



Dignity Health Non – Employee Orientation Program

Hello humankindness

Humankindness is more than an ideal.
It is at the heart of our healing mission.

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Dignity Health Orientation Program

Welcome!

Welcome to Dignity Health, where our greatest asset is our PEOPLE. This includes YOU: the employees, volunteers, students, registry staff, contract personnel, physicians, and everyone else providing needed services either directly or in support of our hospital patients, healthcare workers, and visitors.

This program provides general hospital information, including Privacy/Confidentiality (HIPAA), Emergency Management, Patient Safety, General Hospital Safety, Security, Fire, Medical Equipment, Utility Systems, Hazardous Materials, Infection Control and Emergency Codes for Dignity Health. It is designed to help you prevent accidents, control losses, and support processes for providing quality patient care.

Mission, Vision and Values

Our Mission

Statement of Common Values:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.
- Dignity Health facilities do not engage in abortion, euthanasia, assisted suicide, or embryo destruction

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, and standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve.

Above all else we value:

- Dignity - Respecting the inherent value and worth of each person.
- Collaboration - Working together with people who support common values and vision to achieve shared goals.
- Justice - Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
- Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.
- Excellence - Exceeding expectations through teamwork and innovation.

Hello Humankindness

As members of the Dignity Health family, we believe that humanity and kindness are at the heart of our healing mission, creating something that this world – not just this industry – needs.



Humankindness is more than an ideal. It is at the heart of our healing mission.

Acts of humankindness have been an expression of the healing ministry of Jesus since our beginning.

We believe that, together, our humanity and kindness create something that this world – not just this industry needs. By saying Hello, we invite people in and open the conversation to the world outside our doors.

You are the inspiration behind this platform – the people with the boundless dedication to humanity that makes us who we are.

- Lloyd Dean, CEO and President of Dignity Health

Patient Family Centered Care/Patient Rights:

We are committed to treating our diverse patients, visitors, and co-workers with courtesy and respect. Dignity Health follows a model of Patient Family Centered care and our goal is to provide superior patient care by being competent, compassionate and consistent in all interactions and respecting patient rights.

- Patient Family Centered Care Principles:

- Dignity/Respect
- Priorities and choice of Patient/Family/Care Partner DRIVE the delivery of health care
- Patients are active participants in all aspects of care
- Share information with patients
- Collaboration with Patient/Family/Care Partner to obtain feedback

- Five Fundamentals (A-I-D-E-T) to Remember: Use “key words at key times.”

A = Acknowledge the patient/family/care partner/customer with smile/eye contact.

I = Introduce yourself: name/department/role, and establish trust by commenting on special skills/experience you & teammates have that can help.

D = Duration: explain how long tests/activities will take and when results will be available.

E = Explain all procedures in simple language and what to expect.

T = Thank the patient/visitor/co-worker for their patience, information, and assistance.

- Remember to use “H-E-A-R-T” if service recovery is needed.

H = Hear - Recognize the problem / Acknowledge the concern promptly.

E = Empathize - Reiterate the main points / Reflect the feeling.

A = Apologize - Sincerely, for distraction or inconvenience / Avoid making excuses or placing blame.

R = Respond – Everyone empowered / Look for solutions quickly & fairly / Ask what would solve the problem.

T = Thank - The person genuinely for bringing concerns forward / Call or visit the next day / Ensure adequate resolution.

- Priority Areas for Patient/Family/Customer Focus:

- Respond with care, compassion, empathy.
- Provide for patient comfort/pain management.
- Patient rounds on Nursing Units are every hour during the day and every 2 hours from 10 p.m. to 6 a.m. to address pain, positioning, toileting, and other comfort needs. Please review unit guidelines for rounding and notation of the individualized plan of care on the patient’s whiteboard: What is important to the PATIENT and the Patient Plan for the Day?
- Explain all treatments, procedures, medications (purpose and side effects), and discharge instructions to the patient. Whenever possible, use teach back to ensure understanding.
- Ensure patient safety/security (Quality) – All who interact with patients are to ensure environment is safe, and call light, TV controls, personal items are within patient’s reach.
- Protect patient privacy/confidentiality (Follow all HIPAA guidelines for oral, written, faxed and electronic transmittal of patient information – See Section on HIPAA below).
- Patient Centered Care – Involve patient and appropriate family members/ designated Care Partner (whomever the patient designates to be the key person involved in his/her care) whenever possible with patient permission.
- Education – All patients should have a Patient/Family Care Partner Education Guide. All education materials should be placed in a communication folder. Ensure the patient takes it with him/her on discharge.

- **Interpreter Services**

CyraCom Language Service provides over-the-phone certified healthcare interpreters on demand in more than 150 languages. Most departments have special BLUE ClearLink dual–handset phones that connect healthcare workers and Limited–English Proficient (LEP) patients quickly to interpreters. Other departments may access the CyraCom Language Service through their department phones with an access code. Healthcare team members are expected to use CyraCom Language Service with LEP patients when assessing the patient (at least once/shift on patient care units), explaining tests/procedures, teaching, obtaining consents for patients, and any other time when accurate communications are essential between patients/caregivers/family to the ensure safety/well-being of the patient.

- **Advance Directives**

Caregivers should be aware of the patients advance directive status. If the patient has an advance directive, but it is not in the chart, the nurse should discuss with the patient/partner in care and document the general intent on the advance care planning tool or in the electronic medical record.

- **Psycho/Social/Spiritual Care Services**

Available at the assigned facility and will be provided during the unit specific orientation.

Performance Improvement (P.I.):

Dignity Health is committed to continuous quality improvement.

Using our Rapid Cycle PDSA (Plan, Do, Study, Act) Model, everyone is expected to identify and get involved in patient care and service improvements that have a positive impact on our patients, visitors, and each other. Please discuss current projects and new improvement ideas with your supervisor.

Our Performance Excellence/Transformational Care initiatives focus on making our processes more efficient. Teams redesign processes to decrease waste, such as with materials and time, and errors.

Please discuss current department or organizational problem areas, existing improvement projects and new improvement ideas with your supervisor. In addition to notifying your supervisor, anyone who has concerns about the safety or quality of care provided at Dignity Health may report these concerns to The Joint Commission by one of the following:

- Phone: (630) 792-5800
- E-Mail: patientsafetyreport@jointcommission.org
- Fax: Office of Quality Monitoring (630)792-5636
- Mail:
Office of Quality Monitoring
The Joint Commission
One Renaissance Blvd. Oakbrook Terrace, IL 60181

No retaliatory or punitive action may be taken against anyone who reports concerns to The Joint Commission.

Patient Safety Program

Dignity Health is committed to providing care in a safe and respectful manner. The organization has a Patient Safety Program that is overseen by the Patient Safety and Quality Councils. The goal of this program is to reduce medical/healthcare errors, adverse events and patient harm. Dignity Health practices Just Culture: A values-supportive system of shared accountability where the organization is accountable for the systems it has designed and for responding to the behaviors of staff, students, and contractors, in a fair & just manner. Staff, students, and contractors, in turn, are accountable for the quality of their choices and for reporting both their errors and system vulnerabilities. Each staff member, student, and contractor plays a role in this program by:

- Performing job and/or patient care responsibilities in an accurate and timely manner with consideration for patient confidentiality.
- Reporting patient safety issues and events to leadership through the event reporting system: iVOS (Valley Oak Systems).
- Participating in activities to improve patient safety.

Report patient safety issues and events to leadership and through the Event Report System (ERS) by completion of an iVOS form. The Event Reporting System with the iVOS form is located on the Dignity Health website and may be accessed through www.DignityHealth.org via the Inside Dignity Health tab under Tools and Application. The iVOS form may also be easily accessed on most department computers as an icon labeled as iVOS.

Adverse/Reportable/Sentinel Events

Although we never intend patients to be harmed, at times unexpected adverse events happen. Sentinel events, also called Serious Reportable Events (SREs), are unexpected occurrences involving death or serious physical or psychological injury or the risk thereof. Verify with your immediate supervisor what events must be reported to regulatory agencies in your State via the Risk or Quality Management Departments.

Adverse/Reportable events include:

Surgical events

- Surgery on the wrong body part or wrong patient or wrong surgical procedure on a patient
- Retention of a foreign object in patient after surgery or other procedure
- Intraoperative or immediate post-op death in a normal healthy patient

Radiological events

- Patient or staff death or serious injury associated with the introduction of a metallic object into the MRI area

Product or device events

- Use of contaminated drugs, devices or biologics provided by health facility
- Use or function of device in patient care in which device is used or functions other than intended
- Intravascular air embolism that occurs while being cared for in health facility

Patient protection events

- Infant discharged to the wrong person
- Patient death or serious disability associated with patient disappearance
- Patient suicide/attempted suicide, resulting in disability while being cared for in a healthcare facility

Care management events

- Maternal death or serious disability associated with labor or delivery
- Stage 3 or 4 pressure injuries acquired after admission
- An adverse event or series of events that cause the death or serious disability of a patient, staff or visitor
- Patient death or disability associated with: Failure to identify and treat severe jaundice in newborns, very low blood sugar, medication error, or hemolytic reaction due to the transfusion of the wrong blood type

Environmental Events

- Any incident in which a line designated for oxygen or other gas contains the wrong gas
- Patient death associated with a fall in the facility
- Patient death or serious disability associated with any of the following while being cared for in a healthcare facility: An electric shock, a burn incurred from any source, use of restraints or bedrails

Criminal events

- Any instance of care ordered by someone impersonating a physician
- Abduction of a patient of any age
- Death or sexual assault on a patient within or on the grounds

Privacy events

- Any unlawful or unauthorized access to, or use, or disclosure of, a patient's medical information
- Unauthorized is defined as:
 - Inappropriate access, review or viewing
 - Without a direct need for medical diagnosis, treatment or other lawful use
- Further defined in Dignity Health Privacy and Data Security policies
- These must also be reported to the Facility Privacy Officer (FPO) and/or the Dignity Health Hotline: 1-800-938-0031

Patients and/or families are told of unexpected adverse outcomes. This discussion is conducted by the patient's physician with the area's director/manager and, generally, the risk manager.

National Patient Safety Goals and Requirements

Each year, The Joint Commission (TJC) updates existing and/or adds new National Patient Safety Goals (NPSGs) and requirements. TJC reviews reported events that involve harm to a patient in order to make their decision regarding what should be a NPSG or patient safety requirement. All accredited hospitals nationwide must comply with these requirements. Dignity Health is committed to delivering safe patient care and has identified steps you can take to ensure we improve in these areas. Please see related Administrative Services Manual (ASM), Patient Care and department policies.

Goal 1: Improve the accuracy of patient identification

- Use at least two patient identifiers BEFORE administering medications, blood or blood components; when collecting blood samples or other specimens for clinical testing, and providing other treatments or procedures. The identifiers used at Dignity Health are patient's NAME and BIRTH DATE (outpatient identifiers only in Arizona). The medical record number and name may be used as a third identifier in name alert situations (inpatient identifiers only in Arizona).
- Eliminate transfusion errors related to patient misidentification by implementing a two-person verification process. One of the staff verifiers must be the individual who will be administering the blood/product. Use patient name, birth date and other specific identifiers, per policy, prior to transfusion.

Goal 2: Improve the effectiveness of communication among caregivers

Critical Values - Call ordering physician within 30 minutes of receipt of report. If no response in 30 minutes, call attending physician. If no response within 30 minutes, call the department chair of the ordering physician. If no response in 30 minutes, call the medical staff president. Follow your facility's Chain of Command Policy. Call a Rapid Response Team if the patient becomes unstable.

Goal 3: Improve the safety of using medications.

- The organization has standardized drug concentrations to help avoid medication errors.
- Second independent verification required. Document the verification for all hospital-designated High Alert Medications such as drips containing heparin, insulin, opiates, sedation agents, concentrated electrolytes, epidurals, and chemotherapy. Two nurses must check the product when initially hung and with each subsequent rate change. Correctly use the "smart" pumps with the safety feature activated.
- Manage look-alike/sound-alike (LASA) drugs to avoid confusion with medications. Be alert for "Tall Man" lettering (a mix of capital and small letters which draw the eye to the name, i.e. CELebREX), and LASA warnings on the MAR and pharmaceutical dispensing machines.
- Label all medications and solutions on and off the sterile field in perioperative and other procedural settings.
- Reduce harm for patients on anticoagulation therapy and long term anti-coagulation prophylaxis by using the pharmacy-based heparin dosing service and protocols when ordering and managing these medications. Physicians can order by specifying, "Heparin, low molecular weight heparin, or warfarin dosing per pharmacy" or "dosing per pharmacy protocol." Nurses must check and document the patient's APTT and INR values BEFORE administering heparin and warfarin respectively. Patient education on these medications, including food/drug interactions, is also very important.

Goal 4: Use alarms safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Goal 7: Reduce the risk of healthcare associated infections

- Comply with current CDC hand-hygiene guidelines.
- ALWAYS perform hand hygiene before & after patient contact and prior to donning and doffing gloves with alcohol gel or by washing hands for 15 seconds.
- Wash hands; do not use alcohol gel for patients with C. difficile infections. Use soap and water for hand hygiene.
- Prevent healthcare associated infections due to multiple drug-resistant organisms (MDROs) by using good hand hygiene and isolation precautions. Educate patients and families on these practices too.
- Comply with current CDC/WHO hand-hygiene guidelines.
- Prevent central line associated bloodstream infections by ensuring aseptic technique is followed per required instructions upon insertion, avoiding insertion in the femoral artery/vein when possible, ensuring a physician reviews the need for the line daily and removes it at the earliest time possible, appropriate dressing care and educating patients/families on hand and respiratory hygiene.
- Prevent surgical site infections by ensuring that clipping, not shaving, hair is completed as needed, prophylactic antibiotics are given within an hour of surgery, these antibiotics are discontinued within 24 hours post-surgery and educating patients/ families on hand hygiene and respiratory hygiene and surgical wound care.

Goal 8: Accurately and completely reconcile medications

- 1) For inpatients and outpatients who may have medications administered, list their current medications on admission or entry into the system and compare current to newly ordered medications.
- 2) Give each patient a complete list of his/her medications upon discharge from the hospital using the medication reconciliation form and explain the importance of managing the medication information
- 4) Fax a copy of the final medication reconciliation form to the next provider of care upon patient discharge (if required per facility).
- 5) DOCUMENT the following when transferring or discharging a patient:
 - a) Medication reconciliation information given to the next provider of service and how they can obtain clarification about the list
 - b) Explanation of the list to the patient and/or family.

For outpatient areas, follow department policies on medication reconciliation.

For those facilities with an Electronic Health Record, there may be additional requirements related to documentation of the medication reconciliation – please discuss with your supervisor.

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

- Identify patients at risk for suicide.
- Ensure the safety of at-risk patients.
- Provide suicide prevention resource information for those at risk upon discharge.

The Universal Protocol

- Conduct a pre-procedure verification process to confirm correct patient, procedure, and site.
- The procedure site is marked by a provider who is privileged or permitted by the hospital to perform the intended surgical or non-surgical invasive procedure or another qualified individual. Except under special circumstances, provider initials are used.
- Perform “time out” verification before starting the procedure to confirm correct patient, procedure, and site.

Other Important Patient Safety Practices

- Educate patient and family how to report safety concerns – i.e. to SPEAK UP!
- Provide, evaluate, and document the patient’s understanding of information given regarding the measures that will be taken to prevent adverse events in surgery and postoperative infections for surgical patients.
- Document read back of telephone/verbal orders and critical results of tests and diagnostic procedures.
- Use only approved abbreviations/acronyms/symbols/dose designations. Clarify with the ordering physician and re-write any orders with unacceptable abbreviations.
- Follow the designated process for patient handoff. Allow for questions and verification of information.

POLICY AND PROCEDURE MANUALS

Every department has access to policies and procedures that focus on creating a safe environment and meeting these patient safety goals. These policies/procedures are found in our online database, PolicyMedical, accessible via a web browser at <http://policymedical.dignityhealth.org>.

Risk Management Concerns

Risk Management is here to assist you in any areas of concern you may have that pose an issue of liability or safety in regards to our patients, staff, and visitors.

Please call Risk Management, with any issues involving safety concerns such as issues of safety for patients/staff/visitors, environmental hazards &/or concerns, broken/unsafe equipment, unexpected clinical event/outcome, suspected sentinel events, issues of consent or other clinical concerns.

Risk management is also available to guide you with any concerns you may have related to delivering patient care and treatment to our patients.

Information Management/HIPAA

Patient Confidentiality

In accordance with the vision and values of the hospital, Dignity Health is committed to protecting the patient's rights to privacy and confidentiality. A violation of confidentiality is subject to hospital disciplinary action, which can include termination.

More serious is the loss of trust by the patient, family or co-worker that impacts us all.

HIPAA Regulations

With the advent of HIPAA (Health Insurance Portability and Accountability Act), healthcare institutions are faced with even more stringent privacy regulations than in the past. Effective April 14, 2003 HIPAA Privacy Regulations went into effect. Breaking HIPAA privacy or security rules can result in either a civil or criminal penalty (i.e. fines and jail terms).

To maintain confidentiality and privacy, communication with or about patients involving health information should be private and limited to those who need the information for treatment, payment and healthcare operations. Such communications may involve verbal discussions, written communications or electronic communications. A simple way to protect patient information is to ask:

“Do I need this in order to do my job and provide good patient care? “What is the least amount of information I need to do my job?”

Steps to Protecting Information

All who are involved in the care of the patient and who have access to Protected Health Information (PHI) should remember the following:

Verbal Communication

- Do not discuss patient information in public areas, including elevators, stairways.
- Direct visitors to the information desk for assistance rather than giving out patient information.
- Never leave a phone message with a third party that contains specific patient information.

Written Communication

- Do not leave patient medical records where others can see or gain access to them.
- Keep laboratory, radiology, and other ancillary test results private.
- Paper records with PHI must not leave the hospital and must be shredded or placed in locked “confidential” receptacles. They must never be left in trash cans.
- Do not release copies of patient records – refer requestors to the Medical Records Department/Health Information Management (HIM).

Electronic Communication

- Do not send PHI or confidential information via unsecured E-mail or FAX; use only approved methods of secure file transport. Never leave a laptop containing PHI unsecured.
- Do not share computer passwords, write them down or post them where they are accessible to others.
- Control your workstation: do not leave your workstation logged in and unattended; do not allow unauthorized viewing of PHI or confidential information on your computer monitor.
- NEVER share patient, staff, or other confidential information in a blog or social network (like Facebook, other Internet-based communication, or store on smart phone), even if you think you are making it anonymous.

Key Points to Remember:

- The HIPAA HITECH Act has increased the financial penalties for privacy violations.
- The State of California is fining individuals for just “snooping” out of curiosity.
 - For facilities in AZ and NV – check with your supervisor for specifics.
- The State of California requires a report in 5 days of the event and the suspected violators’ name(s) must be submitted.
 - For facilities in AZ and NV – check with your supervisor for specifics.
- Dignity Health audits 12 electronic medical record systems to detect and deter violators.

Priority Questions and Answers:

- Who is the Hospital’s Facility Privacy Officer (FPO)? Information provided during unit orientation.
- What PHI are you allowed to access? Answer: The PHI that is needed to perform your work.
- Who do I report a suspected violation to? Answer: Immediately report to your supervisor or FPO.

Dignity Health COMPLIANCE HOTLINE (800) 938-0031:

Dignity Health is committed to maintaining high standards of legal and ethical integrity. Healthcare workers are encouraged to report any concerns regarding legal compliance, suspected fraud/ethical misconduct, or HIPAA/Confidentiality issues. You may report anonymously.

Emergency Management

The Emergency Management Plan is designed to provide resources for the continuation of safe patient care during an unusual occurrence that disrupts normal operations of the hospital. Dignity Health primary mission is to provide a safe environment and quality medical care to our patients and to victims. If an emergency/disaster requires the activation of the Emergency Operations Plan your expertise/skills will be needed. It is your responsibility to familiarize yourself with the specific responsibilities of your department.

TWO Types of Disasters:

Code Triage - Internal: Any incident occurring within Dignity Health that may disrupt hospital operations and / or impact life safety.

Code Triage - External: Any incident occurring within the community that may impact life safety and / or result in a surge of patients.

The Emergency Management Program Manual, located on PolicyMedical, contains the hospital’s Emergency Operations Plan (EOP), Evacuation Plan and Mass Fatality Management Plan as well as other policies and procedures that describe the hospital and department-specific response. Familiarize yourself with your role and responsibilities so that you can safely respond and maintain patient, healthcare worker and visitor safety in the event of a disaster.

What is my role in a Code Triage Internal or External?

If you are ON-DUTY when a Code Triage is called, you are to continue to perform your job duties if safe to do so and not directed otherwise. If your assistance is needed, you may be directed to assume an alternative role based on your skills and or availability. :

- If you are the Department Manager or designated responder, report to the Hospital Command Center (HCC)
- Depending upon the nature of the event, check on your patients to confirm that they are safe
- Report any life safety concerns, system failures, patient safety issues to the Department Leadership

If you are NOT on-duty when a Code Triage is called,

- You will be notified at home ONLY if necessary
- Instruction will be provided by the department leadership if the Emergency Operations Plan is activated for an extended period of time.
- Do not call the PBX Operator or Nursing Office or use your cell phone; this overloads the already overloaded telephone system.

Supplies and Equipment

Supplies

- Supplies that may be needed immediately are stored in your department's disaster kit. Familiarize yourself with its location and contents.
- Additional supplies can be requested through the Hospital Command Center (HCC).
- Familiarize yourself with the location and use of your department's evacuation devices – e.g. ParaSlydes or infant vests.

Emergency Generators

- In the event of a loss of electricity, emergency generators become operational in 10 seconds or less.
- Essential patient-care equipment should be plugged into RED receptacles at all times for access to emergency power.
- In the event of failure
- Utilize light sticks and flashlights
- Check on the most acute patients first
- Make plans to obtain medical air and vacuum if needed
- Prepare to manually "bag" patients on ventilators if needed

Safety Management

Reporting Unsafe Conditions

The Environment of Care (EOC) program's goal is to provide a safe, effective and efficient environment for patients, healthcare workers, and visitors in the Hospital. Everyone is expected to participate in maintaining a safe environment for patients, visitors, physicians and co-workers. This means taking an ACTIVE role in reporting any UNSAFE CONDITION by notifying your supervisor, Safety Officer the Employee Health and/or Plant Maintenance.

Examples of Potentially Unsafe Conditions

- Environmental Hazards: wet or slippery floors, cluttered work areas, cabinets or furniture with sharp or protruding areas.
- Fire Hazards: equipment/supplies blocking hallways or fire exits, missing fire extinguishers, smoking on hospital property, more than 12 oxygen tanks in a smoke compartment, door stops that prop doors open.
- Electrical Hazards: frayed cords, exposed wires, ungrounded plugs, or personal electrical appliances being used in patient care areas "Daisy chaining" surge protectors is prohibited. Microwaves and refrigerators should be plugged directly into wall receptacles
- Equipment Hazards: unsecured oxygen tanks, defective/damaged equipment, overdue equipment safety inspections/preventive maintenance.
- Hazardous Substances: the generation of strong, unpleasant fumes or improper handling and disposal of toxic substances.
- Unsafe Acts or Procedures: failure to use safe patient handling equipment when indicated, proper body mechanics when lifting or pushing/pulling objects, equipment or instruments in accordance with manufacturer's guidelines or hospital policy, failure to wear appropriate protective apparel, or use equipment safety guards.

Radiation Safety

Dignity Health Radiation Safety Officer will be provided at unit orientation of healthcare workers who work in departments where there is possible exposure to radiation, where all are expected to observe ALARA (As Low as Reasonably Possible)

- Minimize time
 - Maximize distance
 - Use shielding/personal protective equipment/wear issued monitoring badge
 - Use common sense
-
- Healthcare workers who work in departments where there is possible exposure to ionizing radiation (e.g. Radiology, Cardiac Catheterization Lab, Surgery, Ambulatory Surgery, Speech Therapy or other patient care areas) are provided with additional training.
 - Patients undergoing diagnostic nuclear testing may be injected with radiopharmaceuticals and admitted to any unit. A Radioactive ALERT is placed on the front of the patient's chart, inserted into the armband, and documented on the patient progress notes (usually very low level of radiation).
 - If you are pregnant, and would like to request accommodations, notify your supervisor, Occupational Health & Safety or Human Resources (Title VII and the Pregnancy Discrimination Act).

Reporting Illness/Injury of Self

If you are injured or become ill while on duty, report the incident to your agency, supervisor, and the Administrative Nursing Supervisor immediately.

Non-Life-Threatening Injury/Illness to Others

If someone is injured or ill in a public area (i.e. hallway, lobby, admitting, cafeteria, and parking structure) and cannot get to the Emergency Department, EMTALA regulations require that Medical Center personnel respond to medical emergencies on hospital property within 250 yards of the hospital.

See Emergency Codes overview for protocol in unit specific orientation upon arrival to facility

Rapid Response Team: Request assistance for a patient with a worsening condition

Security Management

Our Security Department is responsible for our Security Management Program.

Dignity Health is dedicated to maintaining a safe and secure environment for physicians, healthcare workers, patients, volunteers, visitors, and contractors. You can assist the hospital in protecting you, other healthcare workers, patients, and visitors by:

- Being aware of your surrounding environment
- Noticing people in your work area
- Notifying appropriate personnel of a security concern

To further this commitment, the hospital has taken a proactive approach to ensure that all the steps have been taken to prevent the occurrence of violence.

Please adhere to the following guidelines:

- Report any suspicious activity/condition by calling Security, be vigilant: if you See Something....Say Something
- Watch for 'tailgaters' – unauthorized persons entering access controlled doors behind you. Do not allow them to enter.
- Watch for visitors without proper visitor pass and/or expired visitor pass. Escort them to the nearest visitor check-in desk or call Security.
- Maintain a minimum 4 feet "safety zone" between you and any aggressor.
- Code Grey, Code Silver or Code Black for potentially violent situations.

Workplace Violence Prevention Program

The safety and security of patients, visitors, healthcare workers of Dignity Health are of vital importance. Threats or acts of physical violence, including use of a weapon, intimidation, harassment, or coercion will not be tolerated. Under State law, you have certain rights. If you become a victim of violence or assault while at Dignity Health, Security can assist you in filing a police report. Hospitals are required by law to report any injury that results from an act of violence. Violations of this policy by any individual affiliated with Dignity Health or affiliate organizations are considered misconduct and will lead to disciplinary and/or legal action as appropriate.

To report a violent situation, Code Grey, Code Silver, or Code Black.

See Emergency Codes overview for protocol in unit specific orientation upon arrival to facility

Restraints

Restraints are devices used to restrict the movement of the whole body or a part of the patient's body in order to protect the patient and/or others from injury. They include either:

- Physical restraint – any manual method, physical or mechanical device, material, or equipment attached or adjacent to the patient's body that cannot be easily removed by the patient and that restricts movement or access to one's body. Leg/arm restraints, hand mitts, soft ties or vests, lap cushions, lap trays and having 4 side rails up is considered to be a restraint.
- Chemical restraint – Medication that is NOT the standard treatment for the patient's medical or psychiatric condition is considered a "chemical restraint" when it is used to control patient behavior that is a threat to self or others.
- Seclusion – the involuntary confinement of a patient in a room or an area which prevents them from leaving.

The use of restraints is limited to situations where there is 1) clinical justification for use, 2) documentation that other alternatives to restraint have been considered and attempted, and 3) the use of the alternative poses more risk than restraints. Healthcare workers must be trained and adhere to policies when using restraints.

Physician orders for restraints must be signed, timed and dated within 24 hours of the verbal request. In addition, restraints must be time-limited, evaluated and documented for renewal by a physician within a designated time period, and discontinued at the earliest possible time. Orders need to be documented on the Restraint Order/Flow Sheet form. Specific protocol must be followed regarding care of restrained patients. (Refer to specific guidelines within the Medical Center Policy on Restraints.

Codes

Code Yellow/Code Black: Bomb Threat and Response

Notification of a bomb threat (i.e. an anonymous telephone call or letter) is received indicating that a potential explosive device has been placed on Dignity Health property. Most bomb threats are false and are intended to cause disruption and fear. Remain calm. Keep person on the line and obtain critical information from the caller. Alert your co-worker and report the event.

To report a bomb threat, initiate a Code Yellow/Code Black (Nevada).

See Emergency Codes overview in unit specific orientation upon arrival to facility

You will not hear this Code paged overhead unless there is reason to believe that the threat is REAL.

Code Pink/Code Purple/Code Adam: Abduction Prevention and Response

Dignity Health has developed procedures to protect the safety and security of newborn infants and children.

Policy

- Healthcare workers who are directly involved in perinatal or pediatric patient care are responsible for maintaining infant and child security on the units.
- Perinatal and pediatric healthcare workers are issued photo ID badges with a green or a pink stripe.
- Infants are transported in bassinets, cribs or isolettes between hospital units.

Anyone carrying an infant in their arms is to be stopped and questioned by healthcare workers.

Code White: Pediatric Medical Emergency

To report an infant or child missing/abduction, initiate a Code Pink (infant) Code Purple (child). See Emergency Codes overview in unit specific orientation upon arrival to facility

Arizona Emergency Disaster Procedure Codes	Nevada Emergency Disaster Procedure Codes
Code Blue = Person in Cardiac or Respiratory Arrest	Emergency Number = 7777
Code Yellow = Bomb Threat	Code Red = Fire (RACE)
Code Red = Fire	Code Triage Internal = Internal Disaster
Code Orange = Hazardous Materials Incident	Code Triage External = External Disaster
Code Pink = Missing/Abducted Infant/Peds	Code Pink = Abducted or Missing Infant/Child
Code Gray = Combative Person	Code Gray = Combative Person
Code Silver = Combative Person with a Weapon	Code Silver = Person w/ Weapon & or Hostage Code
Triage External = Emergency Operations Plan Activation/External	Code Orange = Hazardous Materials Exposure Code
Triage Internal = Emergency Operations Plan Activation/Internal	Code Black = Bomb Threat
Code White = Missing Patient	Code Green = All clear, return to normal operations
Code Copper = Patient Elopement High Risk	Code White = Stroke

California Emergency Disaster Procedure Codes	
Code Blue = Adult Medical Emergency	
Code Gray = Combative Person	
Code Green = Patient Elopement	
Code Orange = Hazardous Materials Spill/Release	
Code Pink = Infant Abduction	
Code Purple = Child Abduction	
Code Silver = Person with a weapon and/or active shooter and/or hostage situation	
Triage Internal = Internal Disaster	
Triage External = External Disaster	
Code White = Pediatric Medical Emergency	
Code Yellow = Bomb Threat	
Code Red = Fire	

Reporting Abuse/Neglect

All healthcare workers are required to report abuse/neglect or suspected abuse/neglect immediately to their supervisor or Social Services, whether it is:

- Child Abuse: Physical, emotional, or sexual maltreatment of children, usually by parents, relatives, or caretakers. May also include willful cruelty, corporal punishment, or neglect.
- Dependent Adult Abuse: Physical, emotional, fiduciary (money), or sexual maltreatment of a person between the ages of 18-64 who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights.
- Elder Abuse: Physical, emotional, fiduciary (money), or sexual abuse of a person 65 years of age or older
- Domestic Abuse: Physical, emotional, or sexual maltreatment of an adult, by another.
- Human Trafficking/Exploitation: Forcing or coercing a person to perform commercial sex (in exchange for money, drugs or anything of value) or labor/services (including debt bondage, forced labor or involuntary child labor).

Be alert to the following types and indicators of possible abuse/neglect:

- Physical – bruising, burns, unusual marks or injuries on body, bleeding
- Behavioral – reluctant to speak in presence of partner or caregiver or caregiver response inappropriate
- Emotional – excessive fear, nightmares, withdrawn in response to abuse or threats to pets/loved ones
- Financial – an unwillingness to provide for needs, anxious about others taking away money/possessions
- Neglect – poor hygiene, poor nutrition, bedsores
- Trafficking – scripted/inconsistent history, accompanied by a person who does not let the patient speak for themselves, unable to provide address, unaware of location, possesses no identification, or branding tattoos

Refer to the Medical Center's Abuse/Neglect policy and Dignity Health's resources for detecting/preventing Human Trafficking.

Photo Identification badges

Healthcare workers are required to wear a photo-identification badge at all times issued by the employer (or a student's school). The badge must be worn above the waist and the picture must be visible. If you lose your badge, notify your supervisor and replace it immediately.

- Healthcare workers working in Pediatric areas, Labor and Delivery, and/or Post-Partum are issued specific badges, and information is provided at unit orientation.

Vendor/Company Representative passes are issued through Materials Management.

Time and Attendance Staffing and Scheduling

Dignity Health uses the application Total Employee Activity Management (T.E.A.M.) to record and document time and attendance, and schedule and staff employees and contract staff. T.E.A.M. is accessible via kiosks mounted on the wall in convenient locations in departments, and by way of a desktop icon labeled "T.E.A.M.". For help with T.E.A.M., please contact your PayrollConnect team or TEAMsupport@DignityHealth.org.

Network Usage Policy

The Dignity Health's network is a private network. You are required to read, understand, acknowledge, and abide by the Network Usage Policy. The Network Usage Policy is located on PolicyMedical, accessible via a desktop icon, or by using a web browser pointed to <http://policymedical.DignityHealth.org>.

Life Safety (Fire) Management

Hospital Response to Fire or Smoke

To report a fire, initiate a Code Red.

See Emergency Codes overview in unit specific orientation upon arrival to facility

Important locations you need to know:

- Fire extinguisher(s) in your department
- Closest fire-alarm pull station
- Evacuation routes
- Fire doors and walls
- Nearest safe fire zone (smoke compartment)
- Location of equipment for evacuation

Your Role in a Fire:

- At a fire's point of origin, follow the L-I-F-E procedure.
- Away from the fire's point of origin: close all doors, free hallways from clutter, calm patients, and await specific instruction.
- If using a fire extinguisher to fight the fire, follow the P-A-S-S procedure.

L I F E			R A C E	
L	Life Safety Remove everyone in immediate danger from the fire area.		R	RESCUE Anyone in immediate danger, if it does not endanger your life.
I	INITIATE Alarm Pull the nearest FIRE ALARM Box and activate a Code Red.		A	ALARM
F	FIGHT (Fire) Close the door and isolate the fire. Use an extinguisher if it can be safely done.		C	CONFINE the fire by closing all doors and windows.
E	EVACUATE Evacuate the area, horizontally first, to another smoke compartment and then vertically to an outside staging area.		E	EXTINGUISH / EVACUATE
P A S S		OPERATION OF FIRE EXTINGUISHERS		
P	PULL out the safety pin.			
A	AIM the nozzle at the BASE of the fire (stand about 10 feet away from the fire).			
S	SQUEEZE the handle.			
S	SWEEP the nozzle from side to side.			

Important facility conditions to maintain

- Keep emergency exits, firefighting equipment and fire-alarm pull stations clear at all times.
- Never put door wedges under doors that prevent doors from closing.
- Keep doors closed unless they are controlled by an electromagnetic system.
- Keep all corridors and exits clear of all traffic and/or obstruction; keep equipment on one side of hall
- Equipment, with the exception of isolation and crash carts cannot be stored in the hall; equipment must be removed/relocated within 20 minutes of use.
- Small oxygen cylinders: (ALWAYS place upright in holders labeled for “FULL” or “EMPTY” tanks – maximum number of tanks per smoke compartment is 12 tanks – full or empty.)
- Segregate EMPTY and FULL cylinders in storage areas for quick access in an emergency.
- Keep telephone lines clear for fire control communications.

Smoke Compartments

Your department’s evacuation plan is posted near elevators and outlines the floor plan of your department. It includes the location of your department’s automatic fire doors, which define “smoke compartments.” Doors between smoke compartments protect against fire/heat for 1 hour. Know where they are in your department, as patients will need to be moved beyond them if you are instructed to evacuate patients in a fire: Evacuate patients horizontally unless directed by local Fire Department to evacuate vertically outside the building.

REMEMBER to keep all fire doors closed!

- Evacuation Order (whom to move first):
- People closest to the danger
- Ambulatory people (can walk)
- Semi-ambulatory people (can walk with assistance)
- Non ambulatory patients
- When conditions are the same, use these principles:
- Lighter people before heavier people
- Cooperative/ non-combative before non-cooperative/ combative individuals
- Patients with injuries or multiple pieces of medical equipment

Tobacco Free Facility – NO SMOKING on Dignity Health Campus

As of January 1, 2011, Dignity Health became tobacco-free. This means smoking and the use of any tobacco product is no longer permitted anywhere on our campus grounds, including but not limited to our buildings, parking lots, and walkways. This policy applies to everyone, including patients, visitors, medical staff, volunteers, vendors, employees, etc.

Utilities and Medical Equipment Management

Utility System Management

Utility Systems are designed to keep our environment comfortable for everyone. However, these systems may fail. When a disruption in a utility occurs, you must be familiar with procedures for maintaining a safe environment.

Utility systems include:

- Nurse Call System
- Telephone
- Paging System
- Beeper System
- Medical Gas System
- Vacuum System
- Domestic Water
- Steam
- Electricity with/without Emergency Power
- Natural Gas
- Elevators
- Air Conditioning
- Heating and Ventilation System
- Pneumatic Tube System
- Sanitation

UTILITY FAILURE

In the event of utility failure, immediately notify your Supervisor or Charge Nurse

MEDICAL GAS SHUT-OFF

In an emergency or in the event of failure the medical gas valves may be turned off by any employee who knows the areas affected – notify department manager, charge nurse and respiratory.

Medical Equipment Management:

The objective of the Medical Equipment Management Program is to maintain medical equipment is safe and effective for use by patients and healthcare workers. Check the BioMed label prior to use for the expiration date; if expired, do not use and contact BioMed. You will receive training in the safe operation of all equipment in your department.

Check operating equipment prior to use with a visual inspection:

Cords and plugs: no exposed wires; cords are not frayed; no bent plugs

- Do functional checks, where applicable.
- Medical equipment labels are current with last date that performance assurance was completed (hand written).

Equipment training is required when:

- You are new to a work area or assignment
- New equipment is introduced to an area
- A change or update occurs with equipment

SAFE MEDICAL DEVICE ACT (SMDA)

Purpose: Law enacted to ensure reporting of any serious illness or injury that results from a medical device.

Action: Any person who knows of a medical device that may have caused serious illness or injury shall immediately:

- Attend to the patient's needs.
- Report the incident to your unit/department supervisor, Biomedical Engineering and Risk Management immediately.
- Upon instruction, remove the device and attachments from service and from the patient's room.
- Label the device and indicate problem. Remove to safekeeping for further investigation by Biomedical Engineering/Hospital risk management.
- DO NOT contact the equipment representative or supplier nor release the device to them.
- Complete an online "Confidential Event Report" also known as IVOS according to Dignity Health guidelines.

If you have any questions and/or concerns about the operation of equipment, contact your supervisor or Charge Nurse

Hazardous Materials & Waste Management:

Safety Data Sheets (SDS) [formerly "Material Safety Data Sheets" or "MSDS"]

- SDSs identify the physical or chemical hazards for products used in a department this includes the safe use of products, precautions, and actions to take if exposure occurs.
- To obtain a specific SDS, use phone, fax, email or online service per facility
- Familiarize yourself with your department's Hazardous Materials, Personal Protective Equipment and spill clean-up procedures as outlined in the SDS and department orientation.

Code Orange: Chemical Spill or Release

- Code Orange – follow the facilities Code Orange procedures
- Identify the spill and initiate cleanup if you have been trained to do so.
- Isolate area and evacuate if unable to identify the spill or it is too large to clean up safely
- Await further directions from the Code Orange Response Team.
- Printed copies are located in engineering Occupational Health and Safety and Hospital Command Center.

To report a chemical spill and initiate a Code Orange.

See Emergency Codes overview in unit specific orientation upon arrival to facility

Eye Splashes: Eye Wash Stations are located in high risk areas.

- High risk areas include the Laboratory, Emergency Department, Surgery, Radiology, and Dietary Departments.
- Other areas: Use tap water at room temperature.
- If splashed: Rinse eye, mouth and skin under steady stream of water for 15 minutes and contact Employee Health & Safety or the Emergency Department.
- Follow SDS first aid procedures and report to the Emergency Department and/or Employee Health.

Waste and Linen Management:

Proper handling/disposal prevents the spread of disease and ensures a safe work environment.

Regular Waste: Use CLEAR bags for all the following waste:

- Empty IV bags and tubing (empty bags may be recycled – verify with immediate supervisor)
- Empty (unbroken) medication vials or containers
- Trash/wrappers
- Dressings/chux/diapers/gloves/sanitary napkins (that do not contain blood or potential infectious material)
- Empty Foley bags/other drainage bags
- Disposable patient items

Biohazardous Waste: Red Bags and Sharps Containers

- Use RED Bags for any biohazardous waste products soiled with dripping blood or body fluids. This includes blood tubing, bags, hemovacs, pleurovacs, soaked/dripping bloody dressings, intact glass or plastic bottles with body fluids or OPIM (other potentially infectious material).
- Use SHARPS CONTAINERS for all needles, all medication vials, broken ampules, staples, all empty syringes or those with trace (un-pourable) amount of medication (except for chemo and Coumadin), trocars, guide wires, introducers, sharps from procedures. Sharps containers are replaced by an outside vendor several times per week and as needed.
- Place red bags in Soiled Utility Room for Environmental Services to transport. They will remove for decontamination and will isolate prior to pick up by outside vendor.

Pharmaceutical/Chemotherapy Waste:

Refer to the laminated Waste Disposal Chart in your department.

- Dispose most pharmaceutical waste in the BLUE top containers in Patient Care Areas.
- Dispose of wasted narcotics in the LOCKED BLUE Sharp Pharmaceutical Waste Containers located on medication carts and/or in medication rooms. (Any narcotics needing to be wasted should not be placed into a container and will need to be destroyed)
- FOR MORE TOXIC PHARMACEUTICAL WASTES, follow the directions for disposal on the medication label.
- Return to Pharmacy all inhalers with residual, any unused Nicotine gum or patches, Nitroglycerine tablets and unused/residual acetone.
- All Rx requiring further segregation (Send to Pharmacy (SP) codes) due to their hazardous characteristics should be returned to pharmacy. Nicotine and Coumadin/Warfarin drug and/or packaging must be treated as a hazardous waste and placed in the appropriate container (contact Pharmacy for special handling).
- Dispose of TRACE Chemotherapy waste in YELLOW containers.
- Return all unused bulk chemotherapy medication to Pharmacy in original bag for disposal.
- Removal/Replacement:
 - Environmental Services (EVS) removes and replaces pharmaceutical waste containers when $\frac{3}{4}$ full.
 - Picked up by vendor for incineration within 90 days.

Radioactive Waste

- Contact Radiation Safety Officer in the Radiology Department for removal of all radioactive waste.
- Radioactive waste remains on premises until it is no longer radioactively “hot.”

Linen

- Place soiled linen in a single blue bag in the patient’s linen hamper or the soiled utility room.
- Do not place clean linen on a dirty linen hamper.

Preventing Infectious Disease Exposure

Disease Transmission

Bacteria and infectious diseases are transmitted only when there is a source, mode of transmission and a susceptible host.

- Source: people’s blood, body fluids, skin surfaces or objects (i.e. counter tops, medical equipment)
- Transmission: Contact via body openings, including skin breaks; inhalation of droplets or airborne particles
- Susceptible Host: Vulnerable populations include the elderly, infants, those with weak immune systems or on steroid therapy and anyone with an open wound, IV port or other break in the skin.

Standard Precautions: Bloodborne Pathogens (Hepatitis B & C, and HIV)

To prevent the spread of infection, treat all patients as though their blood, body fluids, secretions and excretions (excluding sweat and saliva), non-intact skin and mucus membranes are infectious. Always use Standard Precautions: hand washing, use of PPE, and proper handling of all specimens, linens, trash, needles and dishes.

Safety Equipment

Use a needleless system, unless it is not available for the task.

- Use safety needles, syringes, and scalpels; activate the safety device immediately after use.
- Do not bend, hand-recap, shear or break contaminated needles and other sharps.
- DO NOT recap or remove contaminated needles from disposable syringes unless it is a medical necessity. Use a mechanical device (i.e. hemostat) or recap using a one-handed technique.
- Place contaminated sharps in an appropriate puncture-resistant, leak-proof container immediately after use.
- An outside vendor removes and replace sharps containers several times a week as needed. Close and seal sharps containers when $\frac{3}{4}$ full. If a new one is needed, call Environmental Services

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is available for your protection and safety and includes gowns, aprons, gloves, goggles, face shields and masks that prevent exposure to infectious diseases and hazardous chemicals.

- Gloves: Use whenever there is potential of hands coming in contact with blood or Other Potentially Infectious Materials (OPIM). CAUTION: Handle specimens with care. Place specimens in sealed, solid, leak-proof containers and then place in
- Bio-hazardous (sealed) bag for transporting.
- PPE Gown/Apron (waterproof): Use to protect arms and uniform from contact with or splashing by blood or OPIM.
- Mask and goggles or mask with face shield: Use to protect mucous membranes (mouth, nose, and eyes) from splash, spray or splattering of blood or OPIM.

Latex Sensitivity

- Non-sterile Latex-free gloves are stocked on all units. Sterile non-latex gloves are available upon request.
- Latex free products are available in Central Supply for latex-sensitive patients.

Additional Self-Protective Controls (to minimize exposure to infectious disease)

- When performing procedures involving blood or other potentially infectious materials, minimize splashing, spraying, and splattering and generation of droplets. EXAMPLE: Before removing a rubber stopper from specimen tube, cover it with gauze to reduce the chance of splatter.
- Do not eat, drink, apply cosmetics or lip balms, or handle contact lenses near blood or other potentially infectious materials.
- Avoid petroleum-based lubricants that may eat through gloves. Apply hospital-approved hand cream after thoroughly washing your hands (Do not bring hand cream products from home).
- Do not keep food and drinks in refrigerators, freezers, and cabinets or on shelves, countertops or bench tops where blood or other potentially infectious materials may be present.
- Do not eat or drink at nurse's station.

If you are exposed to Blood or Other Potentially Infectious Materials (OPIM):

- Immediately wash exposed area with soap and warm water.
- If the exposure is in your mouth or eyes rinse the affected area with room temperature water continuously for 15 minutes.
- Immediately notify your direct supervisor or Administrative Nursing Supervisor. Complete the Bloodborne Pathogen Exposure Packet. You will be directed to go to the Emergency Department for evaluation.

Isolation Precautions

Contact: direct body-to-body transmission. Examples: C.Diff, VRE, RSV, Herpes Simplex, Scabies, Lice.

- Place in a room alone.
- Wear gown and gloves when entering room.
- Use medical equipment from isolation cart, otherwise clean and disinfect between patient use.

Droplet: Large respiratory secretions such as meningitis, MRSA sputum, Influenza, Pertussis or Mumps

- Place in private room or room alone.
- Wear isolation mask when entering room.
- If patient is transported to another hospital location, patient to wear surgical mask.

Airborne: Small bacilli/viruses circulate in air and are inhaled. Examples: TB, Measles, Chickenpox, Disseminated Herpes Zoster, SARS, Smallpox and Novel Virus (i.e. H1N1)

- Place in private room with negative airflow.
- DOOR CLOSED AT ALL TIMES
- Wear N95 Respirator or Power Air Purified Respirator (PAPR) prior to entering room
- Healthcare workers are required to be fit tested before using the N95 Respirator
- Due to OSHA Law §5199. Healthcare workers performing the following high hazard procedures on patients with suspected or diagnosed airborne infectious disease must utilize a Powered Air Purified Respirator (PAPR):
 - Sputum Induction
 - Pentamidine Treatment
 - Bronchoscopy
 - Aerosol Breathing Treatments
 - Pulmonary Function Test
 - Visitors wear surgical mask.
- If patient is transported to another hospital location, patient to wear surgical mask. Limit transport of patients outside the patient's room. Essential purposes only.

Basic Hygienic Measures

All healthcare workers are responsible for infection control. Protect yourself and others by practicing good hygiene.

- Wash hands often according to guidelines in section below.
- Always cover coughs and sneezes with a tissue, or use the fold of your elbow. Wash your hands afterwards.
- Don't touch your own eyes, nose, or mouth except with freshly washed hands.
- Stay home from work if you have a contagious illness such as the flu or have had a fever within the last 24 hours.

Hand Hygiene

WHEN:

- Before starting work
- When hands are soiled
- After removing gloves
- After handling blood and body fluids, even when gloves are worn
- Between patients
- Between touching dirty and clean areas of the same patient during care
- After performing personal care (e.g. blowing nose, using rest room)
- Before and after eating
- Before going home

HOW:

Hand-Washing with Soap & Water:

- Warm water: Too hot or too cold water irritates your skin.
- Soap: Enough to work up a good lather
- Friction: at least 15 seconds worth of friction is needed to remove bacteria and other debris.
- Free-flowing water: Let it flow freely enough to adequately rinse off soap and germs. Hold fingers below wrist when rinsing.
- Paper towel: Thoroughly pat hands dry with paper towel. Use paper towel to turn faucet off, then discard towel.

Alcohol-Based Hand Rub (ABHR):

- May be used to wash hands that have not been exposed to blood or bodily fluids.
- Place small amount on hands and rub hands to distribute to all surfaces, until dry.
- Use soap and water after four alcohol hand rub uses.
- DO NOT use alcohol hand rub when caring for patients with *C. difficile* – alcohol will not kill this organism! If you do use alcohol hand rub after caring for a patient with *C. difficile*, be sure to immediately wash with soap and water afterwards.

Use hospital-provided lotion to prevent skin breakdown after every hand washing.

Remember! The single most important thing you can do to prevent the spread of infection in the hospital is HAND HYGIENE!

Artificial Nails

In accordance with Centers for Disease Control and Prevention (CDCP) guidelines, personnel providing patient care or related support services, handling equipment or instruments or food service, and laboratory and pharmacy employees are prohibited from wearing artificial nails (acrylic, fiberglass or silk nails and any capping or overlay, including gel nails).

Getting Around the Hospital

Information will be provided during hospital unit specific orientation

- Specialty Hours:
- Cafeteria
- Vending Areas
- Gift Shop

Hospital Telephones/Public Telephones and Restricted Use of Cellular Phones/Cameras

(Please observe posted signage.)

Hospital telephones are intended for hospital business use only. For outgoing personal calls, public telephones are available at convenient locations.

Personal cell phones/iPods/ear pieces/headsets or similar devices are not to be used during work time nor are personal text or instant messaging or related communications/systems.

Photographs/videos by camera or cell phone or any similar devices may be taken only with authorization from senior management. If a patient is in the photo or video, we need a "Consent for Photo – Patient" completed. If anyone other than a patient is in the photo or video, we need a "Consent for Photo – Non Patient" completed.

Parking:

Please observe assigned parking areas.

You will be expected to park in assigned parking areas this information will be provided upon arrival to facility.

Environmental and Social Responsibility

Dignity Health Environmental Commitment

Dignity Health manages its operations in a manner demonstrably protective of human health and the environment. Dignity Health seeks new and better ways to meet its environmental goals through conservation, reduction, reuse, and recycling programs. Dignity Health is committed to improving environmental management in its hospitals and to partnering with others in its community to safeguard the health of people and planet.

Patient Experience

Communication with Nurses

Patients are being asked.....

- How often did the nurses treat you with courtesy and respect?
- How often did the nurses listen to you carefully?
- How often did nurses explain things in a way you could understand?

Responsiveness of Hospital Staff

Patients are being asked.....

- After you pressed the call button, how often did you get help as soon as you wanted it?
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

Pain Management

Patients are being asked.....

- How often was your pain well controlled?
- How often did the hospital staff do everything they could to help you with your pain?

Communication about Medications

Patients are being asked.....

- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

Discharge Information

Patients are being asked.....

- Did the doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

Need for Consistency with Current Practice:

- Hourly Rounding (Especially the 3 Ps)
- Bedside Reporting
- Individualized Patient Care (White Board)
- AIDET
- Discharge Folder
- Discharge Phone Call
- Pharmacy Guide
- Teach Back

Sample Scripts for Nurses

Communication Approach: Use key words and convey consistent messages.

Keep patients informed to decrease anxiety and improve their compliance. Engage the patient in their care.

HOURLY ROUNDING

“While I am here, please let me assist you to the bathroom. This way you do not need to wait for when we return.”

“Is there anything else I can do for you while I am here?”

CARE BOARD – INDIVIDUALIZED PATIENT CARE

Explain Daily Routine and Plan for the Day (ex: Tests and Procedures)

“We want you to be completely satisfied with your care. What are the most important things to you?”

PAIN ASSESSMENT

Initial Assessment: "Using the Pain Scale, from 0-10, how would you rate your pain right now?"

Re-Assessment: "How would you rate your pain now? Is the medicine helping you?"

MEDICATIONS AND SIDE EFFECTS

"Your doctor has ordered this new medication _____. Its purpose is to _____.

Hopefully, you will not experience any side effects, but some patients may experience side effects like _____."

"I want to make sure you understand this information. Please teach me what this new medication is for and the side effects you may experience."

DISCHARGE TEACHING

Review Discharge Folder then using the Teach Back Method:

"I want to make sure you understand the possible problems to watch for at home. Can you please tell me what you will look out for?"

PROMOTE SAFETY:

"Is there anyone who will be helping you at home?"

"What is your biggest concern about going home?"

Dignity Health Orientation Program

Acknowledgement of Receipt/Review of Dignity Health Policies

Directions: Please complete and return this page of the Dignity Health Orientation Program packet along with the completed quiz.

Exhibit A

Acknowledgement Form to Comply with Dignity Health's Network Usage Policy

- ☐ I hereby certify that I have received / read and will comply with Dignity Health's Network Usage Policy 110.1.037.
- ☐ I acknowledge that I am responsible for my possession and use of any Dignity Health's or the facility's informational resources and must actively protect these informational resources from unauthorized disclosure, modification, deletion, and usage.
- ☐ I hereby agree, as a condition of continued access to the Network (defined in Section I.A of the Network Usage Policy) to abide by the policies and procedures described in Dignity Health's Network Usage Policy. I understand that access to the Network is a privilege, which may be changed or revoked at any time at the sole discretion of Dignity Health.
- ☐ I also agree to promptly report all violations or suspected violations of the Usage Policy to the Dignity Health IT management or in confidence to Dignity Health's Hotline at 1-800-938-0031.
- ☐ I acknowledge that Dignity Health may need to change or update the Network Usage Policy from time to time and will post any revised policy on the Network. I will comply with all revisions to the Network Usage Policy.
- ☐ I understand that if I am unsure of any of the elements of the Network Usage Policy or if I subsequently learn that I am otherwise unable to comply with certain of its requirements, I should contact the IT Helpdesk for assistance with any questions I may have.

Exhibit B

Acknowledgment of receipt of the Standards of Conduct Booklet: Dignity Health's Guide to Compliance and Ethics

Exhibit C

Acknowledgment of Receipt of the Dignity Health Orientation Packet, including Confidentiality/HIPAA information.

- ☐ I understand it is my responsibility to familiarize myself with all information given to me (i.e. reviewing the Dignity Health Orientation material, completing the Self-Quiz).
- ☐ I also understand that should I require any further information or clarification on any Safety or Policy issues, I can consult my Dignity Health Preceptor/Supervisor or the appropriate Policy and Procedure Manuals located in each department.

Statement of Confidentiality

Dignity Health acknowledges both a legal and ethical responsibility to abide by HIPAA regulations to protect the privacy of patients, staff, RSVP participants, and anyone else involved. By my signature below, I recognize that the medical records, patient care information, personnel information, reports to regulatory agencies and conversations between or among any healthcare professionals in any way associated with the Hospital, its patients, and my activities are considered privileged and should be treated with utmost confidentiality.

If it is determined that a breach of confidentiality has occurred as a result of my actions, I recognize that I may be liable for damages that result from such a breach and that I shall no longer be allowed to participate in my role/program at a Dignity Health hospital. A single violation of this policy will result in immediate discipline, up to and including discharge.

Violators may also be held liable for any damages that result from such breach in confidence.

****By signing below, I understand and acknowledge the significance of this confidentiality policy.**

I have received/read and understand it is my responsibility to adhere to the Network Usage Policy, this Network Usage Acknowledgement Form, the Standards of Conduct Dignity Health Guide and the Dignity Health Orientation Program. I hereby agree to fully comply with them.

Signature of User/Employee: _____

Date: _____

Print Name of User/Employee: _____

Employee ID#: _____

Dignity Health/Dept/Agency/School: _____

Position: _____