

# Hospital Orientation Core Materials for Students



Prepared by the San Antonio Clinical Liaison  
Student Orientation Standardization Work Group  
Greater San Antonio Hospital Council

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The San Antonio Clinical Liaison Group is providing the following core materials to facilitate orientation for students participating in clinical experiences in the greater San Antonio area.

Hospital systems may have additional training requirements specific to their clinical sites or facilities.

Each program is responsible for reviewing this material with their students and documenting completion of such review on the Standardized Orientation Record provided. Please submit the completed Standardized Orientation Record to the appropriate hospital prior to EACH clinical rotation.

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San Antonio Clinical Nursing Student Group  
Standardized Orientation Record

\*Documentation Required EACH Clinical Rotation

School: \_\_\_\_\_ Discipline: \_\_\_\_\_  
Level: \_\_\_\_\_ Course Name: \_\_\_\_\_  
Instructor: \_\_\_\_\_ Instructor Office: \_\_\_\_\_  
Instructor Pager: \_\_\_\_\_ Instructor Cell: \_\_\_\_\_

Facility: \_\_\_\_\_ Dept/Unit: \_\_\_\_\_  
Clinical Days: \_\_\_\_\_ Clinical Hours: \_\_\_\_\_  
First Clinical Day: \_\_\_\_\_ Last Clinical Day: \_\_\_\_\_  
Student Holidays: \_\_\_\_\_

Date of Completion of Student Orientation: (must be completed annually) \_\_\_\_\_

I hereby acknowledge that the following topics were covered in Student Orientation in preparation for clinical rotations: (please note that there may be additional facility-specific requirements)

- |                            |                                     |
|----------------------------|-------------------------------------|
| _____ Fire Safety          | _____ Sexual Harassment             |
| _____ Electrical Safety    | _____ National Patient Safety Goals |
| _____ Hazard Communication | _____ Patient Rights                |
| _____ Back Safety          | _____ HIPAA                         |
| _____ Emergency Management | _____ Abuse and Neglect             |
| _____ Infection Control    | _____ Restraints                    |
| _____ Cultural Competence  | _____ Core Measures                 |

List of Students (Please Print)

CPR Expiration Date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Faculty Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **FIRE SAFETY**

If you discover a fire in your immediate area, respond with **RACE**:

### **R RESCUE**

Remove patients, visitors and staff from immediate danger. Evacuate if necessary. Evacuate horizontally (laterally) through at least one set of fire/smoke doors. Never use the elevator.

### **A ALERT or ALARM**

Activate the hospital fire alarm system. This may include calling the hospital emergency number and pulling the fire alarm handle in the area. Give your name, phone number, location of the fire and description of what you see and smell.

### **C CONFINE or CONTAIN**

Close doors and windows. Place a wet towel along the bottom of doors leading to the fire to help confine the fire and prevent smoke from spreading.

### **E EXTINGUISH**

If the fire is small, use the fire extinguisher in the area to put out the fire. Do not attempt to extinguish a fire if doing so would put you in danger.

When using a fire extinguisher, remember **PASS**:

**P** Pull the pin

**A** Aim the extinguisher nozzle or horn at the base of the fire

**S** Squeeze the handle

**S** Sweep from side to side at the base of the fire until it goes out. Watch for flashes  
And reactivate the extinguisher, if necessary.

## **ELECTRICAL SAFETY**

Always follow operating instructions when using equipment. Report any defects immediately to the facility. Do not use defective equipment! Examples of potential defects include:

- plug does not fit properly in outlet
- feels unusually warm to touch
- smells hot
- makes noise or pops when turned off
- has power cord longer than 10 feet

- gives inconsistent readings
- knob or switch is loose or worn
- tingles when you touch it
- missing the third or grounding pin on the plug
- cord is frayed

Other considerations:

- Patient's may be prohibited from being electrical devices from home, or may be required to have personal electronic devices inspected before use.
- Certain electrical outlets are connected to the hospital's emergency generators. Essential equipment should be kept plugged into emergency outlets.
- Avoid extension cords
- Pull on the plug to remove equipment from on outlet; never pull on the cord
- Turn equipment off before unplugging or plugging in

## **THE HAZARDOUS COMMUNICATIONS ACT:THE RIGHT TO KNOW LAW**

This federal regulatory standard requires employers to inventory and label hazardous chemicals in the workplace and to inform and train workers about chemical hazards they encounter on the job.

It excludes some hazardous materials such as drugs, tobacco, liquor, pesticides and infectious materials (they are covered under other guidelines).

It's up to you to:

- Read labels
- Study the Material Safety Data Sheets (MSDS)
- Use proper protective equipment
- Follow safety precautions

Two primary sources of information on hazardous materials are:

1. Product label
  - Gives BASIC information to recognize a hazardous material
  - Look for key words such as warning, caution, poisonous, corrosive, flammable or hazardous
  - Look for warning symbols to identify a hazardous material more quickly
  - If a hazardous material is transferred to another container, the new container must also be labeled with the hazardous ingredients and warnings
2. MSDS
  - Describes the chemical
  - Lists its physical and health hazards
  - Describes how to handle the chemical safely
  - Explains what to do in emergency situations
  - The label and the corresponding MSDS match with the chemical or product name
  - Federal regulations require that every manufacturer provides a MSDS for every hazardous chemical or chemical product

## **BACK SAFETY**

Lower back strain is the most common injury. Nurses are especially vulnerable because of the tasks involved in providing patient care. One way to avoid injury is to use proper body mechanics when lifting and/or transferring patients. Soliciting and using additional staff or mechanical assistance when needed is another important factor in maintaining a healthy back. Use the following guidelines:

### **Lifting:**

1. Keep load close to your body.
2. Bend the knees and hips.
3. Tighten the abdominal muscles when you lift.
4. Avoid twisting as you lift.
5. Lift with legs and buttocks.
6. Maintain natural curves of the back.

### **Pushing and Pulling:**

1. Stay close to the load.
2. Avoid leaning forward.
3. Push rather than pull whenever possible.
4. Use both arms.
5. Tighten stomach muscles when pushing.

### **Reaching:**

1. Reach only as far as is comfortable, usually at shoulder level.
2. Test weight by lifting corner.
3. Let arms and legs do the work, keeping the back straight.
4. Tighten the stomach muscles as you lift.
5. Arrange work area to minimize reaching.

### **Twisting:**

1. Kneel down on one knee.
2. Maintain the natural curves of the back.
3. Position yourself for the best possible leverage.
4. Turn entire body, keeping feet and hips pointing in the same direction.

### **Bending:**

1. Maintain the natural curves of the back.
2. Bend the legs and hips rather than the back.
3. When leaning forward, move your whole body not just your arms.

### **Sitting:**

1. Get a chair with good lumbar support.
2. Sit close to your work rather than leaning.
3. Change positions often to avoid fatigue. Keep arms and shoulders relaxed.

## **EMERGENCY MANAGEMENT**

Each hospital has a master Disaster Preparedness Plan to promote sound, orderly activation of the hospital and to mobilize its resources in response to a sudden influx of casualties or emergency need. Code activation may be communicated by overhead page, sending out a group page or call, or by other means. A facility representative will inform your role in the event of a disaster or emergency response.

The STRAC EMS/Hospital Disaster Group has developed the following list of Common Emergency Codes for use in hospitals. You may find this process in transition, and some facilities may have additional codes for other emergency responses

Code Red: Fire  
Code Blue: Cardiac or Respiratory Arrest  
Code Pink: Infant/Child Abduction or elopement  
Code Silver: Lost Adult  
Code Black: Bomb Threat  
Code Gray: Disaster (activate plan)  
Code Green: Combative / Violent Person  
Code Orange: Haz-Mat / Decontamination  
Code White: Armed Intruder / Active Shooter  
Code Yellow: Utility Failure

## **INFECTION CONTROL**

It is everyone's responsibility to prevent the spread of communicable diseases, drug resistant organisms and other infectious diseases within each healthcare system.

### **Hand Washing**

Hand washing is the most effective preventative measure to protect staff and patients

Wash hands using soap and water:

- When coming into the clinical site and when going home
- Before and after eating
- When hands are visibly soiled
- Before and after putting on gloves
- After using the bathroom
- When the patient has clostridium difficile

When using soap and water:

- Remove jewelry
- Use warm water
- Use friction, washing hands, wrists and between fingers
- Wash for at least 15 seconds
- Rinse and dry thoroughly

When using alcohol-based hand sanitizers:

Use a golf ball-sized ball of foam or a dime-sized squirt of gel

Rub your hands, covering all surfaces, until they are dry (at least 15 seconds)

Avoid operating equipment until your hands are dry--- alcohol is flammable!

Finger Nails:

Must be short and clean

No artificial nails

No nail jewelry

Unchipped polish is permitted

Students with open wounds and/or weeping dermatitis should refrain from all direct patient care activities because infection can occur through non intact skin. Consult with your instructor

### **Standard Precautions**

Standard Precautions are practices with ALL patients regardless of their diagnosis or presumed infection status. All blood and body fluid is treated as possibly infectious. It is your responsibility to wear appropriate Personal Protective Equipment (PPE).

Wash hands

Wear gloves when in contact with blood, body fluids, secretions and excretions  
(except sweat)

Wear goggles, mask, face shield if splashes to the face are possible

Wear a gown if contact to your body is possible

Be careful with sharps

### **Transmission-Based Precautions**

Transmission-Based Precautions are designed for patients with known or suspected highly transmissible or epidemiologically important pathogens. **The precautions are used in addition to Standard Precautions.**

Before entering a patient room:

Read the precaution sign: Airborne, Contact, Droplet

Wear the appropriate Personal Protective Equipment (PPE)

If you are not sure- ASK!

#### **Airborne:**

For infectious organisms that can be transmitted by airborne particles that can be widely dispersed by air currents. (examples: TB, chicken pox, measles, shingles)

Wear Approved N95 particulate respirator mask before entering

Keep the patient room door closed

\*Students are not typically assigned to these patients

#### **Contact:**

For infectious agents easily transmitted by direct patient contact or by indirect contact with items in the patient's environment. (examples: MRSA, VRE, clostridium difficile, enteroviral infections, some skin infections)

Wear gloves when entering room

A gown and gloves are required when in close or direct contact to the

patient, used patient equipment or supplies.  
Masks are required if splashing, spraying / aerosolization is anticipated.

**Droplet:**

For infectious agents transmitted by large particle droplets, usually within 3 feet of the patient. (examples: bacterial meningitis, influenza, adenovirus, mumps, parvovirus b19, Rubella.)

Surgical mask when entering the room

If you have a needle stick, sharps accident or unprotected exposure to blood or body fluids, notify your instructor immediately!

**Disposal of Biohazardous Waste:**

**Sharps Containers**- for disposal of sharp objects, needles, syringes, blades, and broken glass. Always replace the container when it is 2/3 full.

**Red Container Trash** (bags or tubs): used for items that would release 100 cc's or greater of blood or body fluids when compressed, for microbiological cultures and specimens, for Class IV etiological agents (waste from patients with highly communicable diseases) and specified pathological waste.

**Linen**- Used / soiled linen is placed in yellow linen bags.

**CULTURAL COMPETENCE IN HEALTH CARE**

Cultural competency has become a major quality issue for health care systems, a risk management issue for hospitals and a necessary skill set for clinicians. The Joint Commission on Accreditation of Healthcare Organizations “views the delivery of services in a culturally and linguistically appropriate manner as an important healthcare safety and quality issue.” The 2000 U.S. Census confirmed that our country has become more diverse than ever before. Clinicians are not insulated from this diversity as patients present a broad range of perspectives regarding health and well being that are often shaped by their social and cultural backgrounds.

The American Medical Association defines cultural competence as “the knowledge and interpersonal skills that allow providers to understand, appreciate, and care for patients from cultures other than their own.” It involves an awareness and knowledge of the important cultural factors that impact the clinical encounter and the ability to effectively address them with quality health care as the ultimate goal. In striving to achieve cultural competence, the goal is to ensure that attitudes and behaviors of clinicians and organizational policies of health systems result in effective interactions with culturally diverse individuals.

Those who wish to improve cultural competence can increase their awareness of some of the common cultural factors that could impact health care situations:

- Time orientation
- Cooking and food preferences and taboos
- Social roles and family members
- Causes of illness
- Use of home and folk remedies
- Attitudes toward persons in authority
- Communication preferences (verbal and non-verbal)
- Views on death and dying

Awareness of these types of differences and careful questioning of and listening to patients can help health care workers identify potential cultural barriers and communicate more competently with their patients from all cultures. Culture impacts communication and outcomes. Poor communication between patient and provider leads to lower patient satisfaction, lower adherence and poor health outcomes. While this is true for all patients, it may be an even greater problem for patients from diverse socio-cultural backgrounds.

To prevent errors and miscommunication in the provision of patient care, healthcare facilities may offer support services that include translation phones, medically certified translation services, TDDY phones for the hearing impaired and sign language interpreters.

Culturally competent health care workers have developed attitudes reflecting:

- an honest respect for cultural perspectives and practices that are not like their own and; and,
- an appreciation for cultural competence and its importance in providing effective health care.

Cultural competence requires displaying respect by communicating effectively and paying attention to differences and similarities among various cultural beliefs or practices. A culturally competent health care system provides staff training and institutional guidelines that make sure patients from diverse cultures are treated and cared for effectively and respectfully. Cultural competence training can help give health care providers an understanding of how to approach cross-cultural interactions in an effective and time efficient way. By addressing these challenges rather than avoiding them, clinicians will establish better relationships with culturally diverse patients. They will communicate better, avoid frustration and conflict, and improve the care they provide.

## **SEXUAL HARASSMENT**

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Title VII applies to employers with 15 or more employees, (As nursing students doing clinical rotations at a hospital with which your school has a Memorandum of Understanding this includes you) including state and local governments. It also applies to employment agencies and to labor organizations, as well as to the federal government.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.

The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.

The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.

Unlawful sexual harassment may occur without economic injury to or discharge of the victim.

The harasser's conduct must be unwelcome.

It is helpful for the victim to inform the harasser directly that the conduct is unwelcome and must stop. If this occurs in a clinical setting your responsibility, as a student, will be to immediately inform the staff at the hospital and your instructor from your school. The victim should use any employer complaint mechanism or grievance system available.

When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on sex or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under Title VII.

Prevention is the best tool to eliminate sexual harassment in the workplace.

## **PATIENT SAFETY**

The purpose of the Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based consensus to solutions to these problems.

### **2009 TJC HOSPITAL NATIONAL PATIENT SAFETY GOALS**

#### **Goal 1: Improve the accuracy of patient identification**

- 1A: Use at least two patient identifiers when providing care, treatment or services
- 1C: Eliminate transfusion errors related to patient misidentification

#### **Goal 2 : Improve the effectiveness of communication among caregivers**

- 2A: For verbal or telephone orders or telephonic reporting of critical test results, person receiving the information records then "reads back" the complete order or test result
- 2B: Standardize the list of abbreviations, acronyms, symbols and dose designations that are not to be used throughout the organization
- 2C: Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical tests and critical results and values
- 2E: Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

#### **Goal 3: Improve the safety of using medications**

- 3C: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these medications
- 3D: Label all medications, medication containers (for example syringes, medicine cups, basins) or other solutions on and off the sterile field
- 3E: Reduce the likelihood of patient harm associated with the use of anticoagulation therapy

#### **Goal 7: Reduce the risk of health care associated infections**

- 7A: Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines
- 7B: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function related to a health care-associated infection.
- 7C: Implement evidence-based practices to prevent health care-associated infections due to multi drug-resistant organisms in acute care hospitals.
- 7D: Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.
- 7E: Implement best practices for preventing surgical site infections

#### **Goal 8: Accurately and completely reconcile medications across the continuum of care**

- 8A: A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the organization
- 8B: A complete list of the patient's 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.
- 8C: When a patient leaves the organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and as needed, to the family, and the list is explained to the patient and/or family
- 8D: In settings where medications are used minimally. Or prescribes for a short duration, modified medication reconciliation processes are performed

**Goal 9: Reduce the risk of patient harm resulting from falls**

- 9A: The organization implements a fall reduction program that includes an evaluation of the effectiveness of the program.

**Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy**

- 13A: Identify ways in which the patient and his or her family can report concerns about safety and encourage them to do so

**Goal 15: The organization identifies safety risks inherent in its patient population**

- 15A: The organization identifies patients at risk for suicide

**Goal 16: Improve recognition and response to changes in a patient's condition**

- 16A: The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening

**Universal Protocol**

- Conduct a pre-procedure verification process
- Mark the procedure site
- A time-out is performed immediately prior to starting the procedures

**PATIENT RIGHTS AND RESPONSIBILITIES**

A Patient's Bill of Rights was first adopted by the American Hospital Association (AHA) in 1973 and revised in 1992. The Association presented this Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by hospitals, medical staff, employees and patients. AHA encourages health care institutions to tailor this bill of rights to their local patient community by translating and/or simplifying its language as may be necessary to ensure that patients and their families understand their rights and responsibilities.

## **Bill of Rights**

These rights apply to all patients. If they are unable to exercise any or all of the rights, it is Texas law that their guardians, next of kin or legally authorized representatives may enforce the rights on their behalf.

### **Patients have the following rights within the limits of law:**

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current and understandable information concerning diagnosis, treatment and prognosis.

Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or choose to transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice.
4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

Many healthcare organizations have adopted these rights into their own patient rights documents. Other rights commonly communicated include:

1. The patient has the right to freedom from restraints. The patient may not be restrained unless a physician has given written authorization for restraint or it is deemed necessary in an emergency situation to protect the patient from injuring himself or others. The patient and the family have the right to be kept informed regarding care, including the need for restraint.
2. The patient has the right to comprehensive pain management. This includes receiving information about pain and pain relief measures, having a health care staff that is committed to pain prevention and management, receiving appropriate responses to reports of pain, and having reports of pain and response to pain management documented and communicated to their doctor.

## **HIPAA: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

HIPAA regulations require that individuals' medical information be kept secure and private. As healthcare workers, we are in constant contact with confidential patient information. Therefore, it is our responsibility to meet this requirement of **HIPAA**. It is easy to forget how important patient privacy is, unless you are a patient. Privacy is a basic patient right. Safeguarding that right is an ethical obligation of our profession. Whether working in the hospital, ambulatory care clinic, long-term care facility, home health agency, or rehabilitation center, everyone is responsible for patient confidentiality. This includes everyone who comes in contact with the patient such as nurses, doctors, students, volunteers, patient billing staff, and housekeeping staff alike.

Providing processes and guidelines that ensure administrative, physical, and technical security for patients' identity, physical or psychological condition, emotional status, or financial situation is vitally important. Follow these guidelines:

1. Patient information is shared with other healthcare workers on a "need to know" basis.
2. Information is never released without written consent from the minor's parent or guardian.
3. Confidential information is never discussed in areas where others can overhear you (hallways, elevators, informal social settings, etc.).
4. Breaches of confidentiality are reported to the department director/manager and clinical instructor.
5. Computerized records are kept confidential, just like any other medical record and are accessed on a "***need to know***" basis as it directly relates to patient care delivery.
6. Keep computer screens and open charts from view of public traffic.
7. Log off when leaving the computer.
8. Avoid sharing your password with anyone.
9. Avoid using someone else's user ID and password to access secured sites.

## **ABUSE AND NEGLECT**

Abuse: mental, emotional, physical, or sexual injury to a child or person 65 years or older or an adult with disabilities or failure to prevent such injury.

Neglect of a child: includes failure to provide a child with food, clothing, shelter, and/or medical care, and leaving a child in a situation where the child is at risk of harm.

Neglect of a person 65 years or older or an adult with disabilities for personal or monetary benefit: includes taking Social Security or SSI checks, abusing joint checking account, and taking property and other resources.

Texas law requires any person who believes that a child or person over 65 years or older or an adult with disabilities is being abused, neglected or exploited to report the circumstances to the Texas Department of Family and Protective Services (DFPS) Abuse Hotline. A person making a report is immune from civil or criminal liability, and the name of the person making the report is kept confidential. Any person suspecting abuse and not reporting it can be held liable for a Class B misdemeanor. Time frames for investigating reports are based on the severity of allegations. Reporting suspected child abuse and makes it possible for a family to get help.

If a student suspects abuse or neglect, they should report their suspicions to their instructor or nursing supervisor.

## **RESTRAINTS**

Freedom from restraints is patient right. Healthcare workers should strive to understand potential causes of unwanted behavior and to attempt alternative techniques to manage behavior and promote patient safety before restraints are considered.

Restraint: any manual method, physical, or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs body or head freely.

Behavioral Health Restraint: The restriction of patient movement for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others.

The following are NOT considered restraints:

- Standard practices that include limitation of mobility or temporary immobilization related to medical, dental, diagnostic or surgical procedures and related post-procedure care (i.e. surgical positioning, IV arm board, protection of surgical and treatment sites in pediatric patients)
- Adaptive support in response to assessed patient need (i.e. postural support, orthopedic appliances, tabletop chairs)
- Measures taken to protect the patient from falling out of bed
- Protective equipment (i.e. helmets)
- Therapeutic holding

- Forensic and correction restrictions used for security (handcuffs, waist chains, leg irons, shackles, etc.)

Each episode of restraint considers the impact on the patient, including:

- Protecting and preserving patient rights, dignity and well-being
- Bases use on the patient's assessed needs
- Considers least restrictive alternatives
- Assures safe application and removal by qualified staff
- Monitors and reassesses the patient during use, using qualified staff
- Meets patient needs during use
- Safety to the patient
- Impact on the patient's ability to continue his or her care and participate in care processes
- The patient's rights to make informed decisions regarding he/her care, including decisions to utilize restraints. The need for restraints will be discussed with the patient / family/ significant other.
- Risks associated with vulnerable patient populations, such as emergency behavioral, pediatric, and the cognitively and physically limited patients.
- Restraints are discontinued as soon as the behavior or conditions, which was the basis for the restraint order, is resolved.

Restraint Orders:

- Ordered by a physician
- PRN orders are not accepted
- The order must specifically state what method of restraint or seclusion is used
- Indications for the restraint are documented in the nursing notes and/ physician progress notes. Restraint shall only be used for the protection of the patient, staff members or others.

Patient Monitoring Includes:

- Vital signs, including circulatory and respiratory status
- Circulation and range of motion in extremities
- Nutrition needs
- Hydration needs
- Elimination needs
- Level of distress/agitation
- Psychological status
- Cognitive functioning
- Comfort
- Indication that less restrictive methods are possible
- Readiness for discontinuation
- Skin integrity
- Signs and symptoms of injury associated with restraint use

Other important considerations:

- Identification of staff and patient behaviors, events, and environmental factors that may increase / decrease agitation

- Understanding how the underlying medical condition may affect behavior
- Validation of safe application and release of all types of restraint and seclusion
- Recognizing and responding to signs of physical and psychological distress (i.e. physical asphyxia)
- Recognizing specific behavioral changes that indicate that restraint or seclusion is no longer necessary.

Frequency and documentation of patient monitoring may vary depending on reason for restraint, patient condition and hospital policy. Please check with the RN responsible for the patient to ensure that requirements are met.

## **CORE MEASURES**

What are Core Measures?

The Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS) require accredited hospital to collect and submit performance data. Core measures are a set of “Best Practice Standards” that have been proven to reduce morbidity, mortality and re-admission rates—improve patient care and save lives!!

Reporting is intended to encourage hospitals and clinicians to improve their quality of care and to empower consumers with this knowledge. Data is collected and hospitals are graded or given a “score” reflecting their performance. Scores are publicly reported on the internet at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov) which allows consumers to compare hospitals in their achievement of the core measure goals. Participation in the reporting process is voluntary, but if a hospital does not report, the hospital will lose a percentage of its payment from CMS.

Hospitals currently collect and submit performance data on the following inpatient indicators:

- Acute Myocardial Infarction: AMI
- Pneumonia: PNE
- Heart Failure: HF
- Surgical Care Improvement Project: SCIP

AMI Indicators:

- Aspirin within 24 hours before or after arrival
- Beta Blocker within 24 hours after arrival
- Adult smoking cessation
- ACE Inhibitor or ARB for Ejection Fraction less than 40%
- Aspirin at Discharge
- Percutaneous Intervention (PCI) within 90 minutes
- Thrombolytics within 30 minutes

Heart Failure Indicators:

- Smoking cessation
- LV function assessment
- Discharge instructions

- ACE inhibitor or ARB for ejection fraction of less than 40%

Pneumonia Indicators:

- Oxygen assessment
- Blood cultures drawn prior to antibiotics
- Antibiotics within 6 hours of arrival
- Appropriate antibiotics ordered
- Pneumococcal / Influenza Screening and Vaccination
- Adult smoking cessation

Surgical Care Improvement Project:

- Antibiotics given within one hour of incision
- Appropriate antibiotic selection
- Post-op antibiotic discontinuation within 24 hours
- At risk surgery patients have recommended venous thromboembolism (VTE) prophylaxis ordered
- VTE prophylaxis received within 24 hours prior to incision or 24 hours after surgery end time

\*Note: other indicators are collected but are not publicly reported.