FY17 Agency Nurse Orientation

Little Company of Mary Hospital and Health Care Centers
Our History

- In 1877 the sisters of the Little Company of Mary were founded by Mary Potter in Nottingham, England.
- In 1893 three sisters of the Little Company of Mary came to the US at the request of a Chicago civic leader whose wife had been cared for by the Sisters in Rome.
- In 1950 the Sisters opened Little Company of Mary Hospital at our current location in Evergreen Park.
- Little Company of Mary Hospitals and Health Care Centers is a not-for-profit Catholic community hospital providing the latest in surgical, inpatient, and outpatient facilities.
- At Little Company of Mary Hospitals and Health Care Centers, we offer our patients and families our heritage of faith-based care that focuses as much on technology as the spiritual connection of prayer to the healing process.
LCHM Mission Statement

- In solidarity with the Sisters of the Little Company of Mary we are entrusted to serve the community through our ministry of Catholic Health Care.

- We are the empowered laity – the Greater Company of Mary.

- Rooted in a deep heritage of prayerful support of the sick and dying, we strive to enhance the sacredness of life and human dignity.

Mary Potter
Our Core Values

- **Professionalism:**
  - Take pride in your quality based, respectful care

- **Compassion:**
  - Respect patients and families by listening to and assisting with their needs

- **Quality:**
  - Promote highest level of safety in your care for quality patient outcomes. Anticipate patient needs

- **Responsibility:**
  - Patient care, environmental and financial resources are in your hands
Our Standards of Performance

- **Attitude**
  - Maintain a professional attitude

- **Sense of Ownership**
  - Take pride in your work

- **Commitment to Co-Workers**
  - Treat co-workers with respect

- **Appearance**
  - Dress appropriately for the clinical setting

- **Communication**
  - Keep communication open among nursing staff, students and instructors

- **Customer’s Rights**
  - Give respectful care

- **Safety & Awareness**
  - Be aware of your environment

- **Elevator Etiquette**
  - Allow everyone to get off the elevator before you get on
  - Do not block people exiting the elevator
  - Do not discuss patients, patient’s families or co-workers on the elevator
  - Keep voice down when with a group
What you do, does make a difference!

- Always:
  - Introduce yourself
  - Be polite, listen attentively to your patient
  - Make eye contact
  - Explain why you are there

- First impressions count!
  - “In the first 8-30 seconds after a customer talks with or sees you, an opinion of you and your facility has been formed”
    (Personal Growth January 2009)
Service Recovery

- Service Recovery is a Process
  - For **ACT**ing on patient complaints
  - It allows us to take corrective action to prevent the problem from occurring again
- We:
  
  **A:** Apologize for mistake
  
  **C:** Correct the problem promptly
  
  **T:** Take action so problem will not occur again
ID Badges

- In order to maintain safety it is required that all staff wear an ID badge:
  - Agency staff must have their agency picture ID
  - In clear badge holder
  - ID should be worn at chest level
Dress Code for Patient Care Services

- All Registered Nurses must only wear Navy Blue uniforms
  - Solid colored Scrub top, Scrub pant and Scrub jacket are required
  - Solid white scoop necked shirts or turtlenecks may be worn underneath the scrub for modesty or warmth
    - Golf/polo, T-shirts and sweatshirts are unacceptable
- White uniform shoes or white athletic shoes must be worn
  - High top athletic, backless and sandals are unacceptable
- The Registered Nurse is expected to look professional, neat and clean
  - Uniform fit must allow nurses to perform activities appropriately
- Hospital provided scrub ware may be worn only in hospital designated areas
  - OR
  - OB and Maternal Child
  - MDC
- Hair must be neat and clean
  - Hair longer than shoulder length must be tied back and neither the hair or the ties may interfere with duties
Unacceptable Attire

- Big, bulky or chunky jewelry in excessive amounts
- Long, dangling earrings
  - Only two or less pairs of posts or one inch hoops are acceptable
- Extremes of all nail length, nail polish colon or make-up
- Colored and/or print undergarments that can be seen through clothing
- Wrinkled clothing
- Pants that are tight fitting and/or of a material that is revealing
  - Some examples include:
    - Knit stir-ups
    - Leggings
    - Spandex
- Hair bows
  - Only white or light color, coordination with uniform are acceptable
- Patient or Doctor gowns over uniforms
- Denim fabric pants – any color
- Miscellaneous
  - Gum chewing is unacceptable
  - Perfume/cologne/after shave should not be used
Tobacco-Free

- Smoking is **not** allowed in the hospital, or in areas surrounding the hospital including sidewalks and parking lots.
Cell Phones

- Cell phones are not to be used in the clinical area - for any reason

- Cell phones can only be used in public areas:
  - The lobby
  - The cafeteria

- Staff Nurses and Care Partners will use hospital issued cell phones for communication with physicians and families
Health Insurance Privacy And Portability Act (HIPAA)

- HIPAA protects the privacy of individually identifiable health information
- When working in the clinical setting ask yourself:
  - Do I need to know this to complete my patient care???
    - If you answer “no”, then stop
    - If you answer “yes”, follow the HIPAA guidelines
HIPAA TIPS

- Don’t talk about a patient’s condition in front of others
- Keep patient information safe
  - Close off the computer
  - Put charts away
- Copying of any portion of the medical record is a HIPAA violation and can be prosecuted by law
- If patient information is necessary for your learning process and to deliver patient care
  - Keep the information within the learning environment
- Share pertinent information with the staff to provide quality care for the patient
HIPAA Guidelines: Releasing Information Over the Telephone

- At LCMH on admission the patient and his/her personal representative will be given a paper with a four digit identification number
  - The last four digits of the current visit number
- Any calls received requesting patient information will only be honored if the caller knows the identification number
- For unresponsive patients having no family request assistance from Case Management
Social Networking

Addressing privacy and security risks with social media:

- Social networking and its related communication vehicles pose significant privacy and security challenges.

- On-line communications in the form of content published on blogs, Facebook, e-newsletters, or any other form of user-generated digital or social media shall adhere to all communication policies, hospital directives and HIPAA compliance.

- Students may not use or disclose any member/patient identifiable information of any kind on any social media without the express written permission of the member/patient. Even if an individual is not identified by name within the information you wish to use or disclose, if there is a reasonable basis to believe that the person could still be identified from that information, then its use or disclosure could constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA) and Little Company of Mary’s policy.
Social Networking (cont..)

- Something to ponder before you send:
  - Common communication tools that can present a risk to privacy and security include:
    - Smartphone and mobile phone text messaging
    - Smartphone-based e-mail messaging
    - Camera and video phones
    - Instant messaging
    - Facebook
    - Web mail
    - LinkedIn
    - Twitter
    - Skype
    - GoToMeeting and WebEx
Social Networking (cont.)

- Little Company of Mary’s Policy:
- An employee's postings will be held accountable to Little Company of Mary's current policy and handbook to behavior and conduct, and the author/employee will be held liable for actions that interrupt the workplace regardless of when and where on-line postings are made.

Once information is posted on the internet, it's out there forever and can surface even if you think it has been deleted. Think before you send!
Patient Identification

- In an effort to maintain patient safety, ALWAYS verify:
  - Patient’s name
  - Patient’s date of birth
    - By having the patient verbalize this information
    - Verifying the information with the patient’s ID band.
Communication

- Get report.
- Give report to Team members
  - Let team members know what your expectations are of them
  - Let another RN and your team members know when you are leaving the unit for any reason.
Hand Off Communication

Patient Care Services Policy # 805

Provides complete and accurate information when transferring patient responsibility from one individual to another – ask/answer questions

- Change of shift report
- Patient transfers
- Patient transport
- Temporary coverage
Restraint Policy at LCMH

- At LCM we reduce the use of restraints as much as possible
- We use the least amount of restriction for the least amount of time
- The dignity and rights of our patients MUST be maintained at all times
- At least every two hours we meet the patient’s needs of:
  - Nutrition
  - Toileting
  - Repositioning
- We follow the “Three Ps”
  - Potty
  - Pain
  - Positioning
- When a patient is in Non Violent Restraints staff will document every two hours
Restraints at LCMH

- **Violent (Behavioral) Restraints**
  - Are applied when a patient is at risk to harm self or others
    - Students usually do not take care of these patients

- **Non Violent (Medical) Restraints**
  - Are applied when a patient is interfering with their healthcare
    - The need for medical restraints is reevaluated frequently and a doctor's order is required
Violent (Behavioral) Restraint Documentation

Hospital Directive #55

- Document on Behavioral restraint flow sheet:
  - Patient status every 15 minutes
  - Skin /Circulation observation of restrained extremities every fifteen (15) minutes.
  - Vital signs: (BP, P, and R): every 15 minutes.
    - May be deferred due to sleep or agitation, but required a minimum of every two hours.
  - ROM on all restrained extremities: every fifteen minutes.
    - May be deferred due to sleep or agitation, but required a minimum of every two hours.
  - Meals: At regular times (one hand is released to eat if determined to be safe) and fluids
  - Toileting: Offer as needed but at least every fifteen minutes.
  - Opposites: For the patient who is in opposites (always one wrist and the opposite ankle), change sides every two(2) hours while awake and every four (4) hours while asleep.
  - For any patient whose primary means of communication is sign language, hands must be freed for brief periods every hour except when such freedom may result in physical harm to self or others
Violent (Behavioral) Restraint Documentation On Line

- The following information is to be documented
  - In the patient notes, "Risk for Harm Screening Tool" section of Meditech
  - In the "Behavioral Restraint Documentation Record"
- A detailed description of
  - The events leading to restraints
  - Alternatives attempted
    - The patient's response to the alternatives
  - Specific behavioral that renders non physical interventions ineffective or not viable
  - The patient and, if appropriate, the patient's family
    - Participate with staff in a debriefing about each episode of restraint.
      - The debriefing session occurs as soon as possible and appropriate, but no longer than 24-hours after the episode
      - Debriefing is used to review the precipitating events, confirm that physical well being, emotional comfort and right to privacy were maintained and provide counsel as appropriate
- A Detailed description of patient status including assessment for
  - Readiness for release
    - Every four (4) hours for adults
    - Every two (2) for children ages 9 - 17
    - Every one hour for children under (9) nine.
  - Release from restraints
Non Violent (Medical) Restraint Documentation
On Line
Patient Care Services Policy # 613

- Create the intervention at time of restraint initiation.
- Document every 2 hours.
- Enter appropriate responses in each category as follows:
  - Patient off floor unable to document  Y/N
  - Device 1, Device 2, Device 3 - enter each type
  - Each extremity restrained  Y for each
  - Patient status - i.e. awake, asleep, arousable
  - CMS, Skin integrity, ROM, Fluids offered, NPO, Bedpan offered, toileted, Foley - Y for each appropriate response.
- Reason & Continued Need for Restraint:  To be assessed and documented by RN.
- Alternatives tried:  Enter the appropriate corresponding letter from listed codes.
  - Providing companionship and supervision
  - Modifying the environment
  - Providing reality orientation and psychosocial interventions
- Offering diversionary and physical activities
- Other - document in allocated space
- Patient/family education done: enter Y accomplished.
Latex Allergy

- Always be aware of allergies identified by the patient
- Latex-free gloves are on the units for use with patients having a latex allergy or if you have a latex allergy
- Latex-free equipment is available for those patients with a latex allergy
  - MDC has a list of all available latex free equipment
Pain Across the Continuum

- Pain is observed in patients of all ages
- When accessing pain use the age appropriate pain tools
  - Available for newborns to the elderly
- Our Pain Scale at LCMH
  - 0 – 10 with verbiage and Smiley Faces
    - 0 being no pain
    - 10 being the worst possible pain
- A Patient’s self-report is the **only** reliable report of pain
- Report patient’s self-report of pain to the nurse
- At LCMH a pain score of equal to or greater than a 4 requires intervention
  - It can interfere with activities of daily living and hinder recovery
- LCMH Care Partners can document the patient’s self report
Patient Handout on Pain Assessment at LCMH

- The patient and family/caretaker will be instructed on how to use the pain scale utilized by LCMH.
- The Fact sheet “Our Commitment to Your Pain Relief”, included in the “Patient Guide” is given to every patient on admit.
  - This explains:
    - LCMH’s philosophy on pain relief
    - How the patient should rate their pain
    - What the patient can expect from the staff at LCMH
    - How the patient can help us treat their pain
Age Appropriate Care

- At LCMH care is provided taking into consideration
- The growth and development and the physiological changes that occur with the aging process
Infection Control Issues

- Wash your hands!! Wash your hands!!
- Signage will be placed outside the patient’s room indicating the type of isolation precaution the patient is on.
- Wear the appropriate personal protective equipment (PPE).
- NEVER ENTER AN ISOLATION ROOM WITHOUT THE APPROPRIATE PPE.
- Antibacterial soap & alcohol based cleanser are available in every patient room.
- Biohazard waste is to be placed in red biohazard bags.
  - Each bag is to be tied shut and placed in the red garbage cans in the soiled utility room.
Infection Control Tips

- Artificial nails spread infection and are not allowed
- Natural nails should be < ¼ inch long
- Always check signage outside the patients room for PPE to be used
  - NEVER ENTER AN ISOLATION ROOM WITHOUT THE APPROPRIATE PPE
- If the patient has C-Diff
  - They will be on Contact “Plus” Isolation
  - Wash hands with soap and water
    - This is the ONLY way to kill C-Diff
    - Alcohol gels DO NOT kill C-Diff
Infection Control Guidelines

- Health care institutions are mandated by regulatory agencies
  - These mandates require all staff/agency have specific immunizations for their protection
- If you are sick DO NOT come to the clinical setting
- A Yearly Flu Vaccine is required
N95 Respirator

- The N95 Respirator is a special fit-tested mask
  - Worn when caring for patients on Airborne isolation-in-negative air flow rooms
- Staff are trained on the proper use of the N95 Respirator
- Commonly seen conditions requiring Airborne Precautions include suspected or confirmed:
  - MTB (mycobacterium tuberculosis)
  - Positive AFB (acid fast bacilli)
    - until MTB is ruled out
  - Varicella/Chickenpox
  - Varicella/Shingles
    - If disseminated
      - More than 25 vesicles
Hospital Policies

- All hospital policies can be found on Meditech-LCHM’s computer system
  - Under “Patient Care Services Policies and Procedures”
  - Your instructor will have access to LCMH’s library
High Alert Medications

- Be aware of those medications that when taken as recommended can cause injury to the patient
- Always do a 2 RN check on High Alert Medications
  - Insulin is a High Alert Medication and must have a 2 RN check
    - Students can not cosign for any medication
Ergonomics

- Always ask for assistance with lifting or moving patients
- Bend your knees and lift with your legs
- Tighten your stomach muscles and pull the object close to your body
- Be sure the weight of the object isn’t more than you can lift
- Utilize the Safe Patient Handling Equipment
Hourly Rounding at LCMH

- The RN, the Care Partner or the student will round on all of their patients
  - Every hour from 6am-10pm
  - Every two hours from 10pm-6am
    - Focusing on the 4P’s
    - Accessing for pain – using the 1-10 scale
    - Positioning – is the patient in a comfortable position
    - Toileting (potty) – does the patient need to go to the bathroom
    - Placing all items within reach (table, call light, tissue, phone, water, urinal)
    - Scanning the environment
      - To be sure that all items are within reach
      - To insure safety measures are in place
      - To deliver the care patients need and expect
  - The white board in the patients room will be updated at the beginning of tour of duty:
    - With patients goal
      - Ask the patient, “The one most important thing I can do for your care?”
    - Names of caregivers
Fall Prevention Protocol

- When a patient is identified to be at risk for fall:
  - Fall Protocol is initiated
    - Follow the information provided in the Fall Prevention Protocol Packet
      - This can be found on MDC cart
    - Fall protocol (yellow) ID band is placed on patient
    - Fall protocol signage is placed outside the patient’s door and on the front of the patient’s chart
    - Before leaving the patient’s room
      - Meet patient’s toileting needs
      - Place the bed in the low position
      - De-clutter the walk way
      - Place the phone within reach
      - Place the call light within reach
      - Ask “Is there anything else I can do for you before I leave your room?”
<table>
<thead>
<tr>
<th>Measurement</th>
<th>Fluid Equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 oz.</td>
<td>30cc</td>
</tr>
<tr>
<td>Plastic glass</td>
<td>210cc</td>
</tr>
<tr>
<td>1 cup (8oz)</td>
<td>240cc</td>
</tr>
<tr>
<td>Plastic Pitcher</td>
<td>900cc</td>
</tr>
<tr>
<td>Soup Bowl</td>
<td>180cc</td>
</tr>
<tr>
<td>Milk Carton</td>
<td>240cc</td>
</tr>
<tr>
<td>Jell-O/ Ice Cream/ Fruit Ice ½ cup</td>
<td>120cc</td>
</tr>
<tr>
<td>Juice (foil cover)</td>
<td>120cc</td>
</tr>
<tr>
<td>Juice (plastic cover)</td>
<td>80cc</td>
</tr>
<tr>
<td>Pop 1 can (12oz)</td>
<td>360cc</td>
</tr>
<tr>
<td>Coffee/ Tea (8oz)</td>
<td>240cc</td>
</tr>
<tr>
<td>Small Milkshake (8oz)</td>
<td>240cc</td>
</tr>
<tr>
<td>Large Milkshake (16oz)</td>
<td>480cc</td>
</tr>
<tr>
<td>Ensure 1 can</td>
<td>240cc</td>
</tr>
</tbody>
</table>
Exposure Incidents

- Exposure to blood and body fluids is taken very seriously at LCMH.
- Take all precautions to reduce exposure to blood or body fluids.
- If exposed to blood or body fluids:
  - Report it to your charge nurse immediately.
  - Wash exposed area with soap and water for 3-5 minutes.
  - Rinse splashes to eyes or mouth with water or sterile saline for 10 minutes.
  - Wash puncture wounds with soap and water for 3-5 minutes.
  - Report to the Emergency Room immediately.
    - No longer than 2 hours should transpire prior to treatment.
  - You are financially responsible for treatment you receive.
- Uniforms soiled with blood or body fluids will be cleaned by the hospital.
  - If your uniform gets soiled:
    - Notify the charge nurse.
    - You will be given scrubs in exchange for your soiled uniform.
    - Your cleaned uniform will be returned when you return the scrubs.
Occurrence Reports

- If involved in an occurrence with potential to cause harm to anyone an occurrence report needs to be filled out.
  - Occurrence Reports are on the Meditech computer system
  - Report the occurrence to your instructor and the nurse manager
  - Documentation of the occurrence is only in the Occurrence Report computer module
What to do With Soiled Linen

- All soiled linen is to be put in BLUE plastic bags while still in the patient’s room.
- Any linen that is brought into a patient’s room is considered contaminated and must be placed in BLUE plastic bags.
- Only linen that will be used should be brought into the patient room.
DNR Status

**Do Not Resuscitate**

- A DNR means the patient has chosen to have no intervention if they become unresponsive without a pulse
  - DO NOT Call a Code Blue
- A Partial or Limited Code status means the patient has chosen to have partial or limited interventions if they become unresponsive without a pulse
  - CALL a Code Blue
- A doctor’s order MUST be on chart if patient has a “Do Not Resuscitate” status
- Always know your patient’s code status
# Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Dial</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>Fire</td>
<td>5313</td>
</tr>
<tr>
<td>BLUE</td>
<td>(CPR) Medical</td>
<td>70</td>
</tr>
<tr>
<td>BRAIN</td>
<td>TPA Stroke</td>
<td>5960</td>
</tr>
<tr>
<td>BLACK</td>
<td>Weather Watch / Warning</td>
<td></td>
</tr>
<tr>
<td>PURPLE</td>
<td>Evacuation</td>
<td>5313</td>
</tr>
<tr>
<td>CRIMSON</td>
<td>Perinatal Hemorrhage</td>
<td></td>
</tr>
<tr>
<td>GRAY</td>
<td>Security</td>
<td>5313</td>
</tr>
<tr>
<td>PINK</td>
<td>Infant / Child Abduction</td>
<td>5313</td>
</tr>
<tr>
<td>SILVER</td>
<td>Active Shooter - Armed Intruder</td>
<td>5313</td>
</tr>
<tr>
<td>ORANGE</td>
<td>HazMat</td>
<td>5313</td>
</tr>
<tr>
<td>YELLOW</td>
<td>HICS</td>
<td>5960</td>
</tr>
<tr>
<td>GREEN</td>
<td>Utility Failure</td>
<td>5313</td>
</tr>
<tr>
<td>GOLD</td>
<td>Missing / Elopement</td>
<td>5313</td>
</tr>
<tr>
<td>BRONZE</td>
<td>Bomb Threat</td>
<td>5313</td>
</tr>
</tbody>
</table>
Emergency Codes

- **Rapid Response**
  - Is activated when a patient's condition is deteriorating
  - Anyone can activate a Rapid Response
    - Families, patients, and visitors are educated on Rapid Response

- **Code Blue**
  - Is activated when a patient is unresponsive without a pulse

- **Code Brain**
  - Is activated when a patient has an acute ischemic stroke and requires TPA

- **Code Crimson**
  - The Perinatal Hemorrhage Rapid Response Team
Emergency Codes

- **Code Pink**
  - Is activated in an infant abduction
  - Be alert to any unusual activity
    - Report unusual activity to security 5313

- **Code Gray**
  - Is activated for security assistance if you feel threatened and the offender is present or if you see a suspicious person

- **Code Silver**
  - Is activated when there is an armed intruder
  - If you hear a Code Silver called DO NOT go to that area

- **Crisis Intervention Team**
  - Is activated for violent patient situations
Emergency Codes

- **Code Red**
  - Is activated in fire situations
  - Know the locations of the fire alarms

- **Code Yellow**
  - Is activated in a disaster
  - Wait for direction from your instructor

- **Code Orange**
  - Is activated in a hazardous material or bioterrorism situation
  - Wait for direction from your instructor

- **Code Green**
  - Utility failure

- **Code Black**
  - Is activated in a severe weather watch/warning
    - A tornado or severe thunderstorm has been sighted in Southern Cook County
    - Wait for direction from your instructor
Code Blue

- Know your patient’s code status!
- If you find someone
  - Unresponsive and without a pulse
    - Activate a Code Blue
      - Activate by dialing 70 and announce Code Blue and your location
  - Begin CPR
    - Compressions only until Code 70 team arrives
Code Red

In fire situations

- LCMH’s fire plan:
  - R – Rescue patient from room
  - A – Alarm, know where they are
  - C – Contain, close door
  - E – Extinguisher to room

- LCMH’S fire extinguisher plan:
  - P – Pull the pin
  - A – Aim at base of fire
  - S – Squeeze the trigger
  - S – Sweep base of fire
Code Crimson

- Code Crimson is the Perinatal Hemorrhage Rapid Response Team
  - This is a perinatal situation requiring additional staff, lab, blood products, personnel and equipment
- To activate dial 70
  - Announce Code Crimson and your location
- The Code Crimson team consists of
  - Lab
  - Respiratory
  - Nursing Supervisor
  - ICU RN
  - Various physicians
Crisis Intervention Team

- Is activated for violent patient situations
  - Activate by calling 5960
    - Announce you need the Crisis Intervention Team and your location

- The Crisis Intervention Team consists of
  - Security personnel
  - The Nursing supervisor
  - Pastoral Care personnel
  - A Behavioral Health RN
Code Brain

- **A Code Brain**
  - Is activated when a patient with acute ISCHEMIC stroke meets the criteria for thrombolytic therapy (TPA) (Tissue Plasminogen Activator) treatment and physicians order has been received for TPA administration

- **The Process**
  - Activate by calling 5960
    - Announce Code Brain and your location
  - Included in the “Code Brain” batched page will be
    - The house MD
    - The Nursing Supervisor
    - The stroke coordinator
## Activating Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Red-Fire</td>
<td>Pull nearest fire alarm – Dial 5313 Security and announce Code Red and your location</td>
</tr>
<tr>
<td>Code Blue-CPR (Medical)</td>
<td>Dial 70 and announce Code Blue and your location</td>
</tr>
<tr>
<td>Code Brain-TPA-Stroke</td>
<td>Dial 5960 and announce Code Brain and your location</td>
</tr>
<tr>
<td>Code Black-Weather</td>
<td>After announced initiate your department’s severe weather procedures</td>
</tr>
<tr>
<td>Watch/Warning</td>
<td></td>
</tr>
<tr>
<td>Code Crimson-Perinatal</td>
<td>Dial 5960 and announce Code Crimson and your location</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Code Pink-Infant/child Abduction</td>
<td>Dial 5313 (Security) and announce Code Pink and your location</td>
</tr>
<tr>
<td>Code Yellow-Disaster HICS</td>
<td>Dial 5960 and announce Code Yellow and your location</td>
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<tr>
<th>Code</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Code Silver-Active Shooter</td>
<td>Dial 5313 (Security) and announce Code Silver and your location</td>
</tr>
<tr>
<td>Code Orange-HazMat</td>
<td>Dial 5313 (Security) and announce Code Orange and your location</td>
</tr>
<tr>
<td>Code Gray-Security Assist</td>
<td>Dial 5313 (Security) and announce Code Gray and your location</td>
</tr>
<tr>
<td>Code Purple-Evacuation</td>
<td>Dial 5313 (Security) and announce Code Purple and your location</td>
</tr>
<tr>
<td>Rapid Response-Patients Condition Deteriorating</td>
<td>Dial 5960 announce Rapid Response and your location</td>
</tr>
<tr>
<td>Crisis Intervention-Violent Patient Situations</td>
<td>Dial 5313 announce Crisis Intervention and your location</td>
</tr>
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## Activating Emergency Preparedness Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Green – Utility Failure</td>
<td>Dial 5313 (Security) and announce Code Green, the situation and your location</td>
</tr>
<tr>
<td>Code Gold – Patient Missing/Elopement</td>
<td>Dial 5313 (Security) and announce Code Gold and your location</td>
</tr>
<tr>
<td>Code Bronze – Bomb Threat</td>
<td>Dial 5313 (Security) and announce Code Bronze and your location</td>
</tr>
</tbody>
</table>
Safety & Emergency Preparedness

- Safety and Emergency preparedness are necessary
  - To promote and maintain a safe and secure environment for patients, staff and visitors
- LCMH has information on Chemical spills and directions on cleaning the spill
  - Access to this information can be found online
    - Click on the MSDS icon on the desktop
- In the event of a power failure
  - All rooms are equipped with red outlets for critical care equipment
- LCMH is part of a Hospital and Community Emergency Response System
  - This is a community based response by healthcare organizations to emergencies
LCMH is a Primary Stroke Center

All employees and students must be educated on the possible symptoms of a stroke and what to do in the event you recognize the S&S of a stroke.
Symptoms of a Possible Stroke

Acute stroke signs and symptoms

- Sudden onset of:
  - **F = FACE**
    - Uneven smile
    - Facial droop/numbness
    - Vision disturbance in one or both eyes
    - Double, blurred or blackened vision
  - **A = ARM**
    - Weakness, numbness difficulty walking
    - Balance or coordination difficulties
  - **S = SPEECH**
    - Slurred speech
    - Inappropriate words
    - Mute
    - Difficulty understanding words
    - Confusion
  - **T = TIME**
    - This is a MEDICAL EMERGENCY – Call 911

- **Other**
  - Headache
  - May be sudden and severe in nature

FACE
- Look for an uneven smile

ARM
- Check if one arm is weak

SPEECH
- Listen for slurred speech

TIME
- Call 911 at the first sign
What To Do If You Recognize Signs and Symptoms of a Possible Stroke

For Patients on Medical/Surgical Units
- Activate the “Rapid Response Team”
  - Dial 5960 and announce Rapid Response and your location
- ICU RN will
  - Access the patient
  - Order ACUTE STROKE PROTOCOL diagnostics
  - Accompany the patient for STAT Acute Stroke Protocol Plain Brain CT
  - Transfer the patient to ICU if needed

For Visitors and Patients Outside Inpatient Units
- Activate by dialing 70 and announce Code Blue and your location
- The code team will transport the victim to the Emergency Room upon stabilization

For Patients and Visitors Outside the Hospital
- (Mary Potter Physicians’ Pavilion, Halsted Center, Burbank Facility, Palos Diagnostic Center
  - Call 911 to activate the Emergency Medical System
Hospital Policies

- All hospital policies are on computer system.
  
  - Agency staff has access to the Library.
    
    - Found under “Patient Care Services Policies and Procedures”.

Documenting is done in the Meditech Computer system using your NUR #

Follow HIPAA Guidelines when working with Meditech
- Do not log onto any computer systems that currently exist or may exist in the future using a password other than my own.
- Safeguard your computer password
  - Do not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my ID badge
  - Do not allow anyone, including other employees, to use your password to log onto any computer
- Log off of the computer as soon as you have finished using it
- Obtaining a blood glucose with the glucose meter is done using your NUR #
Medication Administration
Patient Care Services Policy #1906 & #1302

- Medications are obtained from automated dispensing machine with your bio-ID.
  - Bio-ID’s are obtained
    - From pharmacy
    - With the permission of the nursing supervisor
- You are responsible for all medications you administer!
- Remember the RIGHTS of medication administration!
Bedside Medication Administration

- Electronic Medication Administration Record (eMAR)
  - You will receive more information on eMAR
Orders

- Patient Care Services Policy # 1504
- At LCMH the RN is the only nursing personnel that can accept telephone orders
  - Registered Pharmacist can accept telephone orders for medication
- Verbal orders can only be taken in an emergency situation
- When taking phone orders
  - **Reads Back** all orders to the Physician
  - Repeat back the full name of the Physician
- Orders not clear must be clarified with a physician
- PRN indications must be on order
The RN Reviews All Orders on Their Patients

- RNs review all orders on their patients
  - At the end of the shift
  - With the next shift during report
Medication Orders

- ONLY be taken by an RN or a Registered Pharmacist
- Medications entered into Meditech
- A Physicians order is required for all medication and must include
  - Drug Name
  - Dosage
  - Route of Administration
  - Frequency
  - Duration-if applicable
- All medications will appear on the eMAR once entered by the Pharmacist
- All medication should be initiated on the day it is ordered unless indicated by the physician
  - This helps ensure there is no delay in starting our patient’s pharmacological therapy
Post-Operative Orders

- All post-op orders must be specifically ordered post-operatively by a physician.
  - “Resume pre-op orders not acceptable”
High Risk Medications

- High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error (ISMP)

Chemotherapy Agents

- NO verbal or phone orders
- Must be written on the standardized chemotherapy form
- Only administered by a nurse recognized as a chemotherapy/bio hazardous provider
- Checked by two RNs prior to administration
High Risk Medications (cont.)

- Potassium Chloride-only stocked in Pharmacy
- Insulin Products-Injections & Drips
  - Pre printed Basal Bolus Protocol
  - Intensive Insulin Therapy ICU and Critical Care Protocol
  - “U” for units is on the unapproved abbreviation list
  - Infusion pump must be used for all insulin gtts
  - Lantus cannot be mixed with any insulin
  - Lantus insulin should NEVER be held without explicit order to do so from the physician
    - Lantus is a basal insulin that works over a 24 hour period with no peak
      - Because it has no peak it is safe to give with a “normal” blood sugar in a diabetic patient
  - Two RNs must
    - Verify/order
    - Correct type of insulin
    - Dose prior to administration
    - Cosign eMAR
High Risk Medications (cont..)

- Narcotics
  - Morphine Sulfate
  - Roxanol
  - Duramorph
  - Dilaudid

  - Emphasize the read back dose to confirm “mg” or “ml”
  - Label must read “mg” or “ml”
  - MS and MSO4 are unacceptable abbreviations for Morphine
High Risk Medications (cont..)

- **PCA Pumps**
  - Requires double check system by RN during initial set up and with any changes
  - When discarding unused medication
    - Must be withdrawn by syringe and discarded down the sink
    - Must be witnessed by two RNs and documented on MAR
- **Pre-printed PCA orders available for**
  - Morphine Sulfate
  - Fentanyl
  - Dilaudid
High Risk Medications (cont..)

- **Topical Narcotic Patches**
  - When taking an order read back dose for confirmation of “mcg” per hour
  - Wear gloves when handling new and used Fentanyl patch
  - Remove old patches before applying new patch
  - Fold patch in half
  - Cut patch in fours
  - Flush patch down the toilet
    - Must be witnessed and documented on the eMAR by two RNs
High Risk Medications (cont..)

- TPN (Total Parenteral Nutrition)
  - Labs monitored on TPN’s
  - Double checked by two Pharmacists
  - Infusion pump must be used for administration
- Heparin
  - Weight based protocol
    - Cardiac
    - Non-cardiac
    - Stroke
- IV drip must be infused via a infusion pump
- Heparin subq not to be given within 6 – 12 hours of Lovenox
High Risk Medications (cont..)

- Protocol Based Antibiotics
  - Gentamicin
  - Tobramicin
  - Vancomycin
  - Amikacin
    - Pharmacy follow these patients
    - Dose adjustment is based on labs
      - Know when your patient is going to have blood levels drawn, make sure Pharmacy and Lab are aware of any changes in medication administration that would affect these results

- Nipride (nitropresside sodium)
  - IV label
    - Guidelines for administration
    - Signs and symptoms of toxicity
Universal Protocol

- Time-Out/Procedure Site verification for procedures performed at the bedside
  - Prevent
    - **Wrong Site**
    - **Wrong Patient**
    - **Wrong Procedure**
  - Accurate identification ensures the
    - **Right Patient**
    - **Right Procedure site**
    - **Right Procedure to be done**
Pre-procedure Verification Process

- The patient or the patient’s designated representative is actively involved in the verification process.

- Components of the pre-verification process include:
  - Correct patient
  - Correct procedure
  - Accurate consent

- Relevant documents such as:
  - H&P
  - Nursing Assessment
  - Pre-anesthesia etc.
  - Pathology/radiology results
  - Required blood products
  - Implants
  - Devices and/or special equipment

Any discrepancies noted during the verification process will result in an immediate halt in the process until the healthcare professional or member of the surgical/procedural team can resolve the discrepancy.
Other Settings Where Universal Protocol is Applicable

- Bedside procedures
  - Refer to department specific policies and procedures for when Universal Protocol is applicable

- Diagnostic Departments
  - Refer to diagnostic department specific policy and procedures for when Universal Protocol is applicable
Bedside Procedures

- Amniocentesis
- Chest Tube Insertion
- Central Lines/PICC Lines
- Thoracentesis
- Needle Aspiration of the Chest
- PA and Arterial Line
- Temporary Pacemaker Insertion
- Endoscopy
- Bronchoscopy
- Epidural for Pain Management
Documentation of Universal Protocol

- The Universal Protocol Checklist:
  - Patient Verification, Site Verification & Time Out is the form to document the verification and time-out process
  - Department specific forms may also be used to document the pre-procedure verification process
Front Side of Universal Protocol Checklist

Section 1
First Verification
To be completed prior to patient going for procedure

Section 2
Second Verification
To be completed by staff receiving patient prior to procedure

Section 3
Time-Out
The final check prior to the start of the procedure
Back side of Universal Protocol Checklist

- To be completed by the surgeon/physician provider before the patient is taken to the operating/procedure room.

- For situations in which marking the site would be impossible or technically impractical.
Medication Reconciliation (MR)

- **On Admission**
  - Comparing the patient’s current list of medications against the physicians orders or directly with the physician

- **Internal Transfer**
  - Reviewing the patients current eMAR by transferring and receiving RNs responsible for the patient

- **Discharge Home-Long Term Care Facility-Rehab Facility etc.**
  - The physician compares the patient’s eMAR with the patient’s list of home medications
  - An eMAR administration report is printed up
    - Do not print to early
MR on Admission

- Compares the patients current list of medication against the physicians admission orders
- Ensures the most accurate drug profile possible
- Obtain an accurate medication history
MR on Admission (cont..)

- Enter medication history into the Database
  - Make sure to select the medications from the look up whenever possible
  - When entering the Medications there is a query called LAST DOSE, under the comment fields
    - Enter the last dose information in this field
- File the Database
- Generate Medication Reconciliation Verification Form
  - If a duplicate form is needed
    - You will need to re-file the Database
*RN caring for the patient on arrival is responsible for the Medication Reconciliation process*
MR on Admission (cont..)

- Reconcile (compare) medications with existing physicians orders or directly with the physician
- Document any changes of home meds made by Physician
- Document “HOLD” any medication placed on hold by the Physician upon admit
- 100% reconciliation is required
- Communicate status of the MRF during report
  - Medications not reconciled
  - New, revised or discontinued orders
  - If the process is complete
MR on Admission (cont..)

- Sign form and fax to the Pharmacy as order
- Placed the completed MR form under the blue tab in the physicians orders section
  - Home Meds/Med Reconciliation
- After reconciling meds with the physician
  - Write any new or changed medication orders on a physician’s order form and fax to Pharmacy
- On the adult shift assessment
  - You will be required to answer Y or N to Medication Reconciliation being done
- All should be completed ASAP

**Exception**

- High Risk Medications
  - That are required for immediate treatment based on the patient’s clinical condition
  - These need to be reconciled within 4 hours
MR Upon Internal Transfer

- eMAR is reviewed
- Prior to transfer
- Transferring & Receiving RNs responsible for the patient
MR Upon Discharge

- Physician determines patient is to be discharged
- Physician is responsible to reconcile the current medication profile and patient’s “home medication”
  - Medications to be continued
  - Medications to discontinued
MR Upon Discharge

- RN creates the patient’s Discharge Medication Summary

  - Two copies are generated
    - One copy to either
      - The patient
      - The patient’s family
      - The Long term Care Facility
      - The Rehab facility etc.
    - Second copy is retained in patient’s medical record
Informed Consent For Treatment, Procedure or Surgery

Little Company of Mary Hospital and Health Care Centers recognizes that every patient has a right to informed participation in decisions involving his or her care.

Any patient, or in appropriate cases, the patient’s representative (surrogate) has the right to consent to or refuse treatment.

- The Surrogate is an adult individual authorized according to the Illinois Health Care surrogate Act to provide consent when the patient lacks the decisional capacity (HD 129).

- The patient should be given a reasonable amount of time to permit consideration of his or her response.
Policy for Informed Consent

It is the responsibility of the patient’s attending physician and/or the physician performing the treatment or procedure to obtain an informed consent from the patient or surrogate.

- **Consent must be obtained for**
  - Any type of major or minor surgical procedure, which involves entry into the body either through incision or penetration through a natural body opening
  - All procedures involving the use of general anesthesia or IV sedation
  - All forms of radiological procedures involving intravenous contrast materials

- Any procedure in which the medical staff determines that a consent form is necessary
- Any testing or procedure where the law requires written informed consent
  - See HIV Testing Directive
  - Refer to Meditech for the availability of department specific consent forms
Patient Informed Consent

Hospital Directive #129

Policy

- Prior to administration of sedation/analgesia the attending physician will document in the medical record:
  - The risks and benefits of the proposed sedation/analgesia have been:
    - Thoroughly explained to the patient
    - All questions answered as completely as possible
    - Alternative options, other than the proposed sedation/analgesia (if any exist) have been discussed with the patients.

- Patients will sign informed consent for sedation/analgesia
- Prior to performing the sedation and procedure:
  - A time out will be documented verifying:
    - Patients identity
    - Consent
    - “Site initials” if appropriate
      - See nursing policy regarding site
        - Universal Protocol/Site ID
        - Department of Surgery Policy and Procedure
    - Personnel will follow guidelines/policy if the patient refuses marking
IV Infusion Pumps (cont.)

- Certain classifications of medications must be administered using an infusion pump
  - Antiarrythmics
  - Anticoagulants
  - Anticonvulsants
  - Vasopressors
IV Infusion Pumps (cont.)

- Personality can be changed for the area you are working with
  - Critical Care
  - Medical/Surgical
  - Telemetry
  - Pediatrics
  - Epidural only
  - Labor/Delivery
  - NNI CU
IV Labels

- Any IV solution taken from floor stock will be labeled
- Blank IV labels are provided by pharmacy
- Label must contain the following information
  - Patient’s Name
  - Room # and bed #/ location
  - Rate
  - Additives (if Applicable)
  - Date and time IV bag started

John Doe
ICU #1
100cc/hour
20 meq of KCL
2/20/14 - 0800
IV Initiation-Maintenance and Discontinuation

- All RNs are required to have three successful peripheral IV starts observed prior to being able to start and IV on their own
- No more than two attempts may be made by the same RN
- A sterile transparent dressing is applied over the site
- Document all on eMAR
- Enter IV therapy intervention on the Patient’s Care Plan
- All IV’s started in an emergency/out of the hospital must be changed within 24 hours
IV Initiation-Maintenance and Discontinuation (cont..)

- IV sites must be changed every 96 hours (4 days)
  - Must get physicians order to maintain IV for additional 24 hours
    - Need new order every 24 hours
- Discontinuing an IV is done by the RN
- Care Partners may discontinue PRN adaptors
- To insure safe IV access and minimize potential risk for exposure to blood and body fluids use needle-free luer-activated IV system
Notification of Critical Test Results

- Critical Test results are ONLY accepted by RN
- Lab/Radiology notifies the RN of critical results/results
- The RN reads back reported results
- The RN notifies Physician of critical test results that require a physician order/action
- The Physician reads back reported results
- Physician should be notified within 30 minutes of RN receiving results
- Document receipt & notification of critical results in the MD order/MD Rounds Meditech screen
LCMH is a Baby Friendly Hospital

- A Baby Friendly Hospital is a place that teaches a woman about feeding and bonding with her baby and does many things to support breastfeeding.
- There is a hospital wide policy that promotes, protects and supports breast feeding in all areas of the hospital.
CAUTI Initiative

- Reducing Catheter Associated Urinary Tract Infection (CAUTI) is a new Patient Safety Goal for 2012 identified by the Joint Commission

- Tips to prevent CAUTI
  - Empty the patient’s urinary drainage bag prior to the patient being transported to other departments
  - Document insertion and discontinuation of the catheter in the Nursing Intervention – Urinary Catheter Insert/Discontinue
  - Use a catheter securement device with all indwelling catheters
Parking at LCMH

- The Main Employee Parking:
  - The East Lot
    - Located on the north east corner of California Avenue and 95th Street
    - Park in the east section of the lot closer to Office Max
    - Enter the hospital through the revolving door at the front entrance

- Other designated parking areas:
  - The North Parking Lot
    - Located north of the North Pavilion on the west side of California Avenue
    - Enter through the North Pavilion entrance
  - The West Parking Lot
    - Located to the west of the Mary Potter Pavilion
    - Enter through the Emergency Room

Please only park in the Employee designated parking areas
Entering the Hospital

- The Main Entrance is located just north of 95th Street on California Avenue
- The North Pavilion Entrance is located at 94th and California Avenue
  - All entrances are unlocked:
    - Monday through Friday from 0530-2000.
    - Saturday from 0800-2000
    - Sunday 1000-2000
    - Anytime outside of these hours:
      - Students and instructors will need to utilize the Emergency Room entrance
- The Emergency Entrance located on 95th Street just west of California Avenue
  - This entrance is open 24/7
Map of LCMH

2800 West 95th Street
Evergreen Park, IL
60805
Phone #: 708-422-6200
Located on the NW corner of
95th Street and California Avenue