

# UCI Health

## New Hire Orientation

### Orientation Information Acknowledgement

I understand that I can ask my assigned department resource (shift manager /Supervisor, lead technician/therapist, department manager, or designee) for clarification of any of the material contained within this packet.

The contents of the Orientation Packet are listed below:

- Mission/Vision
- Parking
- Dress Code
- Smoking Policy
- Breaks/Lunches
- Body Mechanics
- Hazardous Materials
- Electrical Safety
- Fires
- Life Safety Measures
- Codes
- Infection Control/Blood borne Pathogens
- Employee Health
- OSHA BBP
- Injury Prevention
- Office Ergonomics
- Organizational Ethics
- Event Reporting and eSRM
- Patient Privacy
- Patient Rights
- Patient Responsibilities
- Social Services
- HIPAA/Patient Confidentiality
- Abuse Reporting
- Advanced Directives
- Utilization Management
- Age/Patient Population Related Issues
- Cultural Diversity
- Pain Management
- Fall Prevention
- Restraints
- End of Life: Care Related to Death and Dying
- One Legacy Organ and Tissue Referrals
- Disruptive Behavior
- Complaint and Grievance Process
- RRT
- Chain of Command
- Patient Medication Safety
- Patient Safety Plan
- Stop the Line
- Ticket to Ride
- Verification of Physician/Allied Health Privileges
- Moderate Sedation
- Recognition of impairment
- Team Dynamics
- Wristband
- PIPP
- HCAHPS
- AIDET
- Regulatory Agencies and Core Measure

I will observe HIPAA & Information Security policies.

I, \_\_\_\_\_ have reviewed the contents of the orientation packet and understand it is my responsibility to read UCI Health policies, procedures and protocols and implement them as written as they pertain to my area and scope of responsibility. If I do not comprehend and policy, procedure, or protocol, it is my responsibility to immediately acquire understanding or clarification from my department resource.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**New Hire Orientation**

**PLEASE COMPLETE THE SIGNATURE PAGE AND RETURN TO:**

Professional Practice &  
Development Department  
714-966-7222

Welcome to UCI Health- Fountain Valley

## **. I. Our Mission and Vision**

### **1. Our Mission:**

To provide world class healthcare to diverse patients of our community in an environment of compassion, competence, and quality, where both physicians and staff are committed to those patients, as well as each other.

### **2. Our Vision:**

To maintain a comprehensive range of services that meet the needs of the regional area we serve

To use all of our resources to deliver outstanding care and extraordinary service to our patients while being sensitive to their cultural differences

To provide opportunities for education to our physicians and staff that will assist in their professional growth and their ability to care for our patients

To distinguish ourselves both through our high quality of care delivery and integrity with which we deliver it.

## **II. Parking Policy:**

Parking is available at no charge in the Employee lot (See map).

## **III. Dress Code**

1. All employees/students are required to wear identification badges at all times while on duty.
2. All employees/students are expected to be professional in appearance.
3. Attire shall be modest, safe, and clean while on duty.
4. Employee/Student appropriate attire is defined as, but not limited to the following:
  - a. Artificial nails, nail extenders, silk wraps or other nail overlays, or nail jewelry are not allowed for staff with direct patient contact or contact with patient care supplies and equipment.
  - b. Fingernails must be kept neatly trimmed, ¼ inch maximum length, and clean.
  - c. If worn, polish will be light in color and in good repair (i.e. no chips or cracks).
  - d. As appropriate, hose or socks are required.
  - e. Closed toe shoes are required. Extreme colors, style, heel height, sandals, beach flip-flops are not acceptable.
  - f. Department specific dress code may be required. Sportswear such as jeans, denim pants of any colors, stretch pants, legging, shorts, walking shorts, skirts, T-shirts, sweatshirts, sleeveless shirts, bare shoulder or spaghetti strapped blouses, tank tops or sun dresses are not permitted.
  - g. Clothing must be modest and professional. Sheer, low cut, spandex, clinging, bare or revealing clothing must not be worn. Proper undergarments must be worn at all times.

## Dress Code (Cont.)

- h. Long hair will be pinned up or tied back.
- i. For safety reasons, it is requested that if jewelry is worn, it be conservative. Items such as earrings worn in areas other than the earlobe are considered unprofessional and not allowed.
- j. Mustache and/or beards are required to be neatly trimmed.

## IV. Smoking Policy:

UCI is a “smoke free” campus. Smoking is not allowed in any building at any time. Smoking is only permitted in designated smoking areas, outside of the facility. Smoking cessation programs are offered throughout the hospital. This includes nicotine patch administration for patients as indicated.

## V. Breaks and Lunches

1. You are allowed a fifteen (15) minute paid rest period for every 4 hours that you work.
2. You are allowed thirty (30) minutes unpaid meal period per 8-hour shift.
3. 12-hour shifts are required in certain clinical areas. Please ask your department resource for break and lunch period information.
4. Rest period and meal breaks may not be combined.

## VI. Body Mechanics

1. All staff are expected to practice safe body mechanics. Use of lift and position assistive equipment is required. If you need equipment orientation, please ask your staff resource.
2. Lift Coaches are available. ext. 4140
3. Devices used include:
  - a. Liko Viking XL/Golvo-Vertical lifts
  - b. Liko Sabina II- mechanical sit to stand
  - c. Arjo Sara Steady- Non-mechanical sit to stand
  - d. Slide Boards/Z-slider-friction reducing devices (FRD)
  - e. ComfortGlide (air) FRD repositioning system

## Key Points to remember:

- To maintain a safe and healthy working environment, UCI Health attempts to prevent injury to employees who perform lifting as a part of their job duties. Therefore, it is crucial that all employees demonstrate safe lifting, transporting and proper back care techniques at all times.
- UCI Health is firmly committed to maintaining a safe and healthful working environment. To achieve this goal, we have implemented this comprehensive Injury & Illness Prevention Program. This program is designed to prevent workplace accidents, injuries, and illnesses wherever possible.
- Good housekeeping is an integral part of any effective Safety Program. Keeping workplace areas neat and clean reduces the chance of accidents and injuries. Well-organized areas also increase the ability of employees to perform their jobs effectively. Each employee is responsible for keeping his or her work area neat and orderly.
- All direct care employees shall function as a “lift team” by providing patient handling assistance to colleagues when needed. If an urgent or emergent need has been identified by the nurse, PT or OT may provide support to nursing. Employees are encouraged to actively be involved in maintaining a safe environment by reporting any unsafe conditions to the unit supervisor

- Be familiar with the general proper body mechanics and ergonomics techniques

## **VII. Hazardous Materials**

1. Under the "Right to Know" requirements employees working in a healthcare environment have a "Right to Know":
  - a. What chemical hazards exist in the facility?
  - b. What their exposure potential may be?
  - c. What precautions have been taken to protect the employee?
  - d. What "work practice controls" are in place to protect workers?
  - e. What systems are in place (engineering controls) to limit exposure?
  - f. What personal protective equipment has been provided?
2. The leadership within the organization is required to:
  - a. Establish policies and procedures for the safe use, handling and storage of hazardous substances.
  - b. Orient and train staff on the potential exposure hazards and hospital policy.
  - c. Provide work policies & procedures for safe work practices.
  - d. Provide engineering controls and personal protective equipment to protect employees.
  - e. Monitor the compliance with use of the above.
  - f. Monitor the environment. Provide material safety data sheets.
  - g. Monitor accidents and incidents.
3. Employees are responsible to:
  - a. Understand and comply with hospital policies and procedures related to hazardous material safety.
  - b. Use the Haz-mat spill kits when handling hazardous substances.
  - c. Use the Personal protective equipment provided when handling hazardous substances.
  - d. Report unsafe or hazardous situations.
  - e. Report and document accidents, incidents, exposures and spills.
  - f. Understand where to find and how to read Material Safety Data Sheets (MS

## **VIII. Electrical Safety**

1. Personnel are responsible for knowing how to operate each piece of electrical equipment before using it.
2. All equipment in patient care areas must be approved by the Engineering Department of the hospital.
3. Check power plugs and cords before turning on equipment. Any damaged equipment should not be used, tagged with the facility form, and sent for repair.
4. If any electrical equipment "looks, smells, or sounds strange", disconnect the plug from power source, tag with facility form and notify engineering.
5. Patients are not allowed to use their own electrical appliances unless battery operated.
6. The first step to take in the event of an electrical fire or electrical shock is to disconnect the power to the equipment.

7. Never handle electrical equipment while in contact with potential grounds water faucets, sinks, or wet areas.

## **IX. Fires**

1. This fire plan is based on the acronym RACE, which is easy to remember:
  - R– Remove
  - A– Activate Alarm
  - C– Confine the Fire
  - E– Extinguish or evacuate the area if not safe (behind smoke barriers)
2. For use of the fire extinguisher use the acronym
  - PASS: P– Pull the Pin
  - A– Aim
  - S– Squeeze
  
  - S– Sweep
3. Do not use elevators in the event of fire.
4. Keep hallways clear (place equipment only on one side of the hallway)
5. Do not block exits, fire alarms or prop doors open
6. Do not store supplies or boxes on the floor
7. Keep items on top shelves at least 18 inches from the ceiling.
8. Fires are classified according to the material that is burning. Fire extinguishers are coded to reflect the type of fire they can put out. The classifications are:
  - Class A: Ordinary combustible material, such as paper, cloth, wood and some plastics.
  - Class B: Liquids, oil and gases.
  - Class C: Electrical, such as live energized electrical equipment

Class ABC: Extinguishes all types of fires

\*It is required to know the location of the closest fire extinguisher, fire alarm pull, and exits in your work area.

## **X. Life Safety Measures**

1. In the event you are directed to conduct a partial or total building evacuation know where your designated evacuation location is on the exterior of the building. The priority of patient evacuation is as follows:
  - a. Any in immediate danger.
  - b. Ambulatory patients.
  - c. Semi-ambulatory patients.
  - d. Non-ambulatory patients.
2. Disaster Manuals are located in each work area for reference.

## **XI. Codes and Hospital Alerts**

<b>Code</b>	<b>What it Means</b>	<b>What to do</b>	<b>Considerations</b>
<b>CODE RED</b>	Fire, Smoke or Burning Smell	Rescue those in immediate danger Alarm the Alarm & Pull Alarm Contain the Fire, Close Doors	If not responding, close doors, assume the responsibilities of those that responded, remain alert listen for more information.
<b>CODE BLUE</b>	Adult Emergency	Assess the Patient, call for help, initiate CPR	If not responding, take over the responsibilities of the personnel that responded to the Code
<b>CODE WHITE</b>	Pediatric Emergency Under 18yrs of age	Assess the Patient, call for help, initiate CPR	If not responding, take over the responsibilities of the personnel that responded to the Code
<b>CODE PINK</b>	Infant Abduction less than 1 month of age	Personnel go to nearest point of entry & stop all traffic. Maintain at least one person per door, age of missing infant will be announced	If not responding, take over the responsibilities of the personnel that responded to the Code
<b>CODE PURPLE</b>	Infant/Child Abduction	Personnel go to nearest point of entry & stop all traffic. Maintain at least one person per door, age of missing child will be announced	If not responding, take over the responsibilities of the personnel that responded to the Code
<b>CODE YELLOW</b>	Bomb Threat	Keep caller on phone, obtain information about bomb location, description, when it will go off, why it was placed, listen for background noises	All personnel follow directions of the lead person in charge until All Clear is announced
<b>CODE GRAY</b>	Combative Person Security	All staff trained in AB508 report to location paged, assist with de-escalation or with restraint if necessary	If not responding, take over the responsibilities of the personnel that responded to the Code
<b>CODE ORANGE</b>	Haz Mat Spill /Release	Contain Spill. Wear personal protective equipment Seek medical treatment if necessary	All personnel follow directions of the lead person in charge until All Clear is announced
<b>CODE SILVER</b>	Person with Weapon / Hostage	Secure yourself & others, Dial 5555 give location, hostages, suspects & weapon <b><u>DO NOT RESPOND</u></b>	All personnel remain in secured area until Police evacuation. Do not enter effected location

<b>RAPID RESPONSE</b>	Patient with Deteriorating condition	<b><u>Call 5555, and state Rapid Response Team to Room</u></b> ----Know the criteria for activation Use SBAR To communicate patient's condition to the team	Do Not leave the room when team arrives Be a resource and have patients „ chart ready for the team
<b>CODE TRIAGE I &amp; II</b>	Internal or External Disaster	Department Directors report to Command Center, get briefing & report unit status (census / staff on duty), personnel without assigned duties & employees off duty report to personnel	If not responding, take over the responsibilities of the personnel that responded to the Code

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<b>Code AMI</b>	Patients with Acute Myocardial infarction coming	Alerts Cath Lab, EKG, HS	If not responding, take over the responsibilities of the personnel that responded to the Code
<b>Code Stroke</b>	Patient with possible stroke diagnosis coming	CT Scan Alert, May initiate ROBOT	CN to coordinate
<b>Surge Codes: Beta Chi</b>	to ED ED Full, Beds Needed	Department Directors/ Managers or Charge Nurses report or call in to Saltzer Conference Room to see what help is needed , including through put	If not responding, take over the responsibilities of the personnel that responded to the Code
<b>Delta Condition Help</b>	Family to activate if it is medical emergency	Patient or family calls 4357 (HELP) Rapid Response Team Responds to the room after operator calls it Alert House Supervisor, RT, and Pharmacy and ICU intensivist. If not in ED, call a Rapid Response by dialing 5555. Use SBAR to communicate the patient's condition to the team.	Do Not leave the room when team arrives Be a resource and have patients „ chart ready for the team
<b>Code Sepsis</b>	Patient presents with an actual or suspected severe sepsis in the ED		Do not leave the room when team arrives. Be helpful to the team as needed and answer questions regarding the patient's condition.



## XII. Guidelines for Infection Control

1. These guidelines are intended to protect patients and healthcare providers from potential exposure to communicable disease. The Infection Control Manual provides extensive additional information.
2. TWO BASIC TEIRS OR PRECAUTIONS:
  - a. Standard
  - b. Transmission Based
3. STANDARD PRECAUTIONS are designed to reduce the transmission of blood borne pathogens.
4. STANDARD PRECAUTIONS apply to: Blood, all body fluids, secretions and excretions (except sweat), regardless of whether or not they contain visible blood. Exposure is through:
  - a. Non-intact skin
  - b. Mucus membranes
5. TRANSMISSION BASED PRECAUTIONS apply to:
  - a. Airborne
  - b. Droplet
  - c. Contact

### OVERVIEW OF ISOLATION GUIDELINES

Precautions	When Used	Examples of Disease	Instructions
Standard	All patients All blood, body fluids, secretions, excretions (except sweat) and contaminated items. Nonintact skin mucous membranes	All patients	Use barrier precautions as needed to prevent contact with blood, body fluids, excretions, secretions, and contaminated items. Wash hands before and after contact or glove use. Wash hands and change gloves between patients. Take care to prevent injuries when using sharps. Dispose of properly.
Transmission Based Precautions In Addition To Standard Precautions			
Airborne	Spread by droplet nuclei particle	Measles, Chicken Pox, <b><u>Tuberculosis</u></b>	Private room, negative air pressure, door closed. N95 Respirator, mask on patient during transport.

Droplet	Spread by droplets	Meningitis, Diphtheria, Mycoplasma Pneumonia, Influenza,	Private room if possible, wear mask, within 3 feet of patient, limit transport, surgical mask on patient during transport.
Contact	Spread by contact with intact skin or surfaces	Resistant bacteria like MRSA, VRE, Herpes simplex, highly contagious skin infections, <i>C. difficile</i> (infectious diarrhea)	Private room, wear gloves. Avoid contamination of hands. Wear gown. Limit transport. Dedicate use of patient care equipment to a single patient.

### XIII. Employee Health

#### 1. Health Requirements

- a. Employees with history of **positive PPD** reaction, will be evaluated on the basis of symptoms.
- b. In accordance with hospital policy and state law, employees evidencing symptoms of infectious disease or condition which render them unable to perform their duties as assigned may be suspended until symptoms disappear and released by a physician to return to work.
- c. **Any employee failing to cooperate may be suspended from work until the requirements are completed.**

#### 2. General Health

- a. UCI Health reserves the right to refer employees to the Emergency Department (ED) or primary care physician to request appropriate tests or physical examination at any time if deemed necessary to assure that employee is free of symptoms of infection and/or able to fulfill the requirements of his/her job.
- b. Any employee with an infectious illness shall be reported to the Employee Health Nurse. This also includes any employees with flu-type illnesses.

- c. Employees exposed to blood/body fluids must be reported to the Employee Health Nurse after flushing or washing the exposed area with soap and water.
  - d. Employees with a rash and/or open draining lesions are to be excused from duty and are not to return to work until released by a physician.
  - e. The Infection Prevention Nurse and Employee Health Nurse will be notified of any employee exposure to communicable disease or condition.
  - f. Employees exposed to bloodborne pathogens, meningococcal meningitis, or any other serious communicable disease or condition shall complete an **Employee Injury Report Form** and be referred to the ED physician for appropriate therapy, per protocol, as approved by the Infection Prevention Nurse/Employee Health Nurse.
  - g. Employees who become ill at work are required to report to their Supervisor and may be sent home or primary care physician, or to Employee Health as appropriate.
  - h. Employees who do not have a Director on-site (i.e. night shift, weekends) shall report any injuries or exposure to the House Supervisor immediately for an evaluation.
3. Immunizations: the following vaccines are available to employees to protect against certain communicable diseases:
- a. Hepatitis B
  - b. MMR
  - c. Tetanus/Pertussis
  - d. Varicella (chickenpox)
  - e. Influenza



- 4. Work Related Injuries or Infection
  - a. Any employee who sustains an injury/illness or exposure during the course and scope of employment will immediately notify their Supervisor who will notify the Employee Health (First Responder). If the Employee Health is not available, the Secondary Responder is the House Supervisor on duty.
  - b. The First/Secondary Responder will assess the employee injury and refer to treatment, as appropriate.
  - c. Emergent injuries and all exposures will be referred to the ED. All other injuries will be referred to a provider on the hospital's medical provider network.

**Employee Health (Cont.)**

- d. An employee who presents a release to work after a job-related injury indicating restrictions which make him/her unable to fulfill the regular duties of his/her job may be eligible to participate in the Transitional Duty Program. This program involves performing an accommodated job for a period of time. The physician's restricted release to work must indicate the type of work and physical exertion allowed.
- e. Employees absent from work due to muscle strain, broken bone, or condition which might reoccur without the use of proper body mechanics will follow up with employee health for referral/evaluation.

**5. Return to Work**

- a. Any employee returning to duty after an illness and/or injury must report to his/her Supervisor before clocking-in.
- b. A physician's statement that the employee is able to return to his/her regular position without restrictions is required if the employee is ill for more than three (3) days.

- c. Irrespective of the number of days absence, employees will automatically be denied a release to work pending approval by a physician if he/she was absent for one or more of the following conditions:
- d. Surgery was performed.
- e. Confinement to a hospital.
- f. A bone was broken or dislocated.
- g. Suffered a muscle strain or sprain.
- h. An employee who has been off for a lengthy period of time will be returned to an appropriate position, if available once he/she is released to return to work.

#### **6. Respiratory Protection**

- a. N95 mask fitting for all employees who may have the potential to work with “rule out” or confirmed Tuberculosis, SARS, or Covid-19 patients.
- b. Full-face respirator fitting (for employees working with fume or vapor producing chemicals).
- c. PAPRs (powered air purifying respirator) are for employees who perform high hazard procedures for patients with suspected or confirmed airborne diseases (i.e. TB or SARS) or for those who were not able to be fitted for N95 respirator.

### **XIV. OSHA Bloodborne Pathogen Standard**

1. Who is covered by the standard?
  - a. OSHA's Bloodborne Pathogens (BBP) Standard prescribes safeguards to protect workers against the health hazards caused by bloodborne pathogens. The BBP Standard places requirements on employers whose workers can be reasonably anticipated to contact blood or other potentially infectious materials.
2. How does exposure occur?
  - a. Most common source of exposure is from needle sticks.
  - b. Cuts from contaminated sharps instruments such as scalpels, contaminated broken glass.
  - c. Contact of mucous membranes (the eyes, nose, mouth) or broken (cut or abraded) skin with contaminated blood
3. BBPs are microorganisms that are carried in the blood that can cause disease in humans. There are at least 28 Blood Borne Pathogens with the three most common being:
  - a. Hepatitis B (HBV)
  - b. Hepatitis C (HCV)
  - c. Human Immunodeficiency Virus (HIV)

#### **OSHA Bloodborne Pathogen Standard (Cont.)**

4. Potentially Infectious Bodily Fluids
  - a. Blood
  - b. Semen or Vaginal Secretions
  - c. Skin Tissue, Cell cultures, Unfixed tissue or organ
  - d. Any bodily fluid with blood
  - e. Cerebrospinal fluid
  - f. Pleural, Pericardial, Peritoneal fluid
  - g. Amniotic fluid
5. Personal Protective Equipment (PPE)
  - a. Gloves

- b. Eye protection, goggles
  - c. Face masks or face shield
  - d. Gown
  - e. Respirators
6. PPE Rules to Remember
- a. Always check PPE for defects or tears before using
  - b. If PPE becomes torn or defective remove and get new ones
  - c. Remove PPR before leaving a contaminated area
  - d. Do not reuse disposable equipment
7. Universal Precautions
- a. Use proper PPE
  - b. Treat all blood and bodily fluids as if they are contaminated
  - c. Proper cleanup and decontamination
  - d. Prompt disposal of all contaminated material in the proper manner
  - e. Activate safety mechanisms of sharps
8. Hand Washing
- a. Wash hands immediately after removing PPE
  - b. A hand sanitizer can be used, but wash with soap and water as soon as possible afterward
9. Signs and Labels
- a. Labels must include the universal biohazard symbol, and the term "Biohazard" must be attached to:
  - b. Containers of regulated biohazard waste
  - c. Refrigerators or freezers containing blood or other potentially infectious materials (OPIM) Containers used to store, transport, or ship blood or OPIM
10. Exposure Incident
- a. A specific incident of contact with potentially infectious bodily fluid
  - b. Report all accidents involving blood or bodily fluids immediately to your supervisor, employee health, or during off hours the house supervisor
  - c. If there are no infiltrations of mucous membranes, open skin surfaces, or sharps injury by contaminated sharps, it is not considered an occupational exposure
  - d. Post-exposure medical evaluations are offered
11. Post-exposure Management
- a. Clean wounds with soap and water
  - b. Flush splashes to nose, mouth, or skin with water
  - c. Irrigate eyes with clean water, saline, or sterile irritants

## **XV. Injury Prevention**

Back pain is mankind's most common ailment and the most common type of work-related injury. Once you have a back injury, there is an increased chance of recurring back problems. The primary goal of proper body mechanics is to prevent additional trauma to and existing back problem. Remember, prevention is much easier than cure.

## Rules for Good Body Mechanics

1. Avoid lifting, if possible. If lifting:
  - Take a balanced stance with feet shoulder width apart.
  - Squat down so you can get as close to the object as possible.
  - Use palms and not just fingers to get a secure grip on the object.
  - Keep you back straight and avoid bending from the waist.
  - Tuck your chin.
  - Use legs, abs, and buttock muscles to lift.
  - Bend at your hips and knees and lift with your legs, not your back. Your leg muscles are much stronger than your back muscles.
2. Avoid lifting heavy objects higher than your waist. Always turn and face the object you wish to lift. Turn by pivoting or moving your feet, not twisting your trunk.
3. Avoid carrying unbalanced loads.
4. Stand close to the weight to be lifted and carry it close to your body.
5. Keep heavy objects off the floor, place on a table our counter instead-at the height of your trunk and hips
6. Never push, pull, or carry anything which you cannot handle with ease. Ask for help if the weight you are attempting to move is too heavy to handle alone.
7. Avoid sudden movements; learn to move more deliberately.
8. If carrying heavy weights, rest frequently or support the body whenever possible.
9. When mopping, vacuuming, sweeping, etc. always work with the tools close to your body. Work areas should be arranged to minimize strain. Never use a “giant” step or long reaches to perform your work activities.
10. When standing, sitting, or lying in bed, keep your head in line with the spine.
11. Try to maintain “good” posture by keeping your buttocks tucked and stomach flat. Wear low or moderate heels to avoid excessive back strain.



## Other Tips:

- Stretch first.
- Slow down.
- Rest your back-Take posture breaks.
- Sleep on a firm mattress.
- Get in shape. Strengthen your stomach muscles, lose weight and increase flexibility.

## Back Care Tips

- Change position often while at work or at home – get up every 30 minutes.
- Avoid stools and benches without backs.
- Eat properly and keep your weight down.
- Sit in a well-fitting chair with feet on the floor and thighs parallel to each other.
- Used a rolled towel if your chair does not support the normal curvature of your lower back.
- Lift properly. Use bent legs and keep back straight. Do not twist your trunk.
- Plan ahead. Clear your path before you start.

## Injury Prevention (Cont.)

- Avoid the forward stooping position. Work levels should allow for this. When standing for a prolonged period, lift one foot onto a stool.
- During your break – don't sit!
- Allow yourself to get enough rest at night – 6-8 hours.
- Avoid sudden maximal physical effort when you are out of shape.
- Choose a recreational activity and do it 2 or 3 times a week for 30 minutes.
- Do abdominal strengthening exercises 6 days a week. This will help to support your spine during lifting and promote good posture.
- Practice stress reduction techniques such as relaxation, deep breathing, imagery, and yoga.
- Do back extensions 4-5 times after sitting and before lifting.
- Push, don't pull. If you have to pull make sure you tighten your stomach muscles and use proper posture.
- Use handles and lifting straps.
- Get help if object is too heavy or too awkward.
- Reduce the weight lifted. Put items into several small boxes instead of one big box.



## XVI. Office Ergonomics:

### 1. Working with Computer Terminals

- Adjust the Chair
- Adjust the height of the chair's seat so thighs are horizontal,
  - feet rest flat on the floor, arms and hands are comfortably positioned at the keyboard.
- If the chair is too high, adjust the chair first and use a footrest.
  - This takes pressure off the back of the thighs.
- Adjust the backrest so that it supports the lower back and fits the
  - curvature of your spine.



### 1. Adjust the Display

- Position the screen to minimize glare and reflections from overhead lights, windows, and other light sources.
- Adjust the display so that the top of the screen is slightly below eye level when sitting at the keyboard.
- Set the contrast or brightness of the screen to a comfortable level.
- Where it is impossible to avoid reflections or adjust lighting, an anti-glare filter placed over the screen can be helpful.



### 2. Adjust the Lighting

- Draw the drapes or adjust blinds to reduce glare.
- Adjust desk lamp or task light to avoid reflections on the screen.
- Light sources should come at a 90-degree angle, with low watt lights rather than a single high watt.
- The task lighting should not be less than light at screen.



## Office Ergonomics (Cont.)

### 3. Adjust the Document Holder

- a. Position document holder close to screen and at the same level and distance from
- b. the eye to avoid constant changes of focus.
- c. Rotate position of document holder to opposite side of screen periodically.

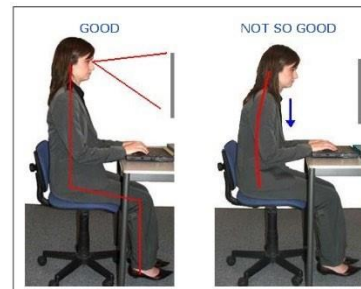


### 4. Work Smart

- a. Change positions, stand up and stretch periodically. Touch on the keyboard lightly, keeping hands and fingers relaxed, and wrists and body in neutral positions.
- b. Become aware of other tasks such as manual stapling, sorting through large volumes, and mail sorting where repetition and awkward positions may contribute to repetitive motion injuries. Seek alternate ways to perform the tasks, reduce the load, or rotate jobs.

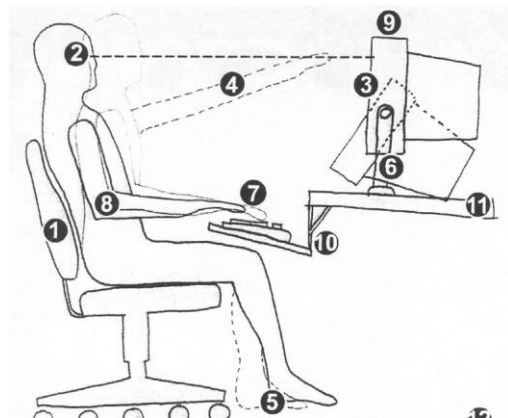
### 5. Computer Posture

- a. The head should be straight and balanced over the spine while looking
- b. forward at the screen. Eliminate the flexed-neck position.
- c. Elbows should be bent at 90 degrees when hands are on the keyboard.
- d. Wrists should be in a neutral position. Utilize wrist rests at the edge of the keyboard for support.



## 12 Tips for an Ergonomic Computer Workstation

1. Use a good chair with a dynamic chair back and sit back in this.
2. Top of monitor casing no more than 2-3" (5-8 cm) above eye level.
3. No glare on screen, use an optical glass anti-glare filter where needed.
4. Sit at arm's length from monitor.
5. Feet on floor or stable footrest.
6. Use a document holder, preferably inline with the computer screen.
7. Wrists flat and straight in relation to forearms to use keyboard/mouse/input device.
8. Arms and elbows relaxed close to body.
9. Center monitor and keyboard in front of you.
10. Use a negative tilt keyboard tray with an upper mouse platform or downward tilt able platform adjacent to keyboard.
11. Use a stable work surface and stable (no bounce) keyboard tray.
12. Take frequent short breaks (micro breaks).





## XVII. Organizational Ethics

- I. All employees have the responsibility to display “total integrity” in all our activities. Integrity is the basis of our reputations as individuals. These basic values include:
- a. Provide high-quality, cost-effective health services to our patients.
  - b. To be honest, trustworthy, and reliable in all our relationships.
  - c. To be a leader in the use and application of current techniques and technology.
  - d. To be good corporate citizens.
  - e. To be responsive to the needs and expectations of our health care team.
  - f. To pursue profitability and growth.
  - g. To treat all Tenet employees fairly.

All UCI Health employees must observe these standards and never allow personal preferences, inconveniences, or competitive pressures to compromise adherence. Violation is a serious matter and may lead to disciplinary action up to and including termination.

When making ethical decisions it is important to consider:

- Are there any laws that apply to the situation?
- Is the issue covered by organizational policies or procedures?
- How will the decision be looked upon by other people?

If in doubt, stop and seek assistance using local resources when possible. Guidance is always available from you from:

- Immediate Supervisor
- Human Resources Department
- Hospital Administration

### Your Role Under the Compliance Program

Your involvement in Tenet’s Ethics and Compliance Program may take many shapes, such as reading and acknowledging the Standards of Conduct, participating in information and educational programs (including ethics and compliance training), and adhering to relevant policies, procedures, and the terms of Tenet’s Quality, Compliance and Ethics Program Charter.

The Ethics and Compliance Department may also rely upon your cooperation to assist in the review and resolution of compliance issues.



## Ethics & Compliance

- > [Quality, Compliance & Ethics](#)
- > [Standards of Conduct](#)
- > [The Eight Areas of Compliance](#)
- > [Ethics Action Line](#)

To access information on Ethics and Compliance, go to the eTenet web page.

### I. Event Reporting and eSRM

In the event of an occurrence, adverse or unexpected outcome, or variance from everyday normal activities; the occurrence must be reported to your Supervisor/Director/Manager.

If the occurrence/variance is a major or catastrophic event, Risk Management and your Supervisor/Director/Manager must be notified immediately.

Staff shall report all **Adverse Events, Sentinel Events and Near Misses** into an Event Report online (eSRM). Staff shall also report any **Hazardous Condition** even though the conditions have not yet resulted in an Adverse Event, Sentinel Event or Near Miss.

The process for reporting occurrences is through the use of the following protocol:

- Implement any necessary immediate action to ensure patient, staff, medical staff and bystander safety.
- Report the occurrence to your Supervisor/Director/Manager or directly to Risk Management.
- Complete the occurrence form online (eSRM).
- Event Reports shall be submitted to and reviewed by Risk Management.
- New hires are trained on process of Event Reporting (eSRM) through the **LearnShare** educational system.

Information to provide in the Event Report:

- Factual statements (who, what, where and when) related to the occurrence and any interventions taken.
- Include objective, factual narrative description of the event with minimal use of abbreviations.
- Include any injuries that occur to the patient, as well as any follow-up orders received from the patient's physician.
- The Event Report must **not** include speculation, admit to or attempt to assign blame, liability or causation or include opinions of any kind. If the individual completing the report desires to discuss additional aspects of the event, that individual can contact the Risk Manager.

Administration reviews all eSRMs and will follow-up as needed and report the incident to the Tenet Legal and Claims Management Departments.

It is important to note that the Event Reporting protocol is not documented in the patient Medical Record. **DO NOT** document in the medical record that an Event Report was completed and given to Risk Management.

## II. Patient Privacy 1. Patient Privacy- Paper Disclosures

When an error occurs due to patient information disclosures, it is considered a violation of patient privacy rights and the potential ramifications include:

- Notifying the California Department of Public Health (CDHP) and the affected patients
- Notifying the Office of Civil Rights (OCR) with fines applied for repeated violations. These fines can and have been applied to organizations and individuals.
- Reputational risk to the hospital because of dissatisfaction by patients involved in the inappropriate disclosure.
- Potential civil liability
- Financial penalties

What should you do if you discover that a patient received another patient's documents in error?

- Notify Supervisor/Manager.
- Retrieve the incorrect documents.
- DO NOT ask the person to shred/discard the documents.
- Verify patient's identity and provide them with their documents.



Guidelines for safeguarding inadvertent paper disclosures to the wrong party:

- Verify **EVERY PAGE** of each document.
- Verify that it is the correct patient **EVERY TIME** before releasing any documents.
- Verify any patient label, review that it is the correct patient on **EVERY PAGE** prior to releasing the documents.
- Use three patient identifiers prior to releasing any documents.
- Do not leave any document with patient information unattended and/or within reach of any unauthorized recipient (employees, visitors, patients, vendors, etc.).

## 2. Patient Privacy- Verbal Disclosures

The HIPAA Privacy Rule protects all health information and individually identifiable information of a patient whether electronic, written, or verbal.

### Disclosures to Family, Friends, and Others:

The law does not require a Health Care Provider (HCP) to share information with family or friends, unless they are the patient's personal representative.

### Guidelines for safeguarding inadvertent verbal disclosures:

- Do NOT use patient names or identifier (room numbers ect...) in hallways, elevators, and other public places (i.e. cafeteria).
- Speak quietly when speaking with the patient or family (if authorized) about the patient.



- Ensure the patient has agreed to the verbal disclosure prior to sharing with or in front of family, friends, or other persons.

Do not share information about a patient with anyone unless it is for work purposes only. (i.e. co-worker, physician, outside the hospital setting). If sharing information for work purposes, then only discuss the “Minimum Necessary” for the purpose of carrying out job duties.

### **Patient Privacy- Verbal Disclosures (Continued)**

The HIPAA Privacy Rule does permit HCPs to share a patient’s information with a patient’s family or friends under certain circumstances.

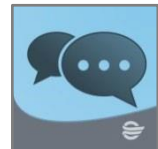
- If the patient is present and able to make health care decisions, then the HCP may disclose to family, friend or other persons if:
  - The HCP obtains the patient’s permission
  - The patient doesn’t object to sharing their PHI after being given the opportunity to do so.
  - The HCP decides, based on the circumstances and professional judgment that the patient doesn’t object and the HCP has verified that the patient has not previously placed a restriction on disclosing the patient’s PHI.

The HCP is not required under HIPAA to share a patient’s information when the patient is not present or is incapacitated. The HCP can choose to wait until the patient has an opportunity to agree to the disclosure of their PHI.

### **3. Patient Privacy- Texting**

Per policy, the use of personal cellular phones for the transmission of medical information or receiving phone orders (i.e. photos, texting, instant messaging) through unsecure methods is **NOT** permitted.

The HIPAA compliant application CareAware Connect Messenger via Cerner is acceptable for receiving orders/transmitting patient information. CareAware Connect Messenger is an approved application.



### **4. Patient Privacy -Safeguards**

“Safeguards” refer to the precautions UCI Health takes to protect the privacy and security of PHI. Examples of safeguards are:

- Drawing the curtains between beds in a patient room and speaking in a low voice so the other patient cannot hear.
- **DOUBLE-CHECK:** fax numbers, patient armband, each piece of paper before releasing, patient consent or object before discussing information with visitors.
- Verifying the correct fax number of the recipient.
- Faxing information using a coversheet with a confidentiality statement informing the recipient which includes information of what to do in the event of receiving a fax in error.
- Verifying whether or not the caller requesting information is allowed to receive the information and that the person is really who he/she claims to be.
- Keeping medical records and computer screens out of public view.
  - Keeping computer screens locked when leaving the computer.
- Not sharing passwords or ID access with anyone.
- Encrypt all e-mails by typing “SECURE” at the beginning of the subject line.

Violations or breeches in privacy or security come in many forms ranging from a simple error which includes sending documents via fax to a wrong number to the serious violation of downloading PHI for personal gain.

All UCI Health employees are responsible for maintaining the privacy and security of protected health information

Under State law, the hospital must report privacy violations within **FIVE DAYS** of discovery.

### **Patient Privacy -Safeguards (Continued)**

Notify your Department Manager, Human Resources, or Hospital Administration to report any violation or potential problems with communication including privacy/security errors, or if you have any privacy questions, or suspect a privacy/security violation.

#### **What is "Opting Out"?**

Per policy, patients have the right to refuse to speak with or see anyone not officially connected with the hospital, including visitors, or person officially connected with the hospital but not directly involved in his/her case.

When a patient wants to "opt out" of a directory, he/she does **NOT** want anyone to know they're in the hospital. For this reason, they are not listed in the directory.

## **6. Patient Privacy and Minimum Necessary**

**"Minimum Necessary"** refers to just the right amount of information necessary to do your job. For example, you can have access to the medical record as a nurse because you're taking care of the patient, or you are a medical coder and access the medical record because you are coding the chart.

#### **Training**

All UCI Health employees, contractors, volunteers, and anyone working at UCI Health either permanently or temporarily shall complete training in privacy and security.

## **III. Patient's Rights**

A copy of these rights and responsibilities is given to all patients, family members, employees, members of the medical staff and governing board, and the general public. These rights include:

1. Access to Care
2. Respect and Dignity
3. Pain Management
4. Dying/Grieving Process
5. Privacy and Confidentiality
6. Personal Safety
7. Ethical Issues
8. Experimental Drugs/Devices/Clinical Trials
9. Identity
10. Information
11. Communication
12. Consent
13. Advance Directives
14. Consultation
15. Refusal or Acceptance of Treatment
16. Transfer and Continuity of Care
17. Hospital Charges
18. Hospital Rules and Regulations
19. Complaints and Conflict Resolution



#### **IV. Patient Responsibilities:**

- ✓ Provide accurate, complete information
- ✓ Follow treatment plan; comply with instructions
- ✓ Accept responsibility if treatment refused
- ✓ Financial obligations
- ✓ Follow hospital rules; be considerate of others

Patients have the right to register complaints without fear of retribution, to have their complaints investigated and resolved, and be provided with timely follow up. Furthermore, a patient complaint will not compromise continued care or access to care in the future.

Additionally, patients and employees alike have the right to report concerns they may have about safety or quality of care provided in the hospital and may report these concerns to the Joint Commission. The hospital will take no disciplinary action if an employee or patient reports safety or quality of care concerns to the Joint Commission

See the Administration Manual for the complete policy and procedure titled: Patient Rights and Responsibility

#### **V. Social Services**

The Social Worker works with patients and their families to help manage the complexities of the hospital stay. The social workers at UCI Health are committed to educating family members, serving as an advocate, and facilitating communication during and after the hospital stay.

The Social Worker:

- ~ Performs psychosocial assessments.
- ~ Provides counseling and support to help patients and families cope with the emotional stresses of illness and hospitalization.
- ~ Assists with discharge planning to ensure continuity of care.

Social workers can provide referrals to community services and resources such as:

- ~ Crisis Intervention
- ~ Loss and Grief Resources/Support
- ~ Mental Health Support
- ~ Caregiver Issues
- ~ Alcohol and Substance Abuse Resources
- ~ Homelessness

## VI. Health Insurance Portability & Accountability Act (HIPAA)

**HIPAA** is a document that addresses many aspects of health insurance portability. The primary section that concerns us as healthcare workers is the administrative portion of HIPAA that protects the security and privacy.

HIPAA protects the security and privacy of **Protected Health Information (PHI)**.

- PHI include but are not limited to **social security numbers, names, addresses, health information, billing information, quality of care documents**, etc.
- The privacy regulation protects all protected health information including but not limited to electronic, oral, written etc. The security portion of the law pertains only to electronic health information and the access to that information.

### What are Patient's Rights under HIPAA?

- Patients' privacy rights under HIPAA are outlined in the brochure called the **Notice of Privacy Practices (NPP)** that is handed out to patients when they come to the hospital as required by law. These rights include the following:
  - ✓ Right to access their information. They may review or obtain a copy of their PHI.
  - ✓ Right to restrict their PHI. They must be given an opportunity to consent or object to who may or may not receive their health information. **Health Insurance Portability & Accountability Act (HIPAA) (Cont.)**

- ✓ Right to revoke the above authorization.
  - ✓ Right to confidential communications i.e. have their protected health information sent somewhere other than their home of record or by other means such as via fax.
  - ✓ Right to amend their PHI if they feel the information is incomplete or in error.
  - ✓ Right to an accounting of disclosures i.e. a listing of where we sent their health information and to whom.
- The NPP tells the patient how the hospital may use and disclose their PHI.

## **VII. Abuse Reporting: Elder, Child, and/or Spousal Abuse and Screening Criteria**

Every clinical discipline and support staff has the opportunity to notice signs and symptoms of abuse. Whether assigned in radiology, nursing departments, outpatient departments, there may be an opportunity to observe symptoms of abuse.

### **Some of the signs may be, but not limited to:**

1. Red blotches or bruises on the body, especially on the trunk where they may be hidden by clothes. Attempts to hide injuries.
2. Malnourished – *thin and emaciated*.
3. Poor personal hygiene.
4. Unexplained injuries.
5. Multiple bruises in different stages of healing.
6. Human bite marks.
7. Burns – *particularly on back or buttocks*.
8. Spiral fractures.

### **Abuse Reporting: Elder, Child, and/or Spousal Abuse and Screening Criteria (Cont.)**

9. Unexplained fractured or multiple fractures in various stages of healing.
10. Head injuries – *fractured skull*.
11. Internal bleeding or injuries – *liver, spleen, pancreas, kidneys, and/or other vital organ damage*.

### **Questions to consider asking the patient are:**

1. Do you feel “*unsafe*” in your own home?
2. Are you afraid of anyone?
3. Have you been emotionally, physically, or sexually abused?
4. Have you been struck, slapped, kicked, or otherwise physically hurt, within the last year?
5. Have you ever been touched in a manner that made you feel uncomfortable?
6. Is there evidence of neglect by self?
7. Is there evidence of neglect by caretaker? (*Evidence may include chronic poor hygiene, malnutrition, sores, etc.*)

If there is a **YES** answer to any of the above questions, collaborate with a clinical discipline (Social Services) for reporting abuse to the appropriate regulatory body immediately or as soon as possible. Reporting on abuse is mandatory.

## **VIII. Advance Directives for Healthcare**

UCI Health supports a patient’s right to participate in healthcare decision making. Through education and inquiry about advance directive, UCI Health will encourage



patients to communicate their healthcare preferences and values to others. Such communication will guide others in healthcare decision making for the patient if the patient is incapacitated. A “DNR” (Do Not Resuscitate) requires a physician order.

As part of the admission process, the patient or significant other is provided with information regarding the patient’s rights to make decisions concerning healthcare.

On admission the nurse will ask the patient, or significant other, whether he/she has completed an advance directive. If an advance directive has been completed the person who documents the patient’s admission will ask for a copy of the advance directive so that it may be placed in the patient’s medical record. If a copy of the advance directive is not immediately available, the patient will be informed that it is his or her responsibility to provide a valid copy of the advance directive to Fountain Valley Regional Hospital as soon as possible. When a copy is received, it is placed in the patient’s medical record.

A patient, who needs more information regarding advance directive decision making, shall be referred to Social Services.

### **Patient Self-Determination Act (1990) - P.S.D.A.**

Federal Law that requires that hospitals participating in the Medicare or Medi-Cal Programs provide information regarding the right, under state law, to formulate advanced directives concerning healthcare decisions to all adult (and emancipated minor) inpatients.

## **Advance Directives for Healthcare (Cont.)**

Some Definitions

- **Advance Healthcare Directive-** Documents that state your choices about medical treatment or name someone to make decisions about your medical treatment, if you are unable to make these decisions or choices yourself.
- **Agent-** Individual designated in a power of attorney for health care to make a health care decision for the patient.
- **Conservator-** A court appointed conservator having authority to make a health care decision for a patient.

Two Types of Advance Directive recognized in California State Law

- **Power of Attorney for Health Care** – This is a written instrument designating an agent to make health care decisions for the principal (the patient).
- **Living Wills** – This is a document that usually provides specific directives about the course of treatment that is to be followed by health care providers and caregivers.



## **IX. EMTALA**

- If a patient comes to the hospital and requests an examination or treatment, the patient must receive an appropriate medical screening examination by qualified

medical personnel to determine whether the person is suffering from an emergency medical condition.

- Any person can present themselves anywhere in the hospital or on any hospital grounds.
- **If an emergency medical condition exists, the person must be provided with stabilizing** treatment within the capabilities of the hospital, including routine ancillary services and services of on call specialists.
- The patient with an emergency medical condition must receive stabilizing treatment before he is asked about his financial or insurance status.
- No one can ask about the patient's insurance or ability to pay prior to a medical screening examination by the Emergency Department Physician.
- After the examination has been provided, a patient with an emergency medical condition cannot be transferred to another facility unless such a transfer is required to provide life saving care. Any transfer must meet regulatory requirements and be certified by the patient's physician.
- If the patient has an emergency medical condition requiring hospitalization, the hospital is obligated to admit the patient for stabilization.

## **X. Utilization Management**

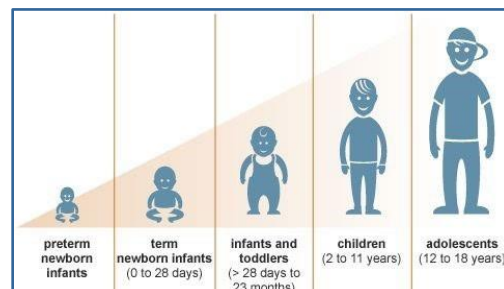
UCI Health has a Utilization Management Plan to maintain high quality, medically necessary, and efficient treatment for all patients, regardless of payment source, by ensuring that patients receive the right care at the right time in the right place. The plan provides for review of services provided by the hospital and by members of the medical staff to patients.

- Case Managers review all admissions, extended stays, professional services, and appropriateness of level of care. Case Managers also assist the medical and nursing staff in discharge planning.
- Daily Bed Meetings are held by an interdisciplinary team including Unit Charge Nurses/Managers of Nursing units, ED, Case Managers; Administration; Nurse Supervisor; Laboratory, Radiology and Environmental Services representatives.
- Bed Meeting goals include:
  - Patient Discharge coordination of services
  - Bed Control and identification of admitting strategies for the day

- Review of CORE measures to assure patient treatment plans are in compliance
  - Identification of potential patients for readmissions
  - Identification of Infection Prevention issues
  - Identification of specific patient issues
- Multi- disciplinary rounds Monday thru Friday in each unit.
- Weekly Case Management meetings are conducted with Case Managers, Physician Advisor, and nursing representation to review:
    - Extended patient stays
    - Patients with potential extended stay issues
- The Utilization Management Physician Advisor conducts Utilization Management Meetings
- The Physician Advisor provides clinical consultation to case managers and will consult with attending physician regarding mitigating circumstances regarding inappropriate admissions and conducts concurrent stays utilization review.

## XI. Age/Patient Population Related Issues

The Joint Commission (TJC) requires healthcare workers to relate to their patients in age-appropriate ways. UCI Health is committed to providing quality patient care through the life cycle.



### 1. Infant/Child/Adolescent

- a. The developing systems of pediatric patients are more vulnerable to diseases than are those of adults.

- b. Vital signs for neonates are different than those for infants, children, and young adults. Anticipate the neonate/infant's needs because his/her only way of communicating is through crying.
- c. Young children believe in magical things and may not understand explanations of procedures. It is helpful to explain things with demonstrations.
- d. Talking with older children should be straightforward. As an older child approaches adolescence, it is important to provide privacy during procedures.
- e. Adolescents are likely to be very concerned with how treatments or procedures may affect their self-image, peer relationships, or appearance.

## 2. Young Adult

- a. Young adulthood is defined as ages 18-24 or 18-25; however, some researchers use 18-29.
- b. Young adults make choices that may involve college, employment, military service, as well as marriage and childbearing.
- c. Young adults are busy balancing demands of career and family. People in this age group may ignore signs or symptoms of disease, feel invulnerable to illness, and may not have accepted their mortality.
- d. Vulnerable young adults face greater challenges. Many systems, including safety net programs that serve vulnerable youth, change or end at age 18. Other vulnerable groups include those who are homeless and/or exiting the foster care system.
- e. Young adults are generally healthy, and rates of chronic disease are low.
- f. Young adulthood is also a critical period to identify and treat mental health issues, as symptoms of 75 percent of all lifetime diagnoses emerge by age 24.
- g. Young adults have higher rates of substance use, including alcohol, tobacco and marijuana use, and drinking and driving, as well as higher rates of obesity, sexually transmitted infections, motor vehicle crash mortality and homicide.
- h. Many young adults became uninsured in the transition to adulthood.
- i. Young adults also have fewer outpatient visits than any age in the life span however they also have higher rates of emergency room visits than any other age group, with the exception of infants and the elderly.

## 3. Middle-Aged Adults

- a. The traditional interval of 45-65 years of age is being expanded by prospective studies to include people aged 35-65.
- b. May be helping their adult children leave home and become responsible adults.
- c. During middle-age many chronic health conditions may emerge. It is important for people in this age group to get regular check-ups.

### **Age/Patient Population Related Issues (Cont.)**

- d. The most common health problems experienced during middle age are arthritis, asthma, bronchitis, coronary heart disease, diabetes, genitourinary disorders, hypertension (high blood pressure), mental disorders, and strokes (cerebrovascular accidents). AIDS has also become an increasingly frequent health problem in this age group.
- e. The physical and physiological changes occur such as facial wrinkles, graying or loss of hair, increasing weight (and decreasing ability to lose it), deteriorating vision and hearing.
- f. Injuries take longer to heal, and non-specific pains are frightening suggestions of the potential for serious illness.
- g. Concern about the adequacy of financial resources for old age.

- i. Such as having enough money to meet day to day expenses, being able to pay the rent or mortgage, worries about whether savings will be eroded by inflation, anxieties about illness and the associated expenses (medicine, home care, paramedical services, specialized housing needs, etc.), and whether government or private pension funds will yield the anticipated and necessary income.
- h. Middle adults may feel that their competence is in question because of their age, or middle-aged adults may feel pressured to compete with younger workers.
- i. Research indicates that age has less to do with predicting job success than do tests of physical and mental abilities.
- i. Three generation families are the norm, and four generation families are becoming more common. The middle-aged person becomes sandwiched between young and old generations and may be faced with making living arrangements for one's own parents.

#### 4. Older Adults/Elderly

- a. Traditionally aged 65 years and older.
- b. Falls are the leading cause of fractures, hospital admissions for trauma, injury deaths.
- c. Falls are the most common cause of older adult traumatic brain injuries, accounting for over 46% of fatal falls.
- d. Commonly suffer from 1 or more chronic diseases such as high blood pressure, heart disease, cancer, stroke, and diabetes.
- e. One in four older adults experiences some mental disorder including [depression and anxiety disorders](#), and [dementia](#).
- f. People aged 85+ have the highest suicide rate of any age group.
- g. Older adults may feel great stress due to losses that occur at this stage in life. An example of loss at this stage is the loss of friends due to death or disease.
- h. Diminishing sensory functions make safety considerations a priority for older adults.
- i. Older-aged adults have less vigorous immune systems and may need to be dependent on others.

## **XII. Cultural Diversity and Sensitivity**

UCI Health recognizes and respects the cultural, physical and social differences among our staff, associates, patients and their families, and visitors. We realize that each individual comes from a different background and brings a range of talent and opinions, which enrich our environment. FVRH is committed to providing culturally competent care to the surrounding communities in the regional.

Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behavior that are shared among members of a particular group. It includes values, beliefs, behaviors, preferences, customs, verbal and non-verbal

communication styles and institutions. Value aspects of a culture include clothing, art, buildings, and food. Less obvious differences include things like religious beliefs, sexual orientation, political views, and educational background.

Healthcare workers must be prepared to work with patients regardless of their cultural or religious background. The major factor contributing to the need for cultural awareness is the changing demographics of the world around us. Culturally appropriate care for each patient must be given. Caring for patients from different backgrounds must be based on respect for human dignity and appreciation for the values, beliefs and practices of others.

It is important to learn other cultures to assess what beliefs the other person may hold. When caring for patients and families from diverse cultural backgrounds healthcare workers must be alert to the existence of traditional beliefs that may differ from their own. Some things to keep in mind:

- While touch may be comforting for some people, it may be seen as a threat to others.
- Some people are present oriented, and have difficulty in selecting long term goals. Some may have no concept of time and patient teaching must be altered for each perception.
- It is also important to know how the other person's religion factors in with their healing process.

Diversity in the healthcare setting necessitates employees to be open-minded and respectful of each person's values and cultural differences. It can affect the quality of care we give to our patients, as well as our interactions with other staff members.

Awareness of cultural factors can improve patient and family education, meet our community needs, and ensure that our patients receive quality care. When we factor the patient's cultural views on health and wellness into the plan of care, the outcome is more likely to have a favorable outcome.

Culturally competent care is defined as being sensitive to issues related to culture, race, gender, sexual orientation, social class, and economic situation, among other factors.

Since we are all products of our different cultures, it is important to recognize any biases or prejudices we may have towards others. Based upon sources of input, it is easy to form opinion about entire groups. This is how stereotypes begin. When working with people from other cultures, generalizations cannot be made.

### **Cultural Diversity and Sensitivity (Cont.)**

Some general guidelines to keep in mind in being sensitive to other cultures include, but are not limited to the following:

- Be non-judgmental of other cultures. What someone may feel is inappropriate, may be normal and right for other cultures.

- Do not attempt to change the way people feel. This may create feelings of animosity. Build rapport instead through listening with empathy; find out what has lead someone to feel the way they do.
- Work on developing patience and tolerance for others.
- Examine your own beliefs and values.

Sometimes, differences and conflicts can occur due to differences our language. Guidelines to help through these kinds of differences include:

- Listen carefully to what is said
- Repeat messages that are not readily understood
- Phrase the questions in different ways
- Provide the patient with education material in their native language.
- Use the Interpreter Systems available in each department.
- Use Teach3/Ask 3.



In summary, keep in mind that the person you are interacting with from another culture is your best teacher and expert on their culture. Ask sensitive, but appropriate questions to find out more about them and what may be causing them to respond the way they are. If we ask with respect and genuine desire to learn from them, they will tell us how we can improve our relationships.

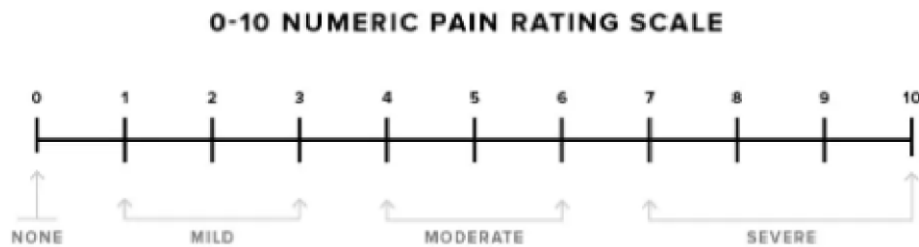
### **XIII. Pain Management**

All patients will be evaluated on admission for the presence of pain. A comprehensive pain assessment will be completed at any time the patient expresses the presence of pain.

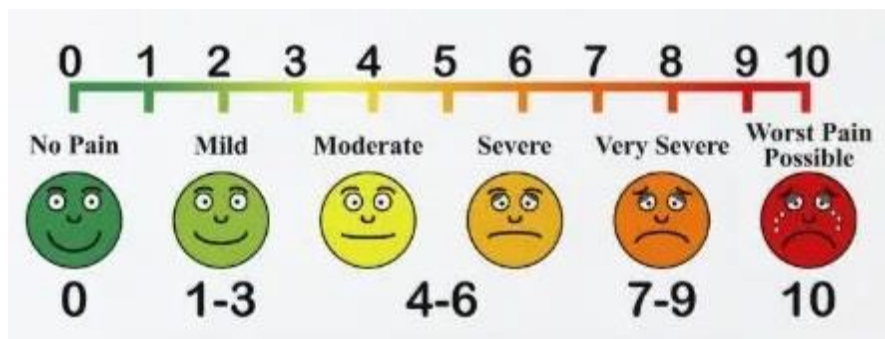
The pain assessment shall be based on the patient's self-report, using the appropriate pain scale. If patient is unable to self-report, then physical and/or age-appropriate indicators will be used to assess the pain. FVRH uses different pain assessment tools depending on the patients being served. The most common scales are:

1. Numeric Scale – 0 to 10
2. Faces

## Pain Management (Cont.)



### Faces



Other tools are available, depending on the patient population served.

Pain management is a multidisciplinary process and includes the interdisciplinary health care team involved with the patient and his/her family. All employees have the responsibility of reporting to a licensed caregiver any experiences they may have of a patient reporting pain

Pain is assessed on admission and assessed/reassessed:

- A minimum of every four hours and as needed per policy.
- Routinely at regular intervals post-operatively/post-procedurally as determined by the operation/procedure and severity of pain, per policy.
- After any known pain-producing event or change in the level of care.
- Along with vital signs, or per unit policy.
- Thirty to sixty minutes after pain relieving intervention, depending on route of administration per policy.
- Any time needed.

Members of the healthcare team should consider and discuss with the patient alternative approaches in response to reports of ineffective pain management including non-pharmacologic strategies, physical modalities (such as turning, massage), relaxation therapy, music therapy, or contacting the physician for additional orders or possible referral.



## Pain Management (Cont.)

Patient education includes:

- Patient's rights/responsibilities regarding pain management.
- Hospital's commitment to pain management.
- Importance of reporting pain and early intervention.
- Pain scale.
- Alternate pain management options.
- Name, reason, side effect of medications they are receiving on hard copy.
- Discharge instructions and information.
- Opioid education material, as appropriate.

### Pain Management Program

Patients come to us in their most vulnerable time of need. Patients fear the unknown and fear being in pain. The goal at UCI Health is to respect and support the best possible management of pain.

### Teaching Tips on Pain Management

- Listen to your patients with courtesy and respect.
- If the pain medication isn't working, ask the doctor to consider different therapy.
- If the pain medication is due, don't wait to offer it.
- Try extra comfort measures (repositioning, heat, cold, room temperature, distractions like TV, music, reading materials).
- Never ignore or minimize patient's report of pain.
- Never let the patient wait for their pain medication.
- Medicate (if appropriate) BEFORE change of shift and BEFORE you go on break.
- Educate patients who refuse pain medication because of fear of addiction.
- Medicate patients before certain activities (i.e. ambulation, working with Physical Therapy).



## XIV.

### Fall Prevention.

Falls can be a source of serious injuries to patients within healthcare facilities. The ultimate goal of **UCI Health's** Fall Prevention effort is to prevent falls in the first place. Patient assessment of their risk for falling and UCI Health's accompanying measures are designed to prevent and /or reduce the number and severity of falls.

UCI Health employees shall take steps to reduce the number and severity of patient falls by:

- Preventing patient falls through appropriate assessment using the Morse Fall Scale, communication and proactive intervention.
- Providing appropriate action in the event of a fall including follow-up assessments and documentation.
- Encouraging a multidisciplinary approach to fall prevention



### Definitions of a Fall

A fall is defined as an event in which there is uncontrolled, non-purposeful downward displacement of a person's body from a standing, sitting, or lying position. There are different types of falls:

- **Accidental Fall:** fall that occurs unintentionally (example: slip, trip). Patients at risk for these falls cannot be identified prior to a fall and generally do not score at risk for falling on a predictive instrument.
- **Unanticipated Physiological Fall:** fall that occurs when the physical cause of the fall is not reflected in the patient's assessed risk factors for falls. These falls are created by conditions that cannot be predicted before their first occurrence (example: seizure, stroke).
- **Anticipated Physiological Fall:** fall that occurs in patients whose risk factor score indicated the patient is at risk of falling. Controlled sliding down a wall to the ground or utilization of a physiologic structure is considered a fall. These falls are related to existing and previous risk factors.
- **Intentional Fall:** fall that occurs as a result of a patient who voluntarily alters body position to a lower level.



### UCI Health's Fall Prevention effort aims to:

- To protect patients and promote patient safety
- To effectively identify and intervene with patients who are at risk for falling
- To educate patients/families on measures to prevent falls and promote safety.

All UCI Health employees are responsible for following the Fall Prevention policy and for providing a safe environment of care. Any UCI Health employee, physician, or family member may request that a patient be placed on Fall Precautions.

All patients shall be assessed for risk of falling upon admission, with reassessments routinely performed to determine ongoing need for fall prevention precautions. Each patient will be screened for Fall Risk using the Morse Fall Scale.

## **XV. Restraints**

UCI Health strives to maintain a "restraint-free" environment for our patients and to identify and implement less restrictive or nonrestrictive alternatives whenever feasible. A restraint is any physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his/her arms, legs, body or head freely.

Restraints may be imposed only to ensure immediate physical safety of the patient, staff or others. Patients have the right to be free from restraints. The use of restraints is the last resort only after other clinical interventions have been considered or attempted. Restraint use must be limited to clinically justifiable situations only. Restraints are never used for convenience, punishment, or coercion but are used to protect the patient or other's health and safety while preserving the patient's dignity, rights, and well-being.

Once the patient meets the criteria for release, the restraint is discontinued. The decision to discontinue the intervention must include a determination that the patient's behavior is no longer a threat to himself/herself and/or others. The discontinuation of restraint or seclusion as soon as possible is based on an individualized patient assessment and re-evaluation.

Restraints used may be non-violent or violent. The use of violent restraints is limited to the Emergency Department or the Critical Care Units.

All staff shall complete training for restraint use dependent upon their position. Staff must be able to demonstrate competency in the application of restraints, assessment, and providing care for a patient in a restraint. **Only staff members who have received education and have documented evidence of competency are authorized to apply restraints.** If you need to provide care or service to a patient in restraints, inform and request assistance from the licensed nurse assigned to the patient.

Placing a patient in restraints requires a physician's order. As needed (PRN) orders are **not** accepted. The physician's order for restraints must contain specific information and is allowed for a limited period of time, which varies, depending on the type of restraint to be used and patient's age. The physician's order must be filled out correctly, completely, and in a timely manner.

While restraints are being utilized, patients require additional care and monitoring to ensure that their safety and comfort is maintained, and that their basic needs are met. The interdisciplinary plan of care guides practice. The patient's medical record has a specific section to document compliance in providing this care and monitoring.

If a Constant Observer is utilized, the "Constant Observer Flowsheet" must be completed.

## XVI.



### **End of Life: Care Related to Death and Dying**

#### ***As healthcare providers we need to examine:***

- The physical, psychosocial, and spiritual needs of the patient and family.
- Ways to enhance care delivered at this crucial time.

#### ***Physical care includes:***

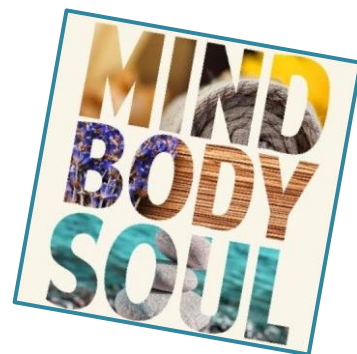
- Pain management
- Gastrointestinal symptom relief
- Respiratory system management
- Maintaining skin integrity

#### ***Psychosocial care includes:***

- Discussing wishes, concerns, and/or needs with BOTH the patient and their loved ones
- Providing open, honest communication
- Conveying caring, sensitivity, and compassion
- Providing information in simple and concise terms
- Maintaining a presence (can be more important than words)
- Sitting at the patient's bedside
- Silence
- Active listening
- Bereavement tray available to family members during this time through Dietary.

#### ***Spiritual care includes:***

- Being respectful, open to beliefs and practices that differ from your own
- Exploring the meaning of the patient's illness with patient and/or family
- Discussing religious preferences/practices
- Discussing effect of impending death with patient and/or family
- Involving pastoral care
- Offering the family a space within the hospital that provides them with privacy
- Allowing patient and/or family to convey feelings



***Pastoral Services are available at Fountain Valley Regional Hospital***  
Pastoral care offers support to patients, their loved ones, and hospital staff.

## XVII.

### One Legacy Organ and Tissue Referrals

UCI Health is compliant with the regulatory requirements of Center for Medicare/Medicaid Services (CMS) 42 CFR Section 482.45 and California Health and Safety Code (CHSC) Sections 7150-7156, 7180-7182, and 7184. FVRH will assist organ and tissue procurement agencies in obtaining needed organ and tissue donors.

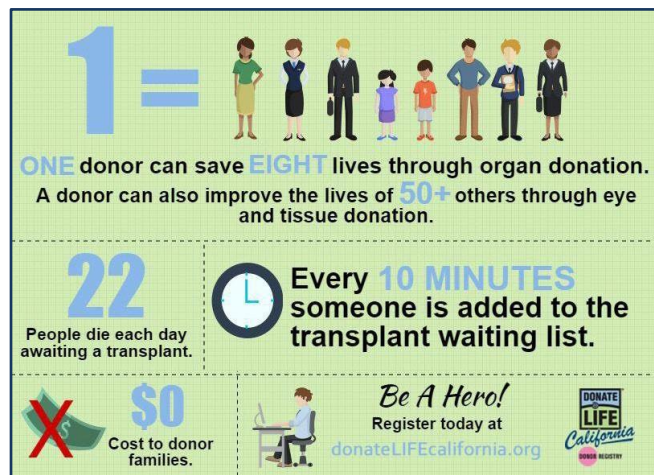
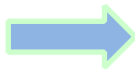
UCI Health must report all deaths through the *One Legacy* Call Center.

**ALL DEATHS** (cardiac death, brain death, imminent death, or severely brain-injured individual(s) on a ventilator) are considered to be a potential organ and/or tissue donors.

#### Early Referral of Potential Organ Donors:

- Referral by a hospital for the evaluation of the patient as a potential organ donor any time prior to or within 30 minutes of the time the patient meets the criteria for Imminent Death and prior to any measures taken to decelerate treatment of that patient. (*One Legacy* 1-800-338-6112).
- Donation after cardiac death is defined as patients who are not expected to survive after cessation of life support with an advanced directive or a Physician Orders for Life-Sustaining Treatment paradigm.

Organ, Eye & Tissue  
Donation Facts



#### Potential Organ/Tissue Donor Evaluation:

- A potential organ donor is any patient reaching imminent death who has no absolute medical contraindications to organ donation.
- The *One Legacy* Organ Procurement Coordinator will evaluate the potential organ donor to determine medical suitability.

#### Hospital staff/physician(s) is/are NOT to mention organ donation at this time.

- The *One Legacy* Organ Procurement Coordinator will inform the family of their option to donate organs and/or tissues.
  - Families need time to process information
  - Potential donors may not be eligible for donation.
  - Perceived conflict of interest.
  - Improved consent rates with trained approach.
  - All attempts will be made to have this discussion in the family's primary language.

## XVIII.

### **Disruptive Behavior**

All members of the Medical Staff, Allied Health Professionals ("Providers") and hospital staff are expected to conduct themselves at all times while on UCI Health's premises in a courteous, professional, respectful, collegial, and cooperative manner. UCI Health has a zero tolerance for disruptive behavior.

This applies to interactions and communications with or relating to Medical Staff colleagues, Allied Health Professionals (AHPs), nursing and technical personnel, other caregivers, other UCI Health personnel, patients, patients' family members and friends, visitors, and others.

Disruptive behavior is an episode that:

- Interferes with patient care
- Causes distress among staff
- Affects morale within the work environment
- Undermines productivity
- Leads to staff turnover



Examples of Disruptive Behavior:

- Yelling or shouting in a hostile manner
- Name calling, belittling or insulting
- Throwing things
- Bullying or threatening
- Abusive or rough treatment of staff
- Sexual harassment
- Racial or ethnic slurs

others

Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the hospital or medical staff. Behavior that intimidates others and affects morale or staff turnover undermines a culture of safety and can be harmful to patient care. Unprofessional behavior by Providers is prohibited.

Other examples of Disruptive Behavior:

- Repeated violations of policies or rules
- Refusal to carry out duties or work slowdown
- Uncooperative or defiant approach to problems
- Inappropriate comments in patients' medical records
- Inappropriate response to patients' needs or staff requests

The following steps are taken if disruptive physician behavior is encountered:

- 1) Reporting incidents to your Supervisor-report up the hospital chain of command
- 2) Complete an Event/Occurrence Report online (eSRM)
- 3) Call the Ethics Hotline (1-800-8-ETHICS or 1-800-838-4427)

## **XIX.**

### **Complaint & Grievance Process**

UCI Health places a high value on delivering excellent service that is responsive to individual needs. The "Patient Complaints/Grievances" policy provides a mechanism for initiation, review and when possible, prompt resolution of patient complaints concerning the quality of care or service received.

- **A "Complaint"** is an oral or written expression of displeasure or dissatisfaction with service received that can be immediately resolved by the staff present.
- **A "Grievance"** is an oral or written complaint that is not immediately resolved at the time of the complaint by staff present.

The Hospital's process for managing complaints and grievances incorporates the following objectives:

1. Provide patients with the ability to file a concern or grievance without fear of retaliation and/or barriers to service.
2. Provide patients with information about the mechanism and procedure to use to file a complaint or grievance with the Hospital.
3. Provide a planned, systematic mechanism for receiving and promptly acting upon issues expressed by patients and/or patient representatives.
4. Provide an on-going system for monitoring and trending patient complaints and grievances.
5. Clarify that billing issues are not considered a grievance unless the complaint also contains elements addressing patient service or care issues.

Verbal Complaints and Grievances may be entered on a Complaint–Grievance Form (eSRM) and forwarded to Risk Management. Written grievances are forwarded to Administration and Risk Management within 24 hours.

Complaints/Grievances must be investigated and responded to in a timely manner.

#### Bioethical Issues / Dilemmas

##### Definition of Bioethics

The term "ethical" is used in opinions of the Council on Ethical and Judicial Affairs to refer to matters involving (1) moral principles or practices and (2) matters of social policy involving issues of morality in the practice of medicine.

**XX.**



Examples of areas subject to bioethical analysis include:

- Patient's rights
- Confidentiality
- Consent
- Organ Donation
- Futile care
- Withholding, withdrawing, or forgoing life sustaining treatment
- Communication/conflict resolution between family/caregivers



## **Complaint & Grievance Process (Cont.)**

If you feel there is an issue that may be a bioethical concern, please notify the following people as quickly as possible:



### **Primary Contact**

Social Services ext. 8171

### **Others who may be contacted:**

- Your Director/Supervisor/Manager (House Supervisor ext. 3310)
- The Director of Case Management ext. 2959
- The Director of Medical Staff Services ext. 8061
  - This director will organize the Bioethical Committee meeting if one is needed.
  - The Bioethical Committee is comprised of the Medical Chair, the physician involved in the issue, other medical staff members, a representative from nursing, case management and clergy (if appropriate).
  
- The Patient Safety Officer ext. 8059

## XX.

### Rapid Response Team (RRT)

UCI Health has a Rapid Response Team (RRT) as part of its effort to provide a culture of quality and safety by focusing on maintaining excellence in performance, while simultaneously saving patients' lives. RRTs have become a widely used patient safety intervention as a result of the Institute for Healthcare Improvement's "[100,000 Lives Campaign](#)".

A Rapid Response Team is a group of clinicians that hospital staff can call upon at any time to provide critical care expertise at the bedside of a patient whose condition is deteriorating. FVRH's RRT includes the following:

- Critical Care Nurse
- Respiratory Therapist
- ECG Tech
- House Supervisor
- Charge Nurse for the unit where the patient is assigned.
- Lab Tech

The use of RRTs can improve the quality of care by reducing cardiac arrests and other acute life-threatening events, decreasing lengths of stay, and reducing patient mortality rates.

When a patient demonstrates signs of imminent clinical deterioration, the Rapid Response Team (RRT) can be called to immediately assess and treat the patient with the goal of preventing intensive care unit transfer, cardiac arrest, or death.

Research consistently shows that patients exhibit signs and symptoms of deterioration for several hours prior to a code. These symptoms include changes in vital signs, mental status, and lab markers. The goal of a RRT is to intervene upstream from a potential code. They reach the patient *before* deterioration turns into crisis. This is different from the "code blue" teams, which are summoned after cardiopulmonary arrest occurs, RRTs are designed to intervene during this critical period, usually on patients on medical or surgical wards. Hospitals using RRTs typically observe reductions in the number of cardiac arrests, unplanned transfers to the ICU, and overall mortality rate.

Any Fountain Valley Regional Hospital employee, patient, family member or physician may activate the RRT. Families will be instructed to immediately call the charge nurse and/or patient nurse to assess the patient if they have concerns. Staff contacts the hospital operator by dialing "5555", and requests to page the RRT. The caller should say "Rapid Response" to the patient's location.



**1**

#### **When to call a RRT:**

When a patient has an acute change in condition, appears to be in distress, and/or you have a gut feeling that the patient is not doing well.

**2**

#### **How to call a RRT:**

Dial "5555" and tell the operator "Rapid Response to (patient's location such as room 217, main lobby, etc).

## XXI.

**3**

### **What to do after calling a RRT:**

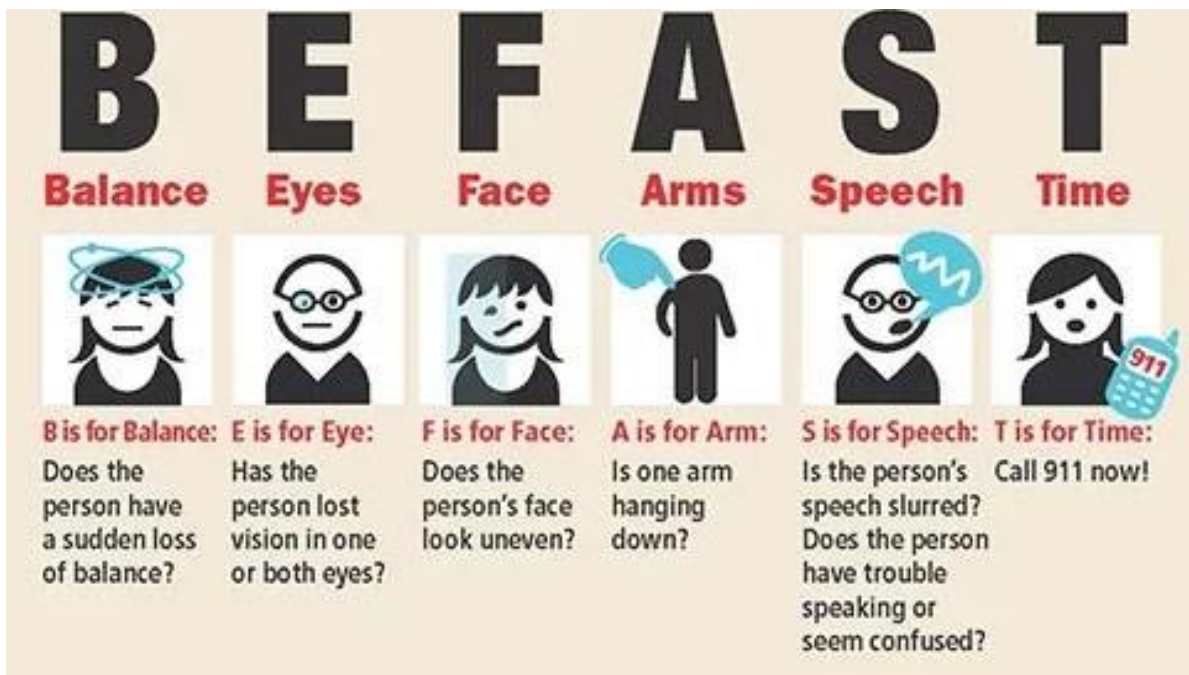
Stay with the patient until the RRT arrives; help to answer any questions the RRT may have about the patient.

### **Evaluation of Stroke Symptoms:**

To evaluate a patient reporting signs and/or symptoms of a stroke at Fountain Valley Regional Hospital use BE FAST.

- B -Balance
- E -Eyes
- F -Face
- A -Arms
- S -Speech
- T -Time (symptom onset)

Dial "5555" from any hospital phone to notify the stroke team.



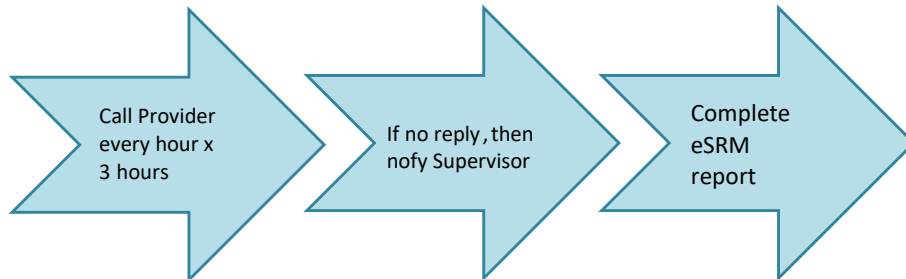
### **Chain of Command**

Each unit/department has a charge nurse or supervisor who is responsible for the function of the unit during their shift. The Administrative person on call and nursing supervisor is available at all times including nights and weekends. Unit managers have a 24-hour responsibility for the unit. Unit directors answer to the Chief Nursing Officer. Issues related to medical staff are reported to the charge nurse or department supervisor for follow-up through the chain of command.

XXII.

## Chain of Command to Obtain Medical Care for Patients

***If Non-Urgent Care is needed:***



## Chain of Command to Obtain Medical Care for Patients

***When Urgent care is needed:***



***\*\*Steps Supervisor will follow to obtain URGENT Medical Care :***

1. Call MD/medical group practice
2. Call "covering" physician
3. Call the Chair of the Department
4. Call the Chief of Staff and notify Hospital Administrator on call

### Patient Medical Safety

The Joint Commission (TJC) set standards for patient safety. **Patient safety is everyone's concern.** Medical errors of all types can be reduced or eliminated. While no one is perfect, communication and processes can be put in place to help everyone learn from past mistakes and improve patient safety.



## **XXIII.**

Communication and cooperation makes all the difference! By working together, Individual's and departments can help ensure that patient safety comes first.

### **What are medical errors?**

Medical errors are any type of diagnostic or treatment related errors that cause, or could cause, harm to patients. Medical errors can result in:

- Serious physical problems for patients. In some cases, errors can cause death.
- Emotional trauma for staff, patients, and their families.
- Loss of trust in the hospital and in the healthcare system in general. This contributes to higher costs for malpractice insurance and legal counsel.

Involve the patient in their care to reduce errors. Patient communication and teaching is so important! Healthcare workers need to communicate with patients and help them understand their treatment plans. Compliance can be difficult due to language barriers, low literacy, poor eyesight, and/or cultural beliefs. You can help by:

- Providing simple, easy-to-read treatment information.
- Using teaching materials for people who don't read well (i.e. pictures, colors).
- Using the interpretation services systems when interpretation is needed with culturally/language specific educational materials.
- Taking an active role communicating with patients and family members and encourage them to ask questions and discuss concerns at every step along the way.

Patients and their family members should be included as active partners in their care, aiding in identification of self, of the right drug or treatment, of the presence of allergies or contraindications and appropriate timing of medications or treatments.

Communicating and educating patients and their family members about what to expect in the hospital adds a layer to the safety effort. The key to involving patients in their own safety is communication:

1. Teach patients and their family members the questions they should ask about healthcare.
2. Make patients and their family members comfortable asking those questions.
3. Utilize "Ask 3, Teach 3" techniques to reinforce patient education.

## Patient Medical Safety (Cont.)

Everyone has a role! Medical errors can be prevented when people:

- Communicate and work together across departments. **EVERYONE** needs to pitch in.
  - Utilize SBAR {**S**ituation, **B**ackground, **A**ssessment, **R**ecommendation} **which** is a technique to help standardize communication among about a patient's condition.



- **S**ituation – the problem.
- **B**ackground – brief, related, to the point.
- **A**ssessment – what you found, what you think.
- **R**ecommendation – what you want or what patient needs.

When errors are made:

- Any hospital staff member who witnesses, discovers or has direct involvement in and/or knowledge of a reportable event **must** complete an eSRM no later than 24 hours after the event/incident.
- When completing the incident/error report via eSRM, do not include:
  - Abbreviations
  - Rambling dialogue - be thorough and concise
  - Falsification of facts to cover up the details of the event.
  - Insinuations of incompetency.
  - Negative or biased comments about the patient or their family.
  - Rumors
- Immediately escalate pertinent information to appropriate parties.
- It is extremely important for staff to communicate and report **actual AND potential errors**. This is a crucial party of prevention of future mistakes.
- When completing the report via eSRM, include your opinion regarding why or how you think the error occurred. State what processes were involved and what was the weak or missing link.
- Communicate suggestions as to how the system can be improved/modified or how performance can be improved to reduce the risk of a similar mistakes from happening again.
- Identification of errors is not about blame. It is about seeing how systems and processes can be improved.
- Set goals. Eliminating medical errors is a challenge, but it can be done!
- Focus on systems. This means communicating about and improving procedures to help prevent mistakes.
- Timely communication and reporting makes it easier to determine what went wrong or what could have gone wrong (because the event is still fresh in people's minds)



Remember, communication and cooperation between everyone makes all the difference.  
***Let's communicate safely!***

## XXIV. Patient Safety Plan

Patients have a right to a safe environment and UCI Health is committed to undertaking a proactive approach to maintaining patient safety.

The purpose of the Patient Safety Plan is to improve the quality of care at FVRH by promoting evidence-based best practices that improve patient safety, reduce risk, and ensure compliance with regulatory requirements.

Effective reduction of errors and other factors that contribute to unintended adverse patient outcomes requires an environment in which patients, their families, and organizational leaders can identify and manage actual and potential risks to patient safety.

The Patient Safety Plan provides a systematic, coordinated, and continuous approach to the maintenance and improvement of patient safety.

Improving patient safety and reducing errors requires a coordinated approach by **everyone at UCI Health**. The Patient Safety Plan is integrated throughout the organization through:

- **Information Management**
- Risk Management
- Human Resources and Education
- Infection Prevention
- Safe Medication Practices
- Patient and Family Education



#### **XXV. Stop the line**

GOAL: to create the SAFEST possible environment to deliver care to patients

- Stop the patient care process when potential sources of patient care errors are identified, without fear of retaliation.
- Any person who observes or becomes aware of an imminently harmful situation in patient care Has authority & responsibility to.
- SPEAK UP & request the process be stopped to clarify PATIENT SAFETY SITUATION:
  1. Voice concern 2 times to ensure it is heard.
  2. Be LOUD & CLEAR.
  3. Care Providers MUST stop immediately.
  4. For Non-Compliance, invoke chain of command and file an eSRM.

#### **XXVI. Ticket-To-Ride**

Before patients depart from any department, Hospital Transporters and Ambulance personnel MUST initiate the Ticket-To-Ride (orange) slip and deliver it to the RN who is caring for the patient.

## XXVII. Verification of Physician/Allied Health Practitioner Privileges


### How to Verify Physician/Allied Health Practitioner Privileges

**Step 1:** Log into eTenet


**Step 2:** Click on Apps



**Step 3:** Click on ~~DR Privileges~~



**Step 4:** Enter practitioner last name



**Step 5:** Click on Submit

**Step 6:** Scroll down the page to see all information available.

Only privileges that have been granted will display. There are no check marks because all privileges that show up are current. If there are any limiting factors that pertain to a specific privilege, it will show up under the notes column.



Physician Name	Department	Privilege	Notes
[Name]	[Department]	[Privilege]	[Notes]
[Name]	[Department]	[Privilege]	[Notes]
[Name]	[Department]	[Privilege]	[Notes]

## XXVIII. Moderate Sedation

UCI Health provides specific policies for the monitoring of patients receiving moderate sedation by the professional registered nurse and medical staff during diagnostic and therapeutic procedures. Policies are available on the nursing unit and clinical department.



## **XXIX. Recognition of Impairment**

Impaired and disruptive behavior of a licensed independent practitioner can impact the safety and care of patients, endanger the physical safety of hospital employees and may create a working environment that is hostile and unproductive. UCI Health has a program to identify and manage physician impairment. Please report symptoms of both impairment and disruption to your department supervisor.

## **XXX. Team Dynamics**

The medical, nursing, and ancillary professional staff of UCI Health function collaboratively as part of a multi-disciplinary team united in a purpose to achieve positive patient outcomes.

## **XXXI. Patient Wristband Descriptions:**

Colors used for wristbands. The following represents the only color-coded wristbands used:

1. White wristbands shall be used for patient identification. Non-clinical staff in accordance with hospital policy may apply the patient identification and admission identification bands.
2. Red wristbands shall be used to identify patients with allergies. The list of allergies should be written in the medical record in accordance with hospital policy. Allergies should include allergies to medication(s), food, environmental allergens, or other substances that may cause an allergic reaction in the patient. The letters "ALLERGY" shall be embossed /Printed on the wristband.
3. Yellow wristbands shall be used to identify patients with a risk of falling. Persons with a risk of previous falls, dizziness or balance problems, fatigability, or confusion about their current surroundings should be assessed for potential fall risk. The letters "FALL RISK" shall be embossed/printed on the wristbands.
4. Brown wristbands will be used for patients that prefer bloodless medicine or are Jehovah witness.
5. Teal blue wristbands are used on all dialysis patients with shunts or fistula, indicating that the site/side should not be used for blood draw. The letters "NO BP OR PUNCTURE THIS EXTREMITY" are embossed on this wrist band. This band should also be used for patients with any medical condition that warrants the non-use of the extremity for blood draw or venipuncture (for example, extremity with lymphedema, surgery, or fractures) per Physician orders.

Color band	Use
Name band	Name band for all admitted patients; used for identification and scanning <b>White</b>
<b>ALLERGY</b>	Indicates any allergy (food, medication, environmental) other than latex <b>Red</b>
<b>FALL RISK</b>	Placed on all patients at risk of falling <b>Yellow</b>
<b>LATEX ALLERGY</b>	Latex allergy only <b>Green</b>
<b>LIMB ALERT</b>	"Do not use" for blood draws, IV starts, blood pressures, etc. <b>Pink</b>
<b>Bloodless</b>	Used for patients that prefer bloodless medicine <b>BROWN</b>



## XXXII.

### Performance Improvement Plan (PIP)

UCI Health is committed to continuously improving performance and patient care outcomes. The PIP provides a culture of quality and safety by focusing on maintaining excellence in performance. FVRH will accomplish this through a proactive, non-punitive culture that is monitored through reporting systems and improvement initiatives.

The objective of the PIP is to utilize an approach to improving performance, which includes total involvement, systematic support, key measurement, customer focus, and continuous performance improvement. The goals of the PIP include:

1. Define a systematic approach to process design, performance measurement, and improvement that is communicated to all levels.
2. Foster and promote a collaborative team approach.
3. Meet/exceed the needs and expectations of our key customers.
4. Establish baseline performance expectations to guide measurement and assessment of Performance Improvement activities.
5. Ensure compliance with Title 22, CMS Conditions of Participation, **The Joint Commission (TJC)** standards, DNV Stroke standards and other regulatory requirements.
6. Focus on improving patient safety and reducing patient harm by all who work at UCI Health to promote an organization of high reliability.

Everyone is involved in Performance Improvement. Suggestions from UCI Health employees for improvement are important! UCI Health encourages employee participation on committees and teams that improve care and services.

UCI Health Performance Improvement initiatives include:

- Patient identification
- Communication - list of approved abbreviations, the need to read back all verbal orders for validation, timeliness of stat orders
- Improve the safety of high alert medications
- Eliminate wrong site, wrong patient, wrong procedure
- Improve the safety of using infusion pumps
- Infection Control
- Medication along the continuum of care
- Fall Prevention
- Other initiatives that follow National patient Safety Guidelines (NPSGs), as well as other national based standards.

The effective performance of these systems will result in a culture in which safety and quality are priorities.

The framework/model used at FVRH for Performance Improvement is the “Plan–Do–Check–Act” (PDCA) Cycle.

Regulatory agencies such as the Department of Public Health, TJC, and other federal and state groups look for use of data to improve outcomes. Hospital wide measures and department specific monitoring is ongoing.

The Risk Management Program is a process designed to:

- Identify areas that need evaluation.

### XXXIII.

- Identify processes to improve and prevent injuries to employees, patients, visitors and physicians in the hospital.
- Control any claims for compensation due to injury, loss of property or dissatisfaction with services.
- Assure participation of all employees.

#### **The Hospital Consumer Assessment of Healthcare Providers and Systems**

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a patient satisfaction survey required by the Centers for Medicare and Medicaid Services (CMS).

HCAHPS is used to measure patients' opinions of their hospital stay. HCAHPS created a national standard for collecting and publicly reporting information that allows comparisons to be made of hospitals to support consumer choice.

HCAHPS is a standardized survey and data collection methodology that has been used since 2006. The survey measures patient's perspective of the hospital care they received.

The UCI Health team is measured and held accountable:

- Doctor Communication – respect, listening skills, and communication ability of doctors.
- Nurse Communications - respect, listening skills, and communication ability of doctors.
- Staff Responsiveness - answering call bells and staff responding to toilet needs.
- Hospital Environment - cleanliness and quietness of the hospital.
- Pain Management - How often did the staff talk with you how to treat your pain”.
- Medication Communication - explaining medications to patients, including their side effects. “Ask 3/Teach 3 Program” to provide education to patients about medications.
- Discharge Information - preparing patients to leave the hospital and provide written health information.
- Care Transition - taking into account the patient's healthcare preferences and are they able to understand their responsibility in managing their health as well as their medications.
- Rating and Recommendations

The UCI Health team provides excellent service by using

**A.I.D.E.T. A** - Acknowledge

## XXXIV.

**I** - Introduce  
**D** - Duration **E** -  
Explanation **T** -  
Thank You.

<b>A</b>	<b>Acknowledge</b>	<i>Benefit:</i> Increase safety and Patient loyalty <i>Key message to patient:</i> "You are important."
<b>I</b>	<b>Introduce</b>	<i>Benefit:</i> Decrease anxiety <i>Key message to patient:</i> "You are in good hands."
<b>D</b>	<b>Duration</b>	<i>Benefit:</i> Increase compliance <i>Key message to patient:</i> "I anticipate your concerns."
<b>E</b>	<b>Explain</b>	<i>Benefit:</i> Increase quality of experience <i>Key message to patient:</i> "I want you to be informed and comfortable."
<b>T</b>	<b>Thanks</b>	<i>Benefit:</i> Increase patient loyalty <i>Key message to patient:</i> "I appreciate the opportunity to care for you."

## AIDET

**AIDET** is a communication style that is utilized at Fountain Valley Regional Hospital to reflect basic fundamentals of service and quality and is a differentiating factor when comparing organizations.

This **AIDET** style of communication keeps patients informed, helps alleviate fear and anxiety, positions the hospital as a quality organization, and reflects compassion, respect, and dignity in all interactions.

**AIDET** is an acronym that describes the dimensions of this communication style.

### **A=Acknowledge**

Make eye contact, smile, and greet them with a pleasant manner. Try to address the patient by name.

### **I=Introduce**

Introduce yourself by saying who you are, what department you are from, and the purpose of the interaction.

### **D =Duration**

Remember to keep patients and family informed about time expectations. For example: wait times, physician rounds, pain management, meal delivery.

### **E =Expectation**

Be clear on what the patient or family should expect. Be willing to answer questions they may have. Educate and keep the patient informed. Always ask if they have any questions.

## XXXV.

### **T = Thank you**

Take time to always thank the patients and their family members for their time, patience, and cooperation. Be respectful and courteous during the closure of the conversation.



Thank the patient and their family for choosing Fountain Valley Regional Hospital.

## XXXV. **Regulatory Agencies and Core Measures**

Regulation plays a major role in the health care industry and health care insurance coverage. Various regulatory bodies protect the public from a number of health risks and provide numerous programs for public health and welfare. Together, these regulatory agencies protect and regulate public health at every level.

Health care regulations are developed and implemented not only by all levels of government (federal, state and local) but by private organizations as well. Health care regulations and standards are necessary to ensure compliance and to provide safe health care to every individual who accesses the system.

## Regulatory Agencies and Core Measures (Cont.)

Health care regulatory agencies monitor practitioners and facilities (i.e. hospitals), promote safety, provide information about industry changes and ensure legal compliance and quality services. Federal, state, and local regulatory agencies often establish rules and regulations for the health care industry, and their oversight is mandatory.

Examples of regulatory agencies include:

- **California Department of Public Health (CDPH)** provides hospital licensure and is the administrative agency of the state that enforces CA healthcare regulations such as Title XXII and the Health & Safety Code.
- **The Center for Medicare and Medicaid Services (CMS)** is a federal agency within the United States Department of Health and Human Services (HHS) that works in partnership with state governments to administer Medicare and Medicaid programs.



- CMS develops Conditions of Participation that are health and safety standards for improving quality and protecting the health and safety of beneficiaries (i.e. patients).
- Health care organizations, such as UCI Health, are required to meet the Conditions of Participation in order to receive Medicare and Medicaid funds.

- **The Joint Commission (TJC)** is a health care accreditation organization.
- **TJC Accreditation** means that the facility has received the “Gold Seal of Approval” and that the facility is meeting the most rigorous standards of care.
- **Unannounced Surveys** require no advance notification and occurs every three years for the hospital and every two years for the lab.
- **Intra-cycle Monitoring** are interim surveys that occur annually and are announced for those years where there is no unannounced survey.
- **Tracer Methodology** – conducted directly by surveyors in patient care units within the hospital.
- Surveyors directly observe caregivers and often ask staff for information by asking questions related to TJC’s Standards of Care and National Patient Safety Goals.



### What are Core Measures?

- Core Measures are evidence-based standards of care established by TJC and CMS.
- Core Measures are national standardized processes that represent best clinical practice for some of the most common disease processes and health events that Americans face today.



## Regulatory Agencies and Core Measures (Cont.)

- Core Measures are specific steps for each condition that are designed to provide the right care at the right time for common conditions such as stroke or sepsis.
- UCI Health Reports Core Measure data on:
  - Immunizations
  - Heart Failure
  - VTE
  - AMI/STEMI
  - CABG
  - Diabetes
  - Stroke
- U.S. hospitals must report their compliance with these Core Measures to TJC, CMS, and other agencies.

## Why should UCI Health employees care about Core Measures?

- The Core Measure processes are proven standards of care that reduce complications and lead to better patient outcomes.
- Health organizations' reimbursement is tied to scores on Core Measures. This is one manifestation of the "pay for performance" movement in U.S. healthcare.
- Patients and families can use Core Measure performance to objectively compare hospitals locally or nationally.
- Organizations who score poorly on Core Measures may not only be denied reimbursement but may also lose business from patients and referring physicians who are reluctant to visit organizations with poor Core Measure scores.
- Certain Core Measures are incorporated into Value Based Purchasing where hospital reimbursement is dependent on performance. Value Based Purchasing includes performance with patient satisfaction and outcomes such as mortality. 30-day readmissions are also tied into hospital reimbursement for the AMI, CHF, and PN populations.

Ensuring that patients always receive recommended Core Measure treatments requires a well-coordinated effort throughout hospital departments.

UCI Health is licensed by the State of California and accredited by The Joint Commission. If you have any concerns or issues regarding quality, safety-of-care or safety of the hospital environment, please contact The Joint Commission at:



The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Phone: (630) 792-5005  
Fax: (630) 792-5636

[customerservice@jointcommission.org](mailto:customerservice@jointcommission.org)

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