain is critical to the healing process
  - Patient and their families must understand that we care about their pain

• **Discharge Planning**
  - Pain and symptom management must be included in ALL discharge planning
  - Documentation of this process is critical in the continuity of care of our patients
  - Patients should have a list of resource and contact numbers to call when they are home
**Moderate Sedation**

**Definition:**
- a drug-induced depression of consciousness during which patients respond purposefully to verbal commands.
Sedation and Analgesia by Non-Anesthesiologist Policy

- All persons who administer sedation and analgesia must be privileged and credentialed

**Requirements:**
- Knowledge of pharmacology of the sedative and analgesic agents
- Training in the recognition of respiratory and cardiovascular side effects
- Recognition of airway obstruction
- Skills to manage compromised airway
- Completion of educational program by the chairman of the Department of Anesthesiology
- Good judgment and discretion of individual patient needs
- Evaluation prior to performing sedation and Analgesia
- Assessment and Reassessment of patient
Policy:

The written informed consent of the patient or in the case of a minor his/her parent or legal guardian, is required prior to the performance of any medical or surgical procedure except in emergency, life threatening situations. New York State law defines the parameter of professional practice and SUNY Downstate sets forth the policies and procedures which implement these parameters.
The New York State Mental Hygiene Regulations prescribe a separate procedure for obtaining consent from a patient with a psychiatric admission status who lacks capacity to make treatment decisions for him or herself. Therefore, when questions arise, the Risk Manager or Administrator on Duty (AOD) should be contacted in relation to the performance of medical procedures requiring consent for psychiatric patients.
Consent

- **General Consent**
  - Governs the performance of any routine procedure or treatment
  - Signature must be witnessed by an adult employee of the facility
  - Provisions for patient with LEP
    - Need to include Interpreter

- **Valid Informed Consent**
  - Legally and mentally capable of making health care decisions
  - Patient has sufficient information to make health care decisions

- **Who is legally responsible for explaining and obtaining the Informed Consent?**
  - Licensed Independent Practitioner
New HIV Testing LAW

- As of July 30, 2010, New York State legislation amending the public health law, Article 27F, requires the routine offer of an HIV test to all patients, ages 13 to 64, in primary care settings, emergency departments and inpatient settings.

- At UHB, all patients (inpatient and outpatient), including the Emergency Department, ≥ 12 years old must be asked if they wish to have an HIV test.

- Consent for testing and documentation of process has been included in all Nursing Admission Databases.
Advance Directives
(Health Care Proxy)

## Purpose:
- The Patient Self-Determination Act of 1990 (U.S. PL 1102-508, sec. 4206) requires hospitals and other health care providers to provide written information to adult patients, at the time of admission to the hospital, regarding their right to participate in and make treatment decisions for themselves, and their right to prepare an advance directive as recognized under State Law and to provide education for staff and community on the issues concerning advance directives.
Advance Directives
(Health Care Proxy)

Definitions:
- **Adult**: defined as a person eighteen years of age or older, or who is married, or who is the parent of a child.
- **Health Care Proxy**: a form that designates that an agent may make decisions on the principle’s behalf in the event that the individual is unable to do so him/herself.
- **Advance Directive**: is an instruction or set of instructions regarding health care treatment decisions to be made on behalf of an individual if he/she should become incapable of making such decisions.
Policy:

- Patients have the right to
  - refuse or consent to present or future health care including, but not limited to, forgoing or withdrawing life-sustaining treatment
  - appoint a Health Care Proxy to act on their behalf in the event they are unable to make health care decisions and assistance in executing wishes by naming an agent, if they so desire
  - consent to a hospital or non-hospital DO NOT RESUSCITATE (DNR) order effective in the hospital and community
Palliative Care

Death and dying are not easy to deal with. Many of our patients face illnesses that cannot be cured.

This can be hard to deal with for everyone involved – the dying patient, their family and loved ones and health care providers too.

All patients with prognoses of 6-12 months of life should be referred to Palliative Care Services.
What is palliative care?

*Palliative care …*

- Means taking care of the whole person – body, mind and spirit – heart and soul.
- Is a way to ease pain and make life better for people who are dying and for their loved ones.
- Is interdisciplinary.
- Is for patients of ALL ages.
The 5 Principles of Palliative Care

# 1

- Palliative care respects the goals, likes and choices of the dying person
  - Respects the patient’s needs and wants
  - Determines who the patient wants to help plan and give care (advance directives, health care proxies)
  - Helps the patient and family understand the patient’s illness
  - Helps the patient and family to work in partnership with the healthcare team
Palliative care looks after the medical, emotional, social, and spiritual needs of the dying patient.

- Assesses pain and provides interventions to keep the patient as pain free as possible (pain is one of the greatest fears dying patients have).
- Helps the patient to obtain pastoral, social or other needed services.
Palliative care supports family members

- The health care team offers support services to families and assesses their need for rest, need to be with the patient, need for information about the patient’s condition, and need for maintaining close communication
- Provides information to help plan the costs of caregiving
- Helps family and other loved ones as they grieve
Palliative care helps gain access to needed health care providers and appropriate settings.

- Uses the entire health care team to plan care – doctors, nurses, pharmacists, clergy, social workers, nutritionists and others
- Helps patients to access home care, hospice and other services
PALLIATIVE CARE

#5

Palliative care builds ways to provide excellent care at the end of life

- Provides education and support for caregivers to learn the best ways to care for dying people
- Works to make sure there are good policies and laws in place
- Seeks funding by private health insurers, health plans and government agencies.
Restraints Policy

- The restraint/seclusion of a patient is determined by the individual’s needs
- Restraints will be removed as soon as possible after criteria for discontinuing are met
- Less restrictive measures must be considered and/or used prior to applying restraints
- Restraints/Seclusion are ordered by a licensed independent practitioner
  - Nurse Practitioner and MD (PGY-2 and above)
  - A Resident Physician practices under the supervision of an Attending Physician therefore a co-signature within 24 hours is required for written orders
- **New**: PAs may order Restraints under the Supervision of an Attending Physician
What is a Restraint?

- Included in this definition are:
  - **Full side rails** (Only considered restraint if the patient is unable to independently lower the rail or rails in order to get out of bed).
  - *Mittens* (infant, Pediatric, Adult)
  - **Elbow restraints** (Pediatric only)
  - **Table-top chairs** (only if the patient is unable to release).
  - *Vest restraints*
  - **Lap Belts** (only if the patient is unable to release).
  - **Soft wrist and ankle restraints**
  - *Leather restraints* (only for behavior (violent) management)
A Physician’s Assistant is not a Licensed Independent Practitioner. However, a Physician’s Assistant is authorized to write orders for restraint under the supervision of an attending physician.

The Physician’s Assistant must be able to demonstrate competency through orientation and on an annual basis thereafter.

A PA may evaluate the patient within one hour of the initiation of restraint or seclusion, provided that they are trained and that they consult with the attending physician or other LIP as soon as possible after their evaluation as required by CMS’s Interim Final Rule for Patient Rights, effective 1/8/07.
Med-Surg Alert!!!!

- When a patient in any medical/surgical unit becomes violent (i.e. kicking, punching, spitting, etc.) the patient may need a 4-point restraint to protect self and/or others and behavioral management requirements will be implemented.

- An order for 4-point restraints must be written by a Physician within 30 minutes of application.
### Restraints Policy

- **In an emergency situation**
  - an RN may initiate the application of restraints
  - the RN must notify the physician immediately
  - a face to face assessment must be done and a medical order for the restraints must be written by a PGY2 or above within 1 hour of restraint application

- An RN or PA may evaluate the patient within 1 hour of institution of restraint or seclusion and the attending physician or other LIP responsible for the care of the patient must be notified and consulted as soon as possible.

- Family notification is required by the physician or nurse within 2 hours of the application (at whatever hour it occurs).
**Restraints**

- **Medical/Surgical Management**
  - Interference with medical procedures or dislodging necessary medical devices/invasive lines

- **Behavioral Management**
  - Demonstrated behavior that presents a physical danger to the patient and/or others:
    - Demonstrates Violence
    - Dangerous to Self/Other
    - Suicidal Ideation

- **Restraint Orders**
  - Must be renewed every 24 hours

- **Restraint Orders**
  - Must be renewed
    - Every 4 hours for persons 18 years or older
    - Every 2 hours for adolescents 9 – 17 years
    - Every 1 hour for children under 9 years old
Blood Transfusion Reaction Signs and Symptoms

1. **HEMOLYTIC REACTION:**
   - Rapid onset of symptoms, chills, fever, dyspnea and/or cyanosis, headache, backache, chest pains, oliguria, tachycardia, tachypnea, hypotension, nausea or vomiting, vascular collapse, hemoglobinuria, bleeding, acute renal failure or even cardiac arrest.

2. **BACTERIA (SEPTIC) REACTION:**
   - Rapid onset of chills, fever, flushing, malaise, headache, red shock (skin warm, dry and pink due to peripheral vasodilatation) Lumbar pain, hematemesis and diarrhea, nausea or vomiting.

3. **MILD ALLERGIC REACTION:**
   - Itching, urticaria, hives/ petechiae, mild edema.

4. **SEVERE ALLERGIC REACTION (ANAPHYLAXIS)**
   - Hypotension, respiratory wheezing, distress or failure, nausea and vomiting, loss of bowel and/or bladder function with or without the symptoms/signs in Mild Allergic Reaction above.
Blood Transfusion Reaction Signs and Symptoms

5. **FEBRILE, NON-HEMOLYTIC REACTION (MOST COMMON):**
   - Sudden chills, fever spike greater than 1 degree C (2 degrees F) rise in temperature, headache, flushing, anxiety and muscle pain.

6. **CIRCULATORY OVERLOAD:**
   - Tachycardia, dyspnea, coughing frothy and pink tinged sputum, edema, elevated jugular venous pressure.

7. **TRANSFUSION ASSOCIATED ACUTE LUNG INJURY (TRALI):**
   - Dyspnea, coughing, fever, hypotension, normal jugular venous pressure, bilateral “butterfly” infiltrates on chest x-ray, within 2 to 6 hours post transfusion.

8. **Patient must be assessed 30 minutes after completion of each blood transfusion for signs and symptoms of transfusion reaction.**
Blood Tubes for Type and Cross

For the collection of Blood for type and Cross match the tube colors have been changed from red and purple to pink for all routine Blood Bank testing.
Blood Tubes for Type and Cross

Now draw,
- two 6 mL pink top tubes for pre-admission testing (PAT) specimens.
- one 6 mL pink top tube for routine Blood Bank testing for adults.
- two 1 mL pediatric lavender top pediatric tubes for children < 2 years old.
- one 6 mL pink top tube for cord blood samples.
- Remember that all Blood Bank specimens must still be:
  - labeled with the Cerner bar-coded labels.
  - initialed and dated by the person collecting the patient’s specimen at the bedside.
  - sent with the REQUEST FOR BLOOD COMPONENTS form (a.k.a. the orange requisition form)
  - with the proper patient information, signed and stamped by the ordering physician and signed by
    - the person collecting the patient’s specimen.
Suspected Stroke

In Patient

- Activate Stroke Code "S" via ext. 2323 – Page Neuro Stroke Team (Fellow, Resident, Stroke Coordinator will respond).
- Have available for Stroke Team:
  - Note: Time patient was last seen normal (or at baseline)
  - Note: Time Symptoms were discovered (time signs and symptoms were first observed)
  - Vital signs
  - Oxygen via nasal cannula
  - HOB 0-30 degrees
  - Start two IV access at least one 18 gauge
  - Prepare to send the patient to CT Scan
  - Have available the most recent laboratory results
  - Neuro assessment (NIHSS) to be done by Neurologist before CT Scan
- Time loss is Brain loss - Patient should be in CT Scan within 25 minutes of discovery time
Early Signs and Symptoms of Shock

- Decreased pulse pressure due to catecholamine effect. The reduced pulse pressure signifies a reduction in stroke volume.
- Decreased urine output as renal vasoconstriction and anti-diuretic hormone effects conserve water and sodium.
- Decrease in urinary sodium due to ADH and aldosterone effects.
Early Signs and Symptoms of Shock

- **Respiratory alkalosis** related to hyperventilation. Catecholamine produce a *fight or flight* response, causing increased respiratory rate.

- **Restlessness and anxiety** may be present as a result of catecholamine secretion.

- **Increase** in heart rate occurs but may still be within normal limits
  - *Heart Rate may not increase in patients …*
    - *With Neurological impairments/Neurogenic Shock*
    - *Receiving Beta-Blockers and/or Calcium Channel Blockers*
Late Signs of Shock

- Decreased systolic blood pressure
- Metabolic acidosis
- Decreased level of consciousness
- Cool, clammy skin, and prolonged capillary refill time
- Vasoconstriction and increased systemic vascular resistance
- Oliguria to anuria
- Decreased cardiac output
Hemorrhagic Shock

**Neurological**
- Change in LOC
- Confusion
- Anxiety
- Restlessness
- Dull Eyes

**Cardiovascular**
- Rapid Heart Rate/Pulse
- Low Blood Pressure
- Weak Pulse
- Delayed Capillary Refill

**Respiratory**
- Rapid Breathing
- Shallow Breathing

**Integumentary**
- Cool/Clammy Skin
- Pale Skin
- Dry Mouth
- Poor Skin Turgor

**Musculoskeletal**
- Weakness
- Fatigue

**Fluid Status**
- Thirst
- Reduced Urine Output

**Thermoregulation**
- Hypothermia
Sepsis

Definition:
- Invasion of microorganisms into normally sterile tissue causing a Systemic Inflammatory response Syndrome (SIRS)
- Infection can be localized or systemic
Overview of Sepsis

- Sepsis is a serious medical condition which can result in septic shock, sepsis induced hypotension, hypoperfusion, multiple organ dysfunction syndrome (MODS), and eventually death.
- Starts with an infection, bacteria then spreads to the bloodstream resulting in Bacteremia.
- Toxins released by the bacteria cause the cells in the body to release substances that triggers an inflammatory response (Systemic Inflammatory response Syndrome (SIRS), this can result in uncontrolled vasodilation.
Sepsis Signs and Symptoms

- Tachycardia
- Tachypnea
- Hypoxemia
- Unexplained alternations in mental status
- Chills
- Alteration in temperature
- Cutaneous
  - Skin mottling
  - Decreased skin perfusion
  - Poor capillary refill
Sepsis Signs and Symptoms

- Decreased urine output
- Decreased platelets
- Petechiae/purpura
- Altered WBC count
- Low Systemic Vascular Resistance
- Hyperglycemia
- Increased cardiac output
- Decreased CVP
Adult Code Team
Activation Criteria

• IF THE PATIENT MEETS ANY OF THE FOLLOWING CRITERIA, * CLINICAL STAFF SHOULD CALL A CODE - x2323

• DO NOT WAIT UNTIL IT'S TOO LATE!
Criteria

• **Respiratory Rate:**
  - <8 or >36;
• **New onset difficulty breathing;**
• **New pulse oximeter reading less than 85% for more than 5 minutes that is not easily corrected with oxygen administration (unless patient known to have chronic hypoxemia).**
• **Heart rate:**
  - <40 or >140 with symptoms or any rate >160.
• **Blood Pressure:**
  - <80 or >200 systolic or >110 diastolic with symptoms.
Acute Neurological Change

• Acute loss of consciousness.
• New onset lethargy or narcan use without immediate response.
• Seizure (outside of seizure monitoring unit).
• Sudden loss of movement (or weakness) of face, arm or leg; sudden loss of speech.
Other

- Chest pain unresponsive to nitroglycerine or doctor unavailable.
- Color change (of patient or extremity): pale, dusky, gray or blue.
- Unexplained agitation more than 10 minutes.
- Suicide attempt.
- Uncontrolled bleeding.
- A new critical lab value that the available clinical staff are not able to address in a timely fashion.
- The nurse or other clinician is very worried about the patient.
Hospitalized Patients with Diabetes
Key Points for Nurses

1) Assessment: Is your patient newly diagnosed or does he/she have uncontrolled DM? Are there any barriers, cultural issues, health beliefs or knowledge deficits that impact care? What are their self-management skills? Is patient new to insulin?

2) Referrals: Social Worker; RD; Smoking Cessation; Diabetes Nurse Educator when warranted.

3) Glucose Monitoring: use own ID certification number, monitor f.s. trending results.
Hospitalized Patients with Diabetes
Key Points for Nurses

4) Medication: administration and monitor response; patient/family member to administer insulin with your teaching and supervision.

5) Nutrition: basics food principles; monitor intake.

6) Patient Education: use “teachable moments” during care.

7) Safe Discharge: review prescriptions; check if pt has f/u appts; VNS if warranted; provide UHB “Diabetes Discharge Instructions” pamphlet.
## UHB Formulary: Insulin

<table>
<thead>
<tr>
<th></th>
<th>Onset</th>
<th>Peak</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Glargine</strong></td>
<td></td>
<td></td>
<td>20-24 h</td>
</tr>
<tr>
<td>(Lantus) Basal type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aspart</strong></td>
<td>0-15 min</td>
<td>0.5-1.5 h</td>
<td>3-5 h</td>
</tr>
<tr>
<td>(Novolog FlexPen) Prandial and Correction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>70/30</strong></td>
<td>30-60 min</td>
<td>2-12 h</td>
<td>16-24 h</td>
</tr>
<tr>
<td>(Novolin 70/30) Basal &amp; Prandial Mixture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NPH</strong></td>
<td>1-2 h</td>
<td>4-12 h</td>
<td>12-18 h</td>
</tr>
<tr>
<td>(Novolin N) Basal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regular</strong></td>
<td>30-60 min</td>
<td>2-4 h</td>
<td>8-12 h</td>
</tr>
<tr>
<td>(Novolin R) Prandial and Correction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Basal Insulin** – required to prevent unchecked gluconeogenesis & ketogenesis

**Prandial/Nutritional** - Insulin required to cover ingested/infused glucose

**Correction Dose** – or “supplemental” insulin used to treat hyperglycemia
Aspart Insulin Pointers
(Novolog FlexPen) Pre filled 300 units/pen

- Individually labeled, 1 pen per patient
- Good for 28 days once opened, no refrigeration needed

- After placing Novofine Autocover Pen Needle onto pen, a 2-unit air shot is needed prior to each and every use to ensure integrity of pen. Check to see if a drop of insulin appears at the needle tip after depressing push button - if more than 6 attempts are needed, do not use this pen and return to Pharmacy. Never use an insulin syringe to draw up insulin from the insulin pen (ruins the pen).

- Check to ensure that the pen window reads “0” after air shot & after administering insulin to pt.

- Dial up prescribed dose
- Prior to depressing “push button”
  - Push Novofine Autocover needle shield against skin at 90 degree angle - you can hear it “click” into place (Needle shield will retract and allow the needle to penetrate the patient’s skin)
  - Now, inject dose (Push “push button”) and hold needle in place for 7 seconds - count with patient
  - A few droplets of insulin may appear on the skin after administration. This is insulin collected in the needle shield during the air shot. It has no effect on the dose delivered

Pen Needles for home use (no shield) slightly different; needle has 2 covers, inform patient
Hypoglycemia: Finger Stick Glucose < 70 mg/dL
  Repeat Fingerstick, if still <70 mg/dL,
  Treat following Hypoglycemia Protocol then....
  Notify physician ASAP
  Critical Hypoglycemic Value <50 mg/dL, treat as per protocol
  then....
  Draw serum sample and send to lab
Goal of treatment: FS > 70 mg/dL 15 minutes post treatment
  2 X’s

Hyperglycemia: Critical value >450 mg/dL
  Notify physician
  Draw serum sample and send to lab
Patient Education

• Survival Skills for Patients New to Diabetes
• And - Assess Knowledge/Skills for All Patients w/ DM (even if reason for admission was not primarily due to DM)

1. How and when to take medication (pt/family to demonstrate)
2. Basics of glucose monitoring and how to obtain a monitor
3. Basics of meal planning
4. Recognizing & treatment of hypoglycemia
5. Effects of exercise on glucose
6. Sick day guidelines
7. Date of next appointment with clinician
8. How to access further diabetes education as an outpatient
9. When to call healthcare team
10. Resources: Patient Education Dept. & Diabetes Adult and Teen Clubs
    ext 2020; BD Take Home Kit – available on all units; UHB “Diabetes Discharge Instructions” pamphlet; Patient Education Record (Diabetes);
    Diabetes Treatment Center - 718-270-7207 -- patient needs physician referral/appt.
RECOGNIZING IMPAIRED PRACTITIONERS
EARLY WARNING SIGNS

- Interpersonal difficulties with family, friends and co-workers
- Ability to practice is impaired and patient safety may be compromised
- The issue of identifying a health care practitioner as ill or impaired should be considered in light of the individual’s known personality and professional conduct
- Anytime, if patient health and safety is a concern, staff must report their observations to their immediate supervisor
OVERVIEW

- Physicians and other health personnel work in very stressful environments and conditions.
- Sometimes, physicians, nurses, and other practitioners turn to unhealthy ways to cope with stress.
- Mental illness, substance abuse, and chemical dependency are disorders that could impair a practitioner’s health and ability to practice medicine (nursing, etc).
- Mental illness, substance abuse and chemical dependency are diseases that can be successfully treated.
- Recognizing patterns of impairment will protect patients’ safety and can help save an individual’s career and possibly his/her life.
Unkempt appearance, poor hygiene
- Trembling, slurred speech
- Bloodshot or bleary eyes
- Complaints by patients and staff
- Arguments, bizarre behavior
- Financial or legal problems
- Difficult to contact; won’t answer phone or return calls
- Neglect of patients, incomplete charting, or neglect of other hospital duties

Irritability, depression, mood swings
- Irresponsibility, poor memory, poor concentration
- Unexplained accidents to self
- Neglect of family, isolation from friends
- DWI arrest or DUI violations
- Inappropriate treatment or dangerous orders
- Unusually high doses or wastage of narcotics noted in drug logs
- Odor of alcohol on breath while on duty
For nurses
- contact New York State Board of Nursing

For physicians, residents, medical students, and physician assistants
- contact New York State Medical Society through the Committee for Physician’s Health (CPH)
Anyone can make a confidential referral to CPH. Most referrals (75%) come from colleagues or physicians seeking help for themselves.

The toll free telephone number in NYS is 1-800-338-1833.

Individual treatment plans are developed under the supervision of the CPH Medical Director. Both inpatient and outpatient services for detoxification, rehabilitation, and psychiatric care in addition to attendance at self-help or peer support groups are offered.

Assistance and emotional support for families is also provided.
The confidentiality of the CPH program participants, referral sources, and CPH records are protected by NYS and Federal laws.

Anyone who makes a referral shall not be liable for actions taken in good faith and without malice.

CPH does not refer physicians to the NYS DOH Office of Professional Misconduct as long as the physician agrees to participate, stays with the program, is helped by treatment, and does not present an imminent danger to the public.
The Joint Commission Standard on Physician Health (MS 4.80) requires that:

- Hospitals manage physician health matters separately from disciplinary matters.
- Establishes a process for handling potential physician impairment.
- Trains physicians and other hospital staff members to recognize physician impairment.
- Endorses utilization of a statewide system, which in NYS is the CPH.
ORGAN DONATION
Did You Know That …

- 15 Americans die each day waiting for an organ to become available
- More than 75,000 men, women, and children now wait for a transplant to replace a failing heart, liver, lung or pancreas

![](heart.png) ![lung.png] ![liver.png]

- Each day about 70 people receive an organ transplant
  - **BUT** another 16 people on the waiting list die
- Every 16 minutes another person joins the waiting list
- Someone dies every 96 minutes because there aren’t enough organs to go around
MYTHS AND FACTS

- **MYTH**: I am too old to donate organs and tissues
- **FACT**: People of all ages may be organ and tissue donors. Physical condition, not age, is important

Organizers: Robert Cardenas (front), a liver transplant recipient, offers support to those like Jerry Kelly, who is on the waiting list for a liver.
MYTHS AND FACTS

- **MYTH**: Minorities should refuse to donate because organ distribution discriminates by race.
- **FACT**: Organs are matched by factors, including blood and tissue typing, which can vary by race. Patients are more likely to find matches among donors of their same race or ethnicity.
MYTHS AND FACTS
(www.organdonor.gov)

- **MYTH**: Doctors will not try to save my life if they know I want to be a donor
- **FACT**: The medical staff trying to save lives is completely different from the transplant team. Donation takes place only after all efforts to save a life have been exhausted and death is imminent or has been declared
● **STEP 1:** Sign Your Driver's License or Non-Driver ID. - sign the section on the back of your New York State driver's license where you agree to make an "anatomical gift." Be sure to have two people witness your signature, preferably your closest family members so that their names can be easily verified if the need arises.

● **STEP 2:** Enroll in the [New York State Organ and Tissue Donor Registry](http://www.organdonor.net/)

● **STEP 3:** Discuss your decision with your family. *Why do I need to tell my family?* The New York Organ Donor Network requests consent from next of kin of all medically suitable organ and tissue donors. Family discussion beforehand allows next of kin to make decisions about organ and tissue donation that meets the specific wishes of their loved ones.
Role of the Health Care Professional

- The role of the health care professional is critical to the success of organ and tissue donation.
- Nurses, physicians, and other health care professionals are the vital link between the New York Organ Donor Network and organ and tissue donors.
- It is this partnership that ensures that families of potential donors are given the opportunity to make informed decisions about donation.
What is the policy and procedure at SUNY Downstate Medical Center?

- All deaths and imminent deaths are to be referred to the Organ Donor Network (ODN).
- The Admitting Department will contact the ODN upon notification of any patient death.
- When necessary, the Nursing Supervisor will provide ODN with necessary clinical information.
Identification and Management of Patients At Risk For Suicide

- Policy PSY-2:
  - **ALL** healthcare providers are responsible for recognizing and observing patient’s suicidal feelings and behavior
  - **ALL** UHB staff are responsible for reporting observations of patient’s suicidal feelings and behavior to the appropriate health care provide immediately (RN, LPN, MD)
Identification and Management of Patients At Risk For Suicide

- Risk Factors for Suicide
  - Current suicidal ideation, intention, plan or suicidal behavior
  - Poor impulse control or poor frustration tolerance
  - Withdrawn or isolative behavior
  - Current symptoms of depression, anxiety, agitation of psychosis
  - Current hallucinations, especially command hallucinations and delirium
  - Presence of borderline personality disorder, especially with self-destructive tendencies
  - History of suicide attempts/ self-harm
  - Recent significant loss (e.g., spouse, job, etc)
  - Chronic serious mental illness
  - Excessive guilt or remorse
  - Family history of suicide
  - Feelings of hopelessness, worthlessness or helplessness
  - Marked change in behavior at home, job and/or leisure activities
  - Sudden improvement in mood
Identification and Management of Patients At Risk For Suicide

- **Licensed Nursing and Medical Staff are responsible for:**
  - Conducting a suicide risk assessment on admission and ongoing throughout length of stay (change in behavior/ideation)
  - Completing nursing admission note addendum (see side 2)
  - Initiating suicide observation (1:1), as per policy
  - Notifying MD immediately to obtain a Psychiatric consultation
  - Searching patient and environment for unsafe objects and Removing those objects from the environment (e.g. razors, nail files, glass objects, belts, ties, pantyhose, medications, matches, lighters, cords, breakable utensils, antiseptic solutions, alcohol, lotion, gauze, kling)

- **Unlicensed Staff are responsible for:**
  - Reporting observations of suicidal behavior or ideation immediately to RN/Charge Nurse, LPN, or MD
Identification and Management of Patients At Risk For Suicide

- **Documentation:**
  - **Progress Notes must include:**
    - At risk behaviors
    - MD notification: name of MD, time
    - Note: Face-to-Face Psychiatric consultation and evaluation of the patient must occur within 1 hour
  - Interventions (e.g., institution of 1:1 observation)
  - Patient response
  - Resources provided to patient/family
  - Patient/family teaching
  - Discharge planning

- **One-To-One Observation Record**
  - Complete Form as per policy
Escalation/Chain of Command

REAWAKENING
OUR PASSION FOR CARING
Escalation/Chain of Command

- First, Do No Harm!
- If You See Something, Say Something: COMMUNICATE – ESCALATE.
- YOU are the Strongest Link in the Patient’s Chain of Survival.
- The Chain of Command is only as strong as its weakest link: Don’t be the “Weak Link” in Patient Safety ... ESCALATE.
Escalation/Chain of Command

E  “E”XAMINE YOUR PATIENT; “E”ARLY RECOGNITION;
    “E”ARLY ACTIVATION (extension 2323)

S  “SEE” and “SAY”
    IF YOU “S”EE SOMETHING, “S”AY “S”OMETHING;
    “S”EEK ASSISTANCE

C  “C”ALL FOR HELP; “C”OLLABORATE; “C”OMMUNICATE
    “A”SSESS & RE-“A”SSESS

A  “L”OOK, “L”ISTEN, & FEEL:
    “LIVE”, “L”OVE, AND “L”EARN FROM THE EXPERIENCE

L  “A”SK QUESTIONS

A  “T”EAMWORK; “T”REAT THE PATIENT USING EVIDENCE-
    BASED BEST PRACTICES

T  “E”VALUATE PATIENT OUTCOMES AND TEAM PERFORMANCE
Direct Care Providers

You are now completed.

Click HERE to take the Direct Care Providers Post Test.