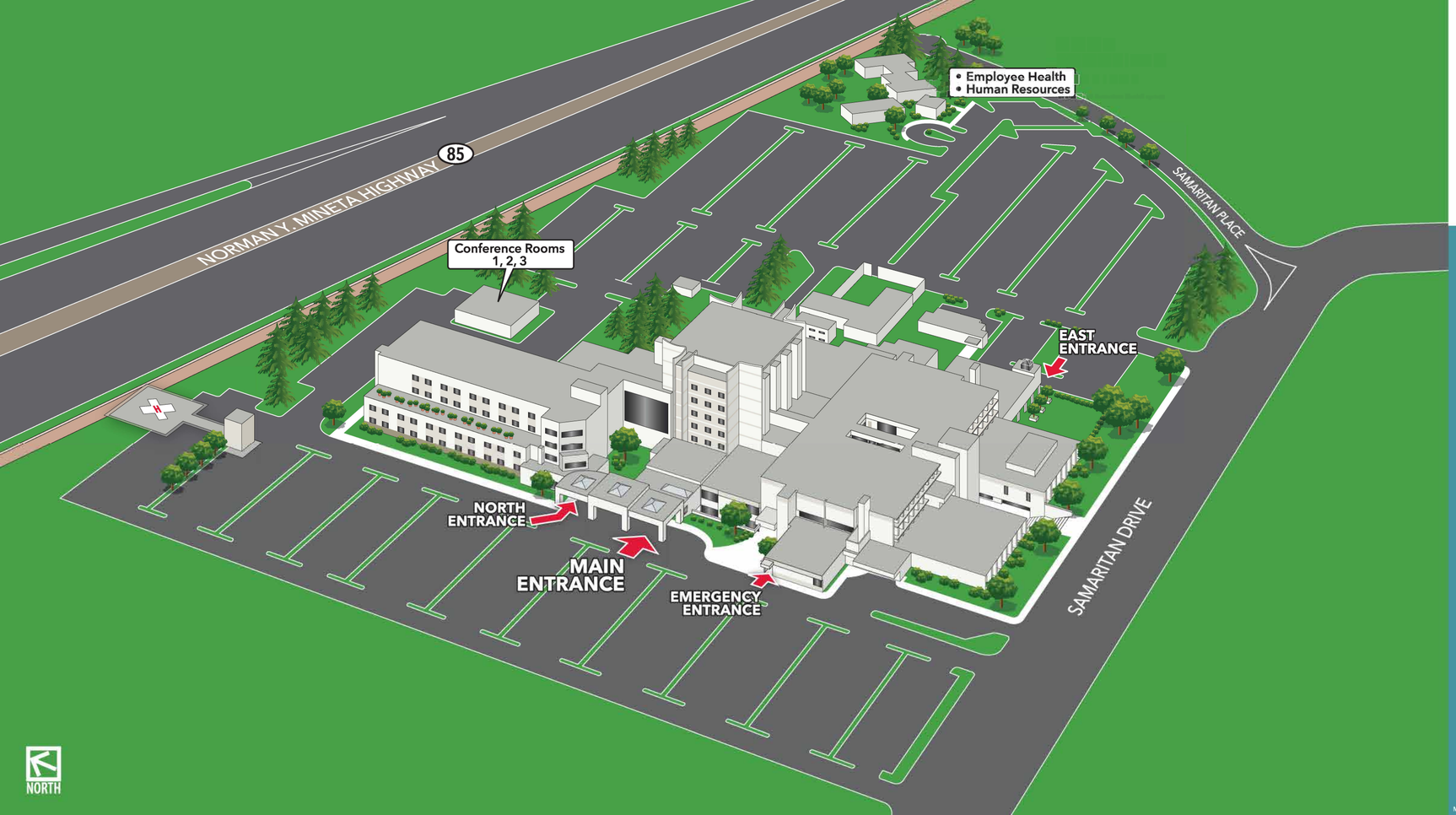
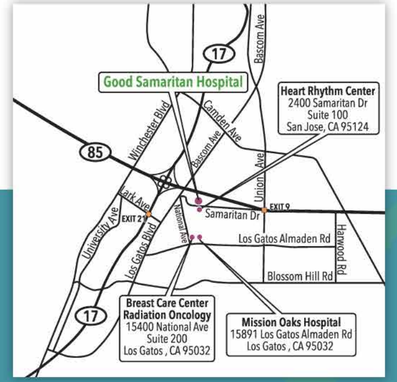
Resource Packet (Tap a topic)

1. Good Samaritan Campus Map
2. Regional MC Campus Map
3. Orientation Essentials
4. Requesting missing medications
5. Controlled Substance Handoff Documentation
6. PRN Pain Medication Alert
7. Controlled Medications



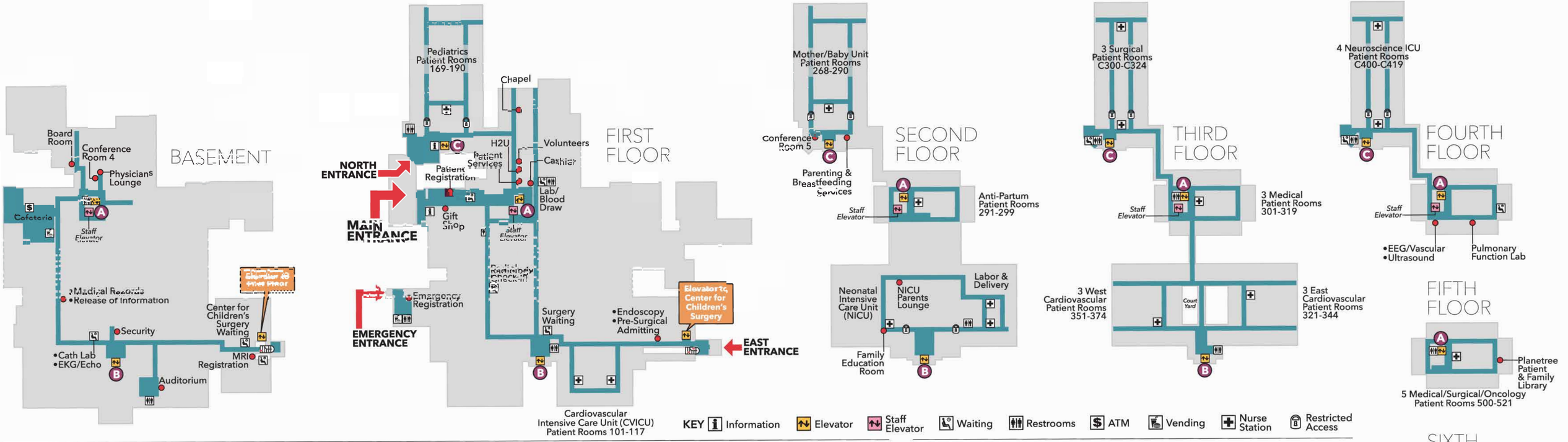


GOOD SAMARITAN
HOSPITAL

Part of **Good Samaritan Health** system

2425 Samaritan Dr | San Jose, CA 95124
(408) 559-2011 | goodsamsanjose.com

MapsForHospital.com 9/22rev1



KEY Information · Elevator · Staff Elevator · Waiting · Restrooms · ATM · Vending · Nurse Station · Restricted Access

DEPARTMENT	FLOOR
Admitting	1
Auditorium	B
Cafeteria	B
Cardiovascular Intensive Care Unit (CVICU)	1
Cashier	1
Cath Lab	B
Center for Children's Surgery Waiting	B
Chapel	1
Conference Room 4	B

DEPARTMENT	FLOOR
Conference Room 5	2
EEG/Vascular	4
EKG/Echo	B
Emergency Registration	1
Endoscopy	1
Family Education Room	2
Gift Shop	1
H2U	1
Joint Replacement Center	6

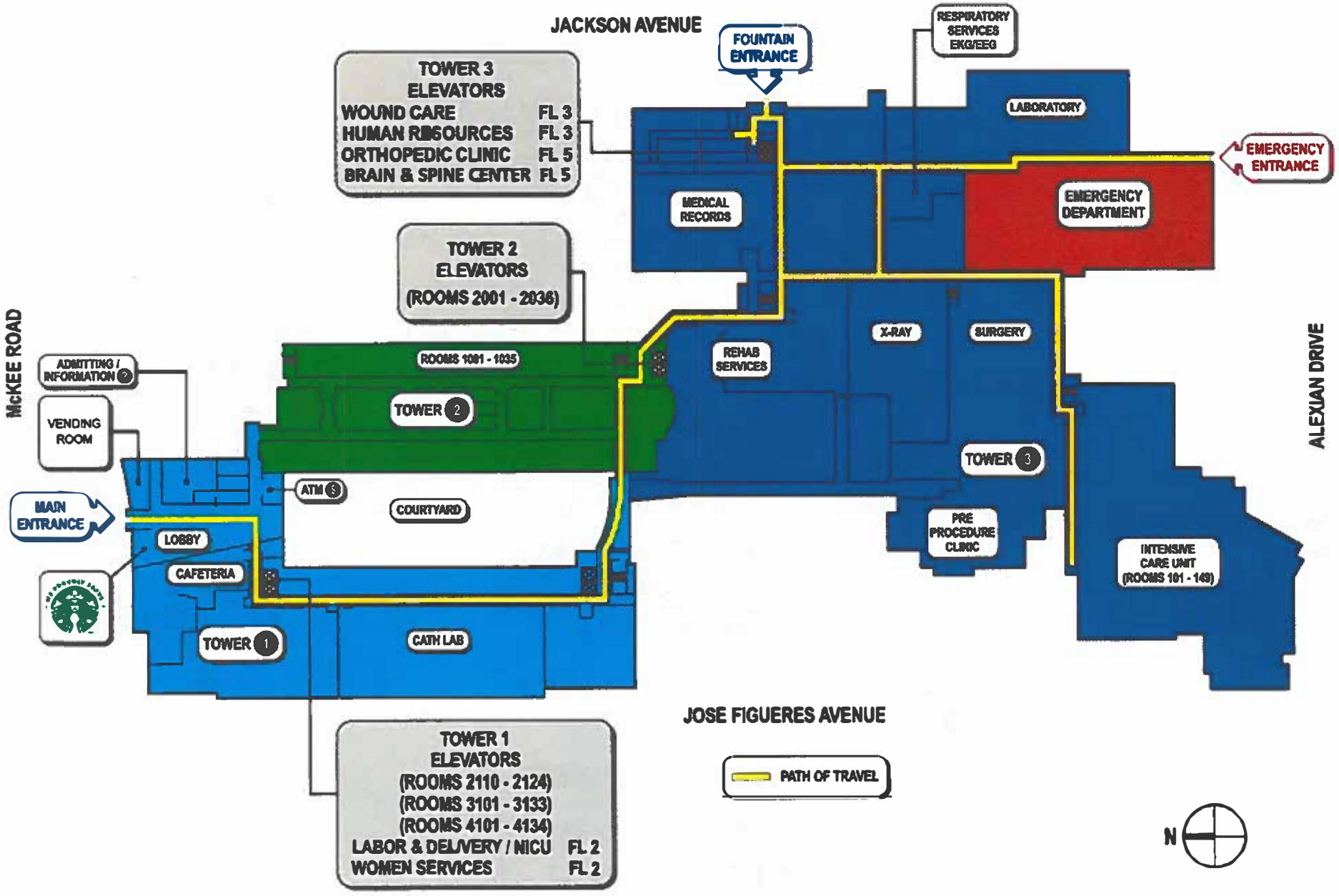
DEPARTMENT	FLOOR
Labor & Delivery	2
Medical Records	B
MRI Registration	B
Neonatal Intensive Care Unit (NICU)	2
NICU Parents Lounge	2
Parenting & Breastfeeding Services	2
Patient Registration	1
Patient Services	1
Physicians Lounge	B

DEPARTMENT	FLOOR
Planetree Patient & Family Library	5
Pre-Surgical	3
Pulmonary Function Lab	4
Radiology Check-in	1
Release of Information	B
Security	B
Surgery Waiting	1
Ultrasound	4
Volunteers	1

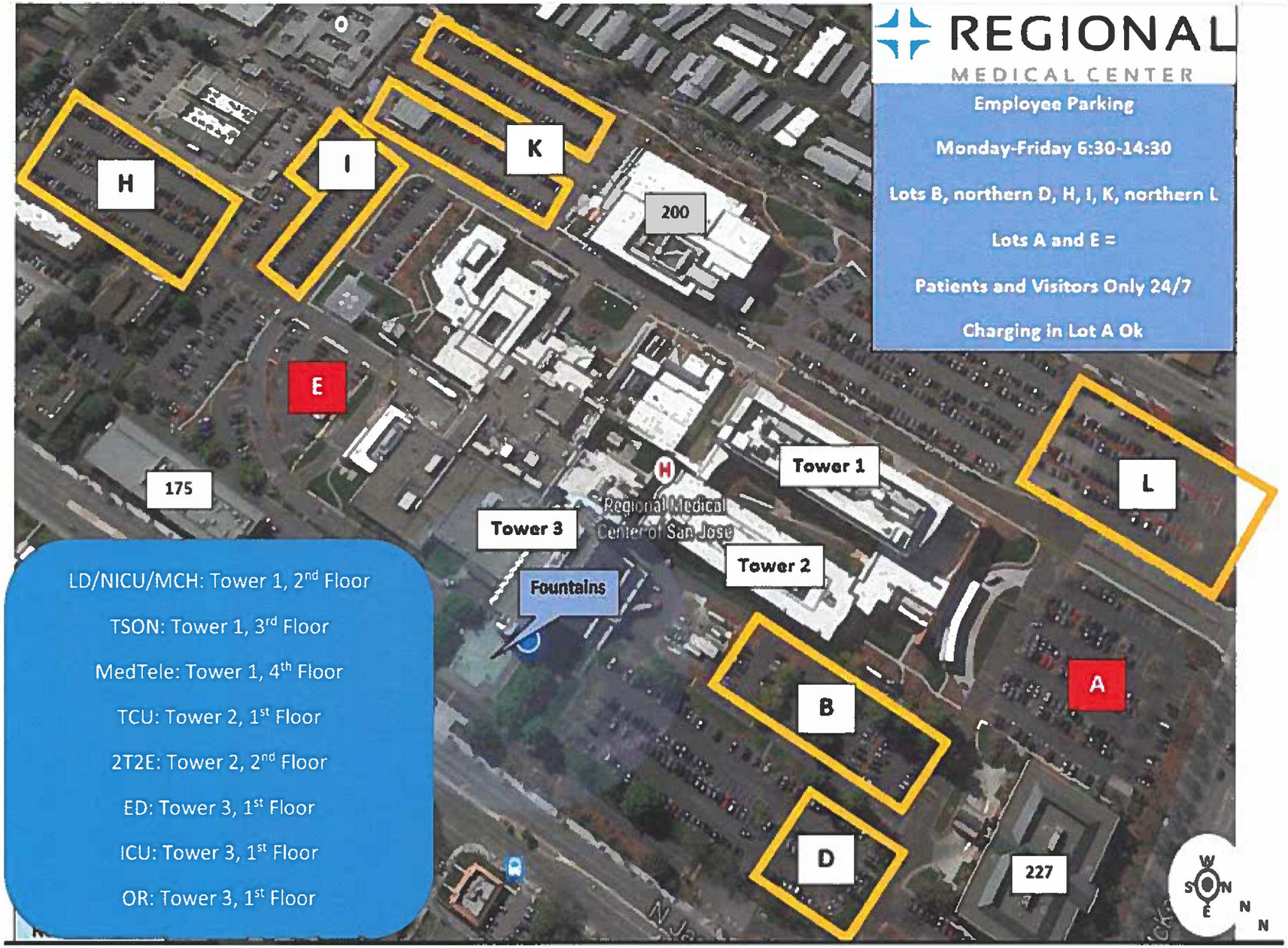
PATIENT ROOMS	FLOOR
Patient Rooms 101-117 Cardiovascular Intensive Care Unit (CVICU)	1
Patient Rooms 169-190 Pediatrics	1
Patient Rooms 268-290 Mother/Baby Unit	2
Patient Rooms 291-299 Anti-Partum	2
Patient Rooms C300-C324 3 Surgical	3
Patient Rooms 301-319 3 Medical	3

PATIENT ROOMS	FLOOR
Patient Rooms 321-343 3 East Cardiovascular	3
Patient Rooms 351-374 3 West Cardiovascular	3
Patient Rooms C400-C419 4 Neuroscience ICU	5
Patient Rooms 500-521 5 Medical/Surgical/Oncology	5
Patient Rooms 601-618 Joint Replacement Center	6

REGIONAL MEDICAL CENTER



Revised: 10/23/20


REGIONAL
MEDICAL CENTER
Employee Parking
Monday-Friday 6:30-14:30
Lots B, northern D, H, I, K, northern L
Lots A and E =
Patients and Visitors Only 24/7
Charging in Lot A Ok
H
I
K
200
E
175
Tower 1
Tower 3
Regional Medical Center of San Jose
Tower 2
Fountains
L
A
B
D
227
LD/NICU/MCH: Tower 1, 2nd Floor
TSON: Tower 1, 3rd Floor
MedTele: Tower 1, 4th Floor
TCU: Tower 2, 1st Floor
2T2E: Tower 2, 2nd Floor
ED: Tower 3, 1st Floor
ICU: Tower 3, 1st Floor
OR: Tower 3, 1st Floor
W
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ORIENTATION ESSENTIALS 2022

OUR MISSION

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve.

OUR VISION

Community's Most Trusted Resource for Health and a Regional Destination for Care.

OUR VALUES

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute integrity and fairness, in the way we conduct our business and the way we live our lives.
- We value all people and their diverse perspectives, skills, experiences, and opinions.
- Behavioral standards building commitment to excellent care.

ETHICS

- The Ethics and Compliance Officer (ECO) avail at each facility
- We follow a Code of Conduct. Bioethics concerns are referred to the Medical Staff Office.
- You can find HCA's Code of Conduct document on HCA's website home page at www.hcahealthcare.com.
- To report a potential ethics violation, call our Internal Ethics Line, or the external line at (800-455-1996)

HIPAA/CONFIDENTIALITY

- Health Insurance Portability and Accountability Act.

All healthcare employees are obligated to protect patient privacy rights. When patients are admitted, they are given a 4-digit number to give to family or friends so we can give them information about the patient when they call. If a caller is asking for an update on the patient and he or she cannot tell you the 4-digit number, you should not give information about the patient over the phone. Offer to transfer the call to the patient's room.

Our HIPAA Privacy Official is at each facility. She is responsible for filing potential HIPAA violations with our legal department and to the government if appropriate.

SOCIAL MEDIA

- Employees cannot post Company-privileged or confidential information, including copyrighted information, Company-issued documents, or patient-protected health information on any form of social media.
- Posting patient or other sensitive information on social media networking violates HIPAA laws and privacy policies.
- Keep protected health information private! Patients have a right to physical, auditory, and visual privacy protection from postings on social media sites.

CA PRIVACY LAW

Ca law has been in effect since January 1, 2009. Violations of patient privacy can cause sanctions against the *person* who caused the privacy breach. Such penalties can include monetary fines (between $2,500 - $250,000 and prison time!)

INFORMATION SECURITY

When using HCA computers, it is imperative that you do not share your password with anyone. Your password is your legal, electronic signature. You should not open e-mail attachments in Outlook if you do not know who sent the e-mail. Doing so may download a virus to our computer systems. If you have to send e-mails outside of HCA that contains personal protected health information, you must encrypt the e-mail. To encrypt an e-mail, write <encrypt> and general description of e-mail on subject line. Do not include any of the protected information on the subject line.

PATIENT RIGHTS

The patient is a partner in his/her care. Patients have the right to:

- Be involved in care decisions.
- Refuse treatment
- Be involved in their pain management.
- Non-judgmental care
- Accommodations for low vision, blindness, hard of hearing, limited English proficiency and service animals. Please see specific policy in Policy Portal.

EMTALA – Emergency Medical Treatment and Active Labor Act.

Patients have the right to:

- Be evaluated and stabilized for emergency medical conditions
- Cannot be transferred if emergent condition regardless of ability to pay.

PAIN MANAGEMENT AND RIGHTS

- Assessment, management and goals of pain control are required for all patients, as well as education and interventions should be done often/quickly after the patient complains of pain. Ongoing evaluation/education of the patient's progress toward goals, objectives, and function need to be documented in the record and adjust patient's care plan
- Use a 0-10 pain scale. Set pain goals and interventions (Non-medication and/or medication). Pain scale cards are available on the nurses' stations and patient rooms.
- Pain is the 5th vital sign and part of the Patient Care Plan.
- Patients have a right to have their pain managed effectively and safe opioid use. Pain Management referrals are available to be utilized.

HUMAN RESOURCES

- We value a diverse work environment.
- We are a drug-free facility.
- Any form of harassment is prohibited.
- We support a violence-free workplace.

SUBSTANCE USE IN THE WORKPLACE

(CSG.MM.002)

This policy prohibits inappropriate drug or alcohol use by our employees and students in the workplace in order to prevent a threat to the quality of care we provide to patients, the safety of our workplace and a healthy work environment. The policy is consistent with all relevant federal, state and local laws and regulations relating to drug or alcohol use by employees (this includes employees and Facilities outside the U.S. and the laws of the country where the Facility is located) and students. To the extent that this policy conflicts with such laws and regulations, such laws and regulations will govern.

ORIENTATION ESSENTIALS 2022

Safeguards are in place through controlled substance monitoring, interviews, and testing both staff and unknown substances. Audits are conducted and reviewed through multidisciplinary teams.

It is the responsibility of each employee and student to:

- Adhere to this policy.
- Notify his or her supervisor at the Facility of any arrest or conviction involving drugs or alcohol prior to his or her next scheduled shift or clinical duty.
- Cooperate fully with any investigation related to alleged violations of this policy.
- Investigate, report, and/or intervene in the event of reasonable suspicion of violations of this policy.
- Safeguard Controlled Substances from unauthorized access and follow med administration strictly.
- An employee or student must notify his or her supervisor whenever he or she is taking a prescribed or over-the-counter drug that the employee or student has been advised will, or based upon the drug profile is likely to, impair job performance (*e.g.*, drowsiness or diminished ability to focus).
- An employee or student must notify his or her supervisor if the employee or student has reasonable concerns that another employee or student has violated this policy.

For additional information on Substance Abuse in the Workplace, search in our Policy Portal on the Intranet under the POLICIES tab.

HARASSMENT POLICY

- Each HCA colleague has the right to work in an environment free of harassment and disruptive behavior.
- We do not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds we work with.
- Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace.
- Sexual harassment is prohibited.
- Harassment also includes incidents of workplace violence.
- Workplace violence includes robbery and other commercial crimes, stalking, violence directed at the employer, terrorism, and hate crimes committed by current or former colleagues. Colleagues who observe or experience any form of harassment or violence should report the incident to their supervisors, the Human Resources Department, a member of management, the Facility ECO, or the Ethics Line.

PERFORMANCE/QUALITY IMPROVEMENT

- We use PDCA (Plan, Do, Check, Act) model to improve our processes.
- Initiatives include: Core Measures, National Patient Safety Goals, CCORP, skin care, medication safety, restraint reduction, and fall prevention.
- Everyone is responsible for quality care.
- Occurrence reports (notifications) are completed when an unusual event occurs. To complete an occurrence report, go to the Risk Management Module in Meditech.

CHAIN OF COMMAND

Chain of Command algorithm is used with patient care management issues including but not limited to:

● Prescribed treatment plan or physician order
● Life-threatening patient concerns
● Safety concerns that may jeopardize the care/safety of a patient, family and/or employee
→ Non-Resolution of an unclear or questionable physician order
→ Physician not responding to two calls within one hour

PATIENT COMPLAINTS

Patient complaints should be referred in the following order:

1. The person caring for the patient.
2. The manager or charge nurse.
3. The department director or nursing supervisor.
4. Customer Services

INTERPRETERS

The Language Line at 800-274-9745. You will find the link to the Language Line number on iMobile, on the buddy badge and on the. The Joint Commission requires that certified interpreters be used when communicating with patients regarding their care, rather than using family members or others who speak the patient's language. When using non-certified interpreters, we cannot be sure that the information is being translated correctly between the caregiver and the patient.

HOSPITAL POLICIES & IMPORTANT INFORMATION

The Los Robles Intranet is available on hospital PCs by clicking on the "e" icon. Instead of taking you to the Internet (World Wide Web), this icon takes you to the Los Robles Intranet (PULSE POINT) where you can find hospital policies, phone numbers, calendars, physician privileges, SDS (Safety Data Sheets) in the event of a hazardous materials exposure, and other helpful links. Nurses can also find the **DynaHealth Procedures and Skills online database** on this site. **For hospital policies, click on the POLICIES tab on the home page.**

ENVIRONMENT OF CARE

EMERGENCY PAGING CODES

*Dial *See your Badge buddy*

EMERGENCY PAGING CODES

Code Red	Fire
Code Blue	Cardiac Arrest – Adult
Code White	Cardiac Arrest – Pediatric
Code Pink	Infant Abduction
Code Purple	Child Abduction
Code Yellow	Bomb Threat
Code Gray	Combative Person
Code Sliver	Weapon/Hostile Person
Code Orange	Hazardous Materials Spill
Code Triage Internal	Emergency affecting Hospital's ability to function
Code Triage External	Emergency affecting community – Mass Casualty Incident
Rapid Response Team	Patient Medical Emergency
Code STEMI	Heart Attack/Myocardial Infarction
Code STROKE	STROKE: Think **FAST** (facial droop, arm drift, slurred speech… T=Time is Brain.
Code Sepsis	Called when a patient exhibits signs of infection along with at least one sign of **sepsis** (low blood pressure, high serum lactate or evidence of organ dysfunction.)
Code HELP	Patients are given information on admission on how to activate a Rapid Response Team, call
Code GREEN	TRAUMA or Patient Elopement

ORIENTATION ESSENTIALS 2022

Safety Management

- Safety officer, **is available at each facility**
- Report unsafe conditions to supervisor or call Operator.
- Injury & Illness Prevention Policy addresses all areas the facility and staff contributes to overall safety.
- **PPE** – **p**ersonal **p**rotective **e**quipment is provided and staff must use the equipment when required. PAPR hoods are used for Airborne isolation such as TB.
- **See COVID under Infection Control heading**
- Smoking is permitted only outside the buildings in designated areas only.

Fire Safety

- Remembering two words (RACE and PASS) can help you manage your safety and the safety of patients, visitors, and other staff members in the event of a fire:

RACE (not used in LA County)

- R = **Rescue** people from imminent fire danger.
- A = **Alarm**…call a code and page the location of the fire overhead. Also, pull the Fire Alarm box closest to the fire.
- C = **Confine/Contain** the fire by closing doors.
- E = **Extinguish** the fire with water, smother it with a pillow or blanket, or use the fire extinguisher.
- E = **Evacuate** the building (in a serious fire) by following your evacuation route posted in your department. Remember….DO NOT use elevators in a fire. Evacuate ambulatory patients first, followed by non-ambulatory patients in specially-designed wheel chairs that can navigate the staircases.

PASS **(How to Use a Fire Extinguisher)**

- P **= Pull** the pin.
- A **= Aim** the nozzle.
- S **= Squeeze** the handle.
- S **= Sweep** the base of the fire.

Security Management

- Security/Guest Relations provides escorts upon request or ask the PBX operator to radio security for you).
- Visitors & vendors must obtain visitor passes from the volunteers at the Concierge Desk in the Main Lobby.
- You should report all thefts to Security Depart immediately and complete occurrence report, in Meditech ASAP.
- All staff are expected to immediately respond to codes especially Code Pink and Purple to safeguard children.

Hazardous Waste and Disposal Management

- **Medical waste** goes in **RED BAGS**
- All sharp objects in puncture-proof container.
- Standard precautions utilized at all times
- For spills, use department spill kit. If too large, page Code Orange If spill cannot be managed by our Hazmat Team, the Ventura County HAZMAT team will be called.
- I.V. Solutions that contain vitamins or electrolytes, e.g., potassium, calcium chloride or gluconate, or solutions that contain no additives can be drained in the sink or hopper.
- **Black bins** for **hazardous pharmaceutical waste**. No trash.
- **Yellow bins** are for **trace chemotherapy waste**.
- **White bins** with **blue tops** are for **non-hazardous pharmaceutical waste**.
- The bins are clearly marked and are available in all nursing units and in Pharmacy.

Emergency Management

- Command Center location is identified at each facility.
- The hospital follows the HICS plan (Hospital Incident Command System) during emergencies. See the HICS organization chart on Safety boards in all departments.

Medical Equipment Management

- 3 prong plugs on all equipment
- Use red outlets for emergency equipment only, as the emergency generator powers them.
- Report medical device malfunctions to Biomedical engineering

Life Safety Management

- Know where your department fire extinguisher and alarm pull boxes are located.
- Keep hallways clear of clutter, such as gurneys, wheelchairs,
- Fire exits are marked in red.
- Move equipment, boxes, etc. that block fire doors to allow them to close properly in the event of a fire.

Utilities Management

- Report utility failures to the Plant Operations Department

Violence prevention – AB508

- We support a violence-free workplace.
- All incidents of aggressive behavior must be reported to your supervisor whether it involves an injury or not.
- Give the person/patient calm, clear, and quiet directions.
- Allow the person to verbalize concerns.
- If able, de-escalate the situation: speak calm and softly.
- Page **CODE GRAY** if situation requires Security assistance or **CODE SILVER** if you believe someone has a weapon. The Police will be notified.

Radiation Safety Officer: Physician in Radiology

MRI and Ultrasound are not sources of radiation. The MRI uses powerful magnets that can attract metal objects, causing them to be hurled toward the magnet and result in injury or damage. Metal objects are not permitted in the MRI. **Safety note: THE MAGNET IS ALWAYS ON**. No one is permitted into the MRI room unless accompanied by an MRI technician.

How much radiation given off and received by staff depends on three factors; **Time, Distance, and Shielding**.
All personnel working in Radiology wear radiation badges that are checked periodically to determine the amount of radiation exposure. Annual Radiation training is required for specific areas.

Body Mechanics/Ergonomics

- Always get use appropriate mechanical lifting devices when needed for lifting patients or heavy objects. No manual lifting.
- The back muscles are weaker than the leg muscles.
- When picking up objects:
  - Assess load.
  - If too heavy, get help.
  - Keep back straight, lift with your legs and avoid twisting movements.
- Good ergonomics adapt the job to the person.
- Bend knees, hold object close to your body.

ORIENTATION ESSENTIALS 2022

- Proper work area assessment may help prevent repetitive motion syndromes and muscular-skeletal disorders.
- Patient Care Providers assess mobility with each encounter:
  - Banner Mobility Assessment Tool (B.M.A.T.) utilizes 4 levels of mobility: 1) Cognition, Trunk strength, and seated balance; 2) Lower extremity strength, Stability; 3) Lower Extremity – Standing; 4) Standing balance and Gait.
  - Utilize EZ slider, Sit-to-stand, or mechanical lift for safety based on the patient's ability to self-mobilize.

Employee Health and Staff Injuries

- If injured, complete Occurrence report in Meditech and notify your Director, Manager, or Supervisor during the shift on which you were injured.
- If you are injured during the night or on weekends, report the injury to the House Supervisor.
- Call the Employee Health line and speak with the Employee Health Nurse or leave a message for injury follow-up.

Infection Prevention

- COVID-19 precautions require Level 3 masks to be worn throughout the hospital. In Patient care areas, Face shields are required within 6 feet of the patient. All HCW need to adhere to social distancing especially during breaks & meals. Aerosolize Generating Procedures (AGP) require N95/PAPR PPE along with identified gown/gloves/face shield.
- Hand hygiene before and after patient contact is the single most important intervention to prevent spreading microorganisms. "Foam-in, Foam-out"
- Always use standard precautions.
- Alcohol foam is not effective against the spores produced by C-difficile. Thorough hand washing with soap and water is the best defense against the spread of this organism.
- Isolation categories are airborne, droplet, contact, and enteric contact. Door signs are available for all categories.
- NPSG.07.03.01: Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms (MDRO) in acute care hospitals.
  - Educate staff about MDROs
  - Educate Pt/Family about MDROs, and how to prevent MDROs. (use handouts)
  - Document Patient Education in Meditech
  - Infection Prevention audits weekly the % of patients who were educated; presents this data to Joint Commission
- Infection Preventionist is available at each facility.

Report latex sensitivity or allergy to your manager. Other types of gloves will be provided for you.

Bloodborne Pathogen Exposure Protocol

We strive to provide a safe environment for all physicians, staff, patients and visitors in our facility. It is your responsibility to follow guidelines and protocols to ensure a safe practice environment.

- Universal precautions, (treating body fluids/materials as if infectious). The standard stresses handwashing.
- Employees to use appropriate personal protective equipment such as gloves, gowns, masks, and eye protection.
- Wear eye protection when handling any body fluids or blood.
- Eye Protection-goggles should be used in trauma rooms and in the vicinity of ventilators.
- Contaminated needles and other sharps are never bent, recapped or removed. Engage the safety mechanism and discard into a red sharps container. The one exception is to use a "one-hand scoop technique" on the sterile field to cover the sharp end of a hypodermic needle.
- Eating and drinking where there is exposure to bloodborne pathogens is not permitted.
- Specimens are placed into leak-proof containers, labeled, and placed into a zip-top biohazard bag for transport.
- No specimens shall be sent with a needle attached.

Should an exposure incident occur, please contact Employee Health, naming both the source and yourself. Exposure packets are located available. Also, complete the Risk Management (RM).

FOR PATIENT CARE PERSONNEL

AGE-SPECIFIC CONCERNS

We consider the patient's age in identifying special needs for care, but we should never stereotype patients due to age. The following information is based on generalizations.

- Elderly patients may have specific needs.
  - Poor skin integrity may result in pressure ulcers, requiring the patient to be turned every 1-2 hours.
  - **Consider sacral protection or support surfaces.**
  - **Per hospital policy, patients are NOT to be placed in diapers while in bed.**
  - Use ULTRASORB pads or equivalent under the patient in bed to assure a dry skin surface for incontinence patients ONLY.
  - **Diapers may only be worn while the incontinent patient is ambulating.**
  - Older patients may be at high fall risk. Make sure that the patient is identified as a fall risk by using the yellow FALL RISK bracelet clip and yellow non-skid socks when they are ambulating. Remember to have patient sign the fall prevention agreement.

PATIENT SATISFACTION & SAFETY

Our patients' satisfaction with the care provided as well as patient safety is the most important priorities at Los Robles.

- **AIDET** is an acronym that stands for Acknowledge, Introduce, Duration, Explanation, and Thank You. Support our values and our commitment to our customers
- **SAFETY-HOURLY ROUNDING** to all patients can not only decrease call lights, but it can help to reduce bad outcomes such as falls and pressure ulcers. During hourly rounding, nurses and other hospital staff who routinely enter patient rooms identify the patient's condition, and his or her needs.
- At the time of rounding, address **PAIN**, **POSITIONING**, **ELIMINATION**, and **POSSESSIONS**. If the patient needs something that can only be provided by a nurse, the staff member should tell the patient that he or she will find the patient's nurse and report the need. End your rounding by asking the patient if there is anything else you can provide. By proactively rounding to patients, interruptions from call lights and patient phone calls can be dramatically reduced.
- **NO PASS ZONE** means that if a hospital employee is passing a patient's room and the patient's call light has been activated, the employee should enter the room and ask what th

ORIENTATION ESSENTIALS 2022

needs. Be mindful of isolation signage as you enter the room. If you are unsure about entering the room, ask the patient from the doorway what his or her need is, and go to the Nurses' Station and report the need to the staff.

CULTURAL DIVERSITY

Understanding cultural differences can enhance our communication with patients and co-workers. Recognizing differences, learning about cultural or religious requirements, and adapting our processes when possible will help us provide better care. Use the Language Line to communicate with patients who do not speak English. You will find the number for the Language Line on the Los Robles Intranet under the **EDUCATION** tab, as well as under Quick Links on the left side of the home page. The Joint Commission requires that we utilize certified interpreters to communicate with non-English-speaking patients and families regarding healthcare information. Do not utilize informal interpreters (family members, friends, staff, etc.) as there is no process for assuring their language competency. Document in the medical record if patient refuses to use free interpreter service.

FALLS

- Every patient is assessed for risk of falls upon admission.
- If a patient is at risk for a fall, implement the Fall Prevention program and appropriate plan of care.
- Use the Falling Star magnet on room door jamb to identify fall risk for all staff entering the room. Place the yellow FALL RISK armband clip on the patient, and give the patient yellow non-skid socks to wear while out of bed. Have patient or family sign the Fall Prevention Agreement.
- Make at least hourly rounds to the patient to prevent falls from trying to get out of bed unassisted.

RESTRAINTS

- Our expectation is all patients should be free from restraints.
- Restraints are used only if the patient is at risk for self-harm (dislodging medical equipment such as ET tubes, IV lines, etc.) and ONLY after alternative preventive interventions have been attempted and documented in the medical record.
- Ask the charge nurse to go through the process with you if restraints are needed. Approval is required.
- There are two types of restraints: Non-violent and violent/self-destructive restraints.

NON-VIOLENT RESTRAINTS

- If alternative interventions have been unsuccessful, and you have documented your attempts, call the physician for a restraint order.
- Once you have the order, call the Nursing Office to obtain a limb restraint. (Vests are not available)
- The House Supervisor will provide the restraint device and provide a "second-tier review" to assure that attempts have been made to avoid the use of restraints, and that the failed attempts have been documented.
- Non-violent restraints must be renewed every 24 hrs.
- Round to the patient every 20 minutes while he or she is in restraints and document your rounding in the medical record.

VIOLENT/SELF-DESTRUCTIVE RESTRAINTS

- If the patient becomes violent/combative, call the physician for a restraint order.
- Call Nursing Office to inform the House Supervisor of the issue and to obtain limb restraints.
- The House Supervisor and the patient's nurse will assess the patient within one hour of restraint application to identify any physical reasons for the combative behavior such as hypoxia, high or low blood sugar, stroke, drug or alcohol withdrawal, reaction to medications, etc.
- Restraint orders must be renewed every 4 hours for adults, 2 hours for adolescents, and 1 hour for pediatric patients.
- Round to patient for visual assessments every 15 minutes while in violent/self-destructive restraints.
- Document your rounding.

BLOOD GLUCOSE MONITORING

This is a hospital competency for nursing staff. The meter is used to scan the patient's armband as well as the nurse's badge. Your badge bar number will be added to the system upon successful completion of the glucometer competency training. ***Do not scan another nurse's badge or bar code to perform glucometry if your badge is not working or if you have forgotten to bring your badge to work. Doing so is considered falsification of records and is illegal.*** Notify your charge nurse or nursing manager for assistance. You will have to complete an annual competency by demonstrating a high or low test in the patient module using the QC solutions instead of actual blood. Once completed, send the document goes to the Lab to reactivate your badge in the system.

ADMINISTRATION OF MEDICATIONS

Pyxis ES system is used to dispense medications. You will be given access to Pyxis during your unit-specific orientation.

When giving pain medications, pre- and post- pain assessment must be documented**.** Post-pain assessment must be documented within one hour of the intervention, whether a pain medication was given or some other intervention was provided, such as repositioning. Education of pain medication side effects and adverse effects is documented in the patient record.

eMAR IS A PATIENT SAFETY INITIATIVE

Medications are administered by the R.N. using the eMAR bar code scanning system. Scanning must take place at the patient's bedside (within 30 min of administration) so the nurse can see any warning alerts that appear on the screen to help prevent medication errors. Never leave meds unattended at the bedside. Medications must be administered or self-administered by the patient with the nurse in attendance.

CPOE–COMPUTERIZED PHYSICIAN ORDER ENTRY

It is the expectation that our physicians enter all patient orders directly into Meditech. There are situations when a physician may call the RN to enter orders, for example, when the physician does not have remote access to Meditech. At such times, the RN **must** enter the orders into Meditech WHILE ON THE PHONE with the physician. Under no circumstance should the RN write orders on paper, read back the orders to the physician, and then enter them into the computer. The purpose of the read-back process is to assure the correctness of the order. The nurse must read the order back to the physician from the computer screen. Not following this process constitutes a patient safety violation and can lead to disciplinary action.

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METHODS OF ASSIGNING PATIENT CARE

Los Robles uses the Evalysis patient acuity system, California staffing ratios, patient needs, and competency of the caregiver to make appropriate patient assignments.

DOCUMENTATION

Time and sign for each group of entries. If a correction is needed on a paper document, use a single line through the error and write "error" along with your initials. Never use "Whiteout" or other similar product to cover an error on a hand-written medical document.

CHECKING PHYSICIANS' CREDENTIALS

To check physician credentials, there is a link on the Intranet under the links tab called "iPrivilege." The username and password are both available on the unit. Search by the physician's last name and his or her photo will pop up. When you click on the physician's name next to his/her photo, a list of the physician's current privileges should generate below the picture.

DISCHARGE PLANNING

The patient care plan is to be developed within your department's time requirement by the RN, and is to include discharge planning. It must be updated and edited as needed. Document in Meditech.

ADVANCE DIRECTIVES

Patients indicate via this document their healthcare requests such as a "do not resuscitate" order. Hospital employees cannot witness advance directives. Advance Directive forms can be obtained from the hospital's website. Once the patient's signature on the document has been witnessed by two people, or notarized (if patient requests…at his or her expense), the document is legal and binding. The person(s) listed as his or her agent will "speak" on behalf of the patient when the patient is unable to make healthcare decisions any longer.

ABUSE RECOGNITION & REPORTING

- All clinical healthcare workers are mandated abuse reporters under **Section 1169 & 1161 of the California Penal Code.** Failure to report can cause the healthcare worker to be legally prosecuted. For additional information, see the policy: Abuse Domestic and Other Violence on hospital Intranet P&P tab.
- Abuse can be physical, emotional, or sexual.
- Abuse is reported to the manager, supervisor, physician, and reporting agency immediately. Use your chain of command. If you suspect that a patient has been a victim of abuse by family, visitor, staff or others, you MUST report it through your chain-of-command. On nights, weekends, or holidays, report suspected or actual abuse directly to the House Supervisor.
- A written report must be sent within 36 hours to the California Department of Public Health (CDPH).

SUICIDE PREVENTION

- All patient >3 years old are assessed for suicide ideation
- Suicide prevention begins by starting a helping discussion.

BLOOD ADMINISTRATION

Two licensed nurses must carefully order blood products by verifying the patient's blood bank sticker (from patient's blood bank band) has been placed on the ordering form that goes to the Blood Bank. Upon receipt of blood products, two nurses must perform bedside verification by reviewing all paperwork, unit of blood, the bag, the tag, and scan blood unit using the BCTA process (**B**ar**c**ode-enabled **T**ransfusion **A**dministration) through Meditech. In addition to these safety checks, the Joint Commission requires patient be further identified using two identifiers of patient's name and date of birth. Also, Hct testing is required if giving second unit.

Stay with the patient for the first 15 minutes of the transfusion. Document vital signs at baseline (before the transfusion starts), 15 minutes after slowly starting blood (30min.) and then q 2hrs. Adverse Reactions must be documented and reported to Blood Bank immediately.

TWO PATIENT IDENTIFIERS AT ALL TIMES:

The two patient identifiers used are:

Name. AND Date of birth.

I-TRACE (Line & Tubing Safety)

An HCA patient safety initiative involves carefully checking all lines and tubes to make certain they are connected correctly. Many patients die due to misconnections of lines and tubes, such as feeding tubes connected to tracheostomy tubes, epidural meds mistakenly luer-locked to an I.V. line, etc. All lines/ tubes must be traced from the patient back to their source for safety.

I: ***ILLUMINATE*** the patient care area when medical lines and tubes are accessed, maintained, or discontinued.

T: Perform hand hygiene. ***TOUCH*** the line or tube and ***TRACE*** it from the insertion point on the patient back to the point of origin.

R: Cognitive ***REVIEW.***

- What is the purpose/expected outcome of the line/tube intervention about to occur? Visualize actions planned taking time to ensure planned actions will deliver expected outcome.
- Has a 2 point patient identification, -name and date of birth?
- Has BCMA (barcoding) been utilized to the fullest extent possible for the intervention about to occur (e.g. meds; TPN)?

A**:** ***ACT*** if any mismatch between the planned activity and desired outcome is discovered, either through BCMA alerts, independent double checks, or a cognitive review.

C**:** ***CLARIFY*** and ***CORRECT.*** Concerns expressed by primary caregivers, colleagues, patients, or family member are valid and sufficient reasons to seek clarification before proceeding with a task involving lines and tubes. Correct any discrepancies before proceeding with the intervention.

E**:** ***EXPECT*** to use the ITRACE process each time a line or tube is accessed, manipulated, or discontinued and when care is **handed-off** to another clinician or care team.

Alarm Safety –Pay attention to alarms, parameters, and Safety. Respond promptly, do not silence alarms – investigate why the alarm is prompted, how to prevent the unnecessary prompting but keeps the patient safe from harm.

TUBING MISCONNECTION RISKS

The Joint Commission issued a new Sentinel Event Alert in August, 2014 that addresses the risks of accidental medical tubing misconnections that can cause severe patient injury or death. Examples of potentially fatal misconnections include a feeding administration tube mistakenly connected to a tracheostomy tube, or an intravenous tube connected to an epidural site.

In a documented case in the U.S., a 24-year-old woman was 35 weeks pregnant and hospitalized for vomiting and dehydration. A bag of ready-to-hang enteral feeding was brought to the f

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the nurse, assuming it was total parenteral nutrition, which the woman had received on previous admissions, pulled regular intravenous tubing from floor stock, spiked the bag, and started the infusion of tube feeding through the patient's peripherally inserted central catheter line. The fetus and mother both died..

I-TRACE prevents accidental tubing misconnections occur because medical tubes with different functions can easily be connected with luer-style connectors that are used to make leak-free connections between medical tubing. The tubing connections can also be rigged using adapters, tubing or catheters. In an effort to prevent dangerous tubing misconnections, the **International Organization for Standardization (ISO)** has developed new international manufacturing standards for connectors.

During 2015 and into 2016, new tubing connectors were implemented to prevent enteral from connecting to IV tubing. Ultimately, this global initiative will protect patients from misconnections, injury, and death.

AIM FOR ZERO (Bloodstream Infections)

HCA's AIM FOR ZERO program focuses on eliminating central line bloodstream infections (CLBSI) through the use of ***strict*** sterile technique during the insertion of lines, BioPatch/dressing changes, and line access. Gloves, gowns, and masks must be worn when inserting and caring for central lines after careful hand hygiene.

TELEMETRY SAFETY

Monitor techs (MTs), who are located on the Telemetry Unit, will call the assigned nurse phone for changes in a patient's cardiac rhythm, PVCs, heart blocks, loss of signal, etc. The nurse must immediately check on the patient after the call is received, and report by phone to the MT regarding the patient's condition. If the patient's nurse is unable to respond at that moment, the MT will call the charge nurse to respond. If neither is able to respond, the MT will call page a **CODE TELEMETRY**. Upon hearing the overhead page, any nurse in the vicinity of the patient's room must respond to the patient's room to check his or her condition.

Remember…a patient's chance of survival from a cardiac arrest drops by 10% for every minute without CPR/defibrillation. The longer it takes for a nurse to respond to a telemetry call, the less chance the patient has of surviving if s/he is in cardiac arrest.

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ATTESTATION

I have received a copy of Orientation Essentials 2020**. I have read and I understand the information provided, and will comply with all requirements.**

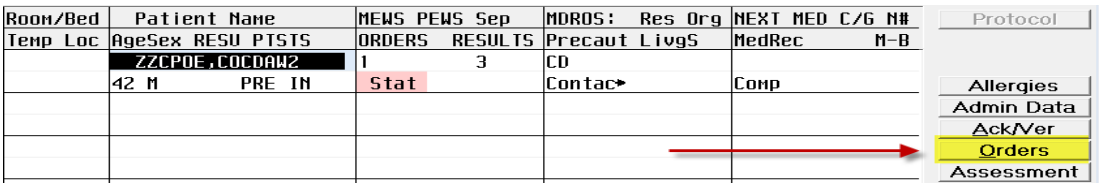
_____ _____
Employee Name Print Date

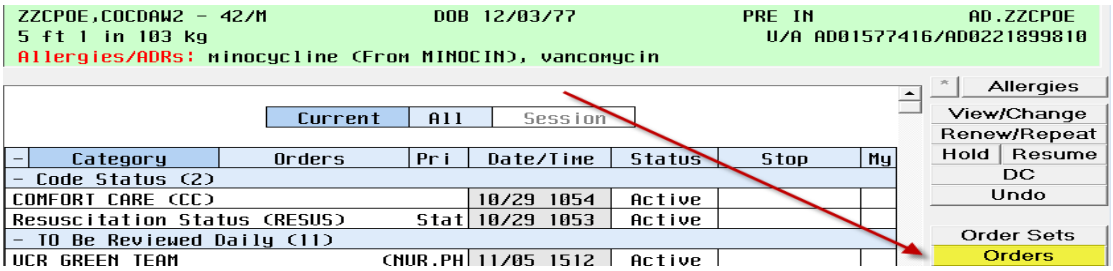
_____ _____
Employee Signature Department Name

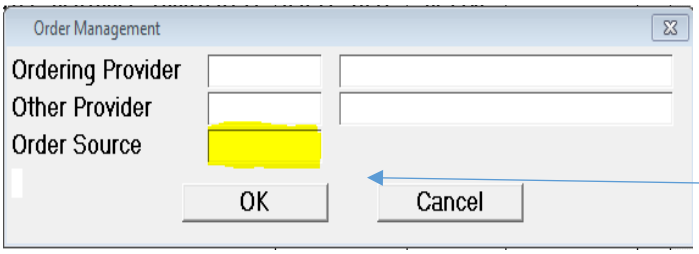
Please sign and submit to Human Resources or Education

Steps for requesting missing medication

How to Process Missing Medication via MMM?



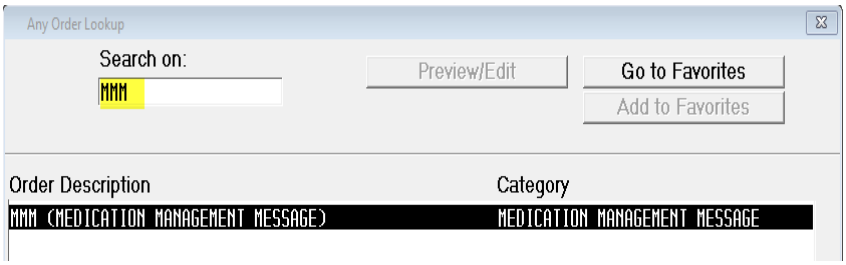




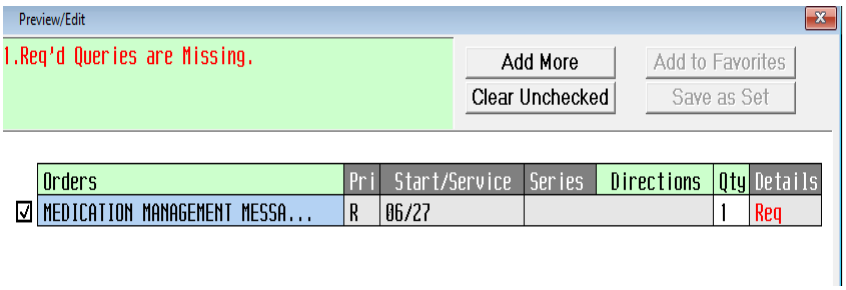
Select **attending as ordering provider**

TAB

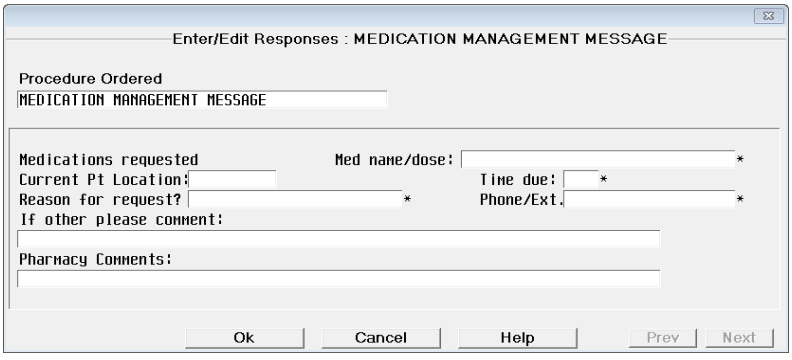
In Order Source Box click **F9** and choose **Z**



Type **MMM**



Click on "**Req**"



Type med in Med name/dose box

TAB

Time due box type **N** (for now)

TAB

Click **F9** and choose **7** (not in ADC)

TAB

CLICK **DONE**

CLICK **SUBMIT**

Meditech Controlled Substance Handoff Documentation

Handoff/Chain-of-custody procedures and documentation are utilized when controlled substances are removed by one person and passed to another healthcare provider. This practice is limited and should not be used for clinician/provider convenience.

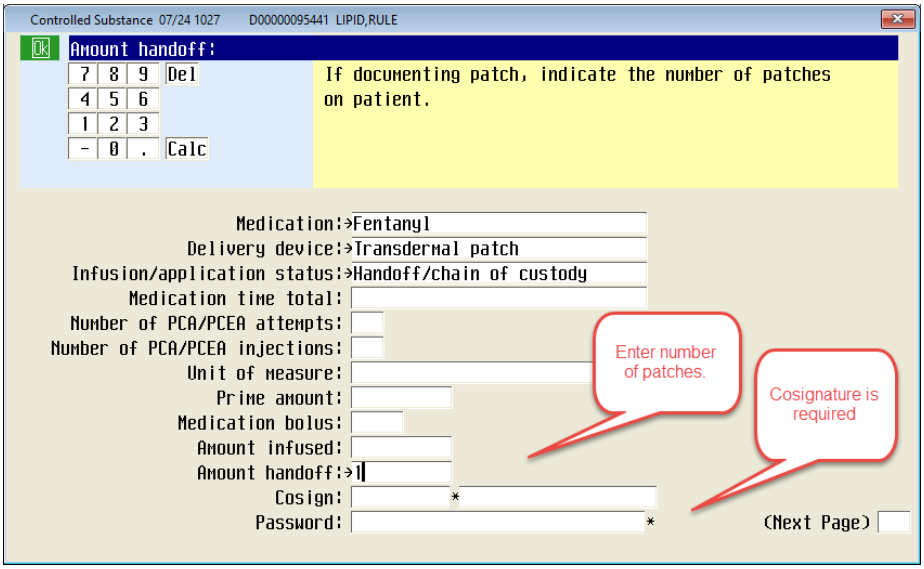
What are the requirements for documenting Handoff/Chain-of-Custody?

- In the event of an unusual situation requiring hand-off, this must be documented in Meditech or using the paper hand-off form per facility policy.
- The documentation occurs immediately (at the time the hand-off occurs) and a cosignature is required.

Chain-of-custody documentation must be placed in the patient's permanent record. This process is monitored for compliance trends and reported to the Medication Diversion Team (MDT).

Examples:

Documenting Handoff of a Transdermal Patch



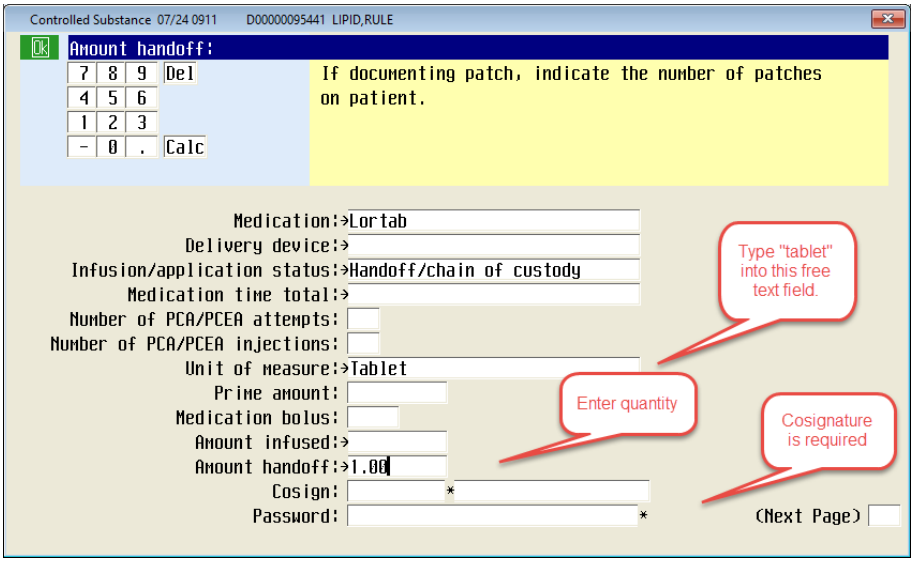
LOCATE THE CONTROLLED SUBSTANCE DOCUMENTATION:

In **Process Interventions**, use AI (Add Intervention) to add the intervention titled "**Controlled Substance**".

In **EDM**, add the Controlled Substance treatment

In **ORM**, this is found under Assessments and titled "SURG: Controlled Substance".

Documenting Handoff of a Tablet



Note: *The field "Medication time total" is to be used to document timeframe (1 hour, 4 hour, etc.) of infusion details entered for continuous medications such as PCAs. This may be documented throughout the shift and when handing off to another nurse between shifts.*

Meditech

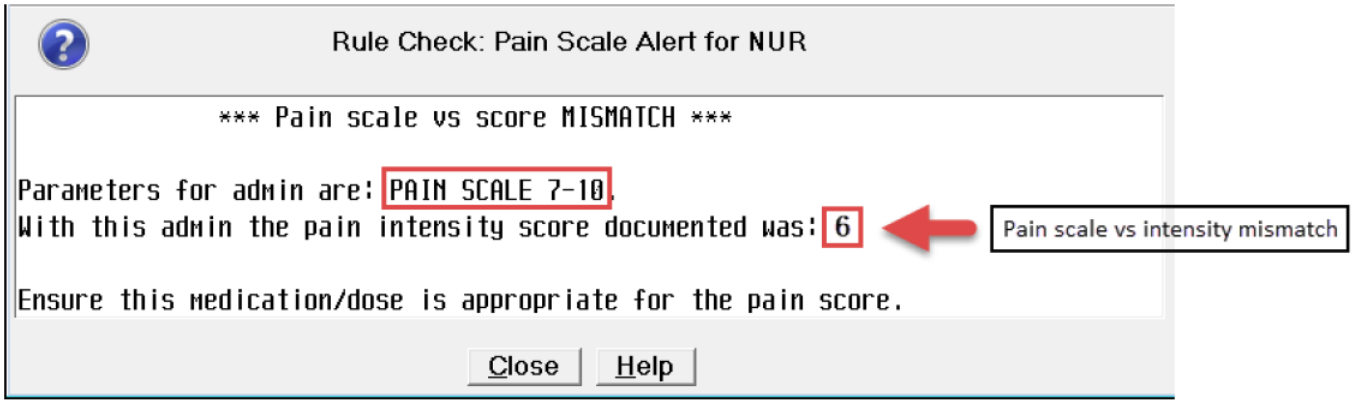
eMAR PRN Pain Medication Alert

Go-live date: 02/26/19

Purpose: Nursing leadership has approved a new eMAR rule to alert nurses when the pain intensity score does NOT match the pain medication order parameter.

Impact: This alert is nurse facing during the eMAR workflow and will evaluate when giving PRN pain medications. The eMAR alert will only fire if there is a **mismatch of intensity score vs. order parameter**. If a match occurs, then no alert will display. Please note that the alert is informational and will not stop the nurse from continuing the administration of the pain medication.

Screen shot of the new alert



The nurse will click "close" on the alert.

Controlled Medications

FAR WEST DIVISION PHARMACY SERVICES

What does Diversion mean to you?

Answer: Any act that deviates from the use of the medication

Signs of potential Diversion or Impairment

- Slurred speech
- Eyes
- Too many breaks/gone from unit
- ALWAYS lends a helping hand (e.g. regular waste buddy)
- High Functioning User

What would you do if you suspect potential diversion or impairment?

- Chain of Command
- Escalate to supervisor immediately

Examples of Controlled Medications

- **CII's** are your most familiar products (Fentanyl, Dilaudid, Norco, Percocet, etc.)
- **CIII**- Dronabinol (Marinol), Testosterone products (Androgel), Ketamine (Ketalar)
- **CIV**- Tramadol (Ultram), Benzodiazepines (Lorazepam, Midazolam, etc.), Modafinil (Provigil)
- **CV**- Pregabalin (Lyrica), Lacosamide (Vimpat), Codeine-combination cough syrups, Diphenoxylate + Atropine (Lomotil)
- Pyxis will alert for **less commonly known** controlled substances
  - Reminder to document and waste appropriately (waste on removal)
  - If pyxis is asking to verify count
  - CS file variance < 30 minutes (Pyxis pull to administration to full documentation)
- Other items considered "controlled" at Southern Hills Hospital & Medical Ctr.
  - **Propofol** (Diprivan)
  - **Prescription blanks/prescription pads**
  - Any **KEY** to any controlled medication (PCA, IV Lock Box, Epidural)

Rules for controlled substances

- YOU PULL, YOU GIVE - *AVOID handing off controlled medications to others*
  - If pulling a medication to help a fellow nurse, it helps more to scan and administer the medication for them as well
  - There is <u>never</u> a reason to hand-off **oral** dosage forms
  - For emergent situations—must complete a Meditech <u>chain of custody form</u> (still discouraged)
  - If you hand them off- who is the last person on record to have the medication???

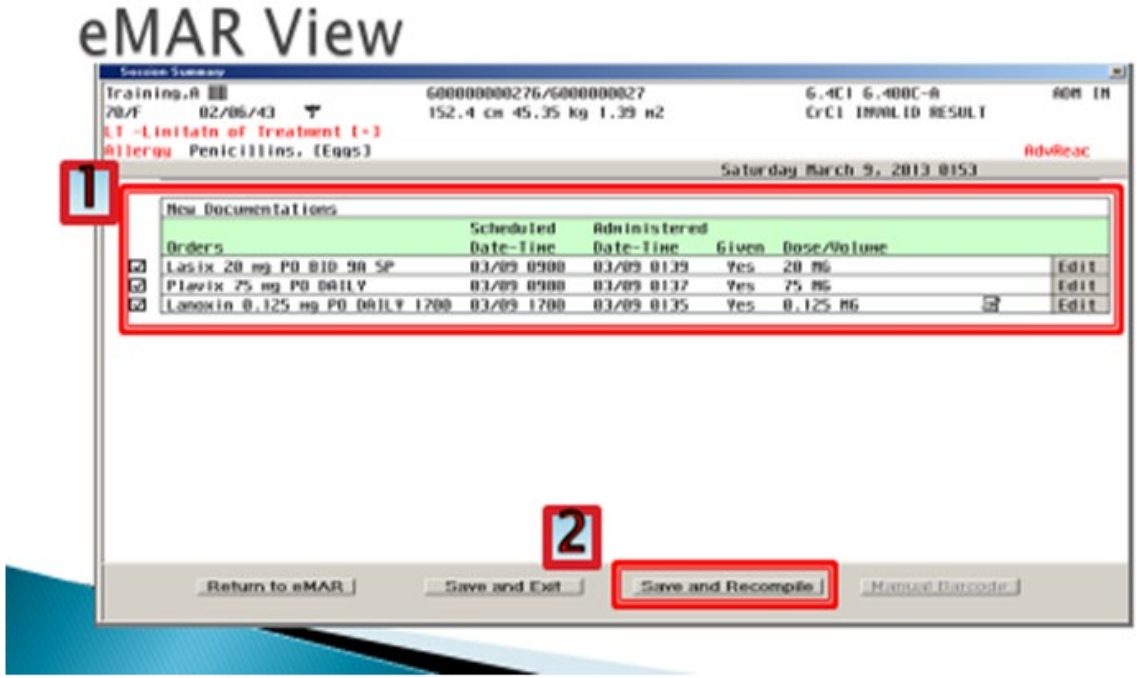
- **PLACE ONE, WASTE ONE- Fentanyl patches**
  - Waste the old patch (in Pyxis) any time you place a new one
  - Policy MM220-10: Disposal of Controlled Substance Patches—must be properly destroyed and may NOT be placed in a normal trash receptacle → <u>we suggest folding in half and placing in sharps container or cactus smart sink</u>

Witnessing Controlled Substance Waste

- **ALL controlled substance waste must be witnessed**
  - When is it appropriate to waste without a witness?
  - Prior Crushed med into applesauce/pudding
  - COVID patients: I-mobile picture or Charge RN or fellow RN to witness at door

- You have a duty to **PUT EYES ON** the product waste you are witnessing
  - Do not become complacent with your coworkers because you are friends
  - The witness is held to a higher standard than the nurse wasting
    - 1. To catch any errors (e.g. accidentally returning a Pepcid instead of a Percocet)
    - 2. To identify potential medication diversion
    - 3. To identify what is being wasted and trends (morphine, hydromorphone, meperidine, etc.)

Save and Recompile



- The Session Summary screen will display all the medications you have scanned for administration
- Verify all the medications you need to give are scanned and display accurately
- In your everyday practice you will select Save and Recompile

Reports and Tracking

Administration/File Time Variance

- Flagged for not administering, wasting, returning a medication within 30 minutes of pulling
- If you administer a medication, but don't hit save & recompile after scanning
  - Investigation and conversation with nurse and managers
  - Possible disciplinary action for repeat offenders
- Remember to ALWAYS scan medication
  - In addition to staying off the pharmacy reports, remember that this is a safety feature to help prevent medication errors

Tracking

- Medication Administration (PYXIS ES)
  - Dispensing from the appropriate PAIN SCALE
  - Read Pyxis screen during dispense- automatically populates depending on order
  - Place medication on top of keyboard
  - PRN PAIN medication- one frequency
  - Dispense from eMAR(RX#)
- Pain Assessment/Reassessment
- Chain of Custody - Handoff
- Overrides
- Cancelled Transactions
- Waste
- Overdose/Underdose

What does OVERDOSE & UNDERDOSE mean to you?

Overdose

- **Overdose** example: **PAIN SCALE**
  - Dispensed from Pain Scale 7-10
  - Administered on pain scale 4-6

Underdose

- **Underdose** example: **PAIN SCALE**
  - Patient Pain Assessment 7-10 that requires 2 Percocet tabs- **Pain Assess: 10**
  - But patient only wants 1 tablet
  - **Dispense** from 4-6 pain scale med (one tab)

Documentation: Insert appropriate Pain Assessment 10

  - Admin comments: **"per patient request"**

Story Time!

- Why is it important to spin the top of vials?
- Nurse was diverting Dilaudid
  - Would pull Dilaudid, withdraw medication and replace with sterile water
  - Returned to Pyxis and cancelled transaction
  - Continued process in order to swap out multiple dummy-vials
- Eventually, the report flagged the nurse for high cancelled transactions and situation was discovered
- **Up to 10% of nurses will experience a problem with addiction during their career**—protect yourself, your coworkers, and your patients
- Again, ALWAYS spin the top on vials to recognize tampered vials