Intended for all associates not attending New Hire Orientation immediately, Physicians, Interns, Registry/Travelers, Volunteers, and Students

RSVP Packet
Overview of conduct and safety expectations and guidelines.

June 2015
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Welcome!

Welcome to St. Francis Medical Center, a proud part of Daughters of Charity Health System. St. Francis Medical Center is a 384 bed acute care hospital with more than 2100 associates and has served the community since 1945 as a non-profit healthcare institution.

The following information is provided to ensure that all physicians, associates, contract staff, volunteers and interns have the information they need to provide a safe environment for patients and visitors.

By utilizing the information outlined here, you can help prevent accidents, control losses, and support the process for providing safe patient care.

Mission and Values

Mission

In the spirit of our Founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind, and spirit.

Values

The charity of Christ urges us to:

- **Respect** – recognizing our own value and the value of others.
- **Compassionate Service** – providing excellent care with gentleness and kindness.
- **Simplicity** – acting with integrity, clarity, and honesty.
- **Advocacy for the Poor** – supporting those who lack resources for a healthy life and full human development.
- **Inventiveness to infinity** – being continuously resourceful and creative.

We strive to promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community–based collaboration.
General Information for all personnel
Individual policies are located on the SFMC Intranet

SERVICE STANDARDS
The Medical Center uses AIDET as a standard of communication:

A – Acknowledge the person
I – Introduce yourself
D - Duration (estimate of time needed to complete task)
E – Explanation of what you are doing
T – Thank you for your time

Personnel are expected to use AIDET in all interactions with others.

SERVICE RECOVERY
The Medical Center uses the principles of the 4 A’s:

- Let the individual know you ACCEPT their concern as valid for them.
- ACKNOWLEDGE mistakes without placing blame or making excuses.
- Sincerely APOLOGIZE for not meeting service expectations.
- Make AMENDS by communicating your resolution and validate understanding and acceptance.

CORPORATE RESPONSIBILITY
Corporate Responsibility is living and leading by example by using ethical decisions in the workplace. Working in an open and safe environment for raising concerns is an important value of the Corporate Responsibility Program. Confidentially reporting issues related to Discrimination/Harassment, dishonesty, violations of patient or associate confidentiality, conflicts of interest, stealing, fraud, abuse, safety issues or other concerns may be done by using the toll free values line at 1-800-371-2176 available 24/7.

The Corporate Responsibility Officer (CRO) may be contacted at extension 8454.

INTERPRETIVE SERVICES/LANGUAGE LINE
The Medical Center makes all reasonable efforts to assure that the patient’s right to effective communication is maintained. This is especially true when critical medical information is presented or discussed with the patient and/or their legal representative. Interpreting services apply to language or other barriers to clear communication.

LANGUAGE LINE INTERPRETER SERVICE
- Dual handset phones for Language Interpretation are available in each patient room and in other patient care areas
- The phone is a light green phone and can be used by the patient for normal calling – regular desk phones can also be used to access Language Line
- To use the phone to contact the Language Line service simply pick up handset and press red interpreter button which will automatically dial Language Line or dial 1-866-874-3972
- Then press Client ID button which automatically input our client ID Number or input 201216
- You will either hear a recording just follow the instructions if an operator answers just tell them the language you need.
- When the interpreter comes on line hand the other handset to the patient. Please let the interpreter know what you what you need.
- You can also use the speakerphone if there are multiple people needing to participate in the call.
TDD PHONE FOR DEAF PATIENTS

- Devices for the use of Deaf Patients are available in PBX and are available for use on the Units. All devices come with an instruction booklet.
- Call PBX Operator (0 or 8800) to request a TDD Phone.
- You are to go to PBX and pick up the phone
- Once you pick up the TDD Phone replace the phone in the patient’s room with the TDD.
- Remove cord from back of patient’s phone and plug into the back of the TDD phone
- TDD device will work as a Teletypewriter for communicating with other TDD devices.
- To communicate with a regular phone use TDD via relay service
- TTY 1-877-735-2929 – Voice 1-888-877-5379
- Always dial 9 from any hospital phone
- When patient is discharged please return device to PBX

RISK MANAGEMENT

If you have a safety or quality of care concern, please discuss it with your immediate supervisor or other appropriate person. As an accredited organization, such concerns may be reported to The Joint Commission (TJC). SFMC promotes a non-punitive environment for reporting of events and no disciplinary action will be taken against anyone who makes a valid report. Complaints to the Joint Commission can be made by telephone at (800) 994-6610 or by email at complaint@jointcommission.org

Event reporting assists in quality improvement of systems / processes and increases patient safety. All untoward incidents, medication errors, adverse drug reactions and near miss events should be reported immediately.

The Director of Risk Management may be reached at extension 8656.

PATIENT COMPLAINTS AND CONCERNS

If a patient does not consider that his/her treatment and care are being provided to their satisfaction or wants to talk to someone regarding his/her rights as a patient, SFMC provides a Patient Advocate for them. Should a patient or family member want to discuss any complaint or concern, you should direct them first to the area supervisor. If they are not available or if the person wants to talk directly to the Patient Advocate, they can call (310) 900-8572. The Patient Advocate’s Office is open from 8:00 am to 5:30 pm Monday through Friday.

In the evenings and weekends, the Administrator House Supervisor serves as the Patient Advocate at extension 7800.

NON-SMOKING CAMPUS

It is the policy of SFMC to provide a healthy and smoke-free environment for all who enter the facility. Smoking or the use of tobacco is prohibited in or on all SFMC owned or leased buildings, grounds, parking lots, and vehicles.

ENVIRONMENT OF CARE

The goal of the Environment of Care Function is to promote a safe, functional, and supportive environment within the Medical Center so that quality and safety are preserved. The Joint Commission identifies five aspects of the environment:

- Safety and Security are combined into a single standard.
- Hazardous materials and waste
- Fire Safety
- Medical Equipment and Utilities.

The Management Plans which explain in depth how the Medical Center will respond to any of the above items are available on the SFMC intranet.
The Safety Officer can be reached at extension 2776.

**VISITOR’S WRIST BANDS**
All visitors to the medical center are required to have a Visitors’ wrist band. Any visitor without a wrist band should be directed back to the Information Desk.

**PARKING**
When parking on Medical Center property, all personnel are expected to park in the areas listed as employee parking. Please see security for a parking permit.
Physicians, please display your physician-parking permit when your vehicle is on the property.

**REPORTING UNSAFE CONDITIONS**
Everyone is expected to participate in maintaining a safe environment. This means taking an ACTIVE role in reporting any UNSAFE CONDITION.

To report an unsafe condition, notify the area supervisor or the Safety Officer. Examples of unsafe conditions include:

- **Environmental Hazards**: such as slippery or uneven floor surfaces, cluttered work areas, cabinets or furniture with sharp / protruding areas.
- **Fire Hazards**: such as obstructed corridors and fire exits, missing fire extinguishers, accumulated trash and smoking in designated "no smoking" areas.
- **Electrical Hazards**: such as frayed cords, exposed wires, ungrounded plugs, extension cords, or electrical appliances from the home being used in patient care areas (i.e. portable space heater).
- **Equipment Hazards**: such as unsafe or defective equipment, overdue electrical safety inspections / preventative maintenance and damage.
- **Hazardous Substances**: such as strong, unpleasant fumes or improper handling and disposal of toxic substances.
- **Unsafe Acts or Procedures**: such as improper use of equipment or instruments, failure to wear appropriate protective apparel, or attempts to bypass mechanical safety switches, or other equipment safety guards.

**Safety**
**Panic alarm** buttons are strategically located throughout the medical center. Panic alarms are also located in two of the outpatient clinics in the MOB, (Levy PEDS Clinic, & Ortho Clinic) and in the parking structure near the stairwell. These alarms have been installed so you have a way to notify Security in case of an emergency.

Associates in our off-site clinics located in Downey, Huntington Park and the Children’s Counseling Center in South Gate would dial 911 in the event of an emergency.

**Emergency Codes Within the medical center**
**To** communicate any type of internal emergency codes are used (Code Blue, Pink, Gray, etc.) These codes are overhead paged to alert personnel to different circumstances within the medical center. Dial “1111” from any non-public telephone within the Medical Center to alert the Operators to emergency situations. Operators are trained to answer this emergency response line first.
Below is a list of the various codes and the description.

<table>
<thead>
<tr>
<th>Color or Code Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code RED</td>
<td>FIRE</td>
</tr>
<tr>
<td>Code BLUE</td>
<td>ADULT MEDICAL EMERGENCY (18 years old or greater)</td>
</tr>
<tr>
<td>Code WHITE</td>
<td>PEDIATRIC MEDICAL EMERGENCY (0-18 years old)</td>
</tr>
<tr>
<td>RAPID RESPONSE TEAM</td>
<td>RAPID RESPONSE TEAM</td>
</tr>
<tr>
<td>Code STEMI</td>
<td>ACUTE MYOCARDIAL INFARCTION</td>
</tr>
<tr>
<td>Code OB</td>
<td>MATERNAL / FETAL EMERGENCY</td>
</tr>
<tr>
<td>Code PINK</td>
<td>INFANT ABDUCTION</td>
</tr>
<tr>
<td>Code PURPLE</td>
<td>CHILD ABDUCTION</td>
</tr>
<tr>
<td>Code YELLOW</td>
<td>BOMB THREAT</td>
</tr>
<tr>
<td>Code ORANGE</td>
<td>HAZARDOUS MATERIAL SPILL / RELEASE</td>
</tr>
<tr>
<td>Code GREEN</td>
<td>PATIENT FLOPPEMENT</td>
</tr>
<tr>
<td>Code GRAY</td>
<td>COMBATIVET PERSON</td>
</tr>
<tr>
<td>Code SILVER</td>
<td>PERSON WITH A WEAPON AND / OR HOSTAGE SITUATION</td>
</tr>
<tr>
<td>Code SEPSIS</td>
<td>SEVERE SEPSIS PATIENT IDENTIFIED AND MULTI-DISCIPLINARY TEAM MOBILIZED TO INITIATE THE SEPSIS ORDER SET</td>
</tr>
<tr>
<td>Code STROKE</td>
<td>CODE STROKE / TIA (Transient Ischemic Attack)</td>
</tr>
<tr>
<td>Code Triage Alert</td>
<td>HIGH IMPACT EVENT HAS OCCURRED OR MAY OCCUR</td>
</tr>
<tr>
<td>Code Triage Internal</td>
<td>INTERNAL DISASTER</td>
</tr>
<tr>
<td>Code Triage External</td>
<td>EXTERNAL DISASTER</td>
</tr>
<tr>
<td>Code Trauma Tier I or II</td>
<td>TRAUMA TEAM TO EMERGENCY ETA (Mins)</td>
</tr>
<tr>
<td>Code Trauma Tier II or III</td>
<td>TRAUMA TEAM TO EMERGENCY DEPARTMENT ETA (Mins)</td>
</tr>
<tr>
<td>FULL CAPACITY LEVEL</td>
<td>FULL CAPACITY LEVEL</td>
</tr>
<tr>
<td>Green/Blue/Orange/Red</td>
<td>GREEN: Busy, but not overcrowded; BLUE: Overcrowded; ORANGE: Severely Overcrowded; RED: Designated Overcrowded</td>
</tr>
</tbody>
</table>

What to do in the event of a:

**Code Pink & Code Purple (Infant / Child Abduction and Prevention)**

- Department staff directly involved in Perinatal / pediatric patient care is responsible for maintaining the integrity of the security of the units.
- FLC and pediatric staff must wear their specially coded photo ID badges.
- Infants are to be transported within SFMC in bassinets / isolettes and accompanied by staff from that unit.
- Upon hearing Code Pink or Code Purple announcement staff should be alert for individuals carrying an infant/child or bundled objects.
- Suspicious individuals should be reported to Security.

**Code Gray**

A Code Gray is a situation in which there is the possibility of bodily harm and/or property damage.

If you are in a situation where there is danger of physical harm or destruction of property, follow these actions:

- Stay calm
- Remove yourself from immediate danger or call attention to yourself (scream, yell or make a loud noise)
- Dial “1111” or “911”.

**Code Silver (person with a weapon or hostage situation)**

Any initial contact person can act as a temporary negotiator.

**Your Role**

- Remain calm
- Give your first name only
- Determine what the hostage taker wants
- Offer alternative to alcohol, drugs, weapons or substitute hostages
- Downplay the incident
- Do not bluff
• Repeat questions or demands
• Avoid deadlines

Away from site of incident:
• Close all doors
• Stop all patient & supply transport
• Be alert and cautious
• Remain where you are

_Code Yellow (bomb threat)_
• Be calm & courteous
• Do not interrupt the caller
• Keep the caller taking while someone else calls the code
• Write the exact words from the caller on paper

**Emergency Preparedness**

The hospital disaster plan is designed to direct how our business of patient care can be carried out during a disaster. Be prepared to respond to the following situations which are announced by the overhead paging system.

_**CODE Triage Internal:**_ a disaster or emergency situation within the Medical Center.

_**CODE Triage External:**_ a disaster or emergency situation outside of the Medical Center that results in mass casualties appearing at the hospital.

_**CODE HazMat:**_ an incident (internal or external) that involves hazardous materials.
Response to a disaster is department specific. Each department has a disaster cabinet. Your department’s immediate response is contained in the envelope inside your department’s disaster cabinet. You must know the location of your disaster cabinet.
The Safety Manual contains the full Disaster Plan that describes each department’s responsibility. It is your responsibility to familiarize yourself with your department’s role.

**WHAT IS MY ROLE IN A DISASTER?**
If you are ON-DUTY when a disaster strikes, you must:
• Return to your department.
• Contact the area supervisor to receive reporting/work instructions
• Keep telephone lines free for emergency communication.
• Physicians should report to the Physician pool located in the 3rd floor Medical Staff Conference Room.

**Hazardous Materials**
To help ensure your safety you should learn to identify hazardous materials and the precautions that need to be taken with them.
Obtain information on chemical’s hazards from the product label and the safety data sheets (SDS).
The SDS contains more detail than is included on the label. In addition to the label information you will also find:
• Emergency first aid procedures
• Spill or leak procedures and
• Waste disposal methods

Obtain an SDS by calling (800) 451-8346 or on the intranet at: http://dchsnet/sfmc/default.aspx
Internal Hazardous Spill
- Remove anyone near the spill
- Isolate spill and deny entry
- Obtain the SDS
- Contact your supervisor or the House Supervisor or the Haz Mat Coordinator, Marilyn Conde, at ext. 8402.

Fire Safety

Hospital Response to Fire
CODE RED is paged over the intercom system to indicate a fire within the Medical Center.

Important locations to know:
- Fire extinguisher
- Fire doors and walls
- Closest fire-alarm pull
- Evacuation route

Important Facility Conditions to Maintain
- Keep emergency exits, fire doors, fire-fighting equipment and fire alarm pull stations clear at all times.
- Never use door wedges that prevent doors from closing
- Keep doors closed unless they are controlled by an electromagnetic system. These are smoke and/or fire doors and they provide horizontal separation between you and the fire.
- During a “fire” evacuation, the primary type of evacuation is horizontal (to the other side of the closed fire doors).
- Every area of the hospital has an evacuation route posted that shows the location of the emergency exits. (Maps are located by elevators, stairwells and near visitor/outpatient areas)
- Elevators may not be used during a fire situation.
- Keep all corridors and exits clear of all unnecessary traffic and/or obstruction.
- Keep telephone lines clear for fire control.

Evacuation Routes

Main Tower
- Terrace Level (Basement), outside the associate elevators on the wall between elevator 2 and 3
- Terrace Level (Basement), on the wall to the right of the visitor elevators
- Terrace Level (Basement), on the wall to the left of the stairwell #2
- 1st floor, posted on the wall across the associate elevators
- 1st floor by the visitor elevators posted on the wall to the right side of elevator 5
- 1st floor across from auditorium between men and women’s restroom
- 2nd floor by stairwell #2 posted on the left side of wall adjacent to the skill nursing connector
- 2nd- 8th floors posted on the wall between elevator 2 and 3
- 2nd- 8th floors by the visitor elevators posted on the wall to right side of elevator 5
- 3rd floor posted by the Administrative House Supervisors Office on the left side of the wall

Health Service Pavilion (HSP)
- Terrace Level (Basement), posted on the wall across from Neuro Cardio Pulmonary room #0206
- 1st floor by the associate elevators posted on the wall between elevators 1 and 2
- 1st floor by the visitors elevators posted on the left side of the wall
- 2nd and 3rd floor outside the wall between visitor elevators
- 2nd and 3rd floor posted on the wall outside between associate elevators 2 and 3
Health Service Pavilion (HSP) - Units #3100, #3200, #3300 Intersecting Corridor

- 3rd floor on the wall to the right outside the equipment room #3137

Health Service Pavilion (HSP) - Trauma Care Area

- 1st floor on the wall to the right by the entrance door to the supervisor’s offices

Health Service Pavilion (HSP) - Rapid Medical Evaluation (RME)

- 1st floor on the wall across from the entrance of the Rapid Medical Evaluation Area

Progressive Care Unit (PCU) - Posted Evacuation Plan for the Terrace level

- Terrace Level (Basement), on the wall across from the open conference area
- Terrace Level (Basement), posted on the wall across from elevator 11
- Terrace Level (Basement), on the wall to the right outside restroom #BD12

Progressive Care Unit (PCU) - Behavioral Health Unit (BHU)

- 1st floor on the wall to right by patient area, outside the right door from the nurses station

Progressive Care Unit (PCU) – 2 East Med Surg

- 2nd floor on the wall between elevators 10 and 11

Medical Office Building (MOB) - Posted Evacuation Plan

- 1st floor on the wall to the right from the main entrance door between the elevators
- 1st floor on the wall to the right of the west exit door
- 1st floor on the wall to the left of the east exit door
- 2nd floor on the wall between the two elevators
- 2nd floor on the wall to the right of the west exit door to the stairwell
- 2nd floor on the wall to the left side of the east exit door to the stairwell
- 3rd floor on the wall between the two elevators
- 3rd floor on the wall to the right of the west exit door to the stairwell
- 3rd floor on the wall to the left of the east exit door to the stairwell
- 4th floor on the wall between the two elevators
- 4th floor on the wall to the right of the west exit door to the stairwell
- 4th floor on the wall to the left of the east exit door to the stairwell

Family Life Center (FLC) - Posted Evacuation Plan

- 1st floor, nursery entry area on the wall to the right of the associate elevators
- 2nd floor, triage waiting area on the wall to the left by the associate elevators
- 2nd floor, on the wall by the associate elevators, near the Doctor’s lounge

Your role during a fire

If you are away from the point of origin: close all doors, remove all items from hallways, calm patients, and await specific instruction.

At point of origin: follow RACE procedure.

**R A C E**

- **RESCUE** Remove everyone in immediate danger from the fire area.
- **ALARM** Pull the nearest FIRE ALARM BOX and dial “1111”
- **CONTAIN** Close the door and isolate the fire.
- **EXTINGUISH/EVACUATE** With proper extinguisher, fight fire without endangering yourself.
OPERATION OF FIRE EXTINGUISHERS

P   Pull out the safety pin
A   Aim the nozzle at the BASE of the fire (stand about 10 feet away from the fire.)
S   Squeeze the handle
S   Sweep the nozzle from side to side.

Medical Equipment and Utilities

Ensure that medical equipment is safe and effective for use by patients and staff by confirming the safety inspection prior to use. You will receive training in the safe operation of all equipment in your department.

Operating equipment inspection

Check equipment prior to use with a visual inspection:

- Cords and plugs have no exposed wires and are not frayed
- Tags are current
- Functional checks, where applicable

Equipment training is required when:

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

SAFE MEDICAL DEVICE ACT (SMDA)

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

- Attend to the patient's needs;
- Report the incident to the area supervisor;
- Remove the device from service and the patient's room.
- Not change settings or dials
- Label the equipment as broken
- Call Biomed at x-8444 or (310)900-8444.

If you have any questions or concerns about the operation of the equipment, contact the area supervisor or Biomed.

Utility Systems Management

Utility Systems are designed to keep our environment comfortable.

Utility systems include:

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

UTILITY FAILURE
In the event of Utility Failure, immediately notify the area supervisor or Engineering.

Medical Gas Shut-Off
Authorization to shut-off medical gases is as follows:
- Patient care areas - Charge Nurse
- Non-patient care areas – Engineering.
- Anesthetizing areas – physician
- Wound Care Center - Technician or Nurse
- Outpatient Clinics – no medical gas

Emergency Power
Generators
- In the event of a loss of electricity, emergency generators become operational in 10 seconds or less.
- Essential patient-care equipment should be plugged into RED receptacles for access to emergency power.

EMTALA (Emergency Medical Treatment and Active Labor Act)
What is EMTALA?
The Emergency Medical Treatment and Active Labor Act is a Federal law. It was enacted by Congress in response to studies which found that indigent emergency patients had been turned away from hospitals or transferred (i.e., “dumped”) to county or charity hospitals in an unstable medical condition. EMTALA ensures that anyone who comes with an emergency medical condition or needs emergency services and care will:

- Will be triaged to determine in which order the person should be seen for a medical screening exam
- Receive a medical screening examination.
- Not experience a delay in medical screening so the hospital can inquire about the patient’s method of payment. The hospital will not question the patient or any person about the patient’s ability to pay.
- Be stabilized before any transfer to another hospital.

Are there any California laws that prohibit discrimination in the provision of emergency services?
Yes. The provision of emergency services and care will not be based upon, or affected by, the person’s race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services

To whom does EMTALA apply?
EMTALA applies to anyone who:

- Comes to a dedicated emergency department (our main Emergency Department and Labor & Delivery).
- Requests or has a request made on his behalf for examination or treatment for an emergency or perceived emergency condition.
• Visitors who are on SFMC property and who request or look as though they need emergency services.

Does EMTALA apply only to the emergency department?

No. It applies to:

• Any facility or department located on the hospital campus.

What is the scope of a medical screening exam?

The medical screening examination includes diagnostic tests, to determine if the individual has an emergency medical condition or is in labor. The exam continues until the person is either stabilized or transferred.

• Nurses, as approved, may perform a medical screening exam in Labor & Delivery to determine if the patient is in active labor or has another emergency condition.

How is an emergency medical condition defined?

This means:

1. Acute symptoms of sufficient severity (including severe pain, psychiatric problem, and/or symptoms of substance abuse) such that the absence of immediate medical attention could result in:
   - Placing the patient’s health in serious jeopardy.
   - Serious impairment to bodily functions, or
   - Serious dysfunction of any organ or part; or

2. A pregnant woman who is having contractions:
   - And there is inadequate time to safely transfer her to another hospital, or
   - The transfer may pose a threat to the woman or the unborn child.

Can a patient be transferred to another hospital for non-medical reasons?

Yes, if all of the following requirements are met:

• The patient is not in active labor and does not have an emergency medical condition, and the patient is now stabilized.
• The physician at the transferring hospital has notified and obtained the consent from the physician at the receiving hospital.
• The transferring hospital arranges appropriate transportation.
• Copies of the medical record and relevant diagnostic test results are sent with the patient.
• A Transfer Summary signed by the transferring physician is sent with the patient.
• The patient or the patient’s legal representative is notified and agrees to the transfer.

When is a patient stable for discharge or transfer?

The patient may be considered stable when the treating physician has documented that the emergency medical condition has been resolved.

Can a patient be transferred to another hospital with an emergency medical condition that has not been stabilized?

No, not unless:

• There is a transfer request from the patient or patient’s legal representative. The hospital has the obligation to inform the patient of the risks of transfer. OR
**What are the criteria for an appropriate transfer to another hospital?**

1. The transferring hospital provides the medical treatment which minimizes the risks to the patient’s health.
2. The receiving hospital has available space and qualified personnel for the treatment of this patient and has agreed to accept transfer.
3. The transferring hospital sends copies of all available medical records related to the patient’s emergency condition, including test results.
4. Patient is transferred by qualified personnel and transportation equipment and life support measures during transfer, and
5. The patient or patient’s legal representative has agreed in writing to the transfer.

**Are there any penalties if a hospital violates EMTALA?**

Yes, fines of up to $50,000 may be imposed and a hospital may have its EMS license suspended or revoked. Physicians may be fined up to $5,000 for each violation.

**Who can report EMTALA violations?**

- Receiving hospitals
- Physicians
- Licensed emergency department personnel at the receiving hospital
- Pre-hospital emergency personnel, such as paramedics
- Patients or their legal representatives

Both federal and California law prohibit any retaliation against a physician or emergency personnel for reporting a possible violation.

If you have a **safety or quality of care concern**, please discuss it with your immediate supervisor or other appropriate person. As an accredited organization, staff may report such concerns to Joint Commission of Accreditation of Health Care Organizations. Concerns may be reported by email, fax, mail or telephone. No disciplinary action will be taken against an employee who makes a valid report.
and the performance of associates, pose serious safety and health risks to the user and others, and have a negative impact on work efficiency and productivity.

SFMC prohibits the unlawful use, possession, transportation, transfer, manufacture, distribution, dispensation, or sale or purchase of drugs or paraphernalia while on duty or while on Medical Center property or while operating any vehicle or potentially dangerous equipment. SFMC also prohibits associates from reporting for work or working under the influence of any drug, alcohol or other substance that may in any way affect work performance, alertness, coordination or response, or the safety of the associate or others.

**Attendance and Tardiness**
HR Policy #941

It is essential to safe patient care that individuals be on time and at work for assigned shifts. In the event that individuals must call off, a minimum of a 2 hour notice is required to ensure patient care needs are meet. Each department has specific requirements for calling off.

**Confidentiality of Patient Information**
HR Policy # 942

It is the policy of St. Francis Medical Center to maintain confidentiality of patient information and records including, but not limited to, billings, County records, patient records, in accordance with all applicable Federal, State and local laws, ordinances, regulations and directives related to confidentiality.

It is the policy of SFMC to assure the confidentiality of patient information. It is the obligation and responsibility of all associates to limit their conversations and discussions of patient information. Patient information may only be discussed in appropriate areas, such as in patient care areas, in closed committee meetings and in support of patient care. Unauthorized release of confidential patient information, records or breach of the Medical Center’s policy on confidentiality of patient information will result in disciplinary action up to and including termination.

HIPAA laws require that certain types of patient information be protected. Protected Health Information (PHI) is any information that can be used to identify a patient or access a patient’s medical information. Examples of PHI include patient’s name, address, birth date, social security number, and medical record number.

Disclosures of patient information usually require an authorization unless the disclosure is for treatment, payment or healthcare operations purposes.

Promptly report any privacy violations that you see or hear to the Privacy Officer at extension 8566.

**Things you can do to protect patients’ privacy**
- Access only the minimum necessary amount of PHI needed to perform your job.
- Use patient information only for the task at hand.
- Disclose PHI only for treatment, payment, or healthcare operations purposes.
- Disclose only the PHI that allows the person to perform his or her job function.
- Be sensitive to the surroundings in which PHI is shared.
- Refrain from discussing PHI in public areas or elevators.
- PHI is not to be removed from the hospital without proper authorization.
**Dress Code**  
HR Policy #944  
Associates of St. Francis Medical Center should reflect professionalism and dress in appropriate business attire at all times. Denim jeans, flip flops and strapless dresses or tops, spaghetti straps, wrinkled or unwashed clothing is not allowed.  
Dress codes may vary by department and managers will advise all associates as to the dress code for their specific area. Discuss the dress code for your area with your supervisor/manager as soon as possible.

**Meal & Rest Period**  
HR Policy #948  
Meal and rest periods are essential to maintaining a comfortably alert and productive staff. These periods are provided so associates may meet biological and psychological needs away from the work environment. The purpose of this policy is to provide the parameters of the rest period and meal break benefits for Associates.

**Off-duty Conduct and Conflicts of Interest**  
HR Policy #949  
Each individual should conduct themselves in a manner which reflects the Mission, Vision and Values of St. Francis Medical Center while at work as well as off-duty. Any activity which may conflict with the interest of safe patient care should be avoided. Such activities that should be avoided may include additional jobs or outside activities that interfere with scheduling needs at SFMC to meet patient care needs.

**Anti-Harassment**  
HR Policy #953  
It is the policy of St. Francis Medical Center to provide a work environment that is free of harassment and discrimination. Therefore, the medical center maintains a strict policy prohibiting all forms of harassment, including sexual harassment and harassment based on race, color, age, or any other characteristic protected by state or federal law. Harassment of or by associates, supervisors, coworkers, independent contractors, vendors or medical staff is strictly prohibited.  
Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature.  
Staff members who believe they are being, or have been, subjected to harassment by anyone, whether a supervisor, co-associate, client, or vendor, or who are witnesses to unlawful harassment, should immediately report the facts of the incident or incidents to their immediate supervisor or to the Vice President, Human Resource Services or any management personnel they are comfortable reporting this to. Management personnel who have information reported to them should immediately report harassment complaints to the Vice President, Human Resource Services.

**Workplace Violence**  
HR Policy #954  
The safety and security of St. Francis Medical Center associates is of vital importance. Acts or threats of physical violence, including intimidation, harassment and/or coercion, which involve or affect St. Francis Medical Center or its associates or which occur on medical center property or during work hours will not be tolerated. Workplace violence is any intentional conduct which is sufficiently severe, offensive or intimidating to cause an individual to reasonably fear for his or her personal safety or the safety of his or her family, friends and/or property such that employment conditions are altered or a hostile, abusive or intimidating work environment is created for one or more Medical Center [global] associates.
Behavioral Standards
HR Policy #955

St. Francis Medical Center is committed to creating a healing environment where patient’s satisfaction is maintained and a collaborative work environment for the associate that is conducive to optimal working relationships and safe service oriented performance.

As a result, St. Francis Medical Center maintains established Behavioral Standards to facilitate a work environment optimal for professional working relationships and associates at all levels will be held accountable to these standards:

- All associates shall conduct themselves in a manner that is compassionate, caring and service oriented. Associates shall utilize the established Standards of Behavior as guidelines for acceptable behavior. These Behaviors will include appearance, attitude, communication, teamwork and service.
- Associates shall interact with patients, visitors, co-workers, physicians, and volunteers and all other persons in a manner which is cooperative and respectful.

Code of Conduct
HR Policy #956

As part of the Daughters of Charity Health System, we strive to provide a workplace that fosters respectful and constructive relationships in accordance with our Mission and Values. To achieve this, it is the policy of St. Francis Medical Center to create an environment that is free from intimidation and behavior(s) that could undermine our culture of patient safety. Such conduct has the purpose or effect of unreasonably interfering with an associate’s work performance, or creating an intimidating, hostile, or offensive work environment that can jeopardize quality and safe patient care.

Intimidation and behavior(s) by associates, volunteers, independent contractors, vendors or medical staff is strictly prohibited. Intimidation or behavior(s) that undermine a culture of patient safety can result in:

- Medical Errors
- Poor Patient Satisfaction
- Preventable Adverse Outcomes
- Increases to the Cost of Care
- Poor Associate Satisfaction
- Increased Associate Turnover
- Poor communication between patient care teams

Any individual who provides care, treatment, or service on behalf of the Medical Center will conduct themselves in accordance with the acceptable behaviors as defined in this policy. Furthermore, SFMC has adopted a zero tolerance policy towards the display of disruptive and inappropriate behavior.

Intimidation or behavior(s) that could undermine a culture of patient safety can be described as behaviors by individuals or groups that can be characterized as aggressive, bullying and/or unreasonable which creates a negative work environment. These types of behaviors can be overt or subtle. Examples of these behaviors may also include physical abuse, humiliation, belligerence, social ostracism, gossiping, rumor spreading, failure to return calls or pages, reluctance or refusal to answer questions or provide assistance, condescending language, tone of voice and impatience with questions.

Use of Electronic Devices
HR Policy #997

Personal Electronic Devices—Associates are required to exercise discretion and restrict the use of personal electronic devices while on duty, or in the workplace. Use of mobile communication devices including texting can interfere with the delivery of safe patient care or services. As a result, these devices are prohibited from active use during work time. For safety purposes, use of mobile communication devices while driving on hospital business should be done in
compliance with state law requiring the use of hands-free equipment. The use of personal headsets and wireless head set technology while on duty, or in the workplace is considered a safety hazard and is prohibited. Personal Electronic Devices are not to be carried by an associate while on duty, and must be stored with the associate’s other personal belongings. Any exceptions to this practice must be approved in writing by the department Director and Human Resources.

Steps to Access Hospital Wide and Unit Specific Policy Portal on SFMC Intranet:
*To begin please click on the SFMC Intranet logo located on your desktop, and follow the steps below:*

- **Step 1** - Click on Policy Manager P&P Portal
- **Step 2** - Click on Search icon
- **Step 3** - Type in any word related the policy you are searching for in Search Box
- **Step 4** - Click on Search icon
- **Step 5** - Select your Policy
- **Step 6** - view your policy.

In compliance with the privacy regulations contained in the Health Insurance Portability & Accountability Act (HIPAA), visual and recording devices shall not be used in patient care areas.

Email: complaint@jointcommission.org  
Fax: (630) 792-5653  
Telephone: 1 (800) 994-6610

Mail:  
Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

**Specific Job Duties**

Every position has a job description which defines the responsibilities, educational and physical requirements. Individual job descriptions are available from the manager or at time of hire. Refer to this job description for specific duties.

**Prevention and Control of Infections**

As part of the SFMC Infection Control program, Associates, Registry, students, volunteers and physicians must be screened for TB each year. Anyone who is not tested at the Medical Center must provide written evidence of TB status.

Additionally, every hospital employee is responsible for infection control. Protect yourself and others by practicing these basic measures.

**Basic Measures**

- Wash hands often and appropriately
- Always cover coughs and sneezes with a disposable tissue or at least, your hands.
- Do not touch your own eyes, nose, or mouth except with freshly washed hands.
- Stay home from work if you have a contagious illness such as the flu or the start of a cold.

**Wash your hands**

- Before starting work
- When hands are soiled
- After handling blood and body fluids, even if gloves were worn
- After removing gloves
- Between patients
• Before and after eating
• After performing any personal care for yourself, such as blowing your nose or using the restroom
• Before going home

Wash hands with:
• **Use alcohol hand gel, unless hands are soiled.**
• **Use warm water.**
• **Use soap to work up a lather.**
• **Friction** for 15 seconds to remove debris.
• **Use free-flowing water** to rinse off soap and soil.
• **Use paper towel** to dry hands and turn off faucet.

*Remember*! The single most important thing you can do to prevent the spread of infection is hand washing. The Infection Prevention Coordinator can be reached at extension x8582 or (310) 900-8582.

Controlling, Assessing and Managing Pain

- Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does (McLafferty & Farley, 2008).
- Pain can also be defined as a feeling. Pain is felt when a stimulus, usually mechanical, thermal or chemical strong enough to exceed patient’s normal pain threshold by activating pain receptors, called nociceptors (Brayant, 2007).
- In general, Registered Nurses (RNs) are the first line of healthcare providers that assess these patients.
- Education is an ongoing process that provides nurses with an opportunity to learn and improve skills.
- In the profession of nursing, nurses are first and foremost patient advocates. It is the responsibility of the registered Nurse to ensure a safe, comfortable environment for our patients.
- Formal pain assessment techniques are intended to give voice to the patient in detecting the presence and severity of pain in a way that is informative to the healthcare professional and can lead to appropriate interventions to relieve pain (Johnson, 2005).
- Pain management starts with pain assessment.
- Patients have the right to the appropriate assessment and management of pain.
- A patient’s’ pain level shall be referred to as the “5th vital sign”.
- Patients shall be assessed for pain upon admission.
- Pain shall be reassessed as a measure of intervention effectiveness.
- Pain management planning shall be done in collaboration with the patient/family, nurse, pharmacist and other healthcare team members, as appropriate.
- Patient’s pain shall be assessed upon admission and after diagnostic/surgical procedure. Findings shall be documented on the Assessment form and integrated in the plan of care. The assessment shall include:
  - Location of pain
  - Pain intensity (e.g. rating), based upon standardized, age appropriate measurement tool
  - Patient’s description of pain quality factors/measures that improve or worsen the pain.
  - Pain chronicity: Acute or Chronic
Sensitivity to Cultural Diversity
St. Francis Medical Center requires that all individuals practice in a manner that respects the culture of each patient.

A good general rule...Approach others cautiously and gauge their response to your reactions. If it’s unusual or unexpected, ask yourself if this may be due to their cultural or religious practices or beliefs. It won’t always be of course; it’s just another thing to consider in your assessment.

General Guidelines for Performing a Cultural Assessment

Obtain background information on the patient.

- Degree of acculturation—what generation, preferred language, level of literacy.
- Patterns of decision-making in the patient’s family. Who makes the decisions? Males? Elders?
- Style of verbal and nonverbal communication.

Obtain information about the patient’s health.

- Patient’s reason for seeking help.
- Patient’s ideas about cause of illness.
- Patient’s description of any previous treatment and use of home remedies, complementary therapies, healers,
- Patient’s expected outcomes.

Obtain information on cultural/religious factors that affect treatment.

- Healing beliefs and practices. Are they congruent with healthcare approach.
- Values – ethnic pride, spirituality, family interdependence.
- Diet – is it congruent with prescribed treatment.

What if I think I may have inadvertently offended a patient or overlooked something?

- Apologize, as soon as possible (Baptist Health Institute, 2005). Or simply tell the patient/visitor that you didn’t mean to offend them and explain what you really intended to do. Be genuine.
Patient Rights
Upon admission, all patients are given an information sheet entitled, “Patient Rights and Responsibilities”. Contained in this handout are 27 sections delineating their rights. The following bulleted points summarize the information concerning patient rights:

- The right to considerate, respectful and comfortable care and to reciprocate these to others.
- The right to receive information that meets the patient’s needs (i.e. educational level, interpreters, hearing or vision assist devices, etc.).
- Have family and the primary physician notified promptly of the patient’s admission.
- Receive the name of the patient’s primary physician and consultants in a timely fashion.
- Know physicians are part of the medical staff, but are not employees of SFMC and they bill separately.
- The right to receive accurate information concerning the patient’s health, diagnosis, prognosis, treatment plan, prospects for recovery and outcomes in terms they can understand. The patient has the rights to participate in the development and implementation of the plan of care and should give accurate health information to the ones caring for them.
- The right to participate in ethical questions such as DNR status, conflict resolution and withdrawing lifesaving treatment. If you or your families have questions or concerns, please contact the Director of Spiritual Health Care and Ethics at 310-900-8515.
- The right to make decisions regarding medical care and receive information in order to consent to or refuse a course of treatment. The patient should ask questions and understand risks.
- Request or refuse treatment to the extent that the law permits. You can leave the hospital against medical advice but cannot demand inappropriate or unnecessary services.
- Be advised is the hospital/personal physician proposes or is to perform human experimentation or experimental treatment.
- The right to reasonable responses to any reasonable requests for assistance.
- Appropriate assessment and participation in the management of the patient’s pain.
- The right to formulate advance directives and designate a decision maker for the patient.
- The right to personal privacy, including removal of visitors prior to exams or informational sessions. Privacy curtains will be used in semi-private rooms.
- The right to confidentiality of all communications and records pertaining to the care of the patient.
- The right to receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. The patient can access protective and advocacy services including notifying governmental agencies of neglect or abuse.
- The right to be free from restraints and seclusion if used as a means of coercion, discipline, convenience or retaliation by staff.
- The right to reasonable continuity of care and to know the time and location of appointments and the person who will be caring for the patient.
- The patient has the right to know the discharge plan and to be involved in the development and implementation of it. The patient can request a friend or family member to receive the discharge information too and the patient can file a grievance if they feel they are being discharged to early.
- The patient should follow the hospital’s rules and policies while hospitalized, respect the property of other persons and the hospital and follow the no smoking regulations.
• The patient has the right to choose who may visit regardless is they are friends or family and they have the right to withdraw consent to visit at any time.
• If the patient doesn’t have decision-making capacity, they still have the right to have their wishes considered concerning visitors, and at minimum the persons living in the household should be able to visit.
• The patient has the right to receive an explanation of the hospital’s bill regardless of the source of payment.
• Can exercise these rights without regard to age, sex, race, color, religion, ancestry, national origin or ethnicity, physical or mental disability, culture, language, medical condition, marital status, sexual orientation, gender identity or expression, educational background, socioeconomic status or source of payment for care.
• The patient has the right to file a grievance. The hospital will make an effort to resolve the complaint within 7 days and to provide a written response. The Patient Advocacy department will accept the complaint by calling 1-310-900-8572.
• The patient can file a complaint with the Department of Public Health (County of Los Angeles) regardless if they use the hospital’s grievance process by calling 1-626-569-3724.
• The patient can also file a grievance with the Joint Commission’s Office of Quality Monitoring by calling 1-800-994-6610.

A copy of the complete Patient Rights and Responsibilities can be obtained from the Admissions Office.

**Informed Consent**

“Informed Consent” is required for those procedures which are complex or involve material risks that are not commonly understood. The patient’s physician is responsible for providing the information the patient needs in order to make an informed decision and for obtaining the patient’s informed consent or refusal for the recommended procedure. The hospital’s role in the informed consent process is to verify that the physician obtained the patient’s informed consent before the physician is permitted to perform the procedure or that an exception (such as the emergency exception) applies that allows treatment to proceed. The hospital is responsible for ensuring that the consent form is completed prior to the procedure. The nurse is also responsible for witnessing the patient’s signature after verifying with the patient that informed consent has been obtained by the physician. Consent must be freely given and must not be obtained through exercise of either duress or coercion. When a patient lacks capacity to make a healthcare decision and treatment is immediately necessary to prevent death or permanent disability or to alleviate severe pain, and a surrogate decision-maker cannot be contacted, treatment may proceed because it is an emergency and consent will be implied in such circumstances. While the treatment proceeds, efforts must continue to be made to contact a surrogate decision-maker. The emergency exception may not be invoked to authorize treatment that has previously been refused by the patient or an incompetent patient’s surrogate decision-maker. Failure to comply with the provisions regarding informed consent may lead to civil or criminal penalties (or both) for the physician and/or the hospital personnel.
SFMC OO Quiz - Non-Clinical
All Registry, students, volunteers and physicians must complete the Attestation on the last page.

Date: _____________________  Department: __________________________

Name (Please print): __________________________________________

Signature: __________________________________________________

1. The Vincentian Values include:
   a. Respect
   b. Compassionate Service
   c. Simplicity
   d. Advocacy for the Poor
   e. Inventiveness to Infinity
   f. All of the above

2. To report an UNSAFE CONDITION, you would:
   a. Notify the area supervisor or Safety Officer
   b. Dial "0" to report to PBX Operator
   c. Call Engineering
   d. All of the above

3. CODE ______ refers to an Infant/Child Abduction.

4. If a Code Pink is announced you should look for anyone carrying an infant, large bag or a bundled object.
   a. True
   b. False

5. Information contained on SDS sheets include emergency first aid procedures and spill procedures.
   a. True
   b. False

6. Internal or External Triage is paged to notify associates of an impending disaster. If you are on duty when a triage is paged, you would:
   a. Return to your department
   b. Contact the area supervisor to receive reporting/work instructions
   c. Use pay phones to keep hospital lines clear
   d. All of the above

7. Protected Health Information includes:
   a. Name
   b. Address
   c. Birthdate
   d. All of the above
8. Reporting a Corporate Compliance complaint should be done by:
   a. Calling the values line
   b. Contacting the supervisor
   c. Telling everyone around you
   d. All of the above

9. In the case of an actual fire in the hospital, CODE RED will be paged overhead. Your role at the fire's point of origin is to follow the RACE procedure, which stands for:
   R _____________________________
   A _____________________________
   C _____________________________
   E _____________________________

10. Harassment includes:
    a. Unwelcome sexual advances
    b. Asking someone out once
    c. Discriminatory behavior based on a protected class
    d. All of the above
    e. Both a and c

11. EMTALA applies to any facility or department on the hospital campus.
    a. True
    b. False

12. Hospitals are no longer allowed to turn away uninsured patients needing immediate care.
    a. True
    b. False

13. Every hospital worker is responsible for INFECTION CONTROL. The single most important thing we can do to prevent the spread of infection is: ________________________.

14. A patient’s pain level should be assessed upon admission?
    a. True
    b. False

15. Pain is whatever the experience person says it is, existing whenever the patient says it does.
    a. True
    b. False

16. St. Francis Medical Center requires that all individuals practice in a manner that respects the culture of each patient:
    a. True
    b. False

17. Patients have the right to confidentiality, personal privacy, and the right to make decisions.
    a. True
    b. False
18. Hospital Wide and Unit Specific Policies can be located on the SFMC Intranet.
   a. True
   b. False
**Clinical Information for certified or licensed staff Only**

**Needle sticks**
- Always use safety needles when available
- Do not bend hand-recap, shear or break contaminated needles and other sharps.
- Do not pass contaminated sharps from one person to another.
- During codes or high stress situations, communicate your actions to others
- Dispose of contaminated sharps immediately rather than holding them in your hand or setting them on a table or bed.
- Place contaminated sharps in an appropriate puncture- resistant, leak-proof container immediately after use.
- Do not overfill sharps container. Close and seal when ¾ full.

**Additional self-protective controls should be followed:**
- When performing procedures involving blood or other potentially infectious materials, minimize splashing, spraying, splattering and generation of droplets.  
  **EXAMPLE:** Before removing a rubber stopper from specimen tube, cover it with gauze to reduce the chance of splatter.
- Do not eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses where you may be exposed to blood or other potentially infectious materials.
- Avoid petroleum-based lubricants that may eat through latex gloves. Applying hand cream is OK if you thoroughly wash your hands first.  
  (Use only Hospital approved hand cream. Do not bring products from home to the Medical Center.)
- Never mouth pipette or suction blood or other potentially infectious materials.
- Do not keep food and drinks in refrigerators, freezers, cabinets or on shelves, countertops or bench tops where blood or other potentially infectious materials may be present.
- Do not eat or drink at nurse’s station where specimens have been placed.

**If you are exposed**
- If possible, wash exposed area with soap and warm water.
- Students- notify your instructor immediately and report to employee health services
- Registry, Students, Volunteers and Physicians, report to employee health services (or the Emergency Department if after hours) immediately.

**Quality Improvement**
If you have a safety or quality of care concern, please discuss it with your immediate supervisor or other appropriate person. As an accredited organization, such concerns may be reported to The Joint Commission (TJC). SFMC promotes a non-punitive environment for reporting of events and no disciplinary action will be taken against anyone who makes a valid report. Complaints to the Joint Commission can be made by telephone at (800) 994-6610 or by email at complaint@jointcommission.org

Event reporting assists in quality improvement of systems / processes and increases patient safety. All untoward incidents, medication errors, adverse drug reactions and near miss events should be reported immediately.

Events may be reported via the Risk-Pro system.

**Patient Care Essentials**
- The hospital approved patient identifiers are NAME and DATE OF BIRTH The medical record number can be used if the name and date of birth are the same.
• **Patient identification** **must** be an interactive process.
• Label all specimen (blood, urine, etc.) containers in the presence of the patient.
• A “time out” **must** always be conducted prior to the start of any invasive procedure: this is verification of the correct patient, site/side, procedure, position.
• Involve the patient in marking the surgical site.
• All telephone orders and test results must be “read back” and documented in the chart at the time of “read back.”
• **Verbal orders** can only be received from a physician in Emergency situations and must be “repeated back.”
• A **Critical Values/Result** must be reported to the physician that ordered the test within **15 minutes** of receiving the result.
• If the physician does not respond, after 3 attempts (15 minutes x 3), notify the charge nurse and escalate the chain of command.
• When taking an order from a physician and it included an unapproved abbreviation, do not write the abbreviation in the chart. **SPELL IT OUT!**
• Avoid using the following unapproved abbreviations.
  1. 1.0 (trailing zero)
  2. .1 (no leading zero)
  3. U
  4. QD
  5. QOD
  6. MS
  7. MSO4
  8. MGSO4
  9. IU
• **Provide an update (hand-off),** to the oncoming associate, of the patient’s current condition when going on a break or leaving the shift.
• **Be careful when administering medications** via a syringe, this will avoid the possibility of tubing misconnections: inadvertent IV administration in patients with IV lines.
• **Label all medications** and solution containers in all procedural and surgical settings.
• **Medication labels must include:** drug name, strength, amount, expiration date and date prepared.
• Never use any product that is not labeled.
• Obtain a complete list of patient’s medications on admission.
• **Communicate list of patient’s current medication** to the next provider on transfer and discharge.
• Medication reconciliation should be completed throughout the continuum of care including admission, transfer, and discharge of all patients.
• Provide a complete list of current medications to all patients at discharge.
• **High Alert Medications:** When administering High Alert Medications, the nurse should take an extra step to double check before the medication is given. High Alert Medications have a greater risk to cause harm to an individual if used incorrectly. Before administering any high alert medication, please ensure that it is the right medication, the right strength, the right patient and the right time.
• **Assess and reassess** each patient at risk for falls. Yellow is the color used to identify patients at risk for falls.
• A **yellow armband** must be on all patients who have been identified at risk for falls.
• Identify all patients at risk for suicide and refer them to social services for crisis management interventions.
• Inform all patients and family members to report any patient safety concern to the Patient Advocate @ ext.8572.
Patient Safety Officer
Patient Safety Officer can be reached at extension 8571

Rapid Response
The Rapid Response Team provides early intervention for patients who are in significant distress and may require immediate intervention and stabilization. The team’s function is to respond to patients in distress and assess the patients to see if a higher level of care is required.

The individuals who make up the Rapid Response Team are the respiratory therapist, ICU charge nurse/MAP nurse and the charge nurse from the unit where the patient is located. To activate the RRT dial the code line at x1111. The respondents are notified by an overhead page stating, “Rapid Response Team to Room______.”

STEMI and Stroke
SFMC is a STEMI and Stroke Receiving Center. We expedite the early definitive diagnosis and treatment of patients presenting with suspected ST-Elevation Myocardial Infarction or Stroke. Our goal in each category is to rapidly reperfuse the heart or brain so as to prevent damage. For STEMI the goal from medical contact to primary percutaneous intervention is 90 minutes or less. For stroke it is 0-4.5 hrs. for IV rtPA (clot buster), 0-6hrs for intra-arterial rtPA, and 0-8hrs for mechanical clot retrieval.

If the patients are on the floor and symptoms occur for either problem, the primary RN will activate a Rapid Response and the primary physician will be notified. It is up to the physician to call a Code STEMI or a Code Stroke, depending on if certain criteria is met. Symptoms for heart attack include: Pressure, fullness or tightness in your chest, crushing or searing pain that radiates to the back, neck, jaw, shoulders and arms — particularly the left arm, pain that lasts more than a few minutes, gets worse with activity, goes away and comes back or varies in intensity, shortness of breath, a sense of doom, vital sign changes, cold sweats, dizziness or weakness and nausea or vomiting. To assess stroke, the FAST (Functional Assessment Screening Tool) is used. FAST incorporates the following observations: facial drooping (ask person to smile), arm weakness (look for arm drift), speech difficulty (slurred, unable to talk, difficulty understanding their speech) and then time (it is time to call 911). Early intervention preserves organ function. Time is heart and brain.

Additional Infection Control information related to MDRO, SSI and CLI

M.R.S.A
(Methicillin-Resistant Staphylococcus aureus)
- Multidrug-resistant organisms (MDROs), such as Methicillin-Resistant Staphylococcus Aureus (MRSA) have important infection control implications in all healthcare settings.
- “Methicillin-resistant Staphylococcus aureus” or “MRSA” is a type of Staph that is resistant to some of the antibiotics that are often used to treat Staph infections.

MRSA: Standard Precautions
- Hand Hygiene
- Wear gloves
- Use PPE: Mouth, nose, eye protection
- Gowning: Wear a gown, that is appropriate to the task
- Appropriate device handling of patient care equipment and instruments/devices
- Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned

Appropriate handling of laundry
Multi-Drug Resistant Organisms
CDC recommendations to prevent MDRO transmission:
Prevent Infection: Give influenza/Pneumococcal vaccine to at risk patients before discharge
Get the Catheters out: Use Catheters only when essential and Remove catheter when not needed
Target the pathogen: Culture the patient
Break the chain of contagion: Use proper antisepsis to obtain and process blood and other cultures, and Use proper hand washing
Isolate the pathogen: Use standard precautions

What Nurses can do to Prevent MRSA Infections?
- Clean their hands before and after caring for every patient.
- Carefully clean hospital rooms and medical equipment.
- Use Contact Precautions when caring for patients with MRSA.
- Visitors may wear a gown and gloves.
- May test some patients to see if they have MRSA on their skin

Surgical Site Infections (SSI)
- 3rd most common nosocomial infection (14-16%)
- Increase cost and length of stay
- Most common nosocomial infection on surgical services
- Despite advances in infection control practices, Surgical Site Infections (SSI), remain a substantial cause of morbidity and mortality among hospitalized patients
- Surgical site infections (SSI), either an incision or organ/space infection occurring:
  - Within 30 days after an operation
  - Within 1 year if an implant is present.

SSI: Risk Factors

PATIENT
- Poor nutritional status
- Uncontrolled Diabetes
- Smoking
- Obesity
- Coexistent infections at a remote body site
- Colonization with microorganisms
- Altered immune response
- Chronic corticosteroid use
- Length of preoperative stay

OPERATION
- Preoperative shaving
- Preoperative skin prep
- Duration of operation
- Antimicrobial prophylaxis
- Operating room ventilation
- Instrument processing
- Foreign material in the surgical site
- Surgical drains

Surgical technique

SSI: Other Risk Factors
- Inappropriate choice of antimicrobial prophylaxis
- Improper timing (pre-incision dose)
- Inadequate dose based on body mass index
- Procedures >3h, or increased blood loss
- Skin or site preparation ineffective
- Removal of hair with razors
- Improper intraoperative temperature
Excessive OR traffic
Improper glucose control
Colonization with preexisting microorganisms

SSI: Signs & Symptoms
- Redness and pain around the areas where the patient had surgery
- Drainage of cloudy fluid from surgical wound
- Fever
- Swelling that extends beyond the surgical site
- Surgical site not healing as expected
- Hot or Swelling/Hardening of the Incision

Most SSIs will be asymptomatic for at least 5 days and often without clinical manifestations for up to 2 weeks

SSI: Best Practices
Staff shall implement and promote compliance to best practices guidelines to reduce the risk of SSI
These practices include:
- Appropriate antibiotic administration
- Glucose control
- Appropriate hair removal or no hair removal
- Maintain patient normothermia
- Appropriate Postoperative incision care
- Appropriate hand hygiene when checking or changing dressing
- Proper preparation of the patient including the area around the incision prior to surgery based on policy
- Administration of antimicrobial prophylaxis
- Antisepsis for operative personnel
- Proper ventilation of operating room
- Flash Sterilization of instruments should be limited
- Surgical attire and drapes when entering the operating area
- Cleaning and disinfection of environment surfaces

Prevention of Central Line-Associated Infections (CLABSI)
- CLABSI can be prevented through proper management of the central line
- Transfer Rule: If a CLABSI develops within 48 hours of transfer from one inpatient location to another location, the infection is attributed to the transferring location.

CLABSI: Prevention Strategies /Interventions
- Comply with proper hand hygiene
- Perform adequate Hub/access port cleaning
- Remove unnecessary CL: Nursing staff shall notify physicians of CLs that are unnecessary
- Choose proper insertion sites and practices: Providing education on CL maintenance and insertion
- Adequate skin antisepsis: Full barrier precautions during CL insertion
Never pull a tunneled cuffed catheter unless specifically directed or trained to do so

SEVERE SEPSIS CRITERIA
SIRS criteria and 1 or more of the following:
- SBP less than 90 or MAP less than 65mmHg
- Lactate greater than 4 mmol /L
- Platelets less than 100,000(not chronic)
- Creatinine greater than 2 (not chronic)
- Abnormal lFTs( not chronic) T.bili greater than 2
- AST greater than 9 0, ALT greater than 9 0
- Elevated troponins or evidence of ongoing ischemia
- Urine output ≤ 0.5cc/kg/hour for greater than 2 hours
- Acute Altered Mental Status
Key Questions for CAUTI
Urinary tract infections (UTI) is an infection in the urinary system, which includes the bladder and the kidneys.

What is CAUTI
Catheter-Associated Urinary Tract Infection (CAUTI)
If a patient has a urinary catheter, germs can travel along the catheter and cause an infection in the bladder or kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

Complications associated with CAUTI
CAUTI can lead to such complications
- Cystitis
- Pyelonephritis
- Gram-negative bacteremia
- Prostatitis
- Epididymitis
- Orchitis in male

One Legacy Organ Donation

CMS regulations require all deaths to be reported:
- Imminent brain death: Report as soon as patient shows one or more clinical signs of cessation of brain and brain stem functions
- Cardiac death: Report death as soon as possible, preferably within one hour

Organs & Tissue can become non-viable during the time the family considers the donation option
All deaths are possible tissue donors

When to Call One Legacy
CRITICAL CARE AREAS (ER, ICU, CCU, PICU)
Call within 1 hour on all ventilated patients (that meet one or more of the following criteria)
- Neurological injury (traumatic or non-traumatic)
- Loss of one or more brainstem reflexes (pupil, gag, cough, pain etc.)
- Prior to initiation of DNR or End-of-Life conversation with the patient’s family

ORGAN AND TISSUE DONOR REFERRAL
To contact us regarding a potential organ or tissue donor, please call our 24-hour Donor Referral Line:
(800) 338-6112

Information for Dying patient:

TALKING POINTS ADDRESSING DEATH AND DYING:
Care Provided to the Patient and Family Addressing End of Life Issues

- St. Francis Medical Center follows the Ethical and Religious Directives of Catholic Healthcare. We have a duty to preserve our life and use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.
- Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. They should not be deprived of consciousness without a
compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life so long as the intent is not to hasten death.

- The determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria.
- St. Francis provides information to patients and their families on issues including “CPR and The Right to Refuse It,” “Cure Sometimes – Comfort Always,” “Making Your Way Through Life Support Choices,” and “Advice on Advance Directives.” These informational brochures are provided by the Chaplain as part of the initial spiritual assessment.

**Advance Health Care Directive**

**What is an “Advance Health Care Directive” and why would I want one?** Every person has the right to make his or her own medical decisions. But what happens if you become so seriously ill or injured that you can no longer make your own medical decisions or communicate them to those around you? That is when an advance health care directive can be of great help. There are two types of advance directives. An advance health care directive, sometimes called a “living will,” is a legal document that allows you to give directions about your future medical care in the event you become unable to make your wishes known. An advance directive lets others know how you wish to be treated if you become seriously ill or injured and are unable to make decisions for yourself. An advance health care directive allows you to appoint a person with a ‘durable power of attorney’ who will be legally entitled to make medical decisions for you if you become unable to make such decisions for yourself. This agent will make decisions in accordance with the directions you will have given him or her in the advance health care directive.

**Victim of Abuse**

Caregivers are mandatory reporters of suspected abuse. If abuse is suspected, the Associate should call the hospital Social Worker on call whose numbers are ext. 2094 or ext. 7852. If the Social Worker doesn’t answer, leave a message that includes the patient name, location, type of abuse suspected, date, time, reporting persons name and contact number. The social worker will respond as soon as they receive the message. The Social Worker will contact the Department of Children and Family Services at 1-800-540-4000, and they will review the information. The department will perform either an immediate response or a five day follow-up response. Please review the following chart that delineates a variety of abuse circumstances that must be reported. Child Abuse & Neglect, Elderly Abuse, Domestic Violence, Child Sexual Abuse, Rape, Physical Assault and Sexual Molestation

Family violence and child and elder abuse are frequently reported. A study published by the Centers for Disease Control and Prevention (CDC) estimates that “intimate partner abuse” results each year in 2 million injuries to women and 600,000 injuries among men. The National Center on Elder Abuse references a study that estimates that between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depend for care or protection.

**Restraints & Seclusion Training**

- Restraints are any method of restricting an individual’s freedom of movement, physical activity or normal access to the body.
- Seclusion is to remove or keep apart a patient from the general population of patients.
- All patients have a right to respectful care that allows for maintenance of his or her dignity.
- Restraint and seclusion have the potential to adversely impact patient rights and well being.
- The order must be renewed each calendar day after face to face assessment by the physician.
- Any reapplication of restraints requires another restraint order from the physician.
- Type and side of restraint needs to be specified in the physician order and nursing documentation.
- PRN orders for restraints are **not permitted**.
- Restraint or seclusion use is based on assessed needs of the patient from their observed actions. The reason
for usage must be documented.

- The least restrictive, safe and effective restraint and/or seclusion method should be employed and must be documented.
- Alternative, less restrictive interventions must be attempted first and documented as to their effectiveness.
- Frequent monitoring can lead to earlier termination of restraints or seclusion and is essential to prevent untoward occurrences.
- Patient/family education includes the reason for restraint use, alternatives used and to explain the goal of early termination of restraint.

- There are two types of restraints, **non-violent or non-self-destructive** (formally medical restraints) and **violent or self-destructive behavior** (formally behavioral restraints). If a patient is attempting to pull out lines that are medically necessary for treatment, is trying to ambulate and is at risk of falling or is non-compliant with safety instruction, non-violent category restraints should be used. If a patient is a danger to self by self-destructive means or is a danger to others by harming them, violent category restraints should be used. **The restraint methods include: physical, chemical, seclusion, time-out, behavioral management.**

- If a patient is placed on violent or self-destructive restraints or in seclusion, a telephone order must be obtained immediately and a face to face evaluation must be made by the MD within 1 hour.

- Each order for violent or self-destructive restraint or seclusion must be ordered/renewed with the following limits for up to a total of 24 hours: up to 4 hours for adults age 18 and older, up to 2 hours for children and adolescents 9-17 years old, and 1 hour for patients under 9 years old.

- Visual checks are to be done and documented on violent or self-destructive behavior, every 15 minutes. The first hour the patient is a 1:1, and monitored by an LVN or RN.

- Staff members will conduct debriefings at least every 24 hours after each episode of violent or self-destructive restraint or seclusion application.

- All patients requiring the use of non-violent/non-self-destructive restraints must have a physician’s order (telephone or written) within 12 hours of initiation of restraints, and renewal within 24 hours.

- Non-violent or non-self-destructive restraints will be evaluated at least every 2 hours or more if necessary.

- The continued level of agitation must be documented at least every 2 hours

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**USE OF RESTRAINTS/SECLUSION**

**Application of wrist restraints**

**Directions for Application**

1. Position cuff on patient’s limb and bring straps together to secure.
2. Wrap straps around patient’s limb without interference with circulation.
3. Make sure straps are not too tight or too loose.
4. Secure straps with Velcro closure provided.

**Falls Prevention Policy Overview**

**Falls Risk Assessment Tools Used by St. Francis Medical Center**

1. Hendrich II Fall Risk Assessment Tool will be used for patients **18 yrs and older**. A falls risk score of 5 or greater indicates high risk.
2. Humpty Dumpty Fall Risk Assessment Tool will be used for patients **17 yrs and younger**. A falls risk score of 12 or greater indicates high risk.
3. The Ambulatory Setting Adult Fall Risk Assessment will be used in adult ambulatory/outpatient settings. One or more “Yes” response(s) indicate the patient is at risk for falls.

4. The Maternity/Post-Partum fall Risk Assessment will be used to assess fall risk in maternity and post-partum patients. This population has intermittent fall risk associated predominantly with ambulation and medication administration.

Remember: Any patients can be placed on fall prevention regardless of risk score.

A. **The Policy on Falls Assessment:**
Each patient should be assessed for risk of falls upon admission and on an on-going basis every shift, and documented in the electronic medical record. Re-assessment should be completed if there is a change in patient’s condition.

A.1. **Fall Risk Assessment for Inpatients & Skilled Nursing Unit:**
Patients should be assessed for their fall risk:
- On admission to the facility
- On any transfer from one unit to another within the facility
- Following any change of status
- Following a fall

**Basic fall prevention measures:**
- Document patient at risk for fall in the electronic medical record, care plan and/or ambulatory summary/problem list.
- Ensure bed or gurney is in the lowest and locked position with the use of side rails, when available and call light within reach at all times.
- Educate patient/family members regarding fall risk prevention strategies/techniques and document.
- Assistive device(s) (if utilized by patient) to be placed within reach and instruct patient to call for assistance.
- Ensure that environment remains clutter free and free of hazards including ensuring adequate lighting.
- Provide assistance as needed when patient is out of bed, off gurney or sent to another diagnostic/treatment area.

*For all patients assessed as high-risk for falls, the following interventions will be implemented:*
- Place a yellow wrist band on the patient (for inpatients)
- Place a yellow dot on the door to the patient’s room
- Place a yellow dot above the head of bed in multi-patient rooms.
- Place a yellow dot on Kardex and chart

Additional fall risk strategies/interventions may also be deployed:
- Encourage patients to wear yellow, non-skid socks for their safety and document any refusals.
- Frequent rounding in patients for direct observation (for inpatients: strict adherence to rounding) Assess their toileting/elimination needs during rounding.
- Place inpatients on a fall prevention pad as needed.

A.2. **Pediatric Patients (17 yrs and younger):**
The RN will do a falls risk assessment upon admission on all Pediatric patients.

*Upon identification of an at risk patient as outline above with a score of 12 or above on the Humpty Dumpty Falls Risk Assessment Tool, the RN shall implement the following precautionary measures:*
- Place Humpty Dumpty laminated card on the patient’s door.
- Place a Humpty Dumpty sticker on the Kardex.
- Place a Humpty Dumpty sticker on the Patients chart.
- Ensure the bed is in its lowest/locked position.
- Educate family regarding safety precautions.
- Children less than 5 years of age shall be placed in a crib, children over will be placed in a junior bed or adult bed.
- Direct observation when out of bed.
- Assess for adequate lighting.
- Protective barriers to close off gaps in the bed, side rails up.
- Check on patient frequently.
- Environment clear of unused equipment.
- Call light within reach, and educate patient/family on functionality.
- Document fall prevention teaching and include in the plan of care, as well as the Kardex that the patient has been identified as at risk for a fall.
- In addition to following the Fall Risk Prevention strategies, the Pediatric unit will follow the Pediatric Safety Plan for the care of the age-specific patients on this unit.

A.3. Maternity/Post-Partum will use the Maternity/Post-Partum Fall Risk Assessment
The Maternal/Postpartum units have separate fall risk assessment criteria which are completed upon admission and every shift on each day of hospitalization via electronic documentation.

Upon identification of an at-risk patient, the RN will implement the following precautionary measures:
- Place a yellow dot on the door patient’s door
- Ensure bed is in the lowest locked position
- Educate patient/family regarding fall prevention measures
- Place frequently used items close to the patient (e.g. phone, tissues, bedside stand, personal items)
- Answer call light promptly
- A yellow band is not used in the maternal/Postpartum units unless the patient is on continuous fall precautions.

A.4. Fall Risk Assessment for Outpatients
Outpatient fall risk assessments can be done on two levels. The primary care provider can do an initial screening, and then refer patients that are at risk to either physical or occupational therapy to perform a more in-depth balance assessment. All outpatient areas and ambulatory care will use the Ambulatory Care Adult Fall Risk Assessment.

A.5. Emergency/Triage/Rapid Medical evaluation and Fast Track areas shall implement the following precautionary measures:
- Ensure gurney/bed is in lowest/locked position.
- Ensure lighting is adequate.
- Educate patient/family regarding safety precautions and interventions.
- Place frequently used items close to the patient (e.g. phone, tissues, bedside stand, personal items)
- Ensure patient placement is in close proximity to nurses’ and physicians’ core area for best observation.
- Answer call light promptly.
- Increased frequency of patient observation.
- Direct attendance when out of bed/off gurney or sent to another diagnostic/treatment area.
- Increased toileting schedule with direct observation.

B. Post Fall Management
- Assess and evaluate the patient
- Place patient in bed/gurney and make the patient comfortable unless contraindicated.
- Take vital signs.
- Call MD and inform of patient fall and current condition.
- RN completes a post-fall assessment utilizing approved post-fall assessment form.
- Revise or update fall risk assessment and patient care plan as indicated
- Obtain vital signs every 4 hours for the first 24 hours and every 8 hours; thereafter, for 72 hours after a fall.
  - If the patient sustained a head injury; perform neurochecks per physician order.
- Notify the Clinical Manager/Charge Nurse of the fall. Complete Risk Pro report.
B.1. Post fall Debriefing/ Evaluation

- Complete the post-fall debriefing tool (Include all primary nurse, charge nurse, CNA, and other applicable associates) within 2 hours of fall.
- Give completed debriefing tool to unit director/ manager.
- Director/ Manager will send a copy to the Falls Team following analysis of the fall event.

B.2. Educating the Patient / Family on Fall Risk

- The patient / family is informed of the patient’s fall risk status and plan of care
- The patient / family is educated on fall prevention techniques
- There is teaching material on fall prevention that is available to the patient /family.
- There are guidelines available to staff on how to teach the patient / family about fall prevention.

B.3. Documentation and Follow-up

Following the post-fall assessment and any immediate measure to protect the patient:

1. An incident report should be completed.
2. A detailed progress note should be entered into the patient’s record including the results of the post-fall assessment.
3. Refer the patient for further evaluation by physician to ensure other serious injuries have not occurred.
4. Refer to the interdisciplinary treatment team to review fall prevention interventions and modify care-plans as appropriate.
5. Communicate to all shifts that the patient has fallen and is at risk to fall again.
SFMC OO Quiz Clinical portion

Date: ____________________
Print Name: ____________________
Dept: _______________________________
Signature: _______________________________

1. The Vincentian Values include:
   a. Respect
   b. Compassionate Service
   c. Simplicity
   d. Advocacy for the Poor
   e. Inventiveness to Infinity
   f. All of the above

2. To report an UNSAFE CONDITION, you would:
   a. Notify the area supervisor or Safety Officer
   b. Dial "0" to report to PBX Operator
   c. Call Engineering
   d. All of the above

3. CODE ______ refers to an Infant/Child Abduction.

4. If a Code Pink is announced you should look for anyone carrying an infant, large bag or a bundled object.
   a. True
   b. False

5. Information contained on SDS sheets include emergency first aid procedures and spill procedures.
   a. True
   b. False

6. Internal or External Triage is paged to notify associates of an impending disaster. If you are on duty when a triage is paged, you would:
   a. Return to your department
   b. Contact the area supervisor to receive reporting/work instructions
   c. Keep telephone lines free for emergency communication.
   d. All of the above

7. Protected Health Information includes:
   a. Name
   b. Address
   c. Birthdate
   d. All of the above
8. Reporting a Corporate Compliance complaint should be done by:
   a. Calling the values line
   b. Contacting the supervisor
   c. Telling everyone around you
   d. All of the above

9. In the case of an actual fire in the hospital, CODE RED will be paged overhead. Your role at the fire’s point of origin is to follow the RACE procedure, which stands for:
   R __________________________
   A __________________________
   C __________________________
   E __________________________

10. Harassment includes:
    a. Unwelcome sexual advances
    b. Asking someone out once
    c. Discriminatory behavior based on a protected class
    d. All of the above
    e. Both a and c

11. EMTALA applies to any facility or department on the hospital campus.
    a. True
    b. False

12. EMTALA states hospitals are no longer allowed to turn away uninsured patients needing immediate care.
    a. True
    b. False

13. Every hospital worker is responsible for INFECTION CONTROL. The single most important thing we can do to prevent the spread of infection is: __________________________.

14. A patient’s pain level should be assessed upon admission?
    a. True
    b. False

15. A patient’s pain level shall be referred to as the _________________.

16. St. Francis Medical Center requires that all individuals practice in a manner that respects the culture of each patient:
    a. True
    b. False

17. Patients have the right to confidentiality, personal privacy, and the right to make decisions.
    a. True
    b. False
18. What two pieces of information should be used to identify a patient?
   a. name and date of birth
   b. name and room number
   c. name and procedure
   d. name and social security number

19. After you receive a critical value or result, the physician ordering the test should be called
   a. within 1 hour
   b. right away
   c. within 15 minutes
   d. the physician does not need to be called

20. Verbal orders can only be utilized when:
   a. the physician is on the phone
   b. the physician ask you to write the order
   c. there is an emergency situation
   d. they should never be taken

21. All current medications and newly prescribed medications must be reconciled at discharge
   a. True
   b. False

22. While you are checking your patient, you find him with FAST signs for stroke what is your next step?
   a. Call code blue.
   b. Call RRT
   c. Call charge nurse.
   d. Call code stroke

23. For a STEMI, the goal from medical contact to primary percutaneous intervention is 90 minutes or less, because time affects the outcome.
   a. True
   b. False

24. Failure to comply with the provisions regarding informed consent may lead to civil or criminal penalties (or both) for the physician and/or the hospital personnel.
   a. True
   b. False

25. If you feel there is something seriously wrong with your patient, dial 111 and let the operator know the patient’s room number, your name and the need for a Rapid Response Intervention.
   a. True
   b. False
HIPAA Registry, Student, Volunteer or Physician Attestation

What you need to know:
As a registry, student, volunteer or physician performing a clinical rotation at St. Francis Medical Center (SFMC), you will have access to confidential medical information.

2. Federal and state laws protect this confidential medical information
3. It is illegal for you to use or disclose this confidential medical information outside the scope of your clinical duties at SFMC.
4. Guidelines for the use of this information:
   - [ ] You may use this information as necessary to care for your patients.
   - [ ] You may use this information with other health care providers for treatment purposes.
   - [ ] Do NOT photocopy patient information.
   - [ ] Access the minimum amount of information necessary to care for your patient or carry out an assignment.
   - [ ] Do NOT record patient names, dates of birth, address, phone number, social security number, etc., on the assignments you will turn in to your instructor.
   - [ ] You may only access the confidential information of patients for whom you are caring.
   - [ ] Be aware of your surroundings when discussing confidential information. It is inappropriate to discuss patients in elevators, cafeteria, etc.

5. If you have questions about the use or disclosure of confidential health information, contact your instructor.

I have read and understand the information above. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of confidential patient information. I will abide by the guidelines when completing my clinical rotation.

__________________________________________  __________________________________________  __________________________________________
Date                  Printed Name                  Signature