Mayo Clinic Health System in Waycross (MCHSW)
Online Orientation
This Orientation allows the orientee/learner to meet the requirements regulated by the following bodies:

- Agency for Health Care Administration (AHCA)
- Occupational Safety & Health Administration (OSHA)
- The Joint Commission (TJC)
Upon completion of this presentation the learner will be able to:

- Recognize **safety** procedures to follow during emergency situations
- Identify procedures to follow to **decrease the spread of infection**
- Identify information that **improves the quality of care** provided to patients
- Describe steps to follow **when an incident occurs**
- Identify methods to **protect the confidentiality of** patient information
Instructions

- Review Orientation slides. It should take you approximately 30-35 minutes to complete

- Complete demographic information upon completion of PowerPoint presentation
Mission
To inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

Primary Value
The needs of the patient come first.

Vision
Mayo Clinic Health System in Waycross will provide an unparalleled experience as the most trusted partner for health care.
Value Statements

Respect
Compassion
Integrity
Healing
Excellence
Teamwork
Innovation
Stewardship
AIDET
5 Essential Communication Behaviors

A - Acknowledge
Make eye contact, smile, shake hands
Stop whatever you are doing and give your full attention to the customer/patient
Call patient/customer by name
I-Introduce
Introduce yourself, state name, and your role in patient care

“I’m Michelle, I’m your nurse today. I’m really looking forward to caring for you today. I will be with you from 7am-7pm”.

Manage up your fellow students, physicians and other departments
D-Duration

Key Message: I anticipate your concerns:
Give estimate of how long to complete the procedure, admission and visit
How long the patient will need to wait before they can go home or back to their room?
How long until results are available?
When the MD will be in to see you?
When pain medicine is due?
E-Explanation

Connecting the dots and understanding the why

Explain why are we doing the test. Who is involved in the care
Why are you waking me up to take my blood?
Why can’t I eat?
Will there be any pain, discomfort or any post procedure instruction?
What will happen and what should the patient expect?
I know this is a lot of information. What questions do you have for me?
Thank You

Key Message: I appreciate the opportunity to care for you

Thank patients for choosing our hospital and trusting us with their care

“It was a pleasure caring for you today.”
Key Words to use and found on HCAHPS Survey

“Courtesy & Respect”
“Explain things”
“Listen carefully”
“Privacy & Confidentiality”
“Quietness”
“Safety”
“Very good care”
“Clean”
“Pain Controlled”
“Side Effects”
Connect the Dots for the Patient of the “Why”

- Comfort the patient, decreases patient anxiety and impacts patient’s perception of the quality of care

  - I’m going to take very good care of you”
  - I’m going to help manage your pain”
  - “For your safety/for your privacy”
  - “The next step is…”
  - “I’m going to keep you informed”
  - “Let me wash/foam/clean my hands first”
  - “What questions you have for me?”
  - “Is there anything I can do for you right now?”
The Joint Commission (TJC), Quality & National Patient Safety Goals
So who is TJC anyway and what are the BUZZ words:

The Joint Commission or TJC evaluates hospitals in their compliance with federal regulations.

- **Tracer Methodology** is an evaluation method in which surveyors select a patient and use that patient’s record as a roadmap to move through an organization to assess and evaluate the organization’s compliance with standards and the organization’s systems of providing care and services.

- **Core Measures** are mandated by the TJC and CMS and are a set of clinical interventions that result in consistent quality health care, reduced medical errors, and better patient outcomes.

- **National Patient Safety Goals** are reviewed on the next few slides.
PURPOSE

✓ To improve patient safety

GOAL

✓ Focus on problems in health care safety and how to solve them
Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- Make sure the correct patient gets the correct blood when they get a blood transfusion.

Improve Staff Communication

- Get important test results to the right staff person on time.

Use Medicines Safely

- Before a procedure, label medicine that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicine to thin their blood.
- Record and pass along correct information about a patient’s medicines. Find out what medicine the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home.
- Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
Use Alarms Safely
• Make improvements to ensure that alarms on medical equipment are heard and responded to on time

Prevent Infections
• Use the hand cleansing guidelines from the CDC and Prevention or the WHO. Set goals for improving hand cleaning. Use the goals to improve hand cleaning
• Use proven guidelines to prevent infection that are difficult to treat
• Use proven guidelines to prevent infection of the blood from central lines
• Use proven guidelines to prevent infection after surgery
• Use proven guidelines to prevent infections of the urinary tract that are caused by catheters

Identify Patient Safety Risks
• Find out which patients are most likely to try to commit suicide

Prevent Mistakes in Surgery
• Make sure the correct surgery is done on the correct patient and at the correct place on the patient’s body
• Mark the correct place on the patient’s body where the surgery is to be done
• Pause before the surgery to make sure that a mistake is not being made
For detailed information on the National Patient Safety Goals Please visit - www.jointcommission.org
• Is consumer defined. We must understand how value looks to the people we serve.
• Means doing the right thing, the right way, every time.
• Requires always improving the way we do our work.
• Requires us to prevent errors and provide an environment that creates a **CULTURE** of safety.
• Improves when the people closest to the work are engaged and understand the importance of the work they perform everyday.
• Improves with open communication.
Quality Department

- Coordinates improvement efforts
- Facilitates compliance with the Joint Commission (TJC), Center for Medicare and Medicaid Services (CMS), and other regulatory agencies
- Collects, abstracts and submits data to TJC, CMS and others for CORE Measures and other indicators
- Conducts mortality reviews
- Provides support and leadership for the Patient Safety Council and the Quality Oversight Committee
- Serves as consultants for the organization for ongoing improvement efforts
Our Improvement Model
PDCA
PDCA Model

P- PLAN-for changes to bring about improvement

D-DO-changes on a small scale first to trial them

C-CHECK- to see if changes are working to investigate selected processes

A-ACT to get the greatest benefit changes
Help your hospital provide the best possible care for our patients and maintain The Joint Commission (TJC) and the Centers for Medicaid and Medicare Services (CMS) accreditation by ensuring that we address and correctly document the individual measures.
Core Measures

- **Inpatient**
  - Severe Sepsis and Septic Shock (SEP)
  - Venous Thromboembolism (VTE)
  - Stroke (STK)
  - Emergency Department (ED)
  - Immunizations (IMM)

- **Outpatient**
  - Acute Myocardial Infarction and Chest Pain
  - ED throughput
  - Pain Management

- **Hospital Based Inpatient Psychiatric Service**
  - HBIPS
    - Substance and Tobacco Use
      - These measures require manual abstraction for submission
4<sup>th</sup> quarter 2016, the following measures submitted electronically:

- **eVTE-1**: non- ICU patients
- **eVTE-2**: ICU
- **eED-1a**: Emergency room median time from arrival to departure for admitted patients
- **eED-2a**: Emergency room median time from arrival to departure for ED patients
- **EHDI-1a**: Newborn hearing screening
HCAHPS

- Measures the **patient experience** and the **frequency** with which key behaviors occur, whereas patient satisfaction surveys, such as Press Ganey survey, measure **patient’s satisfaction levels** with our services.
HCAHPS Scale

HCAHPS scale for care questions:

Never
Sometimes
Usually
Always

Hospital reimbursement is tied to HCAHPS and Core Measures results!
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Surveys are sent to patients after hospital stay.
- We want them to choose "very good" or "excellent"

Value Based Purchasing... Performance based reimbursement from CMS.

It takes everyone to impact and improve patient experience, patient satisfaction and our HCAHPS scores!!
HIPAA, Privacy
Patient Rights
The Privacy Rule:
- In effect since April 14, 2003
- Applies to patient information in any form whether communicated electronically, on paper, or orally (which we refer to as PI)

The Security Rule:
- In effect since April 20, 2005
- Applies only to patient information in electronic form (which we refer to as ePI)

- The Security Rule supports the Privacy Rule by preventing unauthorized access and use of patient information
HIPAA standards apply to all protected health information (PHI) which includes demographic information and any identifying information about the patient including but not limited to:

- Name
- Address
- Dates related to the patient (e.g., birth date, appointment dates)
- Telephone numbers and email addresses
- Identifying numbers that are specific to the patient, such as Social Security number or medical record number
- Pictures of the patient

All patient information and demographic information is protected whether it is on a computer, in a paper record, or verbal.
• Protect and ensure the confidentiality, integrity, and availability of ePI that is created, received, maintained, or transmitted by MCHSW
• Protect against disclosure of information that is not permitted or required
  o Avoid discussing patient information in public areas
• Secure your PC and mobile workstation (laptop, PDA, etc.)
Who Must Comply with HIPAA

• All personnel, at all locations, must comply with our Privacy and Security policies.
• All personnel includes all employees, volunteers, medical staff (including residents), students and contractors.
• Violations of our Privacy and Security policies may result in corrective action, including termination of employment or contract, and could lead to investigations by law enforcement, regulatory, licensure and accreditation organizations.
• Under no circumstances is it ever acceptable for you to access the information of persons known to you, including friends, associates, co-workers or public figures unless it's to conduct MCHSW business or with prior authorization to do so.

• You are not to access your own information through the system. You may access your own information through Health Information Systems (HIS). They will be more than glad to assist you.
What is Patient Privacy?

Respect for our patients and the information they entrust to us in order to care for them and to support our business

- **Health Insurance Portability and Accountability Act**
  - The Department of Health and Human Services issued **HIPAA** privacy standards and security standards that require health care entities to protect patient information from unauthorized use or disclosure
Our patients trust us to protect their privacy and keep their information confidential.

By law, all employees must keep protected health information private.

No matter what your role, you will likely encounter Protected Health Information.
Patients Rights

- Access their medical information
- Request amendments (changes) to their medical information
- Obtain a list of when and why their medical information was shared externally
  - Identified as Accounting of Disclosures request
- Request to have their patient status remain confidential by opting out of the of Patient Directory
Patients Rights

- Request restrictions from third-party access to their medical information

- Request alternate communications
  - How we communicate their information, including allowing others to receive their information

- Release their information to others

- File a complaint
Breach Reporting

- **A Breach** occurs when PHI is accessed (viewed) or disclosed (shared) without a business need-to-know

- Staff are required to report a discovered or suspected breach to the Privacy Officer

- The organization strictly enforces the Anti-Retaliation Policy

- Staff who knowingly violate privacy policies will receive appropriate corrective action, up to, and including termination of employment
Basic Security Requirements

- Protect yourself and protect our patients
  - Lock up or keep out of sight any confidential information to ensure that unauthorized people do not see it.

- Always remember to lock your workstation or log off when you leave your work area and do not share your username and password.
  - Any activity under your username is your responsibility!

Technology is in place to enable proactive monitoring of all patient medical records. If you access a record without a business need, you will get caught!
✔ Do not access or disclose patient information to anyone unless there is a need-to-know
✔ Social media use should not include any identifiable (or potentially identifiable) patient information
✔ Discuss patient information in a private place where others cannot overhear
✔ Keep patient information out of public areas. Do not leave paper containing patient information where others can see it
✔ Dispose of PHI Properly
Medically screen/administer emergency treatment before transferring;
✓ Stabilize the patient’s emergency condition
✓ Inform the patient of the reason for the transfer
✓ Obtain the patient’s written consent
✓ Notify the receiving facility
Physical or verbal actions that degrade or embarrass the person based on religion, ethnicity, gender, race and disability.

**Sexual Harassment**

Two types:
- Hostile Environment
- Quid-Pro-Quo
The Integrity and Compliance program applies to everyone.
The Organization expects employees/students/volunteers to uphold the high standards of ethical behavior, integrity and professionalism that exemplify the organization’s commitment to patients, visitors and the community.

Resources
- Compliance Officer: Greg O’Quinn, 912-338-6528, Oquinn.William@mayo.edu
- Privacy Officer – Chad Hendley – 287-2619 Hendley.chad@mayo.edu
- Your Department Leadership
- Anonymous Compliance Line Reporting available 24 hours per day, 7 days per week:
  - Toll Free at 1-844-556-2923
  - Online at www.okefenokeehealth.ethicspoint.com

Compliance policies can be found on the Intranet
Infection Prevention and Control (IPAC)

Purpose of Infection Prevention and Control is to:

- Prevent the spread of infection among patients, staff and visitors
- Prevention and control of Health Associated Infections (HAIs) & resistant organisms through:
  - Education and Surveillance including Hand Hygiene Monitoring and Evidenced-Based Policies and Procedures
Infection Prevention & Control
Example – Influenza

**Pathogenic Microorganism:** Influenza virus

**Reservoir:** Pt infected with the flu

**Means of Escape:** Cough, sneeze and respiratory secretions

**Mode of Transmission:** Droplets, contaminated hands/surfaces

**Means of Entry:** Inhalation, touching mucous membranes

**Host Susceptibility:** No immunity to Influenza virus (did not receive annual Influenza vaccine), decreased immune system, elderly or very young
Break the Chain!
Infection Prevention and Control is everyone’s responsibility!

It is important for all employees/students/volunteers/contractors to protect themselves, patients, visitors, co-workers and their families by practicing infection prevention & control techniques in compliance with hospital policies.
Hand Hygiene is washing your hands with soap and water or application of waterless, alcohol based product

- Every employee/student/volunteer/contractor is expected to be a role model for optimal hand hygiene practices
- Monitoring of hand hygiene compliance is importance
Hand Hygiene – The #1 Way to Prevent the Spread of Germs!

Hand Hygiene with either Waterless Hand Sanitizers (Purell) or Soap & Water is Required!

- Upon entering & leaving a patient’s room/environment
- Between patients
- Before & after using gloves
- Moving from a contaminated to a clean body site
- Before & after handling an invasive device
- After contact with body fluids, excretions, mucous membranes, non-intact skin or contaminated items
- Before handling food or oral medications
- As needed after coughing or sneezing
Hand Hygiene Technique

Waterless Hand Sanitizer
Dispense a thumb sized amount of sanitizer into the palm and briskly rub over all surfaces of both hands until dry

Soap & Water
- Wet hands with water then apply soap
- Vigorously rub together all surfaces of both hands for 15 seconds
- Thoroughly rinse hands under a stream of water
- Dry hands with a paper towel and turn off faucet using paper towel
Artificial nails (includes gel and shellac polish), nail tips, and wraps are PROHIBITED in a patient care areas.

Natural nails should be kept to 1/4” at the tip. If polish is worn, it should be clear and transparent enough to observe whether nails are clean. Chipped polish is not allowed. You cannot provide patient care if your nails are not in compliance with policy.

Jewelry should be minimal since this has also been shown to harbor microorganisms.
Standard Precautions

Consider all human blood and other potentially infectious materials as capable of transmitting bloodborne pathogens (e.g., HIV, hepatitis B and C).

Use preventative measures to protect yourself from exposure:
- Hand hygiene
- Personal protective equipment (PPE)
- Safe work practices
- Engineering controls (e.g., needleless devices, protected sharps)

Preventing exposures to blood and other potentially infectious materials is key to your health and safety!
# Transmission Based Precautions

<table>
<thead>
<tr>
<th>Contact Precautions For organisms spread by contact (MRSA, VRE, or C. difficile)</th>
<th>Hand Hygiene, gloves and gown required</th>
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<td>Hand Hygiene, gloves and gown required</td>
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### Droplet Precautions
For organisms spread by droplets (Influenza or RSV)

| Hand Hygiene, gloves, fluid shield mask with eye shield and gown |

### Airborne Precautions
For organisms spread by air (Tuberculosis, Measles or Shingles/Chicken pox)

| Hand Hygiene and PAPR or fit-tested N95 required |
Respiratory infections may easily be spread to others.

- Clean hands frequently with a hand sanitizer or with soap and water
- Cover your nose & mouth with a tissue when sneezing or coughing
- If coughing and sneezing is frequent or uncontrolled, do not come to work or student clinical rotation
- If you think you have a fever do not come to work or student clinical rotation
Blood borne pathogens (BBP) are microorganisms, such as viruses and bacteria, which are carried in the blood and other potentially infectious materials (such as semen, vaginal secretions, pleural fluid, etc.) and can cause human disease.

3 Main Bloodborne Pathogens: Hepatitis B and C and HIV

Transmission Routes

• Perinatally (Mother to Baby)
• Sexually
• Parenterally (Blood to Blood or Blood to Other Body Fluids)
  Needle Stick Exposure
  Splashes to Eyes, Nose or Mouth
Many people infected with HBV/HCV have no symptoms

- If symptoms are present, they may include:
  - Fatigue, nausea or loss of appetite, muscle & joint aches, jaundice and/or tenderness in the area of the liver

- HBV/HCV infection over time may cause:
  - Mild to severe illness, liver cancer and/or failure, cirrhosis of the liver and death
Hepatitis B & Hepatitis C

Hepatitis B Virus and Hepatitis C Virus can be found in the following body fluids:

- Blood
- Semen
- Vaginal
- Spinal
- Joint
- Lung
- Fluid Surrounding the heart
- Abdominal
- Fluid surrounding the fetus in the womb
- Saliva (even without the presence of visible blood)
- Any human tissue or organ
- Any fluid with visible blood
Exposure to any blood borne pathogen (BBP), such as HBV, HCV or HIV can occur by:

- A needle stick or sharp injury from an object contaminated with blood/body fluids
- Abrasions from contaminated objects or human bites
- Any exposure of mucous membranes (eyes, nose, mouth) to blood/body fluids that may occur with splashing or spraying
- Exposure of non-intact skin (due to chapping, cuts, dermatitis, abrasions etc.) to blood/body fluids
- Exposure of apparently intact skin to large amounts of blood, or exposure for a long period of time
What Contract Personnel, Volunteers, Students, & Visitors to do in the Event of an Exposure

- Wash the affected area immediately & thoroughly and correct any unsafe conditions if possible.

- Exposed individual contact Infection Prevention and Control and your Instructor as soon as possible to coordinate exposure follow-up.

- Instructor/School Representative:
  - Complete Incident/Accident Report
  - Send exposed individual to Express Care or ER
  - Notifies either Employee Health or House Supervisor of incident by telephone
HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS) and the only way to determine whether HIV is present is through a blood test.

HIV can be prevented by having:
- Monogamous relationships with an uninfected person
- Sexual abstinence
- Not sharing needles or personal items which may be contaminated with blood (e.g. razors and toothbrushes)
- Being sure of your HIV status before becoming pregnant
- Using latex condoms (not 100% effective)
Preventing HIV in Healthcare

- Practice good hand hygiene even if gloves are worn
- Use safety engineered needles & sharps and activate the safety features immediately after use
- Use appropriate protective equipment (PPE) as indicated (gloves, gowns, masks, eye shields, shoe and head covers)
- Protect open wounds from contact with blood and body fluids by properly covering any broken skin surfaces
- Avoid increased risk of exposure to co-workers by unsafe work practices
Perform environmental surface decontamination with approved disinfectants such as Cavicide Spray, Cavi-wipes XL or Bleach wipes

- Minimizing splashing, spraying, splattering of blood, body fluids or contaminated fluids
  - When removing stoppers, cover with a gauze pad or similar items as a barrier against accidental spraying
  - Handle containers with bloody/body fluids carefully to avoid spills & splashes
  - Do not transfer blood/body fluids from one container to another unless absolutely necessary
Prevent Injuries from Sharps

- Use safety engineered devices (safety IV, self retracting lancet, blood transfer device, blunt suture needles when appropriate, etc.)

- Dispose of needles immediately without recapping
  - If recapping is necessary, recap with one hand by laying the cap on a surface and inserting the needle into the cap and moving the needle away from your body.
  - **Do not** hold the cap

- **Do not** carry loose sharps in your pocket

- When carrying a needle for disposal and sharps container is not in close proximity, hold it down and slightly away from your body
Wear Gloves When

- There is potential for direct skin contact with blood/body fluids, mucous membranes or non-intact skin
- Handling items or surfaces soiled with blood/body fluids
- Blood glucose monitoring is performed
- An IM injection is given to an anticoagulated patient
- Emptying the trash
- Changing a visibly soiled bed
- Emptying a urinary drainage bag
- Drawing blood on all patients
- Providing oral care
- Starting or discontinuing an IV
- Changing IV tubing at the catheter hub
There is potential for splashing or spraying of blood or other body fluids or contamination of skin or clothing is likely

- Situations of uncontrolled loss of blood/body substances (e.g. extensive trauma, arterial bleeding, active GI bleeding)
- Irrigating wounds and splattering is likely (especially if irrigation is under pressure)
- Caring for an incontinent patient with significant soiling
- Performing nasotracheal or endotracheal suctioning of patients with large amounts of secretions
- Changing dressings for wounds with large amounts of drainage
- Cleaning an area (room, floor, etc.) where there is blood/body fluid contamination
- Whenever splashes, spray, droplets, or aerosols of blood or body fluids may occur and there is potential for exposure of eyes, nose, or mouth

Examples when facial protection is required:
- Open nasotracheal or endotracheal suctioning
- Chest tube insertion and removal
- Direct contact with patient experiencing frequent, forceful coughing
Tuberculosis is an airborne, spreadable disease caused by a bacterium. The majority of TB cases are in the lungs (~85%), but TB can occur in almost any body site. TB spreads via tiny airborne particles when a person with active TB coughs, sneezes, talks, laughs, or sings and can remain suspended in the air for several hours. Infection occurs when a susceptible person inhales the particles and they pass through the mouth and upper airway into their respiratory tract. This infection usually remains non-active with no symptoms.
Active TB Signs & Symptoms

- Cough that slowly progresses over weeks or months to become more frequent
- Chest Pain
- Blood in the sputum
- Weight Loss
- Night sweats
- Fever/chills
- Loss of appetite
- Tires easily

The above signs & symptoms may not be as easily recognized or not present in a patient with a weakened immune system.
How TB Spreads

- The chance that TB will be spread depends on three factors:

  1. How infected the person with TB is that someone has been exposed to.
  2. How likely the environment is to promote the spread of the TB particles.
  3. How long someone was exposed to a person with TB.

- The number of TB particles expelled into the air is directly relegated to how infected the person is.

- Patients who are coughing or undergoing procedures which make them cough are examples of how patient emit greater numbers of particles into the air.
Employees/students/volunteers who may have an exposure to patients with TB are required to be fit tested for an approved respirator or wear a PAPR/CAPR.

Approved respirators should be worn:

- When entering patient rooms on Airborne or Strict Isolation Contact + Airborne Precautions
- When performing a procedure on a patient on Airborne or Strict Isolation Contact + Airborne Precautions, and the patient is outside of their room and is unable to wear a mask
- For all employees/students in the treatment area during bronchoscopy, administration of aerosolized pentamidine or sputum induction
Disposable respirators (N-95 masks) are worn by one healthcare worker and may be used for the same patient throughout the shift and then discarded at the end of the shift.

- Discard if it becomes visibly soiled or if breathing becomes restricted.
- A fit check must be performed prior to each use of a respirator.
- Employees/students/contractors with a 10 pound weight loss/gain or new/replacement dentures or dental structure alteration must be re-fit tested.
- The respirator must be inspected for integrity prior to each use.
- If the respirator does not meet the following criteria it must be discarded and a new respirator obtained: (no distortion of shape and intact within 2 straps and clean and dry appearance).
A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place.

Most patients who have surgery do not develop an infection, however, infections develop in about 1 to 3 out of every 100 patients who have surgery.
Surgical site infections can cause negative outcomes and may cause potential complications for the health and safety of our patients.

Preventative measures:
- Identify risk for infection and treat existing infections
- Appropriate choice of antimicrobial prophylaxis, proper timing and dosing of antimicrobial
- Proper pre-operative hand and forearm antisepsis
- Proper skin or site preparation (skin antisepsis)
Importance of Preventing Surgical Site Infections

- Hair removal with clippers
- Appropriate ultra-operative
- Adequate wound dressing protocol (original dressing for first 24 hours)
- Proper glucose control
- Limit O.R. traffic during procedure
- Appropriate surgical attire
A “central line” or a “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin.

The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks.

A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood.
Central-line Associated Bloodstream Infections

- Central line-associated bloodstream infections (CLABSIs) are a major cause of healthcare-associated morbidity and mortality
  - Up to 35% attributable mortality
  - BSI (Blood stream infection) leads to excess hospital length of stay of 24 days
- Central line (CL) use is a major risk factor for BSI
- There are more than 250,000 central line-associated BSIs (CLABSIs) is U.S. yearly

Central line-associated bloodstream infections can cause negative outcomes and may cause potential complications for the health and safety of our patients.

- **Prevention Strategies**
  - Removing unnecessary central lines
  - Following proper insertion practices
  - Facilitating proper insertion practices (promote checklist)
  - Complying with hand hygiene recommendations
  - Adequate skin antisepsis
  - Choosing proper central line insertion sites
  - Performing adequate hub/access port disinfection
  - Providing education on central line maintenance and insertion
Catheter Associated Urinary Tract Infections (CAUTIs)

- CAUTIs are the most prevalent device related infection
- CAUTIs that occur in acute care hospital ICU, CCU, medical surgical units are publicly reported
- Reported to the National Health & Safety Network (NHSN) a part of CDC
- Reporting is tied to reimbursement from Centers for Medicare and Medicaid
Limit use and duration of Foley to situations necessary for patient care
Use aseptic technique for site preparation, equipment, and supplies

Manage indwelling urinary catheters
- Secure catheters for unobstructed urine flow and drainage
- Maintain the sterility of the urine collection system
- Replace urine collection system when required
- Appropriate hand hygiene before and after insertion
- Routine perineal/catheter care
- Document insertion and/or discharge of catheter
- Ongoing assessment of the need for the catheter

Prevention of CAUTI
MDROs are microorganisms that are resistant to one or more classes of antimicrobial agents.

- MDROs include:
  - Carbapenem Resistant Enterobacteriaceae (CRE)
  - Methicillin Resistant Staphylococcus Aureus (MRSA, includes VRSA and VISA)
  - Multidrug-resistant Acinetobacter baumannii (MDR-Ab)
  - Vancomycin-Resistant Enterococcus (VRE)
  - Clostridium Difficile
What is the Potential Impact of MDROs on our Patients?

- A two-fold increased risk of death
- Increased length of hospitalization
- Increased risk and duration of ICU/CCU stay
- Increased cost of care
- Reduced contact with health care providers
- Less-safe care with reduced assessments and monitoring
- Higher risk of adverse events
- Greater patient dissatisfaction
What Can We All Do to Help Prevent and Control MDROs?

- Lab notification of positive cultures
- MRSA screening of targeted population with decolonization protocol
- Compliance with Standard Precautions
- Compliance with Transmission Based Precautions: Contact, Droplet, Airborne Isolations
- Pharmacy review of antibiotic use
- Diligent environmental cleaning by environmental service staff and other staff
- Cleaning of equipment between patient use
- Good Hand Hygiene
Preventing infections can depend, in part, on staying healthy.

There are three keys to staying healthy:

- Eat a balanced diet including fruits, vegetables & whole grains.
- Get 6-8 hours of sleep each night.
- Exercise: Just a 20-30 minute walk, 2-3 times per week helps!
Protect your patients and yourself from serious illness—**GET THE FLU VACCINE EVERY YEAR!**

- Flu vaccine is offered **FREE** to employees, volunteers and students who do clinical rotations in our facility each year in October.
- Get the flu vaccine or sign a declination form online.
- For more information regarding the flu vaccine, call Infection Prevention and Control 287-2629 or email taylor.brenda1@mayo.edu.
Environmental Health & Occupational Safety

Fire Safety, Evacuation, Hazardous Chemicals & Emergency Preparedness
• Be aware of your surroundings and people entering, or approaching, both inside and outside the building.

• Keep belongings in a secured location.

• Always wear your employee/student/volunteer/contractor ID badge.

• If private office, lock doors, when leaving unattended.

• Report suspicious persons, or packages, to Security personnel.
Rules

No Smoking

No firearms/weapons
The hospital seeks to maintain an environment that is free from the use, possession or distribution of illegal or controlled substances.
Emergency Codes

Code **Red**-Fire/Smoke
Code **Blue**- Cardiac Pulmonary Arrest
Code White-Hostage
Code **Pink**-Infant/Pediatric Abduction
Code **Purple**-Severe Weather
Code **Black**-Bomb Threat
Code **Grey** Violence/Security Alert
Code **Silver**-Rescue/Elopement
Code **Green**-(Levels 1,2,3) Mass Casualty/ Disaster
Code **Orange**-HazMat/Decontamination
Code **Yellow**-Building Lockdown
If you see smoke or fire, remember to **RACE**.

- **R**emove
- **A**larm
- **C**ontain or **C**onfine
- **E**xtinguish or **E**vacuate (only if directed)
Fire Plan

Using PASS to Extinguish

• **Pull** the pin
• **Aim** the hose or nozzle
• **Squeeze** the lever
• **Sweep** the hose/nozzle

1. **Pull**
2. **Aim**
3. **Squeeze**
4. **Sweep**
Never block fire exits, fire alarm pull stations, fire extinguishers or medical gas valve panels

When the fire alarm sounds, remove any temporary equipment out of the hallways to ensure a clear evacuation path
Evacuation

- Upon hearing the fire alarm or overhead announcement occupants in the following buildings **do not** evacuate unless an obvious hazard is present or ordered to evacuate by a person in authority:
  
  **Hospital Building, Pierce County Nursing Home or Satilla Care Center**

- Upon hearing the fire alarm or overhead announcement occupants in the following buildings evacuate immediately:
  
  **All outlying clinics and business offices**

- Do not use the elevators unless they are being controlled by Security, Facilities Operation or the Fire Department.

- Emergency elevators are for limited use and reserved for persons with disabilities and patients/residents that are non-ambulatory.
First, move those in harms way

Next, move patients/residents and visitors most easily re-located – then the most difficult to move (critically ill)

For persons needing special assistance, contact the nursing supervisor for assistance/planning in moving

Meet at the area’s meeting location as pre-assigned by your supervisor/instructor
Labeling of Hazardous Materials

- OSHA requires that the label contains the following information:
  
  Product Name, Hazard Warning of Symbol, Manufacturer’s or Supplier's Name and Address on the original containers

- Substances that are poured or transferred from the manufacturer’s container to another container must be labeled
- It is important to note that MCHSW requires that all containers are properly labeled whether hazardous or not
- Your most immediate source for information to protect yourself is on the hazardous substance label, secondly is the SDS or Safety Data Sheet
What should I do if a spill occurs?

- Notify others to stay clear of the area
- Report any spills, leaks or releases by dialing 5400
- Contain and clean up the spill as trained with appropriate materials
- Access the Safety Data Sheet (SDS) for yourself, the Emergency Department and/or emergency responders as needed
- Use emergency eyewash and/or shower as needed and seek medical attention as necessary
Switchboard Operator will announce official severe thunderstorm, hurricane and/or tornado warnings by overhead paging.

A Severe Weather Warning = Severe thunderstorm/hurricane/tornado noted on radar or spotted by local authorities.

(Hurricane Matthew)
Severe Weather Plan

- The Security Control Center operator will announce official severe thunderstorm/hurricane and/or tornado warnings via the overhead paging system and the code alert messaging portal.

1. A **“watch”** means conditions are favorable for severe weather. Watches are generally not announced overhead.
2. A **“warning”** means severe weather is occurring or has been detected by radar.
Code Blue (Cardiac/Respiratory Arrest)

• Assess patient’s airway, breathing and circulation
• Dial 5400
• Initiate CPR
  
  C-Compression
  A-Airway
  B-Breathing

• Do not leave patient
• Any threats of violence, such as a bomb, should be taken seriously and reported immediately to the internal emergency number “5400”.
• Off-campus facilities should follow their location-specific emergency dialing procedure.
If you should receive a verbal threat via telephone, be sure to remain calm and complete the following action items:

1. Collect details of the call (e.g. gender, accent, age, background noises, when the event is supposed to occur, why the threat is being made, etc.).

2. Report details of the call to the Switchboard Operator by dialing ”5400”.

3. Communicate discussion of received threats discreetly – well away from patients and visitors.
• Electrical life saving systems are supported by emergency power systems that provide back-up power within 10 seconds or less.
• All patient care areas + select non-patient areas, are supplied with emergency power. Emergency receptacles and/or covers are red.
• During a power failure, immediately assess your patients, then contact Facilities Operations @ 2600, 5133 or 614-1990.
• Inspect surrounding areas to assure that all patient equipment is plugged into the red emergency receptacles.
Loss of Water

Discontinue water use activities such as flushing toilets until water/sewer systems have been restored and approved for use by Facilities Operations & Infection Prevention

Alternate water supplies can be provided for waste disposal & drinking
• Contingency plans for delivery of replacement portable medical gas cylinders will be initiated.
• In cases where the entire system is inoperable, the need for portable gases may exceed the supply. Departmental plans identify prioritization and how processes will be implemented.
• Only the Nursing Supervisor or Charge Nurse is authorized to turn off the medical gas supply.
Loss of HVAC & Steam

- Notify Facilities Operations if you experience loss of heating, ventilation, air conditioning (HVAC), steam or hot water.

- Temporary fans may be used to circulate air for patient comfort only with the approval of Infection Prevention.
• When external or internal communication systems are non-functional, the overhead paging, cellular phones and beeper systems should still operate.
• When loss of any communication system occurs, immediately call the IT Help Desk at 6363.
• When internal communication fails (i.e. telephone, paging or beeper system), attempt text paging through the internet or runners.
• The Safety department and the Security department will distribute two-way radios for selected areas.
To prevent injury to servicing and/or maintenance employees due to the unexpected energizing or startup of machines and equipment, or release of stored energy; “do not operate” any equipment that contains these tags or devices.

- Call Facilities Operations at 2600, 5133 or 614-1990 if you have any questions.
Information form that communicates the dangers or risk associated with the use of hazardous chemicals.

All chemical containers must be completely empty before disposal.

Caps or lids on chemical containers must remain closed when not in use.

Aerosol cans (e.g. hand foam containers) should not be discarded in trash if they are not completely empty.

Do not discard lead-acid, lithium, nickel, and other specialty batteries (e.g. computer and button cell batteries) with heavy metals in the trash.

Alkaline batteries (e.g. AA, C, D or 9 Volt) can be disposed of in the trash. If multiple batteries are discarded, ensure the ends are taped so they do not contact each other.

Contact EHOS to dispose of chemicals, batteries, or to determine whether an item requires special disposal considerations.
Forensic Patients

- Forensic patients are admitted through the Emergency Department Ambulance Entrance and separated from other patients.
- Admission is confidential.
- Make sure a Forensic Officer is present when providing care to a forensic patient.
- A sheet or blanket must be draped over the patient’s shackles and waist chains during transport.
Acts of violence are those acts, behaviors or conduct, that would lead a reasonable person to believe that he/she is in danger of physical or mental, verbal or non-verbal harm, injury or abuse.

Major sources of hospital violence includes, disgruntled family and friends of patients, angry employee, gangs, domestic violence and mentally impaired patient.

Policy prohibits:
• Any acts, or threats of violence by any employee, or former employee, against any other employee.
• Any acts, or threats of violence against employees, patients, customers, or visitors.
Minimizing the time near radiation source and maximizing the distance (at least 6 feet away) are strategies to reduce exposure.

Use a leaded apron when helping position patient during an X-ray.

Chemotherapy Precautions sign is placed at the head of the bed of the patient receiving the therapy and is left 48 hours after it is completed.
Population Specific, Abuse/Neglect, Palliative Care & Pain Management
What is cultural competence?
The ability of health care providers and organizations to **understand and respond effectively** to the cultural and language needs brought by diverse patients to health care encounters.

What is patient population specific care?
As a caregiver we must modify our care to meet the needs of our patients based on their individual needs. **Patient Population Specific Care includes but is not limited to cultural competence.**
1 Neonates (less than 30 days)
- Provide secure and safe environment
- Involve the parent(s) in care
- Limit the number of strangers around the neonate
- Use equipment and supplies specific to the age and size of neonate

2. Infants (greater than 30 days and less than 1 year)
- Use a firm, direct approach and give one direction at a time
- Use a distraction, e.g., pacifier or bottle
- Keep the parent(s) in the infant’s line of vision
- Use equipment and supplies specific to the age and size of infant
3. Pediatrics (greater than or equal to 1 year and less than 13 years)
   - Give praise, rewards, and clear rules. Encourage the child to ask questions. Use toys and games to teach the child and reduce fear
   - Always explain what you will do before you start. Involve the child in care
   - Provide for the safety of the child. Do not leave the child unattended
   - Use equipment and supplies specific to the age and size of the child

4. Adolescents (greater than or equal to 13 years and less than 18 years)
   - Treat the adolescent more as an adult than a child. Avoid authoritarian approaches and show respect
   - Explain procedures to adolescents and parents using correct terminology
   - Provide for privacy
5. **Adults (greater than 18 years and less than 65 years)**
   - Be supportive and honest, and respect personal values
   - Support the person in making healthcare decisions
   - Recognize commitments to family, career, and community
   - Address age-related changes

6. **Geriatrics (greater than or equal to 65 years)**
   Avoid making assumptions about loss of abilities, but anticipate the following:
   - Short-term memory loss
   - Decline in the speed of learning and retention
   - Loss of ability to discriminate sounds
   - Decreased visual acuity
   - Slowed cognitive function (understanding)
   - Decreased heat regulation of the body
   - Provide support for coping with any impairments
   - Prevent isolation, promote physical, mental, and social activity. Provide information to promote safety
The Patient has the right to receive information about their care in a way that they understand

According to TJC, a care provider is competent in population specific care when they:

• Possess the knowledge, skills, abilities and behaviors essential for providing care to specific populations
• Have general knowledge related to human lifespan growth and development
• Have specific skills and technical knowledge required to meet the needs of distinct groups
Every employee/student/volunteer has the obligation to look for, recognize and report suspected or actual abuse of patients.

- Examples of types of abuse: Child, Elder, Domestic Violence and Sexual
- The following conditions may alert you to a case of suspected abuse:
  - No explanation for the injury or explanation does not seem believable
  - Delay in seeking medical treatment
  - Injuries in different stages of healing previous history of the same injuries
  - Patient’s behavior changes or is inappropriate when in the presence of family or significant other
  - Family members do not allow the patient to speak for him/her self

*If you suspect abuse/neglect contact the House Supervisor*
## Abuse & Neglect Indicators

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavior Indicators from Victim</th>
<th>Indicators from the Family/Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bruises, welts, swelling</td>
<td>• Fear</td>
<td>• Reluctant to cooperate with services provided in planning for care</td>
</tr>
<tr>
<td>• Cuts, lacerations</td>
<td>• Withdrawal</td>
<td>• Social isolation of the family</td>
</tr>
<tr>
<td>• Pain or tenderness on touching</td>
<td>• Depression</td>
<td>• Previous history of abuse to others</td>
</tr>
<tr>
<td>• Dehydration or malnourishment w/o illness</td>
<td>• Helplessness</td>
<td>• Aggression (threats, insults, harassment)</td>
</tr>
<tr>
<td>related cause</td>
<td>• Denial</td>
<td>• Absence of assistance, indifference or anger toward the dependent person.</td>
</tr>
<tr>
<td>• Inappropriate administration of medication</td>
<td>• Agitation, anxiety</td>
<td></td>
</tr>
<tr>
<td>• Burns: may be cause by cigarettes, ropes,</td>
<td>• Hesitation to talk openly</td>
<td></td>
</tr>
<tr>
<td>flames, acids</td>
<td>• Shame</td>
<td></td>
</tr>
<tr>
<td>• Soiled clothing</td>
<td>• Conflicting accounts of incidents by the family, supporters, victim</td>
<td></td>
</tr>
<tr>
<td>• Impaired skin integrity</td>
<td></td>
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</tbody>
</table>

*Indicators do not always mean abuse or neglect has occurred, but they can be clues to the need for investigation.*
Stratus Video Interpreting

Offers over 200 languages & American sign language

iPADs on stands are strategically placed for use in hospital & clinics

Reach a qualified interpreter you can see in 30 seconds or less, 24x7x365

All interpreters are medically certified
Taking care of the whole person

Body, Mind, Spirit, Heart, and Soul

The goal is that the person will have the best quality of life he/she can during this time.
Palliative Care

Holistic Approach

Care of the body, mind & spirit: Focusing on, social, emotional, cultural, spiritual & intellectual or knowledge aspects of care supported by an interdisciplinary team and training.

Life-threatening & life-limiting illness

Life-threatening illness is an illness which could cause a patient to die (cancer, AIDS, old age, MND, terminal diabetes or heart disease) and life-limiting includes conditions which may compromise quality of life (spastic children, metabolic disorders, severe CVA).

Identification, impeccable assessment & treatment of symptoms

Identification: knowledge & recognition of symptoms.; Impeccable Assessment: knowledge based professional evaluation; Treatment: Medication management, specialist referral, holistic intervention by Palliative Trained Team.

Quality of Life

Patient-centred care incorporating respect for patients’ values and preferences, provides information in clear and understandable terms, promotes autonomy in decision-making and attends to the need for physical comfort and emotional support.

Patients & families

Patients referred to DPH have an expectation of dying, therefore care of the families is included in the care i.e. Care of the infected and affected by the team while the patient is alive and into the bereavement period.
Five Principles of Palliative Care

1. Respect the goals, likes and choices of the dying person
   • Respect patient’s needs, wants as well as their family
2. Look after the medical, emotional, social, and spiritual needs of the dying person
   • Include spiritual assessment as part of the care
3. Support the needs of the family members
   • Offer support services to family caregivers, such as time off for rest
4. Help gain access to needed health care providers and appropriate settings
   • Make sure someone is in charge so that patients needs are met (Home care, other services)
5. Build ways to provide excellent care at the end of life
   • Help care providers learn the best way to care for the dying person. It gives them the education and support needed

Palliative Care is a way to ease pain and make life better for people who are dying and for their loved ones.
Summoned at anytime by anyone in the hospital to assist in the care of a patient who appears acutely ill to prevent cardiac arrest or other adverse event.

Criteria to activate the RRT include, but may not be limited to the following:

<table>
<thead>
<tr>
<th>Heart Rate &lt;40 or &gt;110/min</th>
<th>Respiratory rate &lt;8 or &gt;30/min</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP &lt;90</td>
<td>SpO2 &lt;90%</td>
</tr>
<tr>
<td>Mental status change</td>
<td>Seizures, chest pain, sepsis</td>
</tr>
<tr>
<td>Telemetry changes</td>
<td>Staff concerned</td>
</tr>
</tbody>
</table>
“Pain is whatever the experiencing person says it is, existing whenever he or she says it does.”

Margo McCaffrey, RN 1980
Complete pain assessments

- On admission
- Throughout stay
- After pain intervention
  - Pharmacological
    - Medication
  - Non-pharmacological
    - Massage, guided imagery, relaxation, etc.

Pain assessment includes:
Location, intensity, quality, onset/duration, aggravating and alleviating factors
Pain Reassessment

✓ Reassessed at regular intervals to ensure patient’s pain is being managed and controlled
✓ Increased during the first post-operative day or if pain is poorly controlled
✓ Occur with each physical assessment and after pain management intervention
Pain Management Tools

- Numeric Pain Intensity Scale
  0-10 (0=No Pain, 10=Worst Possible Pain)

- Faces Pain Scale

- FLACC (Face, Legs, Activity, Cry, Consolability)
  - Use with children
  - Non-verbal patients
Risk Management, Fall Prevention, Restraint/Seclusion & Teamwork
Risk Management

- All employees have a commitment to continually and critically assess the quality of care we give our patients.

- Every employee/student/volunteer, healthcare provider is responsible to report to the Risk Manager/House Supervisor all injuries and situations that may cause injury.

- Risk Management:
  - Reviews Incident Reports
  - Evaluates issues and trends
  - Focuses on loss prevention/patient safety
  - Conducts regulatory reporting
  - Provides education
Patient Incident
- An unanticipated, unplanned, unscheduled, undesired occurrence that causes or has the potential for causing personal injury
- This does not include the known complications that may result from a procedure or treatment

Near Miss Event
- An error that did not reach the patient; a situation that has the potential to cause injury that is detected and corrected prior to patient exposure
Required by Georgia Law and **MUST** be reported to Risk Management **within 48 hours**

- All Employees have a duty to report patient or visitor injuries to Risk Management

- Notify the patient’s physician and the supervisor of any incident with injury
Tips for Incident Reporting

✔ Use objective and concise language

✔ Do not speculate - report facts only

✔ **Document the facts** of the incident in the patient medical record and on the incident report

✔ **Do not document** in the medical record that an incident report has been filed

Do not use email to communicate information about adverse events!
What Incidents Should You Report?

- Any occurrence which involves risk of injury or actual injury
- Patient falls
- Fractures
- All medication errors, even if the error did not reach the patient
- All codes (cardiac/respiratory arrest) that occur while a patient is undergoing sedation
- All pressure ulcers (at any stage). Be certain to include whether or not the pressure ulcer was present on admission
- Medical devices, if it is suspected that the medical device caused or contributed to an adverse incident. Keep the device and give to manager
Immediately notify Risk Manager and complete an incident report in the following situations:

- The unexpected death of a patient

- Brain or spinal damage to a patient while in our care

- Restraint or Seclusion deaths
  - While in restraint or seclusion
  - Within 24 hours after removal from restraint or seclusion
  - Within one week after use of restraint or seclusion (and it is reasonable to assume that the restraint may have contributed to the patient’s death)
When do I notify the Risk Manager?

Surgical procedures

✓ On wrong patient
✓ On wrong site
✓ Wrong surgical procedure
✓ Performed to remove unplanned foreign objects left after surgery.
✓ Medically unnecessary or otherwise unrelated to the patient’s diagnosis or medical condition
✓ Where damage occurs that is not a recognized specific risk, as disclosed to the patient and documented through the informed consent process
When it involves a **visitor, volunteer, student or contract employee**

1. Provide immediate assistance.
2. Notify Security who will investigate the accident and prepare a Security Incident Report.
3. Direct questions regarding payment for medical care to Risk Management.

Examples of accidents:

- A visitor slips and falls in the hallway
- A volunteer cuts his/her finger handling a wheelchair
- A contract employee injures his/her back while turning a patient
- A student slams his/her hand in the elevator
Identify patients at risk on admission and throughout hospital stay

Risk factors

- History of falls
- Altered mental status, confused, depressed
- Impaired mobility, weakness
- Medications that cause weakness, sleepiness, dizziness
- Elderly
- History of incontinence, difficulty seeing
Instruct patients to use call button for help getting out of bed
Instruct patients to wear non-slip footwear
Keep hallways and rooms unobstructed
Keep bed in lowest position
Clean up any spills immediately
Communicate with family, visitors, patient and staff
Hourly rounding on patients
Restraint Devices Include:

**Physical**
- Soft wrist and ankle, Geri Chair, 4 side rails up

**Chemical**
- Drugs or medications used to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for patient’s condition

**Seclusion**
- The involuntary confinement of a patient alone in a room or area from which patient is physically prevented from leaving
Implement alternative and least restrictive measures before using restraints

- Notify family when a restraint is placed
- Remove as soon as possible

Two types of Physical Restraints:

- **Medical/Non Violent Restraints**
  - Order needed for each application of restraint
  - Assessments performed and documented every 2 hours

- **Behavior/Violent Restraints**
  - Order time frame not to exceed 4 hours for adult, 2 hours aged 9-17 years, 1 hour for children under 9 years
  - Assessments performed and documented every 15 minutes
Patients at risk for suicide are not allowed the following items in their rooms:

- Straps, belts, cords, and shoestrings
- Glass items/mirrors including compact mirrors
- Sharp objects, razors
- Matches, cigarette lighters
- Medications
- Electric items
Suicide Precautions (con’t)

• Risk assessment is conducted of patient and environment for immediate safety needs
• Food items are to be provided on paper products only
• Patient is never left alone (including while in bathroom)
The Joint Commission: To Report a Patient Safety Event

Report a Patient Safety Event

Do you have a patient safety event or concern about a health care organization?

How do you file a concern?
- Online: Submit a new patient safety event or concern, Submit an update to your incident. (You must have your incident number)
- E-mail: patientsafetyreport@jointcommission.org
- Fax: 630-792-5636
- Mail: Office of Quality and Patient Safety
  The Joint Commission
  One Renaissance Boulevard
  Oakbrook Terrace, Illinois 60181

What information do you need to include?
- The name and address of the organization.
- Tell us about your concern in one or two pages.
- Give us your name, address or e-mail address if you would like follow-up information sent to you.

What happens to your incident?
- We check for other patient safety events about the organization.
- We may write to the organization about your concern.
- Sometimes, we visit the organization to see if there is a problem in meeting the requirements that deal with your concern.
- We will not share your name with the organization unless you say it is OK

What can you do about concerns that The Joint Commission cannot help with?
- You may want to talk to the organization about your concern.
- Your state’s department of health may be able to help.
Teamwork

- A team is a group of people who go out of their way to make each other look good”
- “An energetic group of people who are committed to achieving common objectives, who work well together and enjoy doing so, and who produce high quality results”
- “Teams are collections of people who must rely on group collaboration if each member is to experience the optimum of success and goal achievement”
- “Together Everyone Achieves More”
✓ Staff meetings, huddles, multidisciplinary committees, forums, and rounding all contribute to building a unified team, aligning goals, providing support, recognizing accomplishments, and brainstorming ideas or problem-solving issues.

✓ Teamwork equals better communication, coordination and collaboration among our staff and more successful interactions for our patients, visitors and customers.
✓ You have completed Online Orientation Presentation

✓ Please click here to Finish and submit your orientation