

StoneCrest Medical Center Welcomes You!



StoneCrest Medical Center is the newest addition to the TriStar Family of Hospitals in Middle Tennessee. StoneCrest is committed to care for the sick and injured regardless of their ability to pay, to educate and employ a diverse work force of healthcare professionals, to always find new ways to do things better, to encourage lifelong learning, and to enrich the community it serves.

StoneCrest opened its doors on November 30, 2003. A physician's office building is connected to the hospital for easy patient and physician access. Since opening our doors, we have added the Sarah Cannon Cancer Center and the Outpatient Neurological Rehabilitation Center. We expanded again in 2009, adding a 4th floor 26 bed Medical-Surgical unit (now 101 inpatient beds) and additional surgical suites.

StoneCrest Medical Center welcomes students to investigate future employment opportunities. Please contact Human Resources at 768-2200 for more information or go to our web site www.StoneCrestMedical.com, click on career center.

We are glad you are here. Please let me know if there is anything you need while at StoneCrest.

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768-2204

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Updated 12/06; 5/07; 1/08, 5/08, 1/09, 6/09, 12/09; 7/10; 10/10; 7/11

Student Orientation Objectives

Upon completion of this orientation the student will be able to:

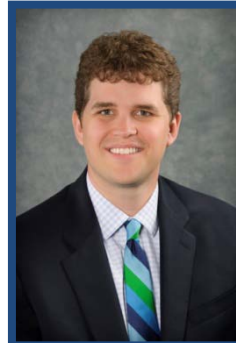
- Explain Human Resource policies and procedures pertinent to student.
- Recognize general safety guidelines at StoneCrest Medical Center.
- Recognize and comply with HIPAA and EMTALA laws.
- Define quality and infection control standards.
- Define the roles and responsibilities of the student at StoneCrest Medical Center.
- Describe the HEALS process for handling concerns of patients/families.
- Explain resources available for patient education for the disabled or non-English speaking patient at StoneCrest Medical Center.
- Describe methods used at StoneCrest Medical Center for pain management of patients.
- Describe student's responsibility for Fall prevention.
- Discuss the proper medication administration process, use of eMAR, and safety measures used at StoneCrest Medical Center.
- Recognize the student role in providing care for the patient in restraints.



Mark Sims
CEO



Joe Bowman
CFO



Zach McCluskey
COO



Cyndi Stroburg
CNO

Mission Statement

StoneCrest Medical Center's mission is to deliver to our patients the highest quality patient care, compassion, and respect.

Vision Statement

StoneCrest Medical Center's vision is to be the medical center of choice for patients, physicians, staff, and payors by:

- ◆ Providing the highest quality care by trusted professionals
- ◆ Being the most convenient and responsive state-of-the-art facility in the service area
- ◆ Encouraging staff professional growth and retention
- ◆ Maintaining the highest ethical standards
- ◆ Continuously expanding services to the community
- ◆ Maintaining financial viability and cost –effectiveness
- ◆ We will foster a culture of inclusion and diversity across all areas of our company which embraces and enriches our workforce, physicians, patients, partners, and communities.

Values Statement

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.

In pursuit of our mission, we believe the following values statements are essential and timeless:

- ◆ We recognize and affirm the unique and intrinsic worth of each individual
- ◆ We treat those we serve with compassion and kindness
- ◆ We act with absolute honest, integrity, and fairness in the way we conduct our business and the way we live our lives
- ◆ We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect, and dignity.

The StoneCrest Standards

“Remarkable People Providing Remarkable Care”

Three Steps of Service

1. A warm and sincere greeting. Using the guest name, if and when possible.
2. Anticipation and compliance with guest needs
3. Fond farewell. Give them a warm good-bye and use their names, if and when possible.

The Employee Promise

At StoneCrest Medical Center, our staff is the most important resource in our service commitment to our guests.

By applying the principles of trust, honesty, respect, integrity and commitment, we nurture and maximize talent to the benefit of each individual and the facility.

StoneCrest fosters a work environment where diversity is valued, quality of life is enhanced, individual aspirations are fulfilled, and the StoneCrest promise is strengthened. We embrace the belief of Dr. Thomas Frist, Sr. that ***Good People Beget Good People.***

20 BASICS

1. We treat our guests and each other with respect and dignity.
2. The Three Steps of Service are the foundation of StoneCrest hospitality. These steps must be used in every interaction to ensure satisfaction, retention and loyalty.
3. The Employee Promise is the basis for our StoneCrest work environment. It will be honored by all employees.
4. All employees/students will provide the finest personal service to our guests.
5. Hospital objectives are communicated to all employees. It is everyone's responsibility to support them.
6. To create pride and joy in the workplace, all employees have the right to be involved in the planning of the work that affects them.

7. Each employees/students will continuously identify defects throughout the hospital.
8. It is the responsibility of each employee/student to create a work environment of teamwork and lateral service so that the needs of our guests and each other are met.
9. Each employee/student is empowered. For example, when a guest has a problem or needs something special you should break away from your regular duties, address and resolve the issue.
10. Uncompromising levels of cleanliness are the responsibility of every employee/student.
11. We shall display extreme personal humility with intense professional will.
12. Instant guest pacification is the responsibility of each employee/student. Whoever receives a complaint will own it, resolve it to the guest's satisfaction and record it.
13. "Smile - we are on stage." Always maintain positive eye contact. Use the proper vocabulary with our guests. (Use words like - "Good Morning," "Certainly," "I'll be happy to," and "My pleasure.")
14. Be an ambassador of your Hospital in and outside of the work place. Always talk positively. Communicate any concerns to the appropriate person.
15. Escort guests rather than pointing out directions to another area of the Hospital.
16. Use StoneCrest telephone etiquette. Answer within three rings and with a "smile." Use the caller's name when possible. When necessary, ask the caller "May I place you on hold?" Do not screen calls. Eliminate call transfers whenever possible. Adhere to voice mail standards.
17. Take pride in and care of your personal appearance. Everyone is responsible for conveying a professional image by adhering to StoneCrest clothing and grooming standards.
18. Think safety first. Each employee/student is responsible for creating a safe, secure and accident free environment for all guests and each other. Be aware of all fire and safety emergency procedures and report security risks immediately.
19. Greatness is a matter of conscious choice and unwavering resolve. Our service and quality will be second to none.
20. All of our staff will have an undaunted work ethic.

******* Students are expected to abide by these standards*******

Performance Improvement

At StoneCrest, performance improvement is defined as:

Understanding the patient's needs and expectations then providing the actions/functions that meet those needs and expectations.

The essential components of performance improvement include: collection data to monitor current performances, compiling and analyzing data, and improving performance. The methodology that StoneCrest uses is PDCA.

- Plan – gather data and information needed to develop a tentative improvement action(s)

- Do implement pilot test and collect actual performance data
- Check data for: process improvement, customer outcomes, lessons learned
- Act if action successful made a part of everyday operating procedure. The effectiveness of the action continues to be assessed.

If you identify an opportunity for improvement, please share it with a StoneCrest staff member.

Risk Management

Risk management is effectively reducing factors that contribute to unanticipated adverse events and/or outcomes. StoneCrest is committed to providing safe patient care. We do so by addressing the Joint Commission **2011 National Patient Safety Goals**.

1. Improve the accuracy of patient identification

- ❖ At StoneCrest, we ask for the patient’s name and date of birth, and barcode technology

2. Improve the effectiveness of communication among caregivers

- ❖ Process for taking verbal and telephone orders requires a verification "read-back" of the complete order by the person receiving the order:
 - ❖ Obtain the verbal order;
 - ❖ Transcribe the verbal order onto order sheet in the medical record;
 - ❖ Repeat the verbal order verbatim to the prescribing physician or designee;
 - ❖ Date, time, and sign the verbal order; and
 - ❖ Indicate a read back was performed by writing initials in column provided.
 - ❖

******* Students are not allowed to take verbal orders or critical test results*******

- ❖ Process for taking critical test results (includes in-person and telephone) that requires a verification "read-back" of the complete order by the person receiving the order:

******* Students are not allowed to take verbal orders or critical test results*******

- ❖ See StoneCrest’s Do Not Use Abbreviation list. This list is placed in every patient chart for easy access. Students are responsible to know the identified **abbreviations not to use**.

	<u>Abbreviation</u>	<u>Preferred Term</u>
1.	U (for unit)	Write “unit”
2.	IU (for International unit)	Write “International unit”
3.	Q.D., q.d., q.o.d., Q.O.D. (Latin abbreviation for once daily, four times daily and every other day)	Write “daily”, And “every other day”

4.	Trailing Zero (X.0 mg), Lack of Leading Zero (.X mg)	Never write a zero by itself After a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
5.	M ₂ SO ₄ or MgSO ₄ MS	Write “morphine sulfate” or “magnesium sulfate”

- ❖ Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions. Written hand-off reports are done:
 - ◇ ED admission
 - ◇ Shift/assignment changes
 - ◇ PACU report, or
 - ◇ Any transfer

3. Improve the safety of using medications

- ❖ Concentrated electrolytes have been removed from patient care units and drug concentrations are standardized.
- ❖ Annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs. Medications that are easy to confuse are kept separate from other medications. Tall Man lettering (i.e. hydroXYize) in conjunction with separating drugs in Accudose and computerized reminders are used here at StoneCrest).
- ❖ Label all medications and containers, or other solutions on and off the sterile field even if only one medication is being used.
- ❖ Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

7. Reduce the risk of health care-acquired infections.

StoneCrest complies with current CDC hand hygiene guidelines.

- ❖ Hand hygiene will be performed immediately upon entering and leaving patient area.
- ❖ Hand washing is one of the simplest and easiest ways to stop the spread of infection!!!
- ❖ Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms.
- ❖ Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- ❖ Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.
- ❖ Implement best practices for preventing surgical site infections.

8. Accurately and completely reconcile medications across the continuum of care

- ❖ Implement a process for obtaining and documenting a complete list of the patient’s current medications upon the patient’s admission and with the involvement of the patient. Compare the medications that the organization provides to those on the list.

- ❖ A complete list of the patient's medications should be communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside of the hospital.

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

- ❖ Identify risks for suicide

Universal Protocol

StoneCrest has implemented a "Time Out" procedure for all team members that require written consent. We stop, just before we start the procedure, and all team members verify the correct patient, correct side and site, agreement on the procedure to be performed, correct patient position, availability of correct implants and any special equipment or special requirements.

- ◇ Completion of Passport
- ◇ Surgeon marks site with "Y" on operative site/side (may add initials)

Occurrence Reporting

An event, regardless of the degree of seriousness at the time of occurrence should be reported using Meditech. Examples of occurrences for employees, medical staff, patients, students, visitors, and volunteers, include personal injury (falls), medication error, property damage, and theft.

If you are involved/become aware of an occurrence, please notify the nursing staff and your instructor immediately.

Occurrence reporting is not punitive! It is a process of identifying:

- Opportunities for improvement (i.e. education, policies/procedures/revisions etc.)
- Potential claims
- Sentinel events (i.e. infant abduction)
- Peer case review

If you are injured while working at StoneCrest Medical Center, you should report immediately to your instructor to obtain instructions for completing this process.

Sentinel Events

A sentinel event is an unexpected patient occurrence that results in, or could result in, death or serious harm to the patient. The purpose of reporting and investigating sentinel events is to improve the quality of patient care by focusing attention on underlying causes and risk reduction and to increase the general knowledge about sentinel events, their causes and prevention. This reporting is not punitive.

Clinical Ethics

An ethical issue is when there is a conflict in values concerning the care decisions being made regarding a particular patient. These conflicts may arise regarding such issues as patient decision-making capacity, informed consent, refusal of treatment, advanced directives, DNR status, and termination of life support. Conflicts may arise between/among patients, family, physician, and/or caregivers.

If an ethical issue arises, StoneCrest has a Clinical Ethics Committee. To contact the committee, notify your instructor or the clinical lead.

Policies and Procedures

StoneCrest has five hospital-wide policy and procedure manuals. They include:

- Administrative Manual
- Patient Care Manual
- Environment of Care Manual
- Infection Control Manual
- Human Resources Manual

All hospital-wide policies and procedures can be accessed on-line on the StoneCrest home page (Intranet). There is a hard copy of the manuals available in Administration. Departmental policies and procedures are available in the respective department.

Management of Information

Protecting the Confidentiality of Patient Information

When a patient enters the hospital, we assume an obligation to keep in confidence all that pertains to him/her and his/her personal affairs. Every person shares this responsibility. Reason for admission, diagnosis, and all treatment of patients are confidential information and must be guarded.

Release of Medical Information should only occur after proper authorization.

There are many ways we can protect the confidentiality of patient information:

- Confidentiality policy and procedure;
- Confidentiality statements (initial and annual);
- Don't discuss patient medical information in public areas;
- Don't release medical records without the patient's consent; and
- Don't display a patient's name or diagnosis on a room board.

StoneCrest protects on-line information patient information in the following manner:

- Information Security policies and procedures;
- Information Security Agreements (initial and annual);
- Access to the system is granted on a need to know basis;
- Logging on with passwords;
 - ❖ Your password should be protected.
 - ❖ You **never** give your password to another person.
 - ❖ **Never** allow anyone to document under your password.
 - ❖ Passwords expire on a scheduled basis.
 - ❖ If you suspect someone has your password, you should call IS Help desk (886-5800) immediately and ask for a password reset.
- Logging off after data entry or when leaving a system unattended.

HIPAA

The Health Insurance Portability and Accountability Act (**HIPAA**) is a federal law passed by congress in 1996. It sets national standards for the protection of patient information and applies to **ALL** health care providers and covers **ALL** forms of protected health

information (PHI)oral, written, electronic. Hospital must pay penalties if they fail to protect health information.

It is everyone's responsibility to take the confidentiality of patient information seriously. Anytime student's come in contact with patient information (or any personal health information) written, spoken, or electronic, they become involved with some facet of the HIPAA regulation. It is for this reason that the law requires awareness training for all personnel.

The following items are considered protected health information (PHI):

- Name
- Address including street, city, county, zip code and equivalent geocodes
- Names of relatives
- Name of employers
- Date of Birth
- Telephone numbers
- Certificate/license number
- Any vehicle or other device serial number
- Any other unique identifying number, characteristic, or code
- Fax Numbers
- Electronic e-mail addresses
- Social Security Number
- Medical record number
- Health plan beneficiary number
- Account number
- Web Universal resource Locate (URL)
- Internet Protocol (IP) address number
- Finger or Voice prints
- Photographic images

This information is referred to as individually identifiable health information. Removing a patient name from a chart is no longer sufficient to de-identify the patient. HIPAA refers to this information as **protected health information (PHI)**. Any health information that identifies someone or can be used to identify someone **MUST BE PROTECTED**.

HIPAA allows for the provider of care to use health information for treatment, payment, and operations (TPO). Before HIPAA it was common to use patient information for other purposes and to share more than the minimum necessary information. Now, patients need to give prior authorization for the use of their health information for non-TPO purposes.

What is TPO?

HIPAA allows us to share patient information for:

- Treatment - providing care to patients
- Payment - Getting paid for caring for the patient
- Operations - Normal business activities such as quality improvement, training, auditing, customer service and resolution of grievances

If use of this information does not fall under one of these categories, you must have the patients signed authorization before sharing that information with anyone!

If personal health information (PHI) is involved **STOP** and ask yourself....Does my sharing this information involve TPO for that patient? If the answer is **NO, DON'T** pass it along unless you have been authorized to do so!!! This includes information you may see or hear about hospitalized volunteers, staff, friends, and acquaintances. Sharing information for non-TPO purposes requires authorization from the patient involved.

Patient information should **only** be accessed if there is a **need to know**. When discarding patient information, all protected health information will need to be placed in a **Shred-it** container. These containers are located throughout the building. **RULE OF THUMB.....NEVER** dispose of patient information in any open area trash bin. When in doubt, **ASK**. With the use of e-mail/ faxes:

- HIPAA says we must protect all patient information transmitted electronically.

******* Students are not allowed to copy/email/fax PHI *******

HIPAA requires that patients have a right to know how their health information may be used or disclosed and they have certain privacy rights. These rights are communicated to our patients through a document called Notice of Privacy Practices (NPP).

StoneCrest must provide adequate Notice of Privacy Practices (NPP) to patients. The NPP will be distributed to patients upon registration. The NPP will be covered in detail with the patient. The NPP addresses patient rights such as: right to amend, right to access, right to privacy restriction, right to opt out of directory.

Patients have the right to access and have hard copies of their records including billing record if requested within 30 days of request. **All** requests for patient information should be handled through the Health Information Management Department (HIM). If a student nurse is also an employee,

- You **cannot** access your own records. They must request access through HIM.
- While in the student role, cannot use their work access.

Patients also have the right to amend their records. This must be requested through the Facility Privacy Office (FPO).

All disclosures (AOD) made to external entities must be logged except

- when authorized by the patient;
- used for treatment, payment, or healthcare operations;
- released to individuals themselves;
- used for national security or intelligence purposes.

Patients have the right to request restriction of their Protected Health Information (PHI). Request must be made through the Facility Privacy Officer (FPO) in writing and it can be approved/denied.

Patients have the right to opt out of the hospital directory at any time during their stay. No information can be released about confidential patients or patients that have opted

out of the directory. You **may not** acknowledge the patient is in the facility or give information about the patient to friends, family, or others who may inquire.

Release of information about patient condition requires the 4 digit pass code as defined in the StoneCrest Directory policy. **Refer these requests to the StoneCrest nursing staff.**

It is everyone's responsibility to report violations or breaches in confidentiality. Whether someone received patient information improperly, or shared information in the wrong way, everyone has a responsibility to report violations. When in doubt...**ASK**. All privacy complaints must be routed to the FPO. Facility Privacy Officer (FPO) must maintain a log in accordance with complaint process. Disposition of the complaint must be consistent with the facility's Sanctions for Privacy Violations.

The FPO (Facility Privacy Official) and the FISO (Facility Information Security Official) oversee and implement the Privacy Program and Security Program at StoneCrest.

Contact information:

Karen Ashley, Director of Health Information Management, FPO

Phone: 768-2801

Ronnie Gannon, Director of Information Technology, FISO

Phone: 768-2487

Your patient assignments will be posted in the nurse's station or break room, out of public view. Under no circumstances are any materials with patient information to leave the building. When you collect data on your patients, only use the patient's initials. No documents may be Xerox copied. If you encounter any HIPAA issues, please contact your instructor immediately and they will contact our Facility Privacy Officer.

Any person who inappropriately discusses protected health information with patients, volunteers, contracted or regular employees, or persons outside of the hospital is engaging in a breach of ethics of StoneCrest Medical Center.

Photographing, Video Recording, Audio Recording, and Other Imaging of Patients, Visitors and Workforce Members

StoneCrest is responsible to take reasonable steps to protect patients, visitors, and workforce members from unauthorized photography, video or audio recordings, or other images. Due to the sensitive nature of patient information and to protect patient privacy, StoneCrest staff and **students** must follow guidelines and procedures prior to allowing photographing, video or audio recording or otherwise imaging patients, visitors or workforce members.

As students, you will NOT be allowed to photograph or record any patients, StoneCrest staff or images within the facility.

Culture of Safety

StoneCrest is dedicated to providing a safe, functional, supportive, and effective environment for patients, staff members and other individuals in the hospital.

Managing Safety

Everyone is responsible for following all safety guidelines and polices to ensure that the facility is kept clean and safe. Make safety a part of your work each day. It will become habit and accidents can be avoided. The safe way is the right way to do a job. **DO NOT** take shortcuts at the expense of safety. To ensure a safe work environment, follow the guidelines provided below.

General Safety Rules:

- Concentrate on what you are doing so that carelessness on your part shall not jeopardize your own or another's safety.
- Ensure that you understand the safe way to perform tasks assigned. If you are in doubt, ask your supervisor.
- Keep corridors, stairs or means of egress clear. Do not leave equipment, carts, beds, etc. in corridors or blocking exits.
- Walk, do not run throughout the hospital. Even in the case of an emergency a fast walk is preferred to running.
- Be alert when walking in corridors. Watch out for moving carts and patients being transported.
- Doors shall be opened cautiously in case someone is behind the door.
- Personnel must be alert when entering or leaving elevators.
- Do not "dig" into wastebaskets with unprotected hands because of the possibility of coming into contact with sharp items or other waste materials.
- When using a ladder, be sure locking devices are in order and used. Set ladder on secure base. Do not stand on top step.
- Do not to climb on shelves, chairs, or other substitutes for ladders. Makeshift devices may collapse or give way, resulting in serious injury.
- Follow the smoking policy of the hospital.
- Desk drawers and file cabinets must not be left open; falls and injuries may result from bumping into open drawers.
- Report unsafe conditions to your instructor
- Remove spills or other materials from floors that may cause a fall.
- Be thoroughly familiar with the hospital's disaster manual and their responsibilities under each plan.
- Lids shall be used when carrying beverages in cups.

Proper Body Mechanics/Back Safety

The daily practice of proper body mechanics and lifting techniques in the workplace is essential in the reduction of the number of employee injuries and work days lost for each and every facility. The following 10 commandments of lifting can minimize your chance of injury.

The 10 commandments of lifting:

1. Plan your movements ahead of time and size up the load to be lifted.
Do not attempt to lift a load if it is too heavy or awkward to do alone.
2. Ask for help when in doubt.

3. Check the pathway and floor to make sure it is clear and dry. Lock equipment before moving a patient onto or off a surface.
4. Place your feet shoulder-width apart for better balance.
5. Get close to the object or person being lifted. The closer the load is to you, the less force it exerts on your back.
6. Maintain the normal curves of the back. Keep your back upright.
7. Keep your stomach muscles firm while lifting to help support the spine. Do not hold your breath.
8. Lift with your legs, not your back.
9. Pivot your feet. Do not twist your back.
10. Use lift equipment and carts whenever you can, rather than lifting. Push objects instead of pulling items when possible.

Emergency Codes

If you hear a code paged over the public address system, report to your clinical instructor. The clinical instructor and associated students will report to the Unit Clinical Lead/Department Director for further instructions (incorporation into disaster plan or dismissal). If the student is being instructed by a StoneCrest preceptor, report to the StoneCrest preceptor for further instructions (incorporation into disaster plan or dismissal). When the emergency situation is over or under control, "**ALL CLEAR**" will be paged.

Emergency Code

Code Event

Code Blue (adult)

Code Blue PALS (pediatric)

If you find someone unresponsive (patient, employee, visitor, etc.) call for "HELP" and push the code button (if available) or call 4911 and state "Code Blue/Code Blue PALS and your location. Begin the steps of CPR according to the American Heart Association standards (only if you have been trained). Use appropriate barrier device, assist Code Team as needed.

Cardiac Arrest

Code Alpha

If a person exhibits disruptive, assaultive or out of control behavior beyond management capabilities of staff, person is seen with a weapon, someone is threatened with physical harm by another, individuals fighting/committing assault, Theft/holdup, unauthorized forced entry of a person to a restricted area

Additional Personnel Needed (Security)

Code Red

The first person to discover a fire/smoke must remain calm and initiate RACE.

Fire/Smoke

Code Orange

This would include the release or spill of any hazardous materials in the Hospital environment. HazMat spill kits are located in the lab. Chemotherapy kits are located in the Pharmacy.

Hazardous Materials

Code Pink

The **Code Pink Team** will respond to the area of the incident. **All departments/units** should search their areas for suspicious individuals (i.e., carrying large bags, bundles under their arms and/or infant/child). All SCMC associates should stop all persons

Infant Abduction

leaving any building with an infant/child without the escort of a properly identified nurse and/or guardian. Any person stopped should be detained until a Security Officer or designated associate can come and verify that this is not the abducted infant/child.

Active Emergency Plan

Code Yellow

This designation would be utilized to activate the hospital's disaster plan. It would apply to an internal or external emergency; including a partial or full hospital evacuation.

Code Tornado

Tornado Warning

The Tornado Warning is activated when the National Weather Service for Rutherford County issues a tornado warning.

Code Silver

Active Shooter/ Hostage

Any staff member acknowledging a situation of actual or potential lethal violence is authorized to notify the hospital operator of Code Silver. Staff in direct danger of firearms should lie prone on the floor, directing any guests/patients to also do so, if possible.

Code Green

Evacuation

In the event that a full or partial evacuation is deemed necessary, the operator will announce overhead "Code Green" and the area(s) required to evacuate. **DO NOT USE ELEVATORS**

Code Delta

Nuclear Biological or Chemical Event

Code Delta plan will be activated for any potential catastrophic event where a nuclear, biological, or chemical event is known or suspected.

Code Black

Bomb Threat

If you receive a bomb threat, **DO NOT** hang up. Remain calm and keep your voice at an even level. Immediately begin to write down everything the caller says and try to keep the caller on the phone. Try to get someone's attention, and notify security. Complete the Bomb Threat Checklist. **DO NOT** make any public address announcements concerning a bomb threat.

Code Walker

Missing Patient

The Code Walker is initiated upon notification to the PBX operator. Staff throughout the facility will monitor their respective area and notify security if the patient is located.

Code Purple

Lockdown

The emergency lockdown plan shall be activated during or as a result of the following events:

- Highly contagious disease outbreak or alerts
- Bio-Terrorist alerts or attack.
- Riot or other disturbance.
- Other situations as determined by the Administration.

Staff and students are expected to remain working in their departments, unless specific duties are assigned elsewhere in the hospital, or an all clear is given.

To call an emergency code or event at StoneCrest, call 4911 with the following information:

- Type of code (Code Blue, Code Red, etc)
- Location of code (cafeteria, ICU, lobby, etc.)

Refer to your Instructor and Emergency Kardex located in each department for further instruction/information.

Fire Safety Management

Response to a Fire – You would “**R.A.C.E.**” Using a Fire Extinguisher - “**P.A.S.S.**”

R - Rescue/Remove others in danger

P – Pull the pin

A - Activate the fire alarm and/or call 4911

A – Aim the nozzle

C - Confine or if possible extinguish the fire

S – Squeeze the trigger

E - Evacuate the area

S – Sweep from side to side

Medical Equipment/Utility Management

To reduce the risk of patient, visitor and staff/student injury during normal equipment operation and during any periods of equipment malfunction or disruption by monitoring and evaluating the components of utility systems. Report and properly tag any equipment that has malfunctioned or caused injury to patient, staff, visitors. Use **red** outlets for patient care equipment. Black phones located at nursing units can be utilized when phone systems are down.

Safe Medical Device Act (SMDA) of 1990

SMDA requires reporting whenever there is a probability that a medical device has caused or contributed to a death, illness, or injury.

Hazardous Materials/Medical Waste

StoneCrests Hazardous Material and Waste Management Program encompass the selection, handling and disposal of all hazardous materials and waste. Hazardous materials used in the hospital shall be classified into two main groups: “general” and “special agents”. Special agents are those hazardous materials/wastes that require additional or different handling procedures/management due to their acute toxicity or infectious nature. The following is a definition of each hazard class:

General Hazardous Materials: Any toxic chemical (liquid, paste, gel, or solid) that has been identified as hazardous to human health, animals, or the environment. This will be discussed in the next section.

Special Agents:

➤Antineoplastic agents and their waste:

Antineoplastic or Cytotoxic are chemical agents that remain in containers, tubes, vials, or are wastes resulting from the preparation and administration of medications used to treat cancer and inhibit the growth of neoplasm's which are, with few exceptions, themselves mutagens and carcinogens. These will be labeled with “Caution – Chemotherapy Drug” sticker and discarded according to policy.

- Bio-hazardous/bio-medical agents and their waste: (Red bag waste)

Bio-medical waste is any solid or liquid waste that may present a threat of infection to humans. Bio-medical waste means liquid or semi-liquid blood or other potentially infectious materials (PIM); contaminated items that would release blood or other PIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other PIM and are capable of releasing these materials during handling. Red biohazard bags are available in all areas where patient care is provided.
- Bio-medical Sharps:

All discarded sharps are placed directly into those containers that have been dedicated solely for the containment and accumulation of sharps. These shall be filled to no more than $\frac{3}{4}$ capacity and then securely sealed. Bio-medical sharps are defined as devices with physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin. Examples include needles, scalpels, and contaminated intact or broken glass or hard plastic.
- Hazardous gases and inhalants:

Inhalation gases and vapors, which are used for anesthetic and disinfecting or sterile processing purposes. These gases are usually compressed liquids contained in high-pressure cylinders to form a gas when released or as uncompressed, but highly concentrated, liquids.
- Radioactive agents and their waste:

Any agent or waste that contains characteristics of radiological emission as defined by the Nuclear Regulatory Commission as being hazardous to humans, animals, and/or the environment.

Handling some agents requires additional training. If unsure, check with your instructor or the clinical lead.

Pharmaceutical Waste Management Program

In an effort to comply with The Joint Commission standards, State, Federal, and Local laws & regulation StoneCrest Medical Center has implemented a Pharmaceutical Waste Management Program. This program also allows us to do our part in protecting patients, staff and the environment.

All unused medication will be disposed of as follows:

- Red Sharps – Needles, **empty** syringes/ampules, and other **infectious** waste/non-hazardous.
- Blue Container – IV hydration bags & bottles with medication left in them. Whole, broken or partial tablets. Medication vials with **no code** on the label from pharmacy.
- Black Container – Humalog vials or IV bag with partial meds. Coumadin/Warfarin, Nicotine, Physostigmine (wrapper included).
- Black Sharps Container – Medication left in a syringe or ampoule that is not a controlled substance and **has not** come into direct contact with a patient (not-infectious).

Pharmacy Codes - You may see the following pharmacy codes on **medication packaging** to assist you in determining which container any leftover medication should be disposed in.

BKC	Dispose of medication in black two gallon or black sharps container Special medications – The wrapper must be placed in the black container (Coumadin, Nicotine, Physostigmine and Arsenic Troxide)
PBKC	
No Code Medications	Place remaining medication in Blue container. Use ziplock bag for liquids. Medications with no label must be placed in the blue container.

Exceptions

Aerosols and Inhalers will be handled by Respiratory Therapy (typically the SP, SPO, & SPC coded medications).

Controlled substances should still be disposed per hospital policy.

Drain disposal is permitted for Saline, Dextrose, Glucose, Electrolytes, and Lactated Ringers IV solutions.

Hazardous Waste Segregation:

Once hazardous materials have been used or discarded or once hazardous materials have contaminated non-hazardous materials, the material is then considered hazardous waste. All hazardous waste generated shall be segregated at its point of origin to prevent hazardous waste from contaminating non-hazardous waste; thereby, making the entire mixture hazardous and increasing the volume of hazardous waste.

Examples:

- Any bio-hazardous/bio-medical waste mixed with hazardous waste shall be handled and managed as bio-hazardous/bio-medical waste.
- Shall any radioactive waste contaminate any other hazardous or non-hazardous waste; it shall be handled and managed as radioactive waste.

StoneCrest uses color-coding throughout the entire facility, not only to avoid confusion, but also to promote an increase awareness of good waste segregation.

Segregation of waste at the source is mandatory not only to affect cost containment measures, but to more easily comply with federal, state, and local requirements.

- **Red bags** **Regulated Medical Waste**
- **Clear / Grey bags** **Clean (uncontaminated trash)**
- **Blue Bags** **Soiled linen**

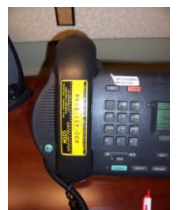
The chart below describes some common types of waste, gives examples, and provides proper bags that should be used. The containers are provided by the medical waste company Stericycle. They are the 30 gallon square tubs with hinged lid and interlocking fingers known as TB01's located in the soiled utility rooms.

Type of Waste	Examples	Container Used
Sharps	Needles, Syringes, scalpels, blades, etc.	Sharps container
Red Bag Waste – If compressed would release blood or other potentially infectious material	-gauze, bandages, gloves, PPE	Red Bag / TB01
Pathological Waste	Human tissue, placenta, Organs, body parts	Red Bag / TB01 container must have “YELLOW Chemo/Path” labeling
Chemotherapy Waste	Chemotherapy bags, aborted doses See sharps section above for needle disposal	Red Bag / TB01 container must have “YELLOW Chemo/Path” labeling
Contaminated patient care devices that cannot be emptied	Pleuravacs, vacuum bottles, blood bags, etc.	Red Bag / TB01
Isolation	Any waste from an isolation room that contains any blood/body fluids	Red bag / TB01
Grossly contaminated items	4 x 4 saturated sponges all saturated dressings, saturated items from ED, OR, L&D, ICU, etc.	Red bag / TB01
Patient care devices (not contaminated with blood)	Foley bags, IV bags and tubing, blue pads, (Chux), urine cup (if no blood), vaginal speculums, etc.	Clear or grey bag
General Waste	Pizza boxes, soda cans, fast food wrappers, flowers, magazines, newspapers, paper wrappings from sterile items, paper towels, forks etc.	Clear or grey bags
Radioactive	Radioactive isotopes	Red Bag / TB01 after being decayed

****HazMat spill kits are located in the Lab and Chemo spill kits in the Pharmacy**
Eye wash stations are located in the Lab and Ambulance entrance adjacent to the Emergency Department.**

Hazardous Communication/MSDS

Hazardous chemicals and harmful materials are used in many areas. You have a right to know about these chemicals. Each department has access to MSDS for each chemical located in the particular department. MSDS describe hazardous materials and describe how to clean up hazardous materials in case of a spill. See your clinical instructor or preceptor for the location of MSDS for the area you are assigned. When working with chemicals, look for warning labels such as the safety diamond found on cabinets or doors. In the event of an actual spill, the following are the correct steps to take:



- Contain the spill to prevent the spread of the material;
- Restrict access to the area;
- Identify the hazardous substance;
- Consult the MSDS for instructions on handling the spill;
- If unable to clean up spill, contact Environmental Services for assistance; and
- For a major spill, contact the Safety Officer (ext. 2160) and complete a Notification Report.

ALWAYS WEAR PERSONAL PROTECTIVE EQUIPMENT WHEN HANDLING CHEMICALS

To obtain an MSDS, you should call (800) 451-8346. Provide the product name, manufacturer name and UPC code (if available), and fax number. MSDS are also located on the StoneCrest Intranet under HazSoft.

Radiation

Nursing students are not rotated through the Imaging Department, but may come in contact with Radiologic procedures as they accompany patients to the department or as portable procedures are performed on the units, in the ER and in the OR. There are few things to remember when working around radiation.

According to our RADIATION SAFETY GUIDELINES; *Policy Number: EOC.HAZ.007*

- Qualified imaging personnel must be present during imaging procedures. Always tell a technologist if you suspect that you are pregnant.
- Imaging room doors remain closed during procedures. The exposure cannot be made if the door is open. Never enter a closed Imaging room without knocking and waiting for the technologist to okay your entrance.
- Always stand as far away from the primary beam as possible.
- If you must be in the room stand behind the shielded control booth.
- During portable exams, visitors and other personnel will be asked to exit the room until the exposure is complete.
- Before a portable exam is taken, the technologist will call out a warning that they are about to make an exposure. You will have time to remove yourself from the area before the exposure is made.
- Time, Distance and Shielding is your protection against radiation.
- If a radioactive event occurs or if you have questions or concerns about radiation exposure in your area, please contact the Radiation Safety Officer, the Nuclear Medicine Clinical Coordinator or the Assistant Director of Imaging to assist you.

Radiation Safety Officer, Dr. Alan Kaufman - 768-2855;

NM CC - Joyce Odom - 765-2363;

*Contact information is also available by contacting the PBX operator.

Magnetic Resonance Imaging – MRI

MRI uses a high-powered magnet for imaging, not radiation. When the magnet is engaged, no one is to enter the MRI room with **any metallic** objects. The magnet is engaged even when a patient is not being imaged. Be aware, not afraid. If a radiologist

technologist asks you for help don't run the other way. Remember the safety tips and you will be fine.

Security

StoneCrest is dedicated to providing a safe, as well as, secure environment not only for patients, but for visitors, staff, volunteers, and students. Stonecrest has 24 hour security personnel and can be reached at ext. 2011. All students are required to wear their StoneCrest identification badges while at the hospital to ensure proper identification in accordance with workplace safety and security. Badges should not be altered with pins, stickers, etc. It is the student's responsibility to keep their badge secure. If their badge is lost, student must immediately notify the Human Resource office or security.

****** Badges are to be worn on the upper front chest with title visible******

Bloodborne Pathogens

Bloodborne pathogens are viruses, bacteria, and other microorganisms that are carried in a person's bloodstream and can cause disease. If a person comes in contact with blood infected with a bloodborne pathogen, he or she may become infected as well.

Other body fluids that may spread bloodborne pathogens include: blood products such as plasma, semen, vaginal secretions, fluid in the uterus of a pregnant woman, fluids surrounding the brain, spine, heart and joints, fluids in the chest and abdomen, and other fluids containing visible blood.

Some diseases caused by bloodborne pathogens are HIV (human immunodeficiency virus), Hepatitis B and C, syphilis, malaria. The greatest risks to healthcare workers come from HIV and Hepatitis B. HIV attacks the immune system and can cause AIDS. Hepatitis B affects the liver and can cause long term liver damage. Health care workers can be infected with a bloodborne pathogen through needle stick injuries, cuts, scrapes and other breaks in the skin, splashes into the mouth, nose or eyes.

Ways to protect you and prevent exposures to bloodborne pathogens are listed below:

- Wear gloves as needed
- Wear eye or face shields as needed
- Place sharps in sharps container
- Never recap needles
- Get help with uncooperative patients
- Clean instrument trays carefully
- Handle laundry with caution
- Don't rush or take short cuts

If you are exposed to blood or body fluids follow the instructions below:

- Report the incident to your instructor and clinical lead immediately
- Complete an occurrence report
- Contact the Infection Control Nurse (ext. 2847) for follow-up

Infection Control

Since all patients with communicable diseases and infections cannot be reliably identified, anyone involved in activities necessitating contact with blood, body fluids, or

other potentially infectious materials must use standard precautions as means to prevent personal exposure and control the transmission of disease in the hospital. **Standard Precautions** represents a system of barrier precautions to be used by all personnel for contact with blood, all body fluids, secretions, excretions, non intact skin, and mucous membranes of all patients, regardless of the patient's diagnosis. Standard precautions include the use of Personal Protective Equipment (PPE) which include, but not limited to:

1. Gloves should be worn when:
 - Touching blood and body fluids, non-intact skin of patients, and other potentially infectious substances.
 - Handling potentially contaminated equipment and surfaces that may be soiled with blood or body fluids.
 - Performing procedures that require gloves.
 - If you or the patient have non-intact skin
2. Masks and Protective Eyewear (Goggles and eye shields) should be worn during procedures that are likely to generate splashes of blood or other infectious materials to prevent exposure to the mouth, nose and eyes.
3. Gowns should be worn over clothing during procedures that are likely to generate splashes of blood or other infectious materials.

Transmission Based Precautions

The following requirements are **in addition** to Standard Universal Precautions.

A. Airborne Precautions

In addition to Standard Universal Precautions, use Airborne Precautions for patients with known or suspected infection transmitted by small airborne particles which can remain suspended in the air or widely dispersed by air currents. This requires use of an N-95 respirator for which requires fit-testing. **Students will not be fit-tested; therefore will not be assigned patients on Airborne Precautions.**

B. Droplet Precautions

In addition to Standard Universal Precautions, use Droplet Precautions for patients with known or suspected infections transmitted by large particle droplets which are generated by the patient during coughing, sneezing, and/or performance of procedures.

C. Contact Precautions

Patients in contact isolation must be in a private room. It is designed to prevent transmission of microorganisms by direct or indirect contact. Infections with multi-drug resistant bacteria such as MRSA (Methicillin Resistant Staphylococcus Aureus) are placed in contact isolation. Other illnesses that are placed in contact isolation are RSV (Respiratory Syncytial Virus), Impetigo, Pediculosis, and Scabies.

Contact–V Precautions – Contact isolation for patients with VRE (Vancomycin Resistance Enterococcus).

Contact–C Precautions – Contact isolation for patients with C. diff (Clostridium difficile). Must wash hands with soap and water-NO HAND SANITIZERS!!

Neutropenic/Immunocompromised Precautions: Patients in immunocompromised precautions must be placed in a private room. The patients are compromised from malignancy or chemotherapy or other causes. Children under the age of 5 should not be allowed in the room unless otherwise ordered. During flu/RSV season, children under 12 should be screened.

Hand Hygiene

Hand washing is a very effective way to reduce the risk of infection transmission and takes as little as 10 – 15 seconds. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other infectious materials. Hands should be washed before and after wearing gloves, and before and after any contact with a patient.

Hand antiseptic may also be used, provided your hands are not obviously soiled, - apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

Artificial Nails and Nail Length

Artificial nails and nail jewelry will not be permitted for personnel involved in direct patient care in the surgical services and nursery departments. Nail polish may be worn as long as the polish is in good condition (i.e. not cracked or chipped). Nail length is to be no more than ¼ inch from the fingertip.

Hand Lotion

Hand lotion from home will not be permitted as some lotions cause a breakdown in latex and decrease the effectiveness of the chlorhexidine gluconate (CHG).

Sharps

All students should take precautions to prevent possible injuries caused by needles and other sharp instruments or devices used in the hospital. Remember to store used sharps in designated containers and **never** recap a needle. Many safety products are available for your use – please use them.

Communicable Diseases

All students should be free of communicable disease that may be transmitted in the hospital. If you are sick with a fever or have problems with a rash or skin lesions, or have been exposed to a communicable disease, you may not be able to work in the

hospital setting until these conditions have resolved. Contact your instructor, the StoneCrest Infection Prevention Nurse (ext. 2847) if you have questions. All students are required to have proof of seasonal flu immunization. If you have not received this immunization, you **MUST** wear a mask while in patient care areas (October through February).

Food and Drinks

Food and drinks at the nurse station are not allowed according to OSHA.

Summary of OSHA Bloodborne Pathogens Standards

StoneCrest meets the intent of the OSHA Bloodborne Pathogens Standards through the following activities, policies, and procedures.

Communication of Biohazards

Engineering Controls

Environmental Services

Exposure Control Plan (Protects against spread of Hepatitis B, Hepatitis C, and HIV)

Hepatitis B Vaccine Program

Personal Protective Equipment

Post-Exposure Evaluation and Follow-Up Training

Universal Precautions

Work Practices

HUMAN RESOURCES

Dress Code

All clothing should be conservative and in keeping with the nature of the hospital image and appropriate to nature and scope of position. Clothing should be neat, clean, pressed, well fitted and in good repair. No jeans, sandals or open-toed shoes are allowed. Appropriate StoneCrest student ID badge and school ID badge must be visible at all times.

Body piercing and tattoos will be covered and not visible to patients/family at all times.

Surgical attire (scrub suits and caps) are to be worn when assigned to observe in surgical services. Masks are to be worn covering the nose and mouth when entering the designated areas (operating rooms and sub-sterile hallways). Shoe covers are optional. Scrub suits will be provided for you and must be left in the appropriate receptacles upon departure of the surgical area.

Prohibited Conduct

The activities prohibited by StoneCrest Medical Center include, but are not limited to, the following:

- Reporting to observation experience intoxicated or under the influence of alcohol or drugs.
- Use or consumption of alcohol or other intoxicating substances on company premises.
- Selling or distributing illegal substances while on company premises.
- Stealing from patients, the company, or employees.

- Any form of dishonesty.
- Disorderly conduct, including fighting; acting in an obscene manner or using obscene, abusive or threatening language; or horseplay.
- Smoking and tobacco products are prohibited on campus
- Defacing or damaging company property.
- Possession or use of firearms, fireworks, or any other weapon on company property.
- Excessive use of company telephones or other company equipment for personal matters.
- Disobeying safety regulations.
- Insubordination.
- Noncompliance with company policies
- Failure to observe medical center security regulations.
- Failure to maintain the confidentiality of company matters, including matters relating to patients.
- Any action that destroys good relations between the medical center and its employees or between the medical center and any of its suppliers or patients.
- Harassment of any kind.

Smoking

StoneCrest Medical Center is a tobacco-free campus. There are **NO** smoking areas.

Cell Phones

Cell phones are prohibited in patient care areas.

Parking

Students may park in the far corner of the employee parking lot. Violators are subject to corrective actions including ticketing, towing, disciplinary corrective action, or revocation of parking privileges. All vehicles are towed at the owner's expense.

Park at your own risk. StoneCrest does not assume responsibility for any vehicle or its contents, lost damaged or destroyed as a result of parking anywhere on campus. Parking is provided free of charge, at the risk of the owner.

Student Rights

There may arise situations of conflict in which a student perceives that his or her individual cultural values, ethics, or religious beliefs are in direct conflict with specific aspects of the clinical or observation experience. Upon perceiving a conflict between individual beliefs and a specific aspect of patient care, the student should immediately make the preceptor and school instructor aware of the conflict for the purposes of reassignment. StoneCrest must ensure that proper and consistent patient care takes place.

RIGHTS AND ETHICS

Advanced Directives

Advanced directives are written or verbal statements that direct an individual's preferred care or treatment under certain medical conditions should he or she become incapacitated. Two examples of advance directives are Appointment of Health Care

Agent (under prior Tennessee law, Durable Power of Attorney) and Advanced Care Plan (under prior Tennessee law, Living Wills).

The patient or significant other should present a copy of their advanced directives at the time of admission. If the patient or significant other does not bring a copy of his or her advance directives to the hospital we may resolve the issue by choosing one or more of the following options:

- obtain a copy of the patient's original advance directives;
- assist the patient in completing new advanced directives;
- let the patient verbalize his or her wishes for the care-giver to document in the medical record, or ask the patient to designate a Surrogate Decision-Maker.

If a student is presented with an advanced directive from a patient, the patient's primary nurse **must** be notified.

Consents

The consent of the patient or the legal guardian must be obtained before any medical, invasive or surgical treatment is undertaken; unless an emergency justifies treatment without consent. It is the physician's responsibility to inform the patient of: 1) alternative treatments, 2) risks, 3) potential benefits, and 4) the possibility that blood or blood products may be administered. This is confirmed by a hospital consent form signed by the patient and witnessed by a nurse. **The licensed nurse obtains and witnesses the signature on the consent only after any questions have been answered to the patient's satisfaction by the physician.**

*******Student nurses are not permitted to witness or obtain consents*******

Emergency Medical Treatment and Active Labor Act (EMTALA)

EMTALA is a statute which governs when and how a patient may be:

- Refused treatment
- Transferred from one hospital to another when they are in an **unstable** condition

EMTALA regulations apply to all hospitals, which have "provider agreements" and agree to accept payment from Medicare and Medicaid Services. In practical terms, this means that it applies to virtually all hospitals in the United States.

The purpose of EMTALA is to prevent hospitals from refusing to treat patients or transferring them to other hospitals because they are unable to pay, uninsured or are covered by Medicare or Medicaid.

The essential provisions of the statute are as follows:

- Any patient that comes to the emergency department requesting "examination or treatment for a medical condition" must be provided with "an appropriate medical screening examination" to determine if they are suffering from an "emergency medical condition". If they are, then the hospital is obligated to either provide them with the treatment until they are stable or to transfer them to another facility in conformance with the statute's directives.

- If the patient does not have an “emergency medical condition”, the statute imposes no further obligation on the facility.
- A pregnant woman who presents in active labor must, for all practical purposes, be admitted and treated until delivery is completed, unless a transfer under the statute is appropriate.

A physician or “qualified medical person” can perform a medical screening examination as well as a certifying signature in support of transfer in the event that a physician is not physically present, provided that the physician agrees with the certification and subsequently countersigns it. The hospital is responsible for making the designation of who is considered to be a qualified medical person. Any assessment, which is done by any person other than a physician, has a much higher risk of being found insufficient under EMTALA.

An “emergency medical condition” is a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

If a patient refuses examination and/or treatment, EMTALA provides that the facility has met the requirement of a medical screening if it:

- Offers the patient the medical examination and treatment required
- Informs the patient or another on his behalf of the risks and benefits of the offered examination and treatment
- The patient or another acting on his behalf refuses to consent to the examination and treatment

The medical record must contain a description of the examination and/or treatment, which was refused. The hospital must take all reasonable steps to secure the refusal in writing. The document to be signed by the patient should include a recitation of the fact that the patient or other acting on their behalf has been informed of the risks and benefits of examination of treatment.

If a patient leaves the emergency department before undergoing an assessment, it could be a problem. The obligation to provide a medical screening exam is required. It is important that we remember that triage is the process by which a quick determination is made as to how quickly and extensively the emergency department resources should be used to provide treatment. This is not the same thing as a medical screening exam. A hospital that keeps a patient waiting for a triage examination runs the risk that a patient will become impatient, leave and then raise a claim that the medical screening examination was never completed.

When can a patient be transferred to another facility? A transfer to another facility before the patient has become stable can only take place if it is an “appropriate transfer” under the statute. A transfer after the patient has become stable is permitted and is not

restricted by the statute in any way. The statute's restrictions apply only to transfers **before** the patient has become stable, either on their own or as a result of medical treatment. A transfer of a patient who is not experiencing an "emergency medical condition" is permitted and is not restricted by this statute.

As in the case with "emergency medical condition", the statute offers a definition for "stabilized". The determination, however, is a matter of clinical judgment on the part of the medical professional assessing the patient. The definition is:

- For emergency medical conditions – No material deterioration of the patient's condition is likely to result from the transfer or is likely to occur during the transfer
- For patients in active labor – The infant and the placenta have been delivered

An "appropriate transfer" is one in which all of the following occur:

- The patient has been treated at the transferring hospital, and stabilized as far as possible within the limits of its capabilities;
- The patient needs treatment at the receiving facility, and the medical risks of transferring him are outweighed by the medical benefits of the transfer;
- The weighing process as described above is certified in writing by a physician;
- The receiving hospital has been contacted and agrees to accept the transfer, and has the facilities to provide the necessary treatment to him;
- The patient is accompanied by copies of his medical records from the transferring facility;
- The transfer is affected with the use of qualified personnel and transportation equipment, as required by the circumstances, including the use of necessary and medically appropriate life support measures during the transfer.

A patient may request a transfer to another facility; however, the transfer must still be an "appropriate transfer", and the reason for the patient's request must be charted.

EMTALA places the responsibility on the transferring hospital to ensure that the patient, when being transferred by ambulance service, is accompanied by "qualified personnel and transportation equipment". In some cases, this may required the facility to send its own personnel with the patient.

SPECIAL NEEDS

Limited English or Communication Disability

How would you communicate with someone who did not speak English or did not speak English well enough to understand information needed to make decisions about their healthcare?

First, we must offer patients the services of a third party interpreter at no cost to the patient. If they choose to use a third party you may use any of the resources listed below. If they choose to utilize a family or friend or someone at the hospital then please note this in the medical record (release). Ask your patient's assigned nurse how to access a third party (Language Line or external interpreter) interpreter. An interpreter list can be accessed on the public drive under interpreter.

How would you communicate with someone who had a disability that affected their ability to understand information needed to make decisions about their healthcare?

First, we must offer them the services of an interpreter at no cost to the patient. If they choose to utilize a family or friend or someone at the hospital then please note this in the medical record (release). Ask your patient 's assigned nurse how to access a third party (external interpreter), an internal interpreter, or special communication devices such as TDD machines (phones for hard of hearing or deaf) and communication boards.

Patient's Bill of Rights and Responsibility

The patient bill of rights and responsibilities tells a patient and his or her family what they can expect of caregivers and what caregivers expect of them. Patients receive a copy of their rights and responsibilities at the time of admission and they are available to them throughout their hospitalization. The patient Bill of rights and responsibilities are also posted on the walls of most patient care units. Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values.

ASSESSMENT OF PATIENTS

Students may not perform the initial assessment on patients.

Alleged or Suspected Abuse

Any student having knowledge or suspicion of elder abuse/neglect, adult/domestic abuse/neglect or abuse/neglect of a child shall report such knowledge or suspicion to their instructor. Instructor will report suspicion to primary nurse and case management. Evaluation of the following criteria should be utilized in cases of suspected abuse:

- Physical signs and symptoms (specifically including injuries to the face, breast, abdomen, buttocks and bilateral injuries);
- Social/financial patterns;
- Psychological reactions (such as depression, withdrawal, fearful, avoidance of eye contact, child clinging to one parent or another); and
- Treatment conditions consistent with a history of abuse. Reports should be made to the direct supervisor of the person identifying or suspecting abuse. The Nurse Manager/designee shall contact the appropriate Case Manager for referral to the proper agency.

Cultural Assessment

Culture is a system of shared symbols, serving as guides for our interactions with others. Cultural practices provide safety and security, integrity, and belonging. Culture is fluid, constantly evolving in response to historical and other factors.

Culture is more than race or ethnicity. Culture includes other components such as:

- Ethnic identity;
- Gender;
- Age;
- Differing abilities;
- Sexual orientation;

- Religion and spirituality;
- Financial status;
- Place of residency;
- Employment; and
- Education level.

Although there are resources available to help staff better understand culture, THE BEST WAY TO DETERMINE HOW TO CARE FOR PATIENTS IN A CULTURALLY SENSITIVE MANNER IS TO ASK THEM ABOUT THEIR PREFERENCES AND PRACTICES.

CARE OF PATIENTS

Falls Prevention Program

The purpose of the Falls Prevention Program is to assure, to the extent possible, the safety of all patients by the prevention of anticipated and unanticipated falls. Patients will be assessed upon admission, every shift, when there is a change in their condition, and post fall event. Patients who are on Falls Precautions are identified by the following:

- Orange armband on wrist; and
- Orange Star signage to patients door frame

Communication

Handling Concerns

Have you ever worked with someone who had a complaint/concern? Here at StoneCrest Medical Center we utilize the HEALS process for our patient satisfaction program. Students will be expected to be familiar with this process in meeting our patients' needs.

Hear – Give your full attention
Listen attentively to the concern/complaint.
Summarize to check understanding.

Evaluate – Is this an opportunity to meet patients/family needs or concerns?
Respond to the facts and feelings.
Students evaluate and determine if service recovery is needed.

Act - Two opportunities for action to take for recovery:
Refer to Manager/Director for handling
Students may personally go to the gift shop and sign for a non food item to give to the patient/family or deliver a meal ticket from the cashier's office, nursing supervisor, or department manager's office to the patient/family.

Log - Students must complete a Compliment/Concern Log for each time they encounter an opportunity to provide service recovery.

Satisfy - How do you ensure satisfaction?
Ask questions to check for satisfaction.
Thank the patient/family for the opportunity to meet their needs/expectations.
Apologize for their inconvenience.
Satisfy with Sizzle!

You may access the compliment/concern form on the public drive under forms. StoneCrest staff is always available for assistance.

Patient and Family Education

Patients must be given sufficient information to make decisions and to take responsibility for self- management activities related to their needs. Patients and, as appropriate, their families are educated to improve individual outcomes by promoting healthy behavior and appropriately involving patients in their care, treatment, and service decisions.

Learning styles vary, and the ability to learn can be affected by many factors including individual learning preferences and readiness to learn. Educational activities must be tailored to meet the patient's needs and abilities.

Educational needs and barriers to learning are assessed upon admission. Students may review this information under Admission History. Document patient education and responses daily in the patient record. Provide education to patients and significant others as appropriate. Use methods of education that accommodate for learning barriers. Document teaching on the Patient/Family Education Meditech screen. The Patient Channel is available at StoneCrest Medical Center on **Channel 83**. This 24 hour patient education TV channel provides current, quality programming to all patients rooms and waiting rooms. Students will find a current schedule of programming in the Patient Service Guide located in each patient's room. Krames on Demand, a patient education resource, is available on the Intranet and these sheets provide education in various languages.

PAIN MANAGEMENT (Policy PCM.PC.002)

Assessment and reassessment

All patients have the right:

- To be informed of pain relief measures
- To be believed of their reported pain
- To be responded to quickly with trained staff of their report of pain
- To the appropriate assessment and management of their pain

Initial assessment and regular reassessments are performed on **all** patients at StoneCrest! Consider pain assessment as the 5th vital sign. Reassessment of pain after an intervention (pharmacologic or non-pharmacologic) must be performed and documented within 2 hours.

The following elements must be addressed:

- Intensity
- Location
- Quality, patterns of radiation, if any, character
- Onset, duration, variation, and patterns
- Alleviating and aggravating factors
- Present pain management and effectiveness
- Pain management history
- Pain goal

Education

Patient and family/significant other are educated regarding their role in managing pain as well as the potential limitations and side effects of pain treatments, safe and effective use of pain medications, importance of pain management, rehabilitation, follow up care, and education resources in the community.

Tools

Neonatal Infant Pain Scale (NIPs) — a measure used to assess behavioral parameters related to pain in infants. Scores >4 suggest intervention is warranted.

Wong-Baker Pain Rating Scale – a measure used to assess pain for patients with impaired cognition and/or communication.

0-10 Numeric Pain Distress Scale – a measure used to assess a patient's pain level if they display appropriate cognitive and verbal skills.



Restraints

StoneCrest Medical Center recognizes the right of all patients to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

Each patient has a right to respectful care that maintains his/her dignity. Thus with each episode of restraint the staff will ensure that: 1) The application or initiation respects the patient as an individual; 2) The environment is safe and clean; 3) The patient is encouraged to continue to participate in their own care and 4) Modesty, visibility to others, and comfortable body temperature are maintained.

All restraints are physician ordered and time limited. (PCM.REST.001) There are no protocols at StoneCrest for restraints. If you are caring for a patient in restraints, please confirm that a current order is written for this application. All documentation for restraint initiation, removal, and monitoring is done on Meditech.

MEDICATION ADMINISTRATION

At StoneCrest Medical Center, patient safety is our first priority.

THINK **NATIONAL PATIENT SAFETY GOALS**

- Telephone orders read-back - GOAL # 2 Communication Among Caregivers
- Unit dose medications
- Pre-mixed IV solutions – GOAL #3 Medication Usage Safety
- IV pump programming
- Order scanning
- Med dispensing system (Acu-Dose) – GOAL #3 Medication Usage Safety
- eMAR (electronic medication administration record)
- Medication Reconciliation – GOAL #8
- Do not use Abbreviations – GOAL # 2 Communication Among Caregivers



*******Students may NOT initiate transfusion of blood or blood products*******

5 Rights to Medication Administration

- Drug
- Route
- Dose
- Time
- Patient

Medication Reconciliation – 2010 National Patient Safety Goals

Reconciliation is a process of obtaining, reviewing and documenting a complete and accurate list of each patient's home medications and current ordered medication and obtaining a physicians order to continue, discontinue, or modify each medication.

Purpose: increases patient safety, reduces adverse drug events, and ensures that patient receives all intended medications.

The physician will need to review all medications on admission, transfer and discharge and write medication orders based on home and current meds. Students, where applicable, may assist the nurse in obtaining missing home medication information.

Pharmacy Hours: 7am – 5pm

Administration Time Schedule	AC	0730	1130	1700	
	BID (diuretics only)	0900		1700	
	DAILY	0900			
	BID	0900			2100
	TID	0700	1300		1900
	QID	0700	1100	1500	1900

Administration Times: 30 minutes before and 30 minutes after administration time.

NEW antibiotic orders are treated as a NOW order. Must be administered within 1 hour.

Acu-Dose (Automated Medication Dispensing Device):

- A secure storage for medications; i.e. Controlled substances, unit specific floor stock medication, frequently used PRN medications, and stat medications.
- Record patient medication charge information
- Record use, wastage and other pertinent or required information regarding controlled substances.

Only instructors have access to the Acu-Dose cabinet and students must have an instructor present when pulling patient's medications.

High Risk Medications:

The medication, dose, and patient identification will be **double-checked** by another nurse prior to administration.

Insulin

PCA/Epidural Narcotic Precautions

Injectable Potassium Chloride or Potassium Phosphate Concentrate

Intravenous Heparin Precautions

Sodium Chloride Solutions >0.9% Precautions (Hypertonic Saline)

Intravenous Calcium Chloride and Calcium Gluconate

Total Parenteral Nutrition (TPN)

Chemotherapeutic Agent Precautions

Low Molecular Weight Heparins

Thrombolytics

*******Students may NOT witness narcotic wastage*******

EMAR (Electronic Medication Administration Record)

The student will obtain the medications from the automated dispensing cabinet and/or instructor. The student will verify the name of the medication, dose, route, and administration schedule for each drug obtained.

The student nurse will access the patient's eMAR profile and will scan the bar-coded medication to provide automated verification that the right medication is being given to the right patient in the right dosage, by the right route, at the right time. The student nurse will scan the patient's armband prior to administration of the medication. Remember, if the total dose ordered is more than one pill/tablet, each one must be scanned, otherwise an error will occur. The student nurse will then press F12 on the keyboard to verify and file that the medications have been given. Your instructor **must** cosign each eMAR transaction.

EDUCATION for medications may be accessed on Clinical Pharmacology, Krames on Demand, nurse drug handbook or other resource manuals in unit. Clinical Pharmacology and Krames patient education may be accessed through Meditech or located on the StoneCrest home page (intranet).

Students may use the following guidelines in determining a change in patient's status and notification to the primary nurse.

Clinical Parameters (guide)

- Temperature 103 degrees or above
- New onset of temperature of 101 degrees or if patient has been afebrile for preceding 24-48 hours
- Heart rate 130 bpm or above or new onset of irregular pulse
- Heart rate 50 bpm or lower, if change from baseline
- Systolic blood pressure 90 mmHg or below if change from baseline or otherwise instructed
- Systolic blood pressure 200 mmHg or above if change from baseline unless otherwise instructed
- Hypoglycemia/hyperglycemia (refer to protocol)
- If patient unable to keep medication down
- If patient on regular schedule of insulin, develops nausea and vomiting or refuses to eat
- Respiration rate less than 12 or greater than 30 per minute, new evidence of wheezing or increased respiratory distress
- Urine output less than 200ml/8 hours (25ml/hr)
- If patient does not void within 8 hours following surgery
- New onset of abdominal pain/chest pain or worsening of either or inability to effectively manage a patient's pain
- Any significant deterioration of neuro status or mental status
- Any evidence of melena or bright red bleeding per rectum
- All critical level lab results
- NG tube becomes non-patent despite nursing intervention
- If patient becomes intolerant of tube feeding
- If patient is to miss scheduled IV medication due to lack of IV access
- Occlusion of central venous catheters
- Any increased bleeding or purulent drainage from incision site, indwelling catheters, chest tubes