STUDENT ORIENTATION PACKET 2016

Please complete test and return to Your Instructor
October 10, 2016

Dear Nursing Students,

I would like to welcome you as you progress in your academic pursuit in nursing. Los Alamitos Medical Center is committed to provide you with an atmosphere that is conducive to learning. We have students from local and regional nursing, medical, dietary, radiology, laboratory and other health-related programs. Our staff is focused on assisting you with your learning needs. It is important for all to remain focused to provide quality patient care and customer service in support of our hospital’s I CARE values: **Integrity, Compassion, Accountability, Respect, Excellence.**

We encourage you to work closely with our staff and not hesitate to ask questions or share comments related to procedures you may see. We want you to participate along with us as we strive toward our goal of excellence in patient care and nursing satisfaction, and ultimately, making Los Alamitos Medical Center a preferred place to work. Keeping our patients safe and providing superior customer service to enhance a positive experience for our patients is critical. Nursing is an exciting and challenging profession. By staying positive and making a difference as you learn in each department, you are setting the bar of excellence for the entire hospital. You are truly among a select group of nurses with the passion and commitment to take the next steps in clinical excellence.

Thank you for your hard work and dedication to nursing.

Sincerely yours,

[Signature]

Judith Chabot, MSN, RN, NE-BC
Chief Nursing Office
Los Alamitos Medical Center

Mission Statement

Our Vision: Los Alamitos Medical Center will be valued as the community healthcare leader.

Our Mission: Los Alamitos Medical Center provides excellent healthcare in a compassionate, respectful manner.

Our Values: I CARE

I  Integrity
C  Compassion
A  Accountability
R  Respect
E  Excellence
Healthy Healing

Our dedication to Healthy Healing is deeply rooted in our Mission and Values:

Mission
We provide excellent healthcare in a compassionate, respectful manner.

I care Values
Integrity, Compassion, Accountability, Respect, Excellence

Los Alamitos Medical Center
Organizational Ethics

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:

Provide high quality, cost effective health services to our patients To be honest, trustworthy and reliable in all our relationships. To be a leader in the use and application of current techniques and technology.

To be good corporate citizens

To be responsive to the needs and expectations of our health care team.

To pursue profitability and growth.

To treat all Tenet employees fairly.

All Tenet employees, regardless of rank 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 procedure?
How will the decision be looked upon by other people?

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

Immediate supervisor,
Human Resources Department
Hospital Administration Department
Ethics Action Line (1-800-8-ETHICS)
What is Lean Daily Management?

- Daily Management is a process that involves all employees and focuses on daily activities. The process is:
  - Create Targets
    - What is the goal, metric and target?
  - Track Performance
    - Collecting and displaying data
  - Analyze
    - How are we performing in relation to our target
    - Are we “winning” or “losing” each day
    - Understanding why (root cause) we did not achieve our target
  - Correct
    - Taking action to eliminate the root cause of the problem
  - Review
    - Closing the loop – Ensuring the solutions are working and adjusting if necessary
PATIENT 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

Patient responsibilities:
1. Provide accurate, complete information
2. Follow treatment plan; comply with instructions
3. Accept responsibility if treatment refused
4. Financial obligations
5. Follow hospital rules; be considerate of others
Cultural Considerations

The culture to which an individual belongs plays an important role in shaping beliefs and behaviors. Diversity in the healthcare environment necessitates employees to be open-minded, and respectful of each person’s values and cultural differences. As healthcare providers it is important to be open-minded in becoming aware of cultural differences. It can affect the quality of care we give to our patients, as well as our interactions with other staff members.

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. Visible 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. Children raised in a particular group are said to be enculturated into its “right” ways.

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 our sources of input, it is easy to form opinions about entire groups. This is how stereotypes begin. When working with people from other cultures, generalizations about one group cannot be made. Just as all Americans are not alike, all Mexicans, Asians, and Middle Eastern people are not alike either. It is easy to make judgments of others based upon their skin pigmentation, speech patterns or accents. Take time to find out about the person before jumping to conclusions.

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 other people feel. This may create feelings of animosity. Attempt to build rapport instead by finding out what leads someone to feel the way they do.
- Work on developing patience and tolerance for others
- Keep an appropriate sense of humor about you
- Examine your own beliefs and values. Ask yourself, “Why do I believe this?” and “What makes me feel that way?”

Take the time to learn about yourself and other cultures. Some questions you can use to help guide you on this journey include:

1. Can I describe cultural beliefs, values and behaviors of a group different than my own?
2. Can I describe three traditional healing and practices of specific ethnic groups in my local area?
3. Do I apply general cultural information as hypotheses, not as stereotypes?
4. How can I show respect for others values and beliefs?
5. What are my own cultural beliefs, values and practices that influence myself?
6. What kind of help would I like to receive from someone in my job role if I was on the other side?

Sometimes differences and conflicts can occur because of differences that may exist in 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 questions in different ways
- Create a relaxed atmosphere
- Accept responsibility for a lack of understanding

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. Every cultural group includes considerable variations. Only by acquiring more knowledge about others will it be possible to reduce ignorance.
Age/Patient Population Related Issues

TJC requires healthcare workers to relate to their patients in age-appropriate ways. LAMC’s competence process confirms and documents that all staff who have direct patient contact are competent in regards to the specific age groups they care for. This is based on criteria identified for each unit and position description.

All patients deserve to be treated with respect for their stage of life. Be familiar with each stage of life and the related patterns, characteristics, health concerns, and ways of talking about issues.

**Infant/child/adolescent**

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

Vital signs for the neonate are different than those for infants, children, and young adults. You will need to anticipate the neonate’s needs because his or her only way of communicating is through crying.

Young children believe in magical things and may not understand explanations of procedures. It is helpful to explain things with demonstrations.

Talking with older children should be straightforward. As an older child approaches adolescence, it is important to provide privacy during procedures.

Adolescents are likely to be very concerned with how treatments or procedures may affect their self-image, peer relationships, or appearance.

Young adults are busy balancing the 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.

**Middle age/Old age**

During middle age many chronic health conditions may emerge. It is important for people in this age group to get regular checkups.

Conditions such as arthritis, heart disease, hearing problems, and high BP are more common in older adults.

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 and disease.

Diminishing sensory functions make safety considerations a priority for older adults. Old, old adults have less vigorous immune systems. They may be coping with chronic illnesses and the need to be dependent on others.
ABUSE

All healthcare personnel are mandated reporters of elder abuse, child abuse, and domestic violence.

If abuse is suspected, contact Social Services
Ask your department manager or the nursing supervisor for guidance.
If a report has been made on admission to the hospital, notify Social Services for follow-up.

Elder Abuse

—Abuse of an elder or dependent adult may be any of the following: physical abuse, sexual abuse, neglect, intimidation, cruel punishment, fiduciary abuse, abandonment or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a caretaker of goods or services which are necessary to avoid physical harm or mental suffering. ||------LAMC Admin. Manual

Child Abuse

—Child abuse may be any act of omission or commission, by any person that endangers or impairs a child’s physical or emotional health and development. This may include physical abuse and cruel corporal punishment; emotional abuse and deprivation; physical neglect and/or inadequate supervision; and sexual abuse and exploitation. The suspicion of an inflicted injury rather than the degree of injury is to determine intervention.||
--LAMC ADMIN. MANUAL

Domestic Violence

"...any wound or injury inflicted on the person as a result of assaultive or abusive conduct (even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound (or other injuries) was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound was discovered during an autopsy)."
PERFORMANCE IMPROVEMENT

- Los Alamitos is committed to continuously improving performance and patient care outcomes.

- The medical staff, employees and contracted services participate in identifying opportunities to improve, data collection, multidisciplinary teams and implement actions to sustain improvements.

- The methodology selected by Los Alamitos to analyze and improve care/services and processes/outcomes is called the PDCA. It is a four step process
  - Plan
  - Do
  - Check
  - Act

- Everyone is involved in performance improvement. We have departmental, individual or team activity and medical staff committees. Your suggestions for improvement are important. At least annually, we have a Quality Day where you can learn what areas the hospital is focusing on and a questionnaire is distributed for your input. We encourage employee participation on committees and teams that improve care and services.

- The following are Los Alamitos Performance Improvement Initiatives:
  - **Patient Safety:** There are several areas of focus: (1) Patient identification, (2) communication: there is a list of approved abbreviations, the need to read back all verbal orders for validation, timeliness of stat orders (3) Improve the safety of high alert medications, (4) Eliminate wrong site, wrong patient, wrong procedure, (5) Improve the safety of using infusion pumps,(6) Improve the effectiveness of clinical alarm systems, (7) Infection Control (8) Medication along the continuum of care (9) Fall prevention
    - There are other initiatives that follow National Patient Safety Guidelines as well as other national based standards.

- Our Risk Management Program is a process designed to:
  - Identify areas that need evaluation
  - Identify process to improve and prevent injuries to employees, patient's, 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.
LAMC Process Improvement Methodology: PDCA

**PLAN**
1. Identify problem using data
2. Describe current process
3. Identify and rank root causes
4. Develop solution, action plan, target dates, monitoring methods

Step 1

**Act**
5. Reflect and act on learnings
6. Assess results, recommend changes, roll-out to other areas, standardize, celebrate success

Step 4

**DO**
5. Implement solution or process change (possibly in one area first)

Step 2

**Check**
6. Review/evaluate result of change
7. Measurements: demonstrate improvement from baseline

Step 3
MAKE THE AIDE-T CONNECTION:

**Acknowledge:** Making eye contact, a smile, and greeting them in a pleasant manner.

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

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

**Explain:** Be clear on what to expect. Ask for and be willing to answer questions they may have.

**Thank:** Take the time to always thank the patients and their family members for their time, patience, cooperation, and for choosing our hospital.
When you're mindful, patients mend.

When you're respectful, patients rest.

When you're helpful, patients heal.

Healthy Healing
Quiet Time
From 2:00 PM to 4:00 PM daily

Rest and sleep are an important part of recovery. We are dedicated to our Quiet Time program. Reducing noise to create a restful and quiet environment is proven to increase healing and patient satisfaction.

To assist with our Quiet Time:

- Ancillary services will limit their patient interactions
- Daily disturbances will be at a minimum, without delaying patient care
  - Check with the patient nurse or charge nurse prior to disrupting the patients rest
- Hallway lights will be dimmed
- Patient room doors may be closed

- No unit overhead call system paging- Operators please limit overhead pages if at all possible during this time
- Staff phones and pagers are placed on vibrate
- Patients are offered ear plugs and eye masks
- Staff conversations are kept low

Healthy Healing
<table>
<thead>
<tr>
<th>MRSA history or positive MRSA screen</th>
<th>No Contact Precautions!! Standard Precautions only. Focus on hand hygiene!</th>
<th>Visitors to be taught excellent hand hygiene. Visitors do not need to wear PPE unless they are performing care that puts them at risk for exposure to a body fluid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA Admission Screening: 1. Critical Care Admission 2. Admitted from SNF 3. DC from Acute Care in last 30 days 4. Dialysis patients 5. Inpatient surgical pts that meet above criteria (1 through 4)</td>
<td>Place patient in Contact Precautions (GREEN SIGN) when positive culture results received.</td>
<td>Patient remains in Contact Precautions for the duration of the admission. Visitors need to be taught hand hygiene. Do not need to wear PPE.</td>
</tr>
<tr>
<td>Active MRSA infection (bacteremia, pneumonia, UTI or wound)</td>
<td>Place patient in Contact Enteric Precautions (BROWN SIGN) immediately. C. diff patients remain in Contact Precautions for the entire admission.</td>
<td>Wash hands with soap and water for 15-20 seconds following patient contact. Disinfect equipment with bleach wipes- 4 minute contact time.</td>
</tr>
<tr>
<td>Patients with suspected infectious diarrhea including possible C. diff (no isolation for a history of C. diff)</td>
<td>Place patient in Contact Precautions (GREEN SIGN) when positive culture results received. Micro calls all positive MRDOs to nurses’ station as soon as available.</td>
<td>Patient remains in Contact Precautions for the duration of the admission. Visitors need to be taught hand hygiene. Visitors do not need to wear PPE unless they are performing care that puts them at risk for exposure to a body fluid.</td>
</tr>
<tr>
<td>All other MDROs (history in last year or new result) VRE* ESBL** CRE*** Other resist organisms ID’d by lab (e.g. Acinetobacter, Pseudomonas)</td>
<td>Place patient in Contact Precautions (GREEN SIGN) when positive culture results received.</td>
<td>Patient remains in Airborne Precautions until 3 AFB smears result negative and MD orders isolation discontinued. N-95 masks and PAPRs for aerosol generating procedures. Pt. is confine to room except for emergency tests.</td>
</tr>
<tr>
<td>Rule cut or confirmed TB MD orders sputum for AFB; every 8 hours X 3 (at least one early morning specimen required) *RT to collect sputum specimens</td>
<td>Immediately place patient in Airborne Precautions-negative pressure room (Rooms 127,130, 162, 167, and 113) if TB suspected. (LIGHT BLUE SIGN) N95 respirator mask required.</td>
<td>Wear gloves when touching rash</td>
</tr>
<tr>
<td>Herpes Zoster- Shingles</td>
<td>Standard Precautions</td>
<td>Patient to remain in isolation for the duration of illness. HCP with immunity should provide care and wear N-95.</td>
</tr>
<tr>
<td>Chicken pox, Disseminated Shingles (immunocompromised patients with shingles over large area of body), Measles</td>
<td>Place patient in AIRBORNE &amp; CONTACT Precautions</td>
<td>Contact Precautions until 24 hours after treatment completed. Pt. clothing should be bagged and sent home with laundry instructions.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Place patient in Contact Precautions (GREEN SIGN).</td>
<td>Patient to remain in Droplet Precautions for 7 days or 24 hours after symptoms resolve.</td>
</tr>
<tr>
<td>Suspected or confirmed Seasonal Influenza A or B</td>
<td>Droplet Precautions (PURPLE SIGN) Private room and mask with a shield.</td>
<td>Patient to remain in Droplet Precautions until 24hrs of effective antibiotic Rx completed.</td>
</tr>
<tr>
<td>Suspected or confirmed bacterial meningitis</td>
<td>Droplet Precautions until Meningococcal or Haemophilus influenza B ruled out.</td>
<td>Patient to remain in Droplet Precautions until 24hrs of effective antibiotic Rx completed.</td>
</tr>
</tbody>
</table>

*MDRO = Multiple Drug Resistant Organism  **ESBL = Extended Spectrum Beta Lactamase (seen with E coli, K. pneumoniae, P. mirabilis); ***CRE = Carbapenem Resistant Enterobacteriaceae (includes K. pneumoniae); May cohort patients with same organism.
# GUIDELINES FOR INFECTION CONTROL

The Guidelines are intended to protect patients and healthcare givers from potential exposure to communicable diseases. The guidelines attempt to be comprehensive and address patient care issues, the environment, transportation, and equipment management in the hospital setting.

<table>
<thead>
<tr>
<th>Precautions</th>
<th>When Used</th>
<th>Some Examples of Disease</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>All Patients</td>
<td>All patients</td>
<td>Use barrier precautions (mask, goggles, gowns, gloves) as needed to prevent contact with blood, body fluids, excretions, secretions, and contaminated items. <strong>Wash hands or use handsanitizer before and after contact or glove use.</strong> Use handsanitizer and change gloves between patients. Take care to prevent injuries when using sharps. Activate safety devices immediately after use and dispose of sharps at time of use in proper sharp disposal container.</td>
</tr>
<tr>
<td></td>
<td>All blood, body fluids, secretions, excretions (except sweat) and contaminated items. Nonintact skin Mucous membranes</td>
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</tbody>
</table>

### Transmission Based Precautions In Addition to Standard Precautions

<table>
<thead>
<tr>
<th>Precaution</th>
<th>Spread by</th>
<th>Disease(s)</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne</td>
<td>Droplet nuclei particle</td>
<td>Measles, Varicella, Tuberculosis, Disseminated Herpes Zoster</td>
<td>Private room, negative air pressure, door closed. N95 Respirator, mask on patient during transport. Must be fit tested for N95 respirator. Monitor above door should show a green light if negative pressure is working.</td>
</tr>
<tr>
<td>Droplet</td>
<td>Spread by droplets</td>
<td>Meningitis (Meningococcal) Diphtheria, Mycoplasma Pneumonia, Influenza, Mumps, Rubella</td>
<td>Private room if possible, wear regular mask within 3 feet of patient; limit transport, surgical mask on patient during transport</td>
</tr>
<tr>
<td>Contact</td>
<td>Spread by contact with intact skin or surfaces</td>
<td>Resistant bacteria like MRSA, VRE. ESBL, Resistant Acinetobacter C difficile colitis Scabies</td>
<td>Private room, if private room unavailable, patients with some microorganisms, may be placed in the same room. Wear gloves. <strong>Mask for MRSA patients only.</strong> Avoid contamination of hands. Wear gown. Limit transport when possible. Dedicate use of patient care equipment to a single patient. If use of common equipment, disinfect after use. Wash hand with soap and water with C diff pts.</td>
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# Waste Disposal

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<tbody>
<tr>
<td>Sink/Regular Waste bag</td>
<td>Red Bag</td>
<td>Red Container</td>
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<tr>
<td>*Some non-toxic meds can go in the SINK. Examples: Plain IVs or IVs with electrolytes or vitamins.</td>
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<tr>
<td><strong>Regular Waste Bag</strong></td>
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<tr>
<td>*IV bags and tubing without medication additives</td>
<td>*IV bags and tubing without medication additives</td>
<td>*IV bags and tubing without medication additives</td>
<td>*IV bags and tubing without medication additives</td>
<td>*IV bags and tubing without medication additives</td>
<td>*IV bags and tubing without medication additives</td>
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<td>*IV Plain &amp; Electrolyte</td>
<td>*IV Plain &amp; Electrolyte</td>
<td>*IV Plain &amp; Electrolyte</td>
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<td>*Empty medication vials or containers</td>
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<td>*Empty medication vials or containers</td>
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<td>*Trash / wrappers</td>
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<td>*Dressings (band-aids)</td>
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<td>*Chux &amp; Diapers</td>
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<td>*Gloves</td>
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<tr>
<td>*Empty Foley bags and other drainage bags</td>
<td>*Empty Foley bags and other drainage bags</td>
<td>*Empty Foley bags and other drainage bags</td>
<td>*Empty Foley bags and other drainage bags</td>
<td>*Empty Foley bags and other drainage bags</td>
<td>*Empty Foley bags and other drainage bags</td>
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<td>*Disposable patient items</td>
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<td>*Sanitary enemas</td>
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<td>*Food products</td>
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<tr>
<td>*Blood and all Other Potentially Infectious Material (OPIM)</td>
<td>*Blood tubing/bags/hemovacs/placuvas</td>
<td>*All sharps Example: needles, broken glass vials, broken ampules, blades, scalpels, razors, pins, clips, staples</td>
<td>*Syringes without sharps containing residual (pourable) medication</td>
<td>*Trace Chemo is &lt;7ml volume: All supplies used to prepare and administer chemo medication Example: tubing, empty bags/bottles/vials, syringes, gloves, pads, masks, gown, wipes etc.</td>
<td>*Return to Pharmacy if R.C.R.A. containers not available in the nursing units</td>
</tr>
<tr>
<td>*Soaked/dripping bloody dressings</td>
<td>*Intact plastic bottles with bloody fluid or Other Potentially Infectious Material (OPIM)</td>
<td>*All empty syringes, tubes, carcupject or those with trace (unpourable) amount of medication</td>
<td>*IV bags and tubing with residual medication</td>
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<tr>
<td>*Intact plastic bottles with bloody fluid or Other Potentially Infectious Material (OPIM)</td>
<td>*Suction liners with bloody fluid or Other Potentially Infectious Material (OPIM)</td>
<td>*Intact glass bottles with bloody fluid or Other Potentially Infectious Material (OPIM). (Use large volume sharps container with foot pedal if needed)</td>
<td>*Residual or wasted narcotics and/or controlled drugs – expel content into container</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*All disposable items soaked or dripping with blood or Other Potentially Infectious Material (OPIM)</td>
<td></td>
<td>*Trocar, introducers, guide wires, sharps from procedures, specimen devices in endoscopy, etc. (Use large volume sharps container with foot pedal if needed)</td>
<td>*Narcotic patches (fold in half) Example: Pentazol patch</td>
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<tr>
<td><strong>Expressed Note:</strong> <strong>Smart Sink – Controlled Substance waste only</strong> Unopened/Unused or expired Medications: Return to Automated Dispensing Unit or Pharmacy</td>
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</table>

*Examples:* 
- Nitroglycerin tablets
- Inhalers with residual (if empty-regular trash), ONLY NON HFA
- Unused nicotine gum or patches
- Unused/residual acetone
- Nitroglycerin Spray
- Coumadin wrappers or waste

All bulk (>7ml in volume) or unused chemo should be placed in a black *R.C.R.A. container in Pharmacy, Infusion Center, or Infusion Center satellite pharmacy.

**Note:** 
- Federal Resource Conservation and Recovery Act (RCRA)
- Hazardous medications per NIOSH list (National Institute for Occupational Safety and Health)
Hazard Communication
Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

**HCS Pictograms and Hazards**

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Explosive Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Carcinogen</td>
<td>* Flammable</td>
<td>* Irritant (skin and eye)</td>
</tr>
<tr>
<td>* Mutagenicity</td>
<td>* Pyrophoric</td>
<td>* Skin Sensitizer</td>
</tr>
<tr>
<td>* Reproductive Toxicity</td>
<td>* Self-Heating</td>
<td>* Acute Toxicity (harmful)</td>
</tr>
<tr>
<td>* Respiratory Sensitizer</td>
<td>* Emits Flammable Gas</td>
<td>* Narcotic Effects</td>
</tr>
<tr>
<td>* Target Organ Toxicity</td>
<td>* Self-Reactives</td>
<td>* Respiratory Tract Irritant</td>
</tr>
<tr>
<td>* Aspiration Toxicity</td>
<td>* Organic Peroxides</td>
<td>* Hazardous to Ozone Layer (Non-Mandatory)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas Cylinder</th>
<th>Corrosion</th>
<th>Exploding Bomb</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Gases Under Pressure</td>
<td>* Skin Corrosion/ Burns</td>
<td>* Explosives</td>
</tr>
<tr>
<td></td>
<td>* Eye Damage</td>
<td>* Self-Reactives</td>
</tr>
<tr>
<td></td>
<td>* Corrosive to Metals</td>
<td>* Organic Peroxides</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment (Non-Mandatory)</th>
<th>Skull and Crossbones</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Oxidizers</td>
<td>* Acute Toxicity (fatal or toxic)</td>
</tr>
<tr>
<td>* Aquatic Toxicity</td>
<td></td>
</tr>
</tbody>
</table>

For more information:

OSHA
Occupational Safety and Health Administration
U.S. Department of Labor
www.osha.gov  (800) 321-OSHA (6742)
**SPOT A STROKE F.A.S.T.**
F.A.S.T. is an easy way to remember the sudden signs of stroke.

**FACE DROOPING**
Does one side of your face droop or is it numb? Try to smile.

**ARM WEAKNESS**
Is one arm weak or numb? Try to raise both arms. Does one arm drift downward?

**SPEECH DIFFICULTY**
Is your speech slurred or are you unable to speak? Try to repeat a simple sentence like, “The sky is blue.” Can you say it correctly?

**TIME TO CALL 9-1-1**
If you or a loved one has any of these symptoms, even if they go away, call 9-1-1 and go to the hospital immediately.

**OTHER SYMPTOMS YOU SHOULD KNOW:**
- Sudden numbness or weakness of the leg
- Sudden confusion or trouble standing
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Are you at risk for stroke? Find out now: **OCHHealthCheck.com/StrokeRisk**

**LOS ALAMITOS MEDICAL CENTER**
3751 KATELLA AVE | LOS ALAMITOS | CA | 90720

- American Heart Association Get With The Guidelines — Stroke Gold Plus Target Stroke Elite Plus
- The Joint Commission Certified Primary Stroke Center

LOS ALAMITOS MEDICAL CENTER
IS PROUD TO SUPPORT
THE AMERICAN HEART ASSOCIATION/
AMERICAN STROKE ASSOCIATION'S
MY HEART. MY LIFE. CAMPAIGN

American Heart Association | American Stroke Association

*My Heart. My Life.*
BODY MECHANICS

Proper Body Mechanics - Definition
- The best position of the body at rest or during activity to prevent abnormal stresses on the spine.

Proper Body Mechanics - Principles
- Inspect the Load
- Wide base of support
- Get close to the object
- Squat down, Bend over the hips
- **DO NOT USE YOUR BACK!**
- Lift with your legs & buttocks
- No twisting or turning the back
- **KEEP YOUR BACK STRAIGHT!**
- Feet pointed in the direction of the move.
- Ask for help when you need it.
INTRODUCTION:

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 an existing back problem. Remember, prevention is much easier than cure.

RULES FOR GOOD BODY MECHANICS

1. When lifting, keep your back straight and avoid bending from the waist. 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.
3. Always turn and face the object you wish to lift. Turn by pivoting or moving your feet, not twisting your trunk.
4. Avoid carrying unbalanced loads.
5. Stand close to the weight to be lifted, and carry it close to your body.
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.

Remember Five Keys to Prevention

(1) Posture: The reason for most common strains to your back is over stretching of the supportive structures. Stretching occurs when the lower back is bowed out. In order to prevent strain, your back must maintain its normal position (a curve that looks like a — S (from the neck to the tailbone) at all times.

(2) Rest: Proper rest is vital to the maintenance and function of a normal spine.

(3) Body Mechanics: Reaching and staying in one position for a long period of time is also very dangerous for your spine. Learning how to hold your spine properly will reduce the danger of these activities.

(4) Lifting: Most back injuries occur while lifting. Mastering the proper technique will prevent this type of injury and asking for help from team members.

(5) Exercise: Proper exercise is an important part of the prevention of back injury. It should be your goal to maintain good mobility and strength in your back.
Don't lift a patient alone!
"Ask for Help"
Or
Use LIFT Equipment

PATIENT MEDICAL 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. Communication and cooperation makes all the difference! By working together, individuals and departments can help ensure that patient safety comes first.

What are medical errors? They are any type of diagnostic or treatment-related errors that cause, or could cause, harm to patients. They 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 your hospital and in the healthcare system in general.

This contributes to higher costs for malpractice insurance and legal counsel.

Some other or serious physical or psychological injury of a patient.
Performance Improvement: This is a continuous, ongoing effort on the part of ALL healthcare workers to find and communicate new and better ways of doing things.

Performance improvement is important in all areas of healthcare. Improving important terms you should know:

Sentinel Events: These are unexpected events that result in the death medical practices helps patients and enhances:

Your personal experience. Communicating and playing a role in the prevention of errors can be a great source of professional pride.

Your department’s performance. When people communicate openly about past incidents and make plans for improvement—everyone in the group tends to feel valued and supported. Your hospital’s reputation.
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- Your personal experience. Communicating and playing a role in the prevention of errors can be a great source of professional pride.
- Your department's performance. When people communicate openly about past incidents and make plans for improvement—everyone in the group tends to feel valued and supported.
- Your hospital's reputation. The Joint Commission on Accreditation of Healthcare Organizations performance of healthcare organizations. A good standing with TJC helps build public confidence in your organization's ability to serve and protect patients.

Every person in every department has a role! Medical errors can be prevented when people:

- Communicate and work together across departments: This means EVERYONE needs to pitch in, including administrators, physicians, nurses, pharmacists, therapists, and support staff.
- 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. It also means taking blame away from employees and looking at the process(es) that led to the error.
2016 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly
NPSG.01.01.01
Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
Make sure that the correct patient gets the correct blood when they get a blood transfusion.

NPSG.01.03.01

Improve staff communication
NPSG.02.03.01
Get important test results to the right staff person on time.

Use medicines safely
NPSG.03.04.01
Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
Take extra care with patients who take medicines to thin their blood.

NPSG.03.05.01
NPSG.03.06.01
Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely
NPSG.06.01.01
Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection
NPSG.07.01.01
Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
Use proven guidelines to prevent infections that are difficult to treat.
Use proven guidelines to prevent infection of the blood from central lines.
Use proven guidelines to prevent infection after surgery.
Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks
NPSG.15.01.01
Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery
UP.01.01.01
Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01
Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01
Pause before the surgery to make sure that a mistake is not being made.
# LAMC Emergency Codes

## Emergency Hotline
- **Dial 7**
- For Any Event Requiring Immediate Action
- Examples:
  - Discovering a Fire
  - Receiving a Bomb Threat
  - Infant Abduction

## Code Blue
- **Event:** Cardiopulmonary Arrest (Adult)
- **Action:**
  - Call for help & begin CPR
  - Dial 7 (Give Unit and Room Number)
  - Code team responds to arrest

## Code Pink
- **Event:** Suspected Infant Abduction
- **Action:**
  - Upon Discovery of Missing Infant, Dial 7
  - Search immediate area, follow instructions
  - Upon hearing page, hospital staff will go to The Nearest Exit and Stop the Flow of Traffic
  - Watch for suspicious personnel, bags, backpacks, etc.
  - Delay response, if possible without placing yourself in danger
  - Notify Security immediately
  - Follow suspect at a safe distance if unable to delay

## Code White
- **Event:** PEDIATRIC medical emergency or cardiopulmonary arrest
- **Action:**
  - Call for help and begin CPR
  - Dial 7, give location
  - Code team with PALS nurse responds

## Code Purple
- **Event:** Child Abduction from Anywhere in the Facility
- **Action:**
  - Upon discovery of missing child, Dial 7
  - Search immediate area, prepare to leave
  - Upon hearing page, staff will go to nearest exit(s) and watch for suspicious persons, packages, or car belongings
  - Delay departure of suspect, if possible, without placing yourself in danger
  - Notify Security immediately
  - Follow suspect at a safe distance if unable to delay

## Code Red
- **Event:** Fire
- **Action:**
  - R.A.C.E.
  - F.A.S.S.
  - If Member of Designated Fire Response Team, report to Area of Event and Perform Assigned Duties

## Code Yellow
- **Event:** Bomb Threat
- **Action:**
  - If Bomb Threat, Keep Calm On Line & Obtain as Much Information as Possible
  - Location, Device Type, Time
  - Identity of Caller (Name, gender, age, motives, intentions, etc.)
  - Dial 7: Inform P.R.S.
  - Notify Administration/Movie Supervisor Immediately
  - Complete Call Log
- Upon page of Code Yellow:
  - Never return to caller
  - No smoking, beverage or cellular phone use
  - Implement Security Procedures
  - Report unusual objects: 61180711 T.R.K.N

## Code Gray
- **Event:** Disruptive Person
- **Action:**
  - All Trained Personnel Report to Event Location
  - Utilize Non-Violent Crisis Intervention Behavior Techniques to De-escalate Situation
# LAMC EMERGENCY CODES

<table>
<thead>
<tr>
<th>Code Triage Internal Stand-by</th>
<th>Code Silver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Triage External Stand-by</td>
<td>Event: Weapon or Hostage Situation</td>
</tr>
<tr>
<td>• Event: Notification that an incident has occurred either in or near the hospital</td>
<td></td>
</tr>
<tr>
<td>• Action:</td>
<td></td>
</tr>
<tr>
<td>- Designate representative from each department to receive emergency operations center for briefing</td>
<td></td>
</tr>
<tr>
<td>- Dial 3, state situation, location, secure entrances, and take cover as indicated</td>
<td></td>
</tr>
<tr>
<td>- PBX: page “Code Silver (location)”, call 511: security &amp; engineering</td>
<td></td>
</tr>
<tr>
<td>- All remain in “protect and cover” mode until clear</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Orange</th>
<th>Code Triage Internal</th>
<th>Code Triage External</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event: Hazard Material Spill</td>
<td>Event: Actual Disaster has occurred (Internal/External/Civil) and victims arriving imminently</td>
<td></td>
</tr>
<tr>
<td>Action: Immediately request assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Isolate the spill area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Use all necessary PPE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Know the location of appropriate SDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Follow procedure in the Safety Manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Complete Spill Initial Incident Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Activate Disaster Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code 59</th>
<th>Code Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event: acute MI</td>
<td></td>
</tr>
<tr>
<td>Action: Immediate response by appropriate personnel</td>
<td></td>
</tr>
<tr>
<td>Event: acute stroke</td>
<td></td>
</tr>
<tr>
<td>Action: Immediate response by appropriate personnel</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Rapid Response</th>
<th>FAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Event: Unstable patient</td>
<td></td>
</tr>
<tr>
<td>□ Action: Immediate response by appropriate personnel</td>
<td></td>
</tr>
<tr>
<td>F - Facial drooping</td>
<td></td>
</tr>
<tr>
<td>A - Arm weakness</td>
<td></td>
</tr>
<tr>
<td>S - Slurred speech</td>
<td></td>
</tr>
<tr>
<td>T - Time sensitive</td>
<td></td>
</tr>
<tr>
<td>Signs of stroke requiring immediate medical attention</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code 44</th>
<th>Code Cerner/Pharmacy all clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full arrest coming into the ED by EMTs/ambulance</td>
<td></td>
</tr>
<tr>
<td>Down time complete, may start electronic charting</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Code: Rapid Response Event: Unstable patient • Action: Immediate response by appropriate personnel</td>
<td></td>
</tr>
</tbody>
</table>

01-14
Our entire campus is tobacco-free.
Smoking is not allowed.

STUDENT PARKING ENTRANCE
off FLORISTA

STUDENT Parking

Visitor Information

Parking for patients and visitors is available in the Student Parking Garage and in the Visitor Parking Lot. Parking in these areas is subject to availability.

Los Alamitos Medical Center

Main Entrance

Emergency Department

Student Parking Garage

Visitor Parking Lot

Physical Plant

Vision Parking Garage

To Hospital Campus Parking

Main Campus

Campus Rd

Los Alamitos Blvd

2051 California Street

555-5555

2051 CAMARILLO AVE

333-3333

2051 CAMARILLO AVE

444-4444

2051 CAMARILLO AVE

555-5555

2051 CAMARILLO AVE

666-6666

2051 CAMARILLO AVE

777-7777

2051 CAMARILLO AVE

888-8888

2051 CAMARILLO AVE

999-9999

2051 CAMARILLO AVE

Our entire campus is tobacco-free.
Smoking is not allowed.
Los Alamitos Medical Center
Student Post-orientation Test

1. The mission of Los Alamitos Medical Center is to “provide excellent healthcare in a compassionate, respectful manner.”
   a. True
   b. False

2. I Care stands for:
   a. I__________________________
   b. C__________________________
   c. A__________________________
   d. R__________________________
   e. E__________________________

3. All healthcare personnel are mandated reporters of:
   a. Elder abuse
   b. Child abuse
   c. Domestic Violence
   d. All of the above

4. Lean Daily Management is a process that:
   a. Cuts costs by eliminating waste
   b. Encourages all employees to maintain a healthy weight
   c. Involves employees to improve systems and processes in their work area
   d. All of the above

5. To improve patient safety, hospitals have been required to implement the National Patient Safety Goals. List three of these goals:
   a. ____________________________
   b. ____________________________
   c. ____________________________

6. If you sustain a work-related injury/illness/exposure, an employee injury report form must be completed.
   a. True
   b. False

7. You can use your cell phone to take and transmit a picture of a patient’s surgical incision to a physician if he/she asks you to do so.
   a. True
   b. False
8. AIDE-T stands for:
   a. __________________________
   b. __________________________
   c. __________________________
   d. __________________________
   e. __________________________

9. It is extremely important for staff to report medical errors or potential errors to prevent future mistakes. LAMC’s system for reporting errors is called:
   a. eSRM Q-Precision
   b. McKesson PACs
   c. NCDR™.htm
   d. MSDS

10. You must wash/gel your hands:
    a. Before putting on gloves
    b. After removing gloves
    c. Before donning PPE (Personal Protective Equipment)
    d. All of the above

11. What type of isolation precaution will you use for a patient colonized only for MRSA?
    a. Contact precautions
    b. Airborne precautions
    c. Standard precautions
    d. Droplet precautions

12. Airborne Precautions (used for patients with TB, chicken pox, or disseminated herpes zoster) include the following:
    a. Private negative pressure room with closed door
    b. N-95 mask for staff entering room
    c. Surgical mask on patient during transport
    d. All of the above

13. When lifting heavy objects you should:
    a. Use your back muscles
    b. Use a wide base of support
    c. Leave two feet between you and the object
    d. All of the above
9. If a fire starts in your area, remember R-A-C-E. RACE stands for:
   a. R____________________
   b. A____________________
   c. C____________________
   d. E____________________

10. To use a fire extinguisher, remember P-A-S-S. PASS stands for:
    a. P____________________
    b. A____________________
    c. S____________________
    d. S____________________

11. To report an emergency in the hospital dial ____________.

12. These codes represent:

<table>
<thead>
<tr>
<th>Code Blue</th>
<th>Code Purple</th>
</tr>
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<tbody>
<tr>
<td>Code Silver</td>
<td>Code Yellow</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Code Orange</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Code Red</td>
</tr>
<tr>
<td>Code White</td>
<td>Code Triage Standby</td>
</tr>
</tbody>
</table>

13. One way to help reduce the potential for medical errors is to encourage patients
to take an active role in treatment.
   a. True
   b. False

14. The Patient Portal is:
    a. A system in which patients can view their own health records
    b. An up-to-date health library
    c. HIPAA safe and compliant
    d. All of the above

14. Ensuring that alarms are activated with appropriate settings and are sufficiently
    audible with respect to distances and competing noise within the unit is:
    a. One of the newest National Patient Safety Goals
    b. The responsibility of just the nursing staff
    c. Impossible to enforce all the time
    d. All of the above
15. Recognizing a stroke is the responsibility of:
   a. All LAMC employees
   b. LAMC Volunteers
   c. The Rapid Response Team members
   d. All of the above