BON SECOURS
CHARITY HEALTH SYSTEM

A member of the
Westchester Medical Center Health Network

2016
VOLUNTEER
ORIENTATION
PROGRAM

Bon Secours Charity Health System

Mission

The mission of Bon Secours Charity Health System is to make visible God's love and to be Good Help to Those in Need, especially those who are poor, vulnerable and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

Vision

Inspired by the Healing Ministry of Jesus and the Charisms of Bon Secours and the Sisters of Charity of Saint Elizabeth, the Bon Secours Charity Health System by the year 2015, will be distinguished as the leading provider of quality, compassionate and community based health care services in the Hudson-Delaware Valley.

Westchester Medical Center Health Network

Bon Secours Charity Health System is now a member of the Westchester Medical Center Health Network (WMCHealth). WMCHealth is a 1,500-bed healthcare system headquartered in Valhalla, NY, spanning seven hospitals and several campuses and locations in the Hudson Valley. WMCHealth employs more than 10,000 people, with nearly 3,000 attending physicians. From Level 1 and Level 2 Trauma Centers, the region's only acute care children's hospital, an academic medical center, several community hospitals and numerous health-related centers, programs and services, today WMCHealth is the leading and pre-eminent provider of integrated health in the Hudson Valley

Bon Secours Charity Health System

The Bon Secours Charity Health System includes three area hospitals: Bon Secours Community Hospital, Port Jervis, NY; Good Samaritan Hospital, Suffern, NY and St. Anthony Community Hospital, Warwick, NY. Additionally, Bon Secours Charity Health System provides the services of a Certified Home Health Agency, two long -term care facilities, an assisted living and adult home facility and several other off-site medical programs.

Good Samaritan Hospital

Bon Secours Community Hospital

Mount Alverno Center

St. Anthony Community Hospital

Schervier Pavilion

Service Excellence: Our Goal

"In every moment of every hour of every day, every person who walks through our doors will experience our very best."

Service Excellence:
What defines "Excellence?"

Patients feel the service and quality of care they receive are extraordinary

- The **WOW** Effect

- Employees feel valued

- Physicians feel their patients are getting great care

- It is a culture that makes our customer the center of everything we do.

6 C's of Service Excellence

- Caring
- Consistency
- Compassion
- Courtesy
- Communication
- Competence

Service Excellence is reflected within Bon Secours Charity Health System Mission and Values and is measured by means of the Gallup Patient Engagement Survey.

A-I-D-E-T

A-Acknowledge the patient

Whether you acknowledge patients by name or with a friendly smile, patients know that you have connected with them.

I-Introduce yourself by name

State your department, your role and describe what you are going to do.

D- Duration

Patients always like to know how long the procedure is, how long the wait will be, etc. Please take a moment to relay this information.

E- Explanation

It is important to be kept informed. Explain what you are doing and what to expect.

T- Thank You

Thank the patient for choosing our hospital for their care. Always ask before you leave a patient, "Is there anything else I can do for you?" and "Do you have any questions I can answer before I leave?"

Service Recovery Program: ACT

A - Acknowledge/Apologize

Acknowledge the problem and offer a sincere and heartfelt apology, "I am sorry we did not meet your expectations."

C - Correct/Communicate

Correct the problem and commit to communicate. Can you fix the problem here and now? If not, find someone who can.

Continue to update on the progress of the problem's resolution.

T - Thank You

Thank the customer. "I want to thank you for bringing this to our attention so we can correct it and improve our services."

SERVICE RECOVERY: *THE BASICS*

- This program is designed to consistently provide Service Recovery to those patients whose expectations have not been met, and to communicate with compassion our commitment to Service Excellence.

- The single most important thing you can do in a Service Recovery situation is continually communicate with the person rendering the complaint. For example: "Thank you Mr. Jones for bringing this occurrence to our attention, I want you to know that since I am unable to solve this issue at my level, I have called my manager and he/she will be here soon to speak with you"

- If you bring the matter to the attention of a manager, supervisor or patient representative, but do not communicate that effort to the person who complained, the situation only escalates.

- Communicate, Communicate, Communicate

The Joint Commission

- Hospitals that receive reimbursement from Medicare and Medicaid must be accredited by The Joint Commission. The Joint Commission conducts triennial surveys of organizations that are unannounced.

- The purpose of a survey is to evaluate the organization's compliance with nationally established Joint Commission standards.   The survey also helps the hospital maintain optimal patient outcomes.

- The Joint Commission standards focus on the organization's quality of care, patient safety and the environment in which care is provided.

The Joint Commission (Continued)

- Anyone believing that he or she has pertinent and valid information about such matters is encouraged to contact the organization's management. If the concerns in question cannot be resolved at this level, please contact a Joint Commission field representative.

- Information presented will be carefully evaluated for relevance to the accreditation process. Information about such matters must be made in writing and must also indicate the nature of the concerns.

- Such requests should be addressed to:
    - Division of Accreditation Operations
    - Office of Quality Monitoring
    - Joint Commission on Accreditation of Healthcare Organizations
    - One Renaissance Boulevard
    - Oakbrook Terrace, Illinois 60181
    - Phone Toll Free: 800.994.6610
    - Fax: 630.792.5636
    - Email: patientsafetyreport@jointcommission.org

This is posted in accordance with the Joint Commission's requirements.

Contacting the NYS Department of Health

To initiate a complaint about a hospital or a diagnostic and treatment center, you may call the toll-free number at 1-800-804-5447, or you may print and complete the

Health Facility Complaint Form (DOH-4299) with Instructions

and send it to:

New York State Department of Health
Centralized Hospital Intake Program
433 River Street, Suite 303

Troy, New York 12180-2299

Performance Improvement

- A data driven process to continually improve care and services for our patients and customers

- Bon Secours Health System uses a Juran Six Sigma 5 step methodology called DMAIC (*Define, Measure, Analyze, Improve and Control*) aimed at the near-elimination of defects from every product, process and service to drive out waste, improve quality, costs and time performance

- Patient safety, satisfaction and exceptional patient outcomes is always top priority

Value Based Purchasing

- A set of indicators from The Joint Commission and CMS that are evidence based, scientifically researched standards of care in medicine, which have shown to result in improved clinical outcomes.

- Selected Core Measure (QUALITY) indicators are part of the Value Based Purchasing (VBP):

- AMI, CHF, Pneumonia, Stroke, and SCIP (surgical) and Hospital acquired infections.

- HCAHPS (PATIENT SATISFACTION) scores

- Mortality Index

- Readmission Index

- Proper <u>documentation</u> is the key to successful compliance

Value-Based Purchasing FY 2015
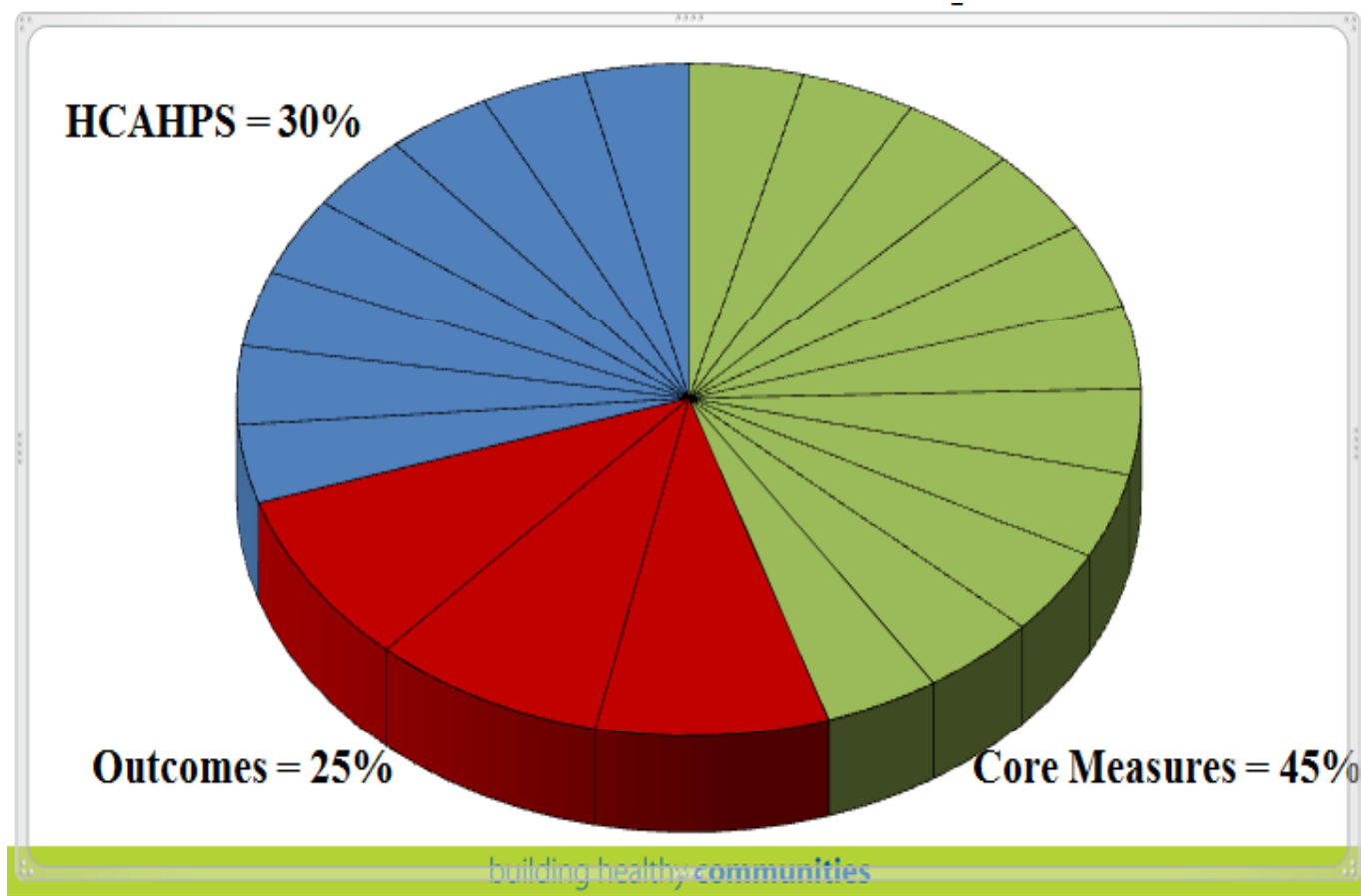
Patient Relations | Patient Bill of Rights

- Mandated by the NY State Department of Health and is posted throughout the hospital

- Written copy given to all admitted patients via "Your Rights as a Hospital Patient" booklet or bedside patient guide which is also available to out-patients.

- As a patient in a hospital in New York State every patient has the right to understand each right that is consistent with the law.

Patient Relations

- Every patient has the right to report any violations of their right without fear of reprisal.

- Every patient must be accommodated with the assistance to communicate. For patients who have a language barrier, the Cyracom language phone system is utilized.

- Sign language is available at each facility by a contracted service that is available as needed.

Respect, Safety and Nondiscrimination
All patients have the right to fair and equal healthcare.

This is true regardless of :

- **Race**
- **Ethnicity**
- **National Origin**
- **Religion**
- **Political affiliation**
- **Level of Education**
- **Place of residence or business**
- **Age**

- **Gender**
- **Marital Status**
- **Personal appearance**
- **Mental or physical disability**
- **Sexual orientation**
- **Gender Identity**
- **Genetic information**
- **Source of Payment**

Emergency Medical Treatment and Active Labor Act (EMTALA)

- Enacted by Congress in 1986

- Purpose- To prevent discrimination in the treatment of patients with emergency medical conditions

- Under EMTALA <u>all </u>patients have the same rights to EMERGENCY MEDICAL CARE regardless of their ability to pay.

Risk Management/Patient Safety:

Goals of Risk Management:

- To encourage and support an environment of safe clinical practice

- To guide activities designed to reduce risk of injury and illness to people and property

- To maintain a physical environment free of hazards

- Reduce the risk of litigation, bad publicity and loss of confidence

The Risk Management Program was designed to reduce, modify, eliminate and control conditions and practices, which may cause injury and/or damage to persons or property and which might result in financial loss. The goal of the Program is to achieve and maintain a physically and clinically safe environment.

What is Quantros Safety Event Manager?

Safety Event Manager allows us to:

- Report, track and monitor adverse events
- Identify and address adverse events in real time
- Reduce the risk of litigation, bad publicity and loss of confidence

Why should I report?

- We can't fix what we don't know about
- Data collection helps to monitor quality of care and target appropriate interventions to improve healthcare delivery
- IT'S THE RIGHT THING TO DO!

QUANTROS TRIAGE MANAGER

- Click on Internet Explorer and you will be on the Charity IRIS home page
- On the right lower side of page you will see Quick Links…find the Quantros link and click on it
- Select your hospital from drop down box, then click on Patient or Visitor
- On next screen, there are several options; choose the one which one pertains to your event
- When that page opens, you may begin to fill-out form. Give us as much information as you can (the more, the better)
- All red asterisked areas are required
- Click Submit and you are done!
- Please do not click "Save as Incomplete"

Incident Reporting

If an exposure occurs to blood or body fluid:

- Wash with soap and water immediately to remove blood or body fluid.
- If the contact is to mucous membrane (eyes, nose, and/or mouth) flush with copious water
- Notify the shift manager of the event and the name of the source patient if known
- Report to the emergency room, as soon as possible
- Determination of exposure is made by emergency room physician
- For exposures, the shift manager is responsible for making sure the "needle stick protocol for source" is drawn for source patient
- Lab communicates result of source patient to ED physician (with written consent only)
- Complete an employee occurrence report and notify Employee Health of exposure

ORGAN DONATION

- Bon Secours Charity Health system adheres the standard of required referral.

- **All** deaths are called in to organ donor network within one hour

- Potential brain death patients and donation after cardiac death patients must be called in also

- Our system has policies that are in compliance with the laws and standards of practice mandated by Federal and State regulations.

- Our policies clearly speak to our consideration, sensitivity, and respect for cultural and religious beliefs while adhering to the legal statutes.

Life Safety Codes

CODE	MEANING	CODE	MEANING
HICS	Disaster Plan Activated	ORANGE	Hazardous Materials Incident
RED	Fire	BROWN (Mr or Mrs)	Adult Patient Missing or Elopement
GREEN	Evacuation	BLACK	Severe Weather
BLUE	Cardio-Pulmonary Arrest	TRIAGE	Multiple Causality Incident
WHITE	Pediatric Cardio-Pulmonary Arrest	TRAUMA	ED Trauma Team Activated
PINK	Infant/Child Abduction	BRAIN STAT	Stroke Protocol Initiated
YELLOW	Bomb Threat	HEART STAT	Chest Pain Protocol Initiated
GRAY	Security/Behavioral Emergency	H	Hemorrhage
SILVER	Person With Weapon or Hostage	RAPID RESPONSE	Urgent Medical Assistance

NUMBER FOR ALL EMERGENCIES IN ACUTE AND LONG TERM CARE FACILITIES

4444

Infant Abduction

Please review the procedure for the facility where you are a volunteer.

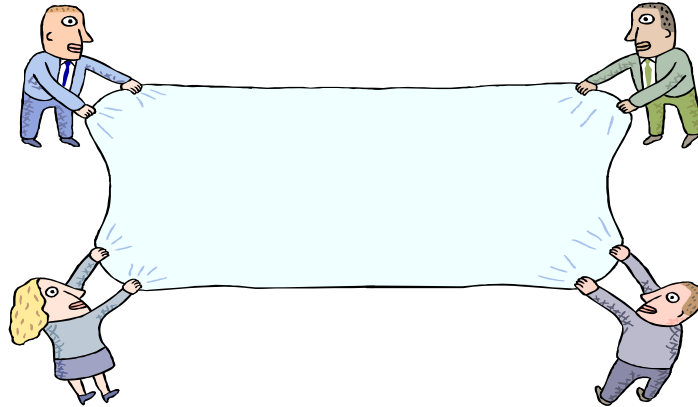# NEW EMERGENCY NUMBER

Call 4444

Don't Forget:

"Four Fours"

SACH Call: **845-986-3423** direct

for Police and Fire

2015 National Patient Safety Goals

Our Safety Net to Practice

Objective: To demonstrate the importance of improving, identifying and solving patient safety issues.

Review via the following link:

2015 Joint Commission National Patient Safety Goals

Goal One: Identify patients correctly

Use at least _two patient identifiers_ when providing care, treatment, or services

- Patient Name and Date of Birth

- If a third identifier is needed the last 4

   numbers of the medical record number

   are used.

- Check both identifiers before every procedure, medication administration, before taking the patient for tests, drawing blood, administering blood, etc.

- Label all specimens in the presence of the patient.

Goal Two: Improve Staff Communication

Get important test results to the right staff person on time and get call back (within 15 minutes)

- For verbal or telephone orders and reporting of critical test results
  - ➢ Verify the complete order and/or test result
  - ➢ Receiving person must document and "read-back" complete order and/or test
- Use SBAR (Situation, Background, Assessment, Recommendation) for standardized handoff communications

Improve Staff Communication

- Cyracom Phone (after each use it must be documented including the operator ID #).

- Must be used for all patients whose preferred language for health care is not ENGLISH.

- This is based on the CLAS Standards (https://www.thinkculturalhealth.hhs.gov/content/clas.asp)

Goal Three: Use Medicines Safely

Bon Secours Charity's program for medication safety:

- Pre-procedure medication labeling in practice areas

- Take extra care with patients on medications to thin their blood—anticoagulation education, order sets, and policy

- Bar-Coding – co-signatures, hard stops, allergy and dosing alerts

- Medication Reconciliation – compare home medications to hospital medications and verify medications patient to take at home upon discharge, bring updated list to all doctor appointments

Goal Three: Use Medicines Safely

Medication reconciliation MUST occur across the continuum of care

- Record and communicate information about the patient's medications

- Record what the patient is taking at

    home and compare to medications

    ordered in hospital

- Clarify with the patient which

    medications to take when they go

    home upon discharge

- Teach patient to bring an up-to-date

    medication list to each doctor's office visit

Goal Four: Prevent Infection

- Hand Hygiene Protocols—CDC and WHO Guidelines for hand washing. **This is built into our policies and procedures and we monitor compliance on a monthly basis.

- Use proven guidelines to:
  - Initiate SEPSIS STAT as needed
  - Prevent infections that are difficult to treat (MRSA and VRE).
  - Prevent infection of the blood from central lines (CLABSI)
  - Prevent infection after surgery (SSI prevention and SCIP protocols)
  - Prevent infection caused by urinary catheters (CAUTIs)

The above are a part of the Clinical Transformation Initiatives that have been developed throughout BSHSI. The practices implemented are all evidence-based.

Goal Five: Identify Patient Safety Risks

Identify patients at risk for suicide
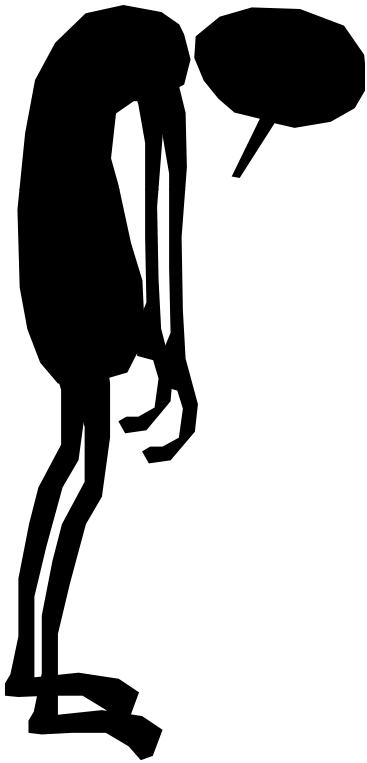
- All patients are screened for signs of suicidal ideations at triage in the ED and again upon admission to the hospital

- In the case of a positive screening, physician must be notified and the patient should be observed continuously until transported to an appropriate environment or an appropriate medical/ psychological evaluation is completed and the patient is cleared

Goal Six: Prevent mistakes in surgery

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

Follow the Universal Protocol:

- Mark the correct place on the patient's body where the surgery is to be done—to be done by the surgeon performing the procedure, using his/her initials.

- Pause before surgery to make sure that a mistake is not being made. This is the "Time Out" phase of the procedure; the WHO Surgical Safety Checklist should be implemented for all procedures.

- During the 'Time Out" phase, the procedure must
  be verified verbally by those licensed practitioners
  at the bedside and directly involved in the procedure
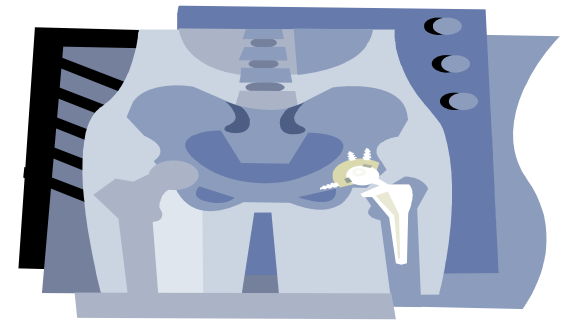
Medical Waste

Objective: To properly determine the difference between types of medical waste and items belonging in bio-hazardous red bag waste

What is Medical Waste?

Regulated Medical Waste includes:

- Cultures and Stocks

- Human Pathological Waste –tissues, organs, body parts & body fluids removed during surgery, autopsy or other medical procedures; specimens of body fluids and their containers; and discarded materials <u>saturated</u> with body fluids other than urine.

- Urine or fecal matter submitted for purpose of diagnosis of infectious diseases only.

- Containers with <u>free flowing blood</u> and materials <u>saturated</u> <u>with flowing blood.</u>

- Sharps whether used or unused (Disposed in a Needle box)

- Any other waste materials containing infectious agents.

- Items in which dried blood can flake off in particles.

What is NOT Medical Waste ?

Waste NOT for Red Bag disposal:

- Used personal hygiene products : Diapers, Facial Tissues and Sanitary Napkins, Underpads and Adult Incontinence products

- When empty: Urine collection bags and tubing, suction canisters and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, hemovacs, and urine specimen cups

- Urinary catheters, suction catheters, plastic cannula, IV spikes, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers, irrigating feeding syringes, and bedpans/urinals.

- Items such as Bandages, Gauze, other Absorbent Materials which are NOT saturated, release blood or body fluids in a semi liquid state if compressed or if caked with dried blood or fluids.

What to do in a FIRE

• When the fire alarm rings:

RACE

Rescue- Anyone in danger

Alert- Pull nearest fire alarm

Confine- Close all doors and windows

Evacuate/Extinguish- Move patients to
designated areas

How to use a Fire Extinguisher

• Grab the fire extinguisher and:

PASS

Pull- Pull ring

Aim- Aim nozzle at base of flame

Squeeze- Squeeze handles

Sweep- Use sweeping motion with nozzle across base of fire

Domestic Violence

" *A pattern of coercive behavior which can include*

- **physical,**
- **sexual,**
- **economic,**
- **emotional,**
- **and/or psychological abuse**

exerted by an intimate partner over another with the goal of establishing and maintaining power and control."

Domestic Violence Intervention
How we can help:

DOMESTIC VIOLENCE: How Health Care Providers Can Help

1. Identify domestic violence
2. Assess risks and needs
3. Make a statement "That's not OK"
4. Provide referrals and limited assistance when safe to do so
5. Assure documentation of abuse
6. Follow up if able

Child Abuse

Indicators of Physical Abuse Can Include:

- Injuries to the eyes, both sides of the head or body (accidental injuries typically only affect one side of the body)
- Frequent injuries of any kind (bruises, cuts, and/or burns) may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of other instruments
- Be alerted to the child who developmentally is unable to provide an adequate explanation of the cause
- Destructive, aggressive, or disruptive behavior
- Passive, withdrawn, or emotionless behavior
- Fear of going home or fear of parent(s)

Elder Abuse

Types of Elder Abuse

- Psychological — 35%
- Financial — 34%
- Physical — 12%
- Social — 8%
- Neglect — 11%
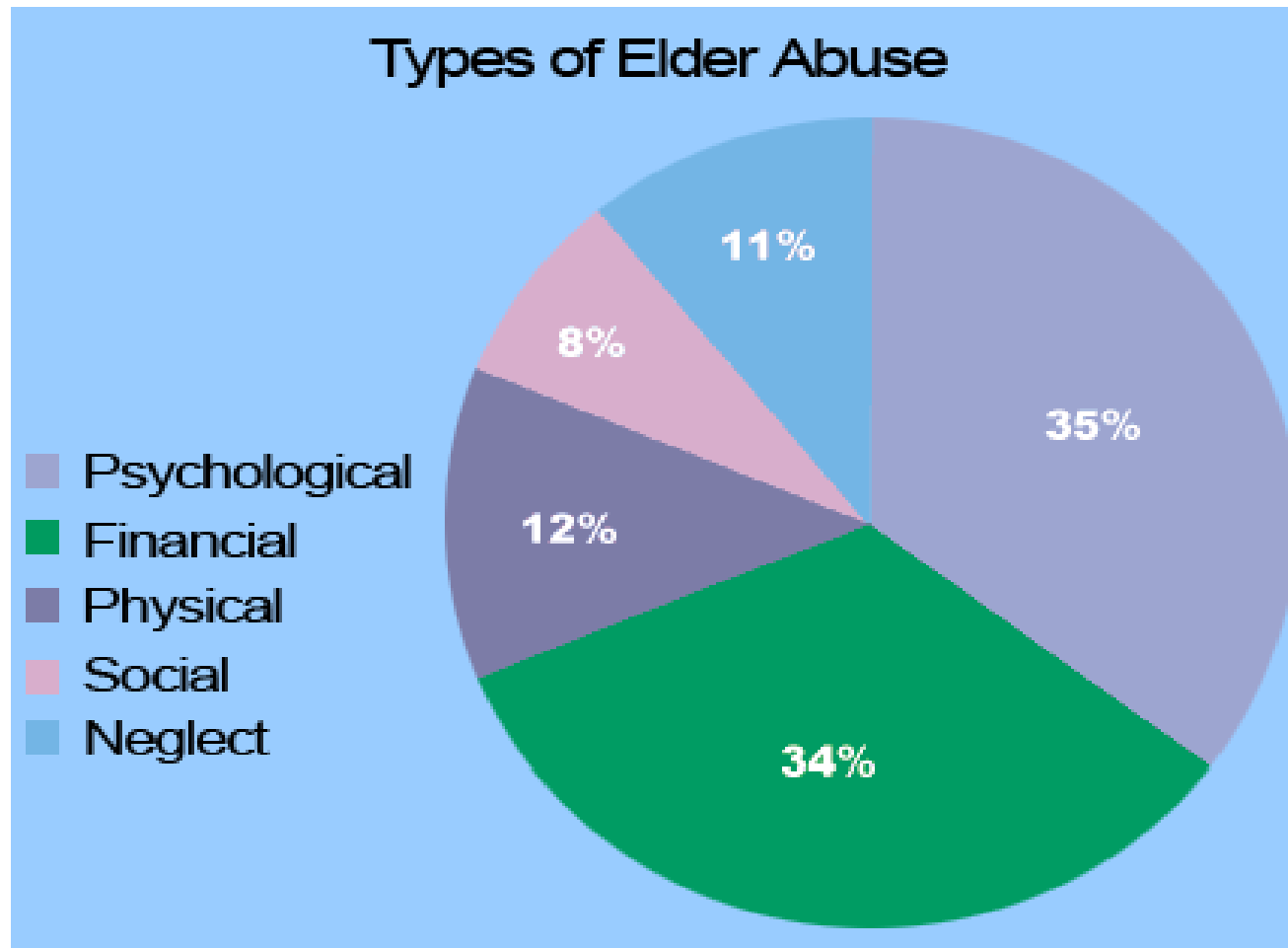
Warning Signs

- **Skin findings:**
  - ➤ Skin tears, abrasions, lacerations, and bruises
- **Fractures:**
  - ➤ Spiral fractures of long bones
- **Malnutrition**
  - ➤ Also consider financial exploitation
- **Pressure Ulcers:**
  - ➤ May indicate neglect
- **Indicators of Sexual Abuse:**
  - ➤ Venereal disease
  - ➤ Vaginal or rectal bleeding
  - ➤ Bruises or lacerations on the vulva, abdomen, or breasts

Indicators of Sexual Abuse Can Include:

- Symptoms of sexually transmitted diseases

- Injury to genital area

- Difficulty and/or pain when sitting or walking

- Sexually suggestive, inappropriate, or promiscuous behavior or verbalization

- Expressing age-inappropriate knowledge of sexual relations

- Sexual victimization of

  other children

Reporting Abuses

Health Care Providers are mandated reporters of violence, maltreatment, neglect, and abuse.

Case Management is a helpful resource for staff.

SACH: 987-5171

GSRMC: 368-5000 extension 5083

BSCH: 858-7080

Reporting Abuses

DOMESTIC VIOLENCE:

Victims of domestic violence may not choose to seek help. This must be respected. If a victim does want help some of the resources available to them are:

New York State Domestic Violence 24 hour hotline
1-800-942-6906

Reporting Abuses

CHILD ABUSE:

Reportable with suspected reasonable grounds and requires immediate call to child protective services and/or local police. Healthcare Providers are immune from civil or criminal liability.

For suspected child abuse or maltreatment cases involving children call:

- **Child Protective Services**: 1-800-342-3720
  - ❖ **Orange County:** 845-291-4000
  - ❖ **Rockland County:** 845-821-5639
- **NYS Child Abuse & Maltreatment Register:**
  1- 800-635-1522
- **NYS Child Advocacy Resources & Consultation Center:** 1-866-313-3013
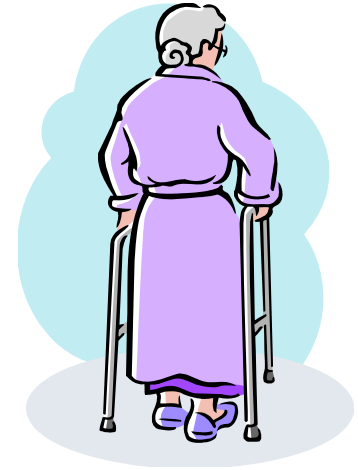
Reporting Abuses

ELDER ABUSE:

Often the elderly are left vulnerable when independence is lost. They depend on the care of family and others outside the home.

- New York State **only** 24 hour hotline: 1-800-342-3009 (Option 6)
- Local County Departments of Adult Protective Services:
    - ❖ **Orange County:** 845-291-2800 or 24 Hours Toll Free: 1-800-451-5155
    - ❖ **Rockland County:** 845-364-2020

Jean Watson's Ten Caritas Processes

Jean Watson is the theorist that the Bon Secours Health system uses to create a optimal experience for our patients. These processes are central to patient care.

1. *Embrace altruistic values and Practice loving kindness*

2. *Instill faith and hope*

3. *Be sensitive to self and others*

4. *Develop helping, trusting, caring relationships*

5. *Promote and accept positive and negative feelings—authentically listen to others*

6. *Use creative scientific problem-solving methods for caring decision making*

7. *Share teaching and learning that addresses the individual needs, readiness, and learning styles*

8. *Create a healing environment for the physical and spiritual self*

9. *Assist with basic physical, emotional, and spiritual human needs.*

10. *Open to mystery and allow miracles to enter.*

Jean Watson's Caring Moment

- *A <u>caring occasion/moment occurs</u> when two people come together with their unique life histories and share a special moment/connection that can be greater than the occasion itself. These connections occur by being authentically present and listening to your patient and each other in that very moment.*

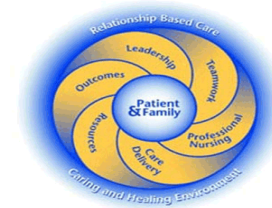# RELATIONSHIP BASED CARE
Our Care Delivery Model

Relationship Based Care is the structure and process by which the power of relationships is leveraged across the organization to create caring and healing environments where patients and families are truly the center of caring practice.

Relationship Based Care

We must have three crucial relationships:

1. Care provider-patient relationship

    ➤ We respect the dignity of individual patients, strive to understand what is most important to the patient and engage them in care

2. Care provider-self relationship

    ➤ Team member possesses skills and knowledge to manage personal stress, articulate personal needs values, take care of themselves and maintain work-life balance.

3. Care provider-colleague relationship

    ➤ Compassionate care requires the commitment of all care team members. We must always remember we are at work for a common purpose and have unique contributions in practice. Patients and their families are at the center of our relationships.

Shared Governance at Charity

- A formalized structure that enables a partnership between clinical staff and leadership to work together to assist in making decisions to enhance and improve the care of their patients allowing us to achieve our goal of excellence in patient care.

- We accomplish this through interdisciplinary work on councils throughout our system. The councils at Charity are:

➢ The Caritas Guiding Council.

➢ The Clinical Practice Council

➢ The Patient Care Leadership Council.

➢ The Research/Professional Development.

➢ The Nursing Quality Council.

➢ The Recruitment and Retention Council. (Coming in near future)

➢ Unit Based Councils

Four Principles of Shared Governance:

- *Partnership* between nurses and management.
- *Accountability* for practice, quality assurance, competence, research, and resources.
- *Equity* in the decision-making process.
- *Ownership* by giving power to employees.

Safety

➤ Refrain from any unsafe act that might endanger self or fellow volunteers or employees

➤ Use all safety devices and personal protective equipment provided

➤ Report all hazards, incidents, and near-miss occurrences to immediate supervisor regardless of whether or not injury occurred

➤ All accidents are preventable

MRI Safety
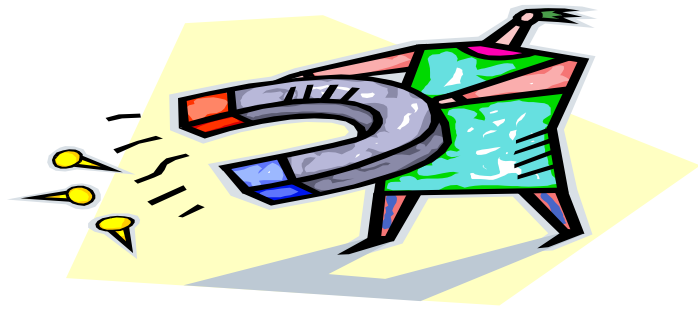
➢ It is IMPERATIVE that <u>everyone</u> is properly screened by MRI staff prior to entering the MRI suite

➢ The magnet is <u>always</u> on regardless of whether or not a patient is being scanned

➢ Metallic items are drawn into the magnet with considerable force and can cause great harm to patients

➢ Oxygen tanks cannot enter the MRI Suite

➢ Anyone entering the MRI magnet room will be asked to remove/lock up all belongings such as: wallet, keys, watch, stethoscopes, scalpels, etc.

➢ A patient is immediately removed from the magnet room during a code and brought to the MRI holding area adjacent to the MRI

Radiation Safety

The Radiation Safety Officer is designated by the hospital administration and authorized by the State of New York and Nuclear Radiation Commission (NRC) to oversee the Radiation Safety program in Bon Secours Charity Health Care Hospital.

- The Radiation Safety Officer can be contacted for:
- Personnel exposure data (if you are monitored for radiation or feel you should be)
- Regulations
- License
- Inspection Reports
- If you are pregnant and work in a Restricted Area
- If you have questions or suspect problems with radiation
- If you want to know about the NRC and other federal & state regulatory agencies regarding radiation protection
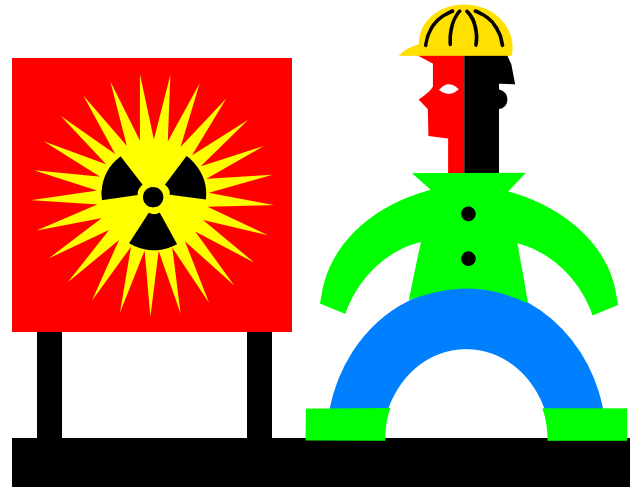
Radiation Protection Methods:

➢ Time

➢ Distance

➢ Shielding

➢ Radiation Safety Officers:

  ➢ Shoaib Ahmed @ GSRMC

  ➢ Robert Wilkens @ SACH

  ➢ Emmanuel Llado @ BSCH

Emergency Preparedness

➢ Charity utilizes a Comprehensive Emergency Management Plan (previously called Disaster Plan).

➢ It is crucial to have an effective emergency response and management plan in place in order to be ready for any and all types of events, incidents or disasters. It features common terminology and reliance on a unified Action Plan and Chain of Command. This system is called HICS – "Hospital Incident Command System".

Hospital Incident Command Systems (HICS)

- A standardized chain of command
- Allows hospital to function effectively during a disaster
- Universal structure
  - All agencies and hospitals responding speak the "same language"

When the plan is activated, designated management personnel respond to the following command centers:

GSH: Conference Room #5

(located in the Caroline Schwartz Bldg)

BSCH: 1st floor conference Room

SACH: 2nd floor Conference Room

Infection Control

When it comes to preventing infections, including those caused by multiple-drug resistant bacteria and other emerging pathogens, the following simple steps can have a big impact:

- Use standard precautions with all patients

- Practice 'Respiratory Etiquette' protocol Cough/Sneeze into tissue and discard, Hand Hygiene, Patients with a cough if possible

- Initiate transmission-based precautions [airborne, droplet, contact] for suspicious or confirmed diagnosis

- Isolate or cohort colonized and infected patients

- Contact Infection Control for consultation

Infection Control

- Use appropriate hand hygiene techniques

- Always use appropriate clean and sterile techniques

- Clean, disinfect, and/or sterilize all reusable patient care equipment according to manufacturer's directions

- Keep the environment clean and sanitary
  Use germicidal wipes
  Maintain separation of 'clean' vs. 'dirty'

Infection Control

- Follow policy to determine what personnel protective equipment (i.e., gloves, gowns, masks, goggles, face shields) are necessary

- Use antibiotics judiciously - be aware of susceptibility patterns

- Screen and immunize eligible patients for pneumococcal and/or influenza vaccine before discharge

- Educate patients and families on the importance of following prescribed medication course

- Get vaccinated against influenza each season to help protect you, your patients, and your family

Infection Control

➢ Hand Hygiene is known to reduce patient morbidity and mortality from health-care acquired [HAI] infections. When performed properly, there is a significant decrease in the carriage of potential pathogens on the hands. Acceptable agents are: soap and alcohol-based waterless products

 Exception: when hands are visibly soiled, and if patient has C-Difficile traditional hand washing using soap and water must be performed.

Sample of germs from a nurse's hand after patient contact

Culture plate showing growth of germs 24 hours after a nurse placed her hand on the plate

Infection Control

Only <u>You</u> can Prevent Infections

WASH YOUR HANDS !!!!

- Always use Standard Precautions for care of <u>ALL</u> patients
- Use appropriate precautions to minimize risk of exposure
- Wear gloves when in contact with blood and or body fluids
- This decreases the transmission of infection

Infection Control
Contact Precautions

- <u>GLOVES</u> are to be worn upon entry to room.

- <u>CHANGE</u> gloves after contact with infected material. This includes blood, dressing change, and fecal matter

- <u>REMOVE</u> gloves and wash hands before leaving patient's room.

Infection Control
Contact Precautions

Wear gown if patient or environmental contact is anticipated.

Don't put personal items on surfaces.

Remove gown and gloves and wash hands prior to leaving room.

DON'T TAKE ORGANISM WITH YOU

Airborne Precautions

- Small particles that remain suspended in air
   Examples: TB, Measles, SARS

- In addition to using Standard Precautions wear N95 respirator mask. You must be test fitted and medically cleared for this type of mask.

- Patient wears mask for transport.

Droplet Precautions

- Large particles:
- Do not stay in air for long

Examples:

   - Influenza

   - Bacterial Meningitis

   - Pertussis

   - Rubella

Droplet Precaution

- In addition to using Standard Precautions
- Place patient in private room
- Wear regular mask entering room
- Patient to wear regular mask when transported
- Educate visitors on use of mask

Cultural Diversity in the workplace

Diversity & Inclusion
Our goal

To build a trusting and openly inclusive workplace

To build a culturally competent workforce

Diversity & Inclusion

Diversity is about our differences — the variety of perspectives, experiences, opinions, and contributions that each and every one of us brings to our Ministry.

Inclusion is about leveraging our diversity—appreciating not just our similarities but also our differences and fostering an environment of mutual respect and ongoing dialogue.

Biases

- We all have biases
- They are based on assumptions-hidden or conscious
- They are based on what is learned and experienced in life
- Become aware of your assumptions
- Make a conscious Choice not to act on your assumptions
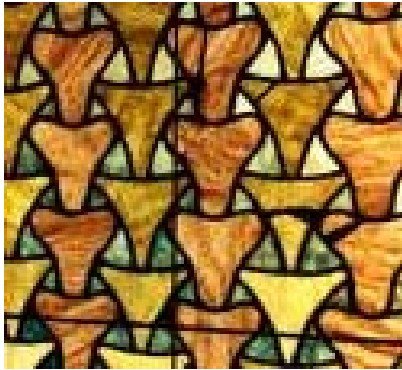
What about Culture?

Culture is the shared customs, beliefs, values, attitudes and practices that characterize a group of people.

Our culture comes from *how* and *where* and *by whom* we were raised. We often aren't aware of it until we meet up with a culture different from our own.

Culture provides us with a comfort zone for anticipated behavior.

Cultural Competence

The ability to systematically

- **Anticipate**
- **Recognize**
- **Respond**

- to different needs & diverse backgrounds of patients & practitioners, customers & employees, through the implementation of policies, formation of leadership and staff, & knowledge and access to the right resources.

Additional Definitions

- **Ethnocentrism:** Belief that one's own culture is better than all others.

- **Platinum Rule:** Learn how others want to be treated. (Best Practice for our patients)

How do we address the needs of the diverse communities we serve?
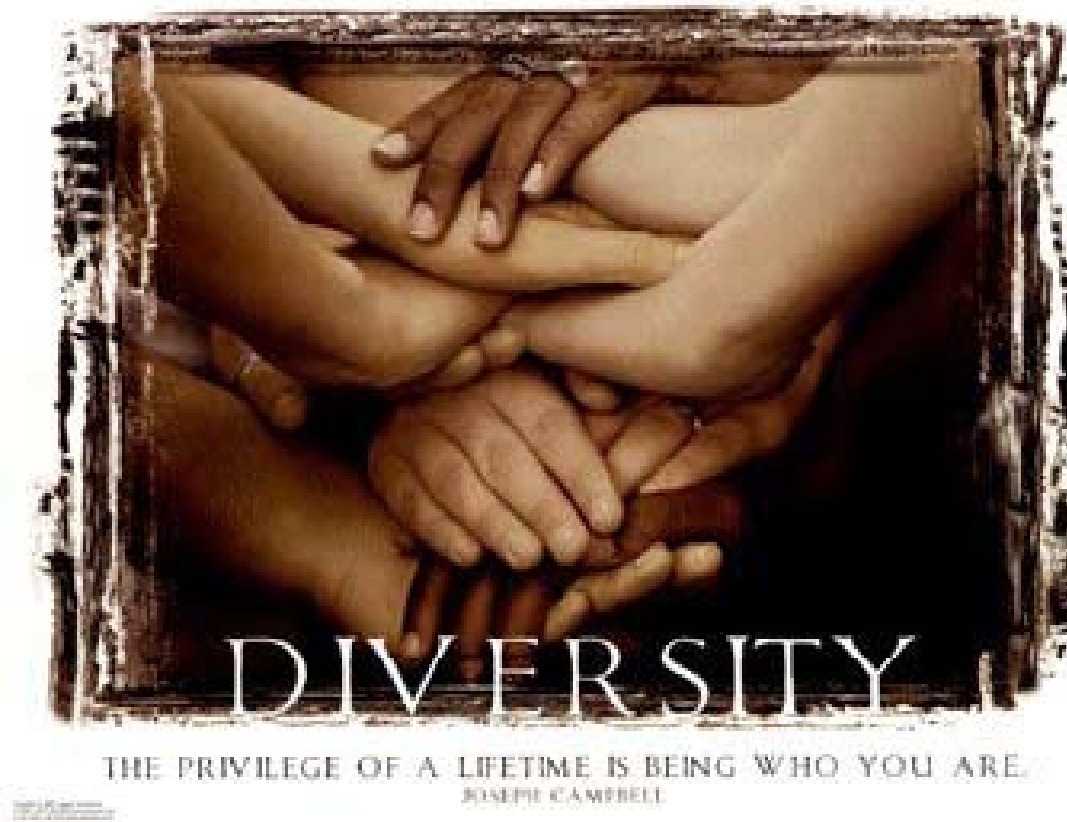
Web-Based Culture Vision

An online "encyclopedia", Culture Vision addresses questions around specific ethnicities or religions

Charity website used for cultural

diversity information is Culture Vision

www.crculturevision.com

Your Mission……

Embrace the Diversity & Inclusion around you!

CARE OF THE HASIDIC PATIENT: KEY POINTS

- Women do not shake hands of men.

- No casual contact between men and women.

- Women dress modestly, hair covered with wig or hat. During care of all patients, curtains should be closed.

- Prayer- three times a day. Patient will not interact while praying.

- Patient will have many guests, ask for privacy if necessary

- Nutrition- Kosher meals- meat and milk never on same tray

- Sabbath-Friday night till Saturday night- patients do not use electricity, take phone calls or use call bells. Check on patient periodically for any assistance.

Weight Loss Surgery

The Surgical Weight Loss Program at the Charity System offers an in-depth approach to weight loss via a team of specialists who guide the bariatric patient through a comprehensive process that includes personal, pre-operative consultation, weight loss surgery (Roux-en-Y gastric bypass, adjustable gastric Lap band, or gastric sleeve), and post-operative follow-up.

Weight Loss Surgery: Sensitivity

Sensitivity training is a process which enables all who come into contact with bariatric patients to understand the manner in which to treat them.

➢ Never make remarks about the patient's size.

➢ Always speak to the patient in an intelligent manner.

➢ Be mindful when asking for equipment. Don't ask for the "big" anything.

➢ Empathy is important. Support & encourage the patient.

➢ Demonstrate good communication & listening skills.

➢ Care for both their physical & emotional needs.

➢ Remember:

    ➢ Obesity does not numb feelings.

    ➢ Obesity is not a character flaw, but a disease.

Ergonomics

➢Definition: The proper alignment of your body within your work environment.

➢Goal: To make the job or workstation fit the worker and reduce the likelihood of injury.

Proper Body Mechanics:

➢ Bend at your hip joint using your legs when lifting

➢ Sit up straight with hips & knees at a 90 degree angle with feet supported

➢ Place frequently used items within reach, avoiding twisting or bending movements as much as possible

➢ Alternate sitting and standing activities and gently stretch back & neck muscles

Security Issues

- Volunteer ID is to be worn at ALL times above the waist.

- Do not leave your assigned area without your volunteer manager's permission.

HIPAA PRIVACY IN A NUTSHELL…

We Promise to Make

Reasonable Efforts to Keep

"Protected Health Information"

to Ourselves

HIPAA OVERVIEW

- HIPAA regulations punish individuals or organizations that fail to keep patient information confidential in accordance with the regulations

- Until these regulations were enacted, there was no federal framework to protect patient information from being exploited for personal gain

- The Office for Civil Rights, in the Department of Health and Human Services, has been charged with enforcing the HIPAA privacy rule, while CMS is the enforcement agency for security and transactions and code sets

Covered entities—
to whom does HIPPA apply

HIPAA applies to any covered entity that transmits health information in electronic form in connection with the HIPAA standard transactions:

➢ Healthcare providers

➢ Health plans

➢ Healthcare clearinghouses

Practices for Protecting Confidentiality

To protect the privacy of medical records, avoid these practices:

- o Leaving a patient's medical file on the computer screen while you walk away.

- o Leaving your computer logged in to the medical records database.

- o Printing any patient information with identifying markers.

- o Discussing patient information in public areas, including elevators, restaurants, and the parking lot.

- o Gossiping

Protected health information

- HIPAA regulates the use and disclosure of what is known as protected health information or "PHI"

- PHI is any information that can be used to identify the past, present, or future healthcare of an individual or the payment for that care

- PHI is not limited to a patient's clinical information. It includes any information that can identify the patient and is related to a person's past, present, or future physical or mental health condition.

HIPAA privacy

Confidential information includes all identifying information patients provide and information about their treatment, including the following:

- o Name
- o Address
- o Age
- o Social Security number
- o Diagnosis
- o Medical history
- o Medications
- o Observations of health status

Privacy officer contact information

To contact the privacy officer

please call 845-368-5137

THANK YOU

- You have completed the volunteer orientation module. Please complete the post test that accompanies this module and review with your volunteer manager.

- REMEMBER PARKING IS IN THE EMPLOYEE LOT ONLY FOR ALL STAFF AND VOLUNTEERS.

- Welcome to the Bon Secours Charity Health System. We wish you a wonderful and worthwhile learning experience with us