

# Self-Learning Orientation Module

**Registered Nurse**  
**Students & Instructors**

**INSTRUCTIONS: READ THROUGH THE MATERIALS. PRINT PAGES 36 TO 41 AND COMPLETE, SIGN AND RETURN TO YOUR INSTRUCTOR ON THE FIRST DAY OF CLINICAL: STATEMENT OF CONFIDENTIALITY, STATEMENT OF UNDERSTANDING OF CODE OF ETHICS, CORPORATION COMPLIANCE STATEMENT, SELF LEARNING POST TEST, INSULIN TEST.**

**\*You are unable to participate in clinical unit we receive the required paperwork\***



## **Students/Instructors Orientation**

### *Self-Learning Packet*

Welcome to the Valley Health System. We are committed to providing excellent service.

The Valley Health System (VHS) is comprised of three entities:

- The Valley Hospital
- Valley Home Care
- Valley Medical Group

This self-learning packet is designed to orient you to the culture, policies, and procedures of the Valley Health System.

Upon completion of this orientation, you will be able to:

- Explain the mission, vision, and values of the Valley Health System and how each sets the standards and guides the behaviors that contribute to the organization's culture.
- Demonstrate professional student/instructor behavior during clinicals at the Valley Health System ➤ Recognize the Valley Health System's policies and procedures related to:

- Corporate Compliance
- Cultural Diversity
- Fire Safety
- Hazardous Materials
- Infection Control
- Risk Management

## Service Excellence



At Valley, employees need your help to create an environment where patients, visitors, volunteers, doctors, community members, and employees are valued. In order to accomplish this goal, we look to our mission, vision, and values.

### **Mission**

Enhancing lives by healing, caring, and inspiring wellness.

### **Vision**

By investing in our people, programs, facilities, and technology delivering exceptional medical education, and offering the highest quality clinical services and patient and family centered care, Valley Health Systems will be the health system of choice in our community.

### **Value Statement**

We are here to SERVE & CARE. We are committed to ZERO Harm, 100% Reliability, and the Safety of all.

### **Values (SERVE and CARE)**

**Service**      *We are privileged to serve our patients, their families, our community and each other.*

**Excellence**      *We maintain the highest standards of care at all times.*

**Respect**      *We treat everyone with dignity and sensitivity.*

**Value**      *We value our patients, our staff, and our communities we serve*

**Ethics**      *We are honest and fair in all we say and do.*

**Connect**      *First, make a connection.*

**Attitude**      *Attitude is everything.*

**Resilience**      *Believe in your strength.*

**Empathy**      *Walk a mile in another's shoes.*

### Behavioral Standards for Service Excellence

Employees/students/instructors are expected to demonstrate these values.

#### **SERVE: Service**

- Smile and say hello
- Really listen
- Be enthusiastic
- Think positively
- Remember the value of please and thank you
- Look for ways to serve

#### **Excellence**

- Cooperate
- Help others
- Do more than is expected
- Communicate
- Respond timely
- Be a team member

#### **Respect**

- Remember everyone is important
- Recognize and encourage all
- Ensure everyone's privacy
- Take pride
- Respect diversity

#### **Value**

- Patients and families come first
- Take ownership
- Help people to their destination
- Value everyone's time
- An apology is always appropriate



### *Ethics*

- Represent Valley positively
- Honor commitments
- Do what is right
- Play fair/tell the truth
- Be an inspiration to others

### *CARE: Connect*

- I commit to being present and making a connection with my patients, their families and everyone I encounter.
- I commit to listening with purpose and interest and engaging patients and families in their care.

### *Attitude*

- I understand that compassion and attitude create a lasting first impression.
- I use body language and demeanor that puts those I encounter at ease, even when I am having a bad day.

### *Resilience*

- I practice resilience by being adaptable and resourceful, and by relying on my team members.
- I understand the importance of self-care, which better equips me to care for patients, their families and all those around me.

### *Empathy*

- The power to create a positive patient, family and consumer experience is in my hands.
- I understand that patients and families may feel scared, anxious or uncertain, and my ability to listen to and acknowledge their concerns builds their confidence in me.

### *Five Fundamentals of Service/AIDET*

We also utilize the Five Fundamentals of Service to provide very good care and ensure patient satisfaction.

AIDET is the acronym that enables all employees to communicate clearly with patients, visitors, and each other.

#### AIDET

##### **A Acknowledge**

- Smile
- Make eye contact
- Greet the individual by using his full name, unless otherwise instructed

##### **I Introduce**

- Welcome
- State your name, your department, and your role

##### **D Duration**

- State how long the procedure/process/interaction should take
- Apologize if there is a delay

### *E Explanation*

- Explain the details regarding the procedure/process/interaction
- Offer to answer any concerns, questions, or resolve any complaints
- Ask, "Is there anything else I can do for you?"

### *T Thank you*

- Say thank you for... choosing Valley; your patience; your help; etc.

Use the Five Fundamentals to:

- Heighten an individual's perception that we care and want to provide very good service.
- Make a difference in the patient and family's experience.
- Create satisfied employees and volunteers who give even better care.

### *Guidelines regarding:*

#### *a. Personal Appearance*

- All employees are expected to abide by the Personal Appearance Guidelines.  
**Students** are expected to wear a school uniform with a clearly displayed school name/logo. This allows you to be easily identified by patients, guests and hospital personnel.
- **Clinical instructors** are expected to wear a white lab coat with neat attire that abides by the personal appearance guidelines OR WHITE scrubs with a white lab coat.
- **Both students and clinical instructors MUST wear their photo school ID displayed on their uniform while at the hospital for the clinical rotation. If they forget this ID, students/instructors must obtain a photo ID badge from the security office for the day.**
- While Valley respects and recognizes the right of every employee to express his/her social, cultural and ethnic personality in a mode of dress and grooming, the hospital has a need to present a professional appearance to the patients and our community.

#### *b. Smoke Free Environment*

Valley Health System is a smoke-free organization. In addition to not smoking on any campus, smoking is also prohibited on adjacent sidewalks and in any vehicle parked on Valley properties. Employees/students/instructors may not smell of smoke.



Why has Valley Gone Smoke Free?

- To promote good health and positive health behaviors.
- To provide a healthy and safe environment for employees, physicians, patients, and visitors.
- To set an example. It is the right thing to do!

#### *c. Cell Phone Policy*

Cell phones are permitted ONLY in designated areas throughout the hospital and its off-site locations. Patients, families, and guests should be directed to these designated areas. When your cell phone is not being used in these approved areas, it must be completely turned off.

#### **d. Public Places**

All of the VHS public spaces are reserved for patients and their families. In order to send a confidence-building message of reassurance, professionalism, and service, employees/ volunteers/ students/instructors are asked to take breaks and hold conversations in employee designated areas, such as break rooms, the employee cafeteria, etc. **Students/ instructors are NOT permitted to loiter in the sitting areas located on the first floor.**

#### **e. Elevator Etiquette**

- Patients and medical emergencies **always** have priority when using the elevators.
- Do not use the elevators during a fire or fire drill.
- If you are stuck in the elevator:
  - a. Use the telephone to notify the operator or someone outside of the elevator.
  - b. Identify yourself and tell them which elevator you are on and floor location.
  - c. Alert them to other pertinent information, e.g., patient on elevator.
  - d. Remain calm and wait for assistance.

**Corporate Compliance** Corporate Compliance is about doing what is right! Corporate Compliance is a voluntary internal fraud detection and prevention program tied to the Valley Health System policies and Code of Ethics. Suspected violations should be reported to any supervisor or Corporate Compliance Officer. They can be reported either verbally, in writing, or by voicemail to a confidential phone line: TVH-(201) 447- 8000 x111-2993. You may give this information anonymously, but you need to give sufficient information so that a credible investigation may be conducted.

#### **HIPAA**

HIPAA (Health Insurance Portability and Privacy Act) is federal legislation aimed at protecting confidentiality and security of health data. HIPAA ensures that your private medical information will be used appropriately for treatment, payment, and healthcare operations only. Protected Health Information (PHI) is any information, including demographics that identify an individual. Names, addresses, employers, relatives' names, date of birth, phone or fax number, social security numbers, medical record or account numbers are all considered PHI. Verbal discussions, written communications and electronic communications are all protected under the HIPAA regulations. An authorization is required to use or disclose any PHI for any purpose other than for treatment, payment or operations purposes.

#### **Minimum Necessary Access Standard**

Under HIPAA, providers must make a reasonable effort to disclose or use only the minimum necessary PHI in order to do their jobs. We need to identify people or classes of people who need access to PHI to do their jobs, and we need to consider what categories of PHI they need access to and limit access accordingly. For example, an RN needs access to much more information than a transporter.

HIPAA recognizes that there may be occasional incidental disclosures of PHI as part of our business. These are not considered a violation of the law.

#### **Written Notice of Privacy Practices**

This notice **MUST** be given to each patient who is admitted or registered into our system. It informs the patient and family about how we use their PHI and what their rights are related to use and disclosure under HIPAA. Every patient must sign an acknowledgment that they have received a copy of the privacy notice. If this acknowledgment cannot be obtained, we need to document why it was not obtained.

## Individual's Rights under HIPAA

- Right to inspect and copy their medical record. Our policy is to check with the attending physician first and make sure any releases are signed as needed. (Policy #34-01)
- Right to amend the medical record as appropriate.
- Right to an accounting of disclosure. The patient is entitled to a list of all people and institutions that have been given access to their medical information. (Beginning April 14, 2003, the individual has six years to request this accounting.)
- Right to request restrictions. For example, the patient may ask not to be included on the Hospital Directory and/or specify those people who may have access to medical information.
- Right to request confidential communications.
- Right to a paper copy of the Notice of Privacy Practices.
- Right to file a complaint if he feels we have infringed his privacy rights under the HIPAA legislation.

## Ways to Protect and Maintain Patient Privacy

- Close room doors when discussing treatment.
- Close curtains and speak softly in semi-private rooms.
- Avoid discussing patients in public areas.
- Protect charts by using cover sheets. Turn them so names, etc. are not easily visible.
- Do not leave messages on answering machines that reveal any PHI.
- Do not leave PHI unattended. Return it to its proper location.
- **Discard printed patient information; make sure it is shredded—including all patient summary reports.**
- Log off the system after you complete accessing electronic patient information.
- Keep computer monitors turned so passersby cannot see them.
- Use screen savers to block PHI.
- Send and store information on public networks in encrypted form.
- Do not post or share passwords. Avoid obvious passwords, and change passwords frequently.
- When faxing PHI, make sure it is received by a fax machine in a secure location.
- Do not let faxed information sit on an unattended fax machine.
- Never remove computer equipment or software without permission.

## Sanctions

HIPAA's privacy and security regulations provide civil or criminal penalties against Healthcare Organizations that fail to keep PHI private. Valley Health System employees will be disciplined for failure to comply with HIPAA according to the policy on Employee Discipline. Staff questions about HIPAA should be directed to the HIPAA hot line (x612-4472). Patients and family concerns should be directed to the Patient Relations Department at x447-8169.

## Patient's Rights & Code of Ethics

- We treat all patients with dignity, respect and courtesy.
- We provide quality health care to all of our patients, without regard to race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment.
- We obtain informed consent for treatment when necessary.
- We inform patients of their right to make advance directives for health care.
- All patients have a right to know the names of the professionals caring for them.
- All patients have a right to a translator or interpreter, if needed.



- All patients have a right to physical privacy, unless assistance is needed.
- All patients have the right to freedom from physical and mental abuse.
- All patients have the right to freedom from restraints, unless authorized by a physician for a limited period of time to protect themselves and/or others.
- All patients shall receive sufficient time, information and assistance for their continuing healthcare needs after discharge.
- All patients shall receive assistance in the transfer to another facility, if required or requested.
- All patients have the right to prompt access to the information in the medical record.
- All patients have a right to a copy of their medical record.
- We provide emergency medical treatment to all patients, regardless of ability to pay.
- We do not pay for referrals.
- We do not accept payments for referrals we make.
- We are committed to complying with all applicable laws, regulations, and accreditation standards.
- We will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us.
- All employees shall sign a statement of understanding after receiving corporate compliance education.

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### ***Risk Management***

The VHS' Risk Management program provides a structure to ensure that quality care and services are provided in an environment which promotes the safety of our patients, staff, visitors and volunteers.

Risk Management refers to those activities directed at preventing or reducing injuries or loss. This is accomplished by:

- Educating employees about ways to reduce risk or contain loss
- Identifying areas of potential risk so that preventive measures may be used
- Establishing policies and practices regarding safety procedures to reduce error or injury
- Investigating occurrences to determine how best to prevent or reduce them from happening again

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### ***Infection Control and Prevention-Infection Control is everyone's responsibility.***

Cleanliness is the key to infection control. Hand washing is the single most effective way to prevent infections. Hand hygiene can be accomplished using soap and running water or by utilizing a sanitizing hand rub. To properly clean your hands, take off all jewelry and be sure to remove any chipped nail polish. On patient care units, natural nails are encouraged. Fake nails, inlays, gels, tips and other augmentation are not permitted.

#### ***Soap and Water Hand Wash Protocol***

Use soap, warm water and lots of friction. Lather and scrub hands and wrists for at least 15 seconds, then rinse thoroughly. Pay attention to finger nails and areas that are creased like your palms. Dry hands well on paper towels. Use a dry paper towel to turn off faucets.

#### ***Hand Hygiene with Waterless Hand Sanitizers***

- Follow instructions on the outside of the container.
- Put a golf ball size amount of foam into the palm of your hand.
- Rub your hands together paying attention to your nails, between your fingers and areas of your hands that are creased, like your palms.
- Continue rubbing your hands together until they are completely dry.

If your hands are visibly dirty, then you must wash using soap and running water.

### When Should I Perform Hand Hygiene

#### ▣ **Before:**

##### ■ Patient contact

- Donning sterile gloves
- Performing a procedure
- Inserting urinary catheters, peripheral vascular catheters, or other invasive devices that don't require surgery

#### After:

- Contact with a patient
- When moving from a dirty area to a clean area on the patient
- Contact with body fluids or excretions, non-intact skin, wound dressings
- Removing gloves



Know the precautions you must take if there is exposure to blood or other body fluids, broken skin, or mucous membranes. In general, we follow standard precautions for all of our patients. This means that we treat all blood and body fluids as if they were infectious. This will mean gloving when having contact with a patient's blood or body fluid. You may also see some patients on transmission based precautions.

**Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources.** They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

**Hand hygiene** is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with health care. In addition to hand hygiene, the use of **personal protective equipment** should be guided by **risk assessment** and the extent of contact anticipated with blood and body fluids, or pathogens.

In addition to practices carried out by health workers when providing care, all individuals (including patients and visitors) should comply with infection control practices in health-care settings. The control of spread of pathogens from the source is key to avoid trans-mission. Among source control measures, **respiratory hygiene/cough etiquette**, developed during the severe acute respiratory syndrome (SARS) outbreak, is now considered as part of standard precautions.

Promotion of an **institutional safety climate** helps to improve conformity with recommended measures and thus subsequent risk reduction. Stop the chain of infection by following best practice. Objects such as bedside tables, call bells, glucometers and medication scanners can transfer Infections. **Always** Clean and disinfect equipment after every use.

For example you may encounter a situation that you are performing an accu-check and failed to place the glucometer in a plastic bag before entering an isolation room and took the enter kit into the room with you so that you had all your supplies to perform the accu-check. Unfortunately in this scenario you have just contaminated the entire kit and the supplies. The equipment needs to be cleaned and all the supplies replaced. So before entering an isolation room, think through what you need to accomplish.

**Transmission Based Precautions**--In addition to consistent use of Standard Precautions, additional precautions may be warranted in certain situations as described below.

#### A. Identifying Potentially Infectious Patients

- Facility staff remain alert for any patient arriving with symptoms of an active infection (e.g., diarrhea, rash, respiratory symptoms, draining wounds or skin lesions)
- A special indicator will be placed on each patient electronic medical record by infection control RN to indicate to the staff what type of precautions are indicated. This can be viewed from the summary tab in the patients chart.

Clinical	Legal/Indicators	Demographics	Growth Charts	Appointments	Auth/Referrals	Surgeries	Care Team
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Special Indicator	Last Edited By	Last Edit Dt/Tm
Isolation Confirmed: Contact	Boeni, Deborah	03/07/16 08:31
Isolation Confirmed: Droplet	Boeni, Deborah	03/07/16 08:32

Status Board
Select Visits
Summary
Review Visit

## B. Contact Precautions

- Apply to patients with any of the following conditions and/or disease:
  - Presence of stool incontinence (may include patients with norovirus, rotavirus, or *Clostridium difficile*), draining wounds, uncontrolled secretions, pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids
  - Presence of generalized rash
- Prioritize placement of patients in an exam room if they have stool incontinence, draining wounds and/or skin lesions that cannot be covered, or uncontrolled secretions
- Perform hand hygiene before touching patient and prior to wearing gloves □ PPE use:
  - Wear gloves when touching the patient and the patient's immediate environment or belongings
  - Wear a gown if substantial contact with the patient or their environment is anticipated
- Perform hand hygiene after removal of PPE; *note*: use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus)
- Clean/disinfect equipment such as glucometer and BP cuff after each use.

## C. Droplet Precautions

- Apply to patients known or suspected to be infected with a pathogen that can be transmitted by droplet route; these include, but are not limited to:
  - Respiratory viruses (e.g., influenza, parainfluenza virus, adenovirus, respiratory syncytial virus, human metapneumovirus)
  - Bordetella pertussis
  - For first 24 hours of therapy: *Neisseria meningitides*, group A streptococcus
  - **PPE use:**
    - ◦ Wear a facemask, such as a procedure or surgical mask, for close contact with the patient; the facemask should be donned upon entering the patient room
    - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn
- Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials; *note*: use soap and water when hands are visibly soiled (e.g., blood, body fluids)
- Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette.
- Equipment such as glucometer that is entering the patients room should be covered with a plastic bag while in use and Clean/disinfect after each use.

## D. Airborne Precautions

- Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route; these include, but are not limited to:
  - Tuberculosis
  - Measles
  - Chickenpox (until lesions are crusted over)
- Patient is placed in a special room with Hepa-filtration. The door to this room must be kept closed to maintain the appropriate air pressure in the patients' room.
- PPE use:
  - Wear a fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient; the respirator should be donned prior to room entry and removed after exiting room.
  - **Do not enter the patients room unless you have been fit tested for a N95 respirator**
  - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn
- Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials; *note*: use soap and water when hands are visibly soiled (e.g., blood, body fluids)
- Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette
- Equipment such as glucometer that is entering the patients room should be covered with a plastic bag while in use and Clean/disinfect after each use.

### Immunizations

To protect you, your loved ones, other clinical staff, and our patients and families from the influenza virus, **we require all clinical personnel to obtain an influenza vaccination during 'flu season' including students/instructors**. TVH is required to submit information to the Centers for Medicare and Medicaid Services regarding this immunization for all persons caring for patients in any capacity.

### Communicable Diseases

Do not come to work, if you are experiencing any of the following:

- |                          |             |
|--------------------------|-------------|
| ➤ Sore throat with fever |             |
| ➤ Skin rash              | Chicken pox |
| ➤ Shingles               | Nausea      |
| ➤ Vomiting               | Diarrhea    |
| ➤ Conjunctivitis         |             |

### Fall Prevention

#### Introduction

A fall is defined as "an unplanned descent to the floor (or extension of the floor, such as furniture or equipment) with or without injury to the patient, and includes assisted falls – when a staff member attempts to minimize the impact of the fall" (NQF, 2005)

On all patients, regardless of category, basic fall risk interventions should be initiated as appropriate: a.

Stretcher or bed in the lowest position, wheels locked

b. Call bell within reach

c. Non-skid socks provided to patients that will have footwear removed

- d. Lights on in room for increased visibility, as appropriate
- e. Side rails up
- f. Encouraged to ask for assistance when moving or ambulating if necessary
- g. Personal Items within reach
- h. Offering frequent toileting
- i. Encourage family/guests to stay with patient

#### **Assessment:**

#### **Adult patients:**

Upon emergency room assessment, the RN will evaluate all patients over the age of 18 for high fall risk utilizing the Johns Hopkins Fall Risk Assessment Tool ( JHFRAT) ( See Appendix B)

- a. Low Fall Risk: Patients scoring 0-5 points
- b. Moderate Fall Risk: Patients scoring 6-13 points
- c. High Fall Risk: Patients scoring greater than 13 points.

**\*\*Any patient with syncope, seizures, alcohol/opiate/narcotic withdrawal, reason for admission from a fall event will automatically be scored as a high risk for falls\*\***

#### **Pediatrics:**

Upon admission and every eight (8) hours, the RN will assess all patients for high fall risk under "Humpty Dumpty Falls Assessment".

The tool is a cumulative calculation.

- a) There are 7 parameters; each parameter receives at least a minimum score of 1.
  - b) If for some reason the items in any parameter are not applicable the child would receive the minimal score of 1.
  - c) If a child falls into multiple categories in a parameter, the highest score of the possible choices would be given. Each parameter is added in a cumulative fashion.
- The highest score a child can receive is a 23.
  - The lowest score a child can receive is 7.
  - Any child with a score of 12 or above is considered "High Risk".

**All employee's play a role in fall prevention utilizing the following tools:**










































#### **4 P Rounding:**

**Pain-** Assess their pain level

**Position-** reposition the patient to ensure they are comfortable

**Possessions-** ensure they have what they need so they avoid getting up to get things out of their reach

**Potty-** instead of asking "do you need to use the bathroom", say, "Let's go to the bathroom, I can help you"

 <b>ATTENTION: PATIENT &amp; FAMILY MEMBERS!</b> 							
Patient Name: _____ Date / Time: _____							
<input type="checkbox"/> <b>Mobility Level 1: Dependent</b> Please call the staff for assistance; a family member or friend is not sufficient.	<input type="checkbox"/> <b>Mobility Level 2: Moderate Assistance</b> Please call the staff for assistance; a family member or friend is not sufficient.						
<input type="checkbox"/> <b>Mobility Level 3: Minimal Assistance</b> Please call the staff for assistance; a family member or friend is not sufficient.	<input type="checkbox"/> <b>Mobility Level 4: Independent</b> You may get out of bed or a chair. Your family or friend may assist you out of bed or a chair.						
<input type="checkbox"/> <b>Increased Risk of HARM if You Fall</b> 							
<b>FALL RISKS (check ALL that apply):</b> <input type="checkbox"/> History of Falls <input type="checkbox"/> Elimination/Toileting <input type="checkbox"/> Medication Side Effects <input type="checkbox"/> Patient Care Equipment <input type="checkbox"/> Unsteady, Sensory Impairment <input type="checkbox"/> May Forget or Choose Not to Call	<b>Fall Interventions (circle selections below)</b> <table border="1"> <tr> <td>           Communicate Recent Fall and/or Risk of Harm   </td> <td>           Patient Care Equipment   Cane   Walker   Crutch         </td> </tr> <tr> <td>           Needs Assistance When Walking   </td> <td>           Toileting Every _____ Hours   Bed Pan   Assist to Commode   Assist to Bathroom         </td> </tr> <tr> <td>           Bed Alarm/Chair Alarm   </td> <td>           Requires Assistance   Bed Rest   1 Person   2 People         </td> </tr> </table>	Communicate Recent Fall and/or Risk of Harm 	Patient Care Equipment  Cane  Walker  Crutch	Needs Assistance When Walking 	Toileting Every _____ Hours  Bed Pan  Assist to Commode  Assist to Bathroom	Bed Alarm/Chair Alarm 	Requires Assistance  Bed Rest  1 Person  2 People
Communicate Recent Fall and/or Risk of Harm 	Patient Care Equipment  Cane  Walker  Crutch						
Needs Assistance When Walking 	Toileting Every _____ Hours  Bed Pan  Assist to Commode  Assist to Bathroom						
Bed Alarm/Chair Alarm 	Requires Assistance  Bed Rest  1 Person  2 People						
 <b>REMEMBER: Call, Don't Fall.</b> If you are dizzy, lightheaded, weak or tired, call a staff member to assist you. We are here to help you heal and keep you SAFE. Thank you. 							

*Bedside mobility assessment tool*



## Appendix B:

## JHFRAT Assessment Tool

Johns Hopkins - Copyright ©2007 The Johns Hopkins Health System Corporation	
Fall Risk Assessment Tool	
If patient has any of the following conditions, check the box and apply Fall Risk Interventions as indicated	
<b>High Fall Risk-Implement High Fall Risk interventions per protocol</b> <input type="checkbox"/> History of more than one fall within 6 months before admission <input type="checkbox"/> Patient has experienced a fall during this hospitalization <input type="checkbox"/> Patient is deemed high fall-risk per protocol (Syncope, Seizures, ETOH/Opioid/Narcotic withdrawal, reason for admission for a fall event)	
<b>Low Fall Risk- Implement Standard Safety Interventions</b> <input type="checkbox"/> Complete Paralysis or completely immobilized	
<b>Do not continue with Fall Risk Score Calculation if any of the above conditions are checked.</b>	
<b>FALL RISK SCORE CALCULATION</b> -Select the appropriate option in each category. Add all points to calculate Fall Risk Score. ( If no option is selected for category score is 0)	Points
<b>Age</b> ( <i>single-select</i> ) <input type="checkbox"/> 60-69 years ( 1 point) <input type="checkbox"/> 70-79 years ( 2 points) <input type="checkbox"/> Greater than or equal to 80 years ( 3 points)	
<b>Fall History</b> ( <i>single select</i> ) <input type="checkbox"/> One fall within 6 months before admission ( 5 points)	
<b>Elimination, Bowel and Urine</b> ( <i>single select</i> ) <input type="checkbox"/> Incontinence (2 Points) <input type="checkbox"/> Urgency or frequency (2 points) <input type="checkbox"/> Urgency/frequency and incontinency ( 4 points)	
<b>Medications:</b> Includes PCA/opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics ( <i>single select</i> ) <input type="checkbox"/> On 1 high fall risk drug (3 points) <input type="checkbox"/> On 2 or more high fall risk drugs (5 points) <input type="checkbox"/> Sedated procedure within past 24 hours (7 points)	
<b>Patient Care Equipment:</b> Any equipment that tethers patient (eg., IV infusion, chest tube, indwelling catheter, SCDs, etc.) ( <i>single-select</i> ) <input type="checkbox"/> One present (1 point) <input type="checkbox"/> Two present (2 points) <input type="checkbox"/> 3 or more present (3 points)	
<b>Mobility</b> ( <i>multi-select; choose all that apply and add points together</i> ) <input type="checkbox"/> Requires assistance or supervision for mobility, transfer, or ambulation (2 points) <input type="checkbox"/> Unsteady gait (2 points) <input type="checkbox"/> Visual or auditory impairment affecting mobility (2 points)	
<b>Cognition</b> ( <i>multi-select; choose all that apply and add points together</i> ) <input type="checkbox"/> Altered awareness of immediate physical environment (1 point) <input type="checkbox"/> Impulsive (2 points) <input type="checkbox"/> Lack of understanding of one's physical and cognitive limitations (4 points)	
<b>Total Fall Risk Score ( Sum of all points per category)</b>	
<b>SCORING: 6-13 Total Points = Moderate Fall Risk</b> <b>Greater than 13 Total Points = High Fall Risk</b>	

## Auto JHFRAT to determine Fall Risk

## Appendix A:

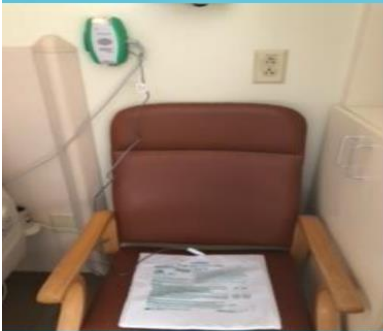
## INTERVENTIONS

<b>Low Fall Risk</b> JHFRAT Score 0-5	<b>Moderate Fall Risk</b> JHFRAT Score 6-13	<b>High Fall Risk</b> JHFRAT Score greater than 13
<p><b>Basic Interventions</b></p> <ul style="list-style-type: none"> <li>• Orient patient to surroundings, including bathroom location, use of bed, and location of call light, and GetWell Network</li> <li>• Educate patient/family about fall risk assessments, fall injury risks, routine and special interventions for fall prevention</li> <li>• Encourage patients/families to call for assistance when needed</li> <li>• Place call light and frequently needed possessions within patient reach</li> <li>• Promptly answer call light</li> <li>• 4P hourly rounding ( pain, potty, position, and possessions)</li> <li>• Keep bed in lowest position during use.</li> <li>• Side rails (2-3) will be instituted per nursing judgment based on patient's condition.</li> <li>• Secure locks on beds, stretchers, and wheelchairs prior to transfer.</li> <li>• Use properly fitting nonskid footwear.</li> <li>• Display special instructions for vision and hearing impairments. Encourage use of glasses/hearing aids</li> <li>• For patient that require assistive devices ensure that patient is safe and independent with use prior to leaving device within reach.</li> <li>• If patient experiences unsteady gait, contact licensed independent practitioner (LIP) for patient evaluation (Eg. Physical Therapy (PT), Neurologist)</li> <li>• Complete Fall and Mobility Communication Sign on admission to unit (Med-Surg/HVI/CDU, review fall risk and mobility level with patient/family. Review during bedside shift report, and update with any changes.</li> </ul> <p><b>Maintain Safe Room/Unit Environment</b></p> <ul style="list-style-type: none"> <li>• Remove excess equipment /supplies/ furniture</li> <li>• Assure adequate lighting, especially at night.</li> <li>• Keep floors clutter/obstacle free (with attention to path between bed and bathroom/commode).</li> <li>• Coil and secure excess electrical telephone wires.</li> <li>• Clean all spills in patient room or in hallway immediately. Place signage to indicate wet floor danger.</li> </ul>	<p><b>Communicate Fall Risk</b></p> <ul style="list-style-type: none"> <li>• Apply Yellow Wrist Band</li> <li>• Apply Yellow non-skid footwear</li> <li>• Falls prevention signage will be placed outside the patient's room on, or adjacent to the door.</li> <li>• Communicate fall risk to other providers during transport and transfers</li> <li>• Communicate moderate/high risk patients during circle up to all staff</li> <li>• Indicate ambulation privileges and needs on white board</li> </ul> <p><b>Implement measures listed under low fall risk and:</b></p> <ul style="list-style-type: none"> <li>• Supervise and/or assist bedside sitting, personal hygiene, and toileting as appropriate</li> <li>• Reorient confused patients.</li> <li>• Toileting rounds, including use of beside commode, if appropriate.</li> <li>• Avoid schedule diuretics prior to bedtime. For bowel prep/laxative use provide commode at bedside per individualized assessment.</li> </ul> <p><b>Evaluate need for the following</b>  The nurse will individualize fall prevention interventions (in addition to basic fall prevention interventions) as appropriate to the patient condition</p> <ul style="list-style-type: none"> <li>• Bed/Pad/Chair alarms</li> <li>• Video monitoring</li> <li>• Soft release belts</li> <li>• Limit activity to ambulation with assistance</li> <li>• Toilet patient prior to any sedatives, narcotics</li> <li>• Vest restraint(order required)</li> <li>• Medication review by pharmacy, notify LIP of high risk poly-pharmacy</li> <li>• PT consult if patient has a mobility impairment, decreased strength, decreased balance and/or decreased endurance</li> <li>• Patient placement closer to nursing station</li> <li>• 1:1 Safety observation(order required)</li> </ul>	<p>Note: Patients with the following diagnoses are considered high risk per PCS Policy #80.99: Syncope, ETOH withdrawal, seizures and narcotic/opioid withdrawal.</p> <p><b>Communicate Fall Risk:</b>  Implement Moderate Fall risk interventions and:</p> <ul style="list-style-type: none"> <li>• Discuss high risk/CAM/CAM-ICU positive patients in interdisciplinary unit rounds</li> </ul> <p><b>Implement measures listed under low/moderate risk and:</b></p> <ul style="list-style-type: none"> <li>• Bed/Pad/Chair alarms.</li> <li>• Remain with patient while toileting</li> <li>• Orthostatic blood pressure evaluation per individual assessment, notify LIP of change greater than or equal to 20mmHg</li> </ul> <p><b>Evaluation need for the following in addition to moderate risk:</b></p> <ul style="list-style-type: none"> <li>• Patient placement closer to nursing station</li> <li>• 1:1 Safety observation(order required)</li> </ul>



## Chair Alarms

### Posey Devices – Apply as indicated



Chair Pad

Use for :  
wheel chair bound  
Impulsive patients



Seat Belt

Use for:  
confused/impulsive/weak or  
disoriented patients



Bed Lap Belt:

Use for  
confused/impulsive/weak  
/ and or disoriented  
patients

*Chair alarm  
must be  
attached to  
the green  
box and  
turned on .  
Ensure  
batteries are  
working*

## 10 HRO Prevention Tools

### 1: ASK CLARIFYING QUESTIONS

**When using clarifying questions, follow these guidelines to enhance communication and understanding:**

- **Start with open-ended, non-directive questions – if appropriate. It is good to use 'how' and 'why' questions to improve your understanding of the information.**
  - “How have you been feeling since your surgery?”
  - “What resources were used for this project?”
  - “Tell me about your medications.”
  - “Why are you recommending this budget plan?”
- **Ask for additional information.**
  - “When did you first start experiencing these symptoms?”
  - “Has this advertising campaign received approval from the Legal Department?”
  - “What symptom was this medication originally prescribed for?”
  - “Is this amount the gross or the net income?”
- **Repeat what the speaker has said as you understand it and check with them on whether or not you understood it correctly.**
  - “Did I hear you correctly when you said...”
  - “To confirm, this patient is receiving...”
- **Begin the question with the phrase “Let me ask a clarifying question.”**
  - Although it is not always necessary, it will show your co-workers that you are committed to using this HRO Error Prevention Tool.

## 2. STAR

<b>Stop</b>	Stop for 1 to 2 seconds to focus on what you're about to do.
<b>Think</b>	Think through what you're about to do and pay attention to details. Be sure that you are about to perform the task correctly.
<b>Act</b>	Carefully perform the task with 100% concentration.
<b>Review</b>	Make sure that the task was performed correctly.

## 3. REPORTING NEAR MISSES

### Speak Up for Safety by Reporting Events, Including Near Misses

I Commit To:	By Practicing:
<b>Speak Up!</b> "I will speak up for safety."	• Reporting Events, including Near Misses

## 4. 5P Standardized handoff

### The 5Ps for standardized handoffs:

- (1) Patient or Project
- (2) Plan or Procedure / Plan of Care
- (3) Purpose of the Plan
- (4) Problems
- (5) Precautions or Pitfalls

## 5. SBAR

**SBAR** (Situation, Background, Assessment and Recommendation/Request) is a communication protocol that was developed by the NAVY and adapted at Kaiser Healthcare for use in medical communication. SBAR is a good example of content formatting and is a structure to aid in remembering specific types of information that should be communicated. SBAR can be used for effective notification. You can use SBAR when writing an email or memo, or when leaving a phone message. It is a great way to communicate completely but succinctly.

**Situation:** What is the situation, problem or issue?

**Background:** What important information does the other person need to know?

**Assessment:** What is your read of the situation?

**Recommendation/Request:** What do you need the other individual to do, or what is the recommended course of action?

Complete and accurate communication is a habit that ensures that we understand what we are being asked to do. This understanding is called situational awareness, which gives context to the decisions we make. Enhanced understanding leads to enhanced decision-making!

## 6. CUS

Speak Up for Safety By Using C-U-S	
<b>What is it?</b>	Speaking up for safety by using C-U-S can help us assert a concern in a non-threatening way when our efforts are being met with resistance.
<b>How do we do it?</b>	<p>A staff member observes a physician about to enter an isolation room without proper protective equipment.</p> <p><b>I'm Concerned:</b> "Dr. Jones, I am concerned that you are not wearing the proper PPE to enter the patient room." (Dr. Jones refuses to apply PPE.)</p> <p><b>I'm Uncomfortable:</b> "This situation makes me uncomfortable."</p> <p><b>This is a Patient Safety Issue:</b> "We need to be sure to wear proper PPE when caring for patients in isolation in order to protect ourselves and others and prevent the spread of infection."</p>
<b>Why do we do it?</b>	<p>If we observe a situation that we believe compromises the safety of a patient or a staff member, we have a responsibility to raise that concern. C-U-S is a communication technique that can help assert a concern. C-U-S also helps to escalate the concern if it is not addressed.</p>



## 7. VALIDATE AND VERIFY

### Step 1: Validate

Before you take any action, ask *yourself* if the situation or information makes sense. Ask questions and question the answers!

### Step 2: Verify

If the situation does not make sense, verify the situation or plan with an *independent expert source* to verify if the situation or information is correct. Independent expert sources include:

- Policies/procedures and job aids
- Clinical protocols and guidelines for care
- Reference manuals
- Expert individuals

## 8 . PHONETIC AND NUMERIC CLARIFICATION

# Using Phonetic and Numeric Clarification

Since some letters and numbers sound alike, it is not uncommon for someone to misunderstand what is being said over the phone or in a busy environment. Unfortunately, minor miscommunications in details such as medication dosages or finances cause serious harm to a patient or have a negative consequence for a person or project. By using the **Phonetic and Numeric Clarification** error prevention tool, we can communicate more clearly and effectively and greatly reduce the likelihood of a serious error.

## It is best to use numeric clarifications for communicating:

- Patient identification numbers
- Medication doses
- Critical lab values
- Equipment set points
- Times
- House or apartment numbers
- Financial information

## Phonetic clarification

uses a standard word to represent each letter. For sound-alike words and letters, say the letter followed by a word that begins with the letter. (For example, "A' as in apple," "B' as in boy.") You can use any word as long as it's a phonetic clarifier.

**Numeric clarification** uses single digits to spell out the full number. For sound alike numbers (tens and teens), say the number and then the digits (e.g., "That's fifteen: one, five" or "That's fifty: five, zero.") It is especially important to use this with numbers with decimals (e.g., "67.8: six-seven point eight.")

## It is best to use phonetic clarification for communicating:

- Patient information
- Contact information (name, address, email)
- General location
- Medications, especially if it's hard to spell or pronounce
- Type of procedure
- Correct site on a patient



## 9. THREE-WAY REPEAT AND READ BACK

# Seek Mutual Understanding with Three-Way Repeat and Read Back

**Three-Way Repeat and Read Back** is an HRO error prevention tool that helps with communicating clearly and accurately. It prevents errors stemming from miscommunication by ensuring confirmation of the information being relayed and by providing a mutual understanding between two or more parties.

### How it Works

1. Sender initiates communication using the receiver's name. Sender provides an order, request, or information to receiver in a clear, concise format.
2. Receiver acknowledges receipt by repeating back the order, request, or information.
3. Sender acknowledges the accuracy of the repeat back by saying, "That's correct!" or "No, that's not correct." If not correct, the sender repeats the communication. *Do not say, "That's right," because "right" can be misunderstood as a lateral direction.*

## 10. CROSS CHECK

# Could You Cross Check Me?

Cross Check is an error prevention tool used to perform verifications of each other's work. By cross checking, we can catch each other's mistakes before they cause harm to a person or have unintended negative consequences.

Cross checks can be performed for both clinical and non-clinical tasks, such as:

- Checking that a patient room is safe before/after use by another colleague
- Making sure all supplies and devices needed for a procedure are on-hand and/or are properly stored and accounted for
- Spotting someone performing a routine procedure to make sure all protocols are being followed
- Confirming that a piece of equipment is being used properly and matches the physician's orders for the patient
- Confirming that your teammate placed orders in the correct charts
- Double checking a calculation in your team's financial report
- Proofreading your colleague's memo
- Making sure all names and titles are correct in a photo caption for a newsletter
- Double checking blood before transfusing
- Having a colleague check a medication before administration

## *Fire Safety*

### ***Introduction***

Everyone working in a health care facility is responsible for fire safety by recognizing and reporting fire hazards and by knowing and practicing what to do in case of fire.

### ***To promote fire safety***

1. Keep all exit doors closed.
2. Keep stairways and corridors clear.
3. Use all electrical equipment safely.
4. Know the location of the nearest fire alarm pull boxes and fire extinguishers on your unit.
5. Keep all combustibles such as paper products, linen and clothing away from heat producing devices such as reading lamps

***If you see smoke, fire, the RED PILLOW (which indicates a fire drill in the hospital), or hear the alarm, initiate the RACE procedure:***

- R** Rescue – Remove patients, visitors or other personnel from fire area.
- A** Alarm – Call 111-2233 giving exact location and extent of fire or activate nearest pull box. If you are at an offsite location, dial 9-911.
- C** Confine –Close all doors and windows.
- E** Extinguish or evacuate.

### ***In the event of a fire or drill***

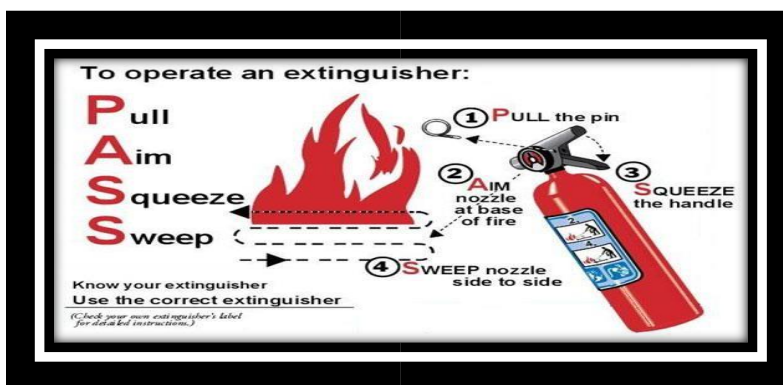
- At the Hospital: Remain where you are; do not walk through closed fire doors; ➤ Off-site Locations: evacuate the building and stand with whom you are working.
- Wait for instructions or until an “all clear” has been announced before proceeding.
- Remain calm and move in an orderly manner.
- Do not use elevators. ***Fire Extinguishers***

A fire extinguisher is a storage container for extinguishing agents such as water or chemicals. It is designed to put out a small fire, not a large one. VHS has universal extinguishers, which can be used on fires from wood/cloth/trash, flammable liquids, electrical or chemical sources. Use good judgment and caution in extinguishing fire until the Fire Department arrives.

### ***How to Use a Fire Extinguisher***

The **PASS** acronym is an easy way to remember these steps:

- P** Pull – Pull the pin (plastic or metal seal will break).
- A** Aim – Aim the extinguisher nozzle at the base of the fire.
- S** Squeeze – Squeeze the operating lever and handle together
- S** Sweep – Sweep the nozzle from side to side at the base of fire until it goes out.



## Hazardous Materials

### Right to Know

Performing your duties in a health care facility can expose you to potentially hazardous substances. OSHA (Occupational Safety and Health Administration) has outlined safety guidelines for handling these substances. The State of New Jersey has a well-defined system for reporting on and distributing information regarding the use of hazardous substances in the workplace. The system is defined under the "Right to Know Act." This act states that you have a right to know about potentially hazardous substances in the workplace and their side effects.

Information is available to all personnel regarding hazardous substances through:

1. Right to Know Manual
2. SDS Sheets (Safety Data Sheets)
3. Container Labels
4. Education and Training

For a complete listing of hazardous substances used within the institution, you may access the Safety Department web page on our intranet to access the SDS needed. Be sure to use personal protective equipment when working with potentially hazardous materials. They are located on every unit. There are also hazardous drugs administered by students/instructors and nurses. Precautions must be adhered to when handling hazardous drugs. Gloves must be worn when removing pills from packaging. Other personal protective equipment (PPE) should be used if administering hazardous drugs in liquid form. PPE includes gowns, gloves, goggles, and duck bill masks.

### MRI Safety for Hospital Personnel

Magnetic Resonance Imaging (MRI) technology utilizes a powerful magnet field to produce images that aid diagnosis. The magnet is always on. No ferromagnetic objects can be taken into the MRI unit.

Items include:

- Defibrillators
- Stents
- Hearing aids
- Oxygen tanks
- IV pumps



- Wheelchairs
- Stretchers
- Personal items: keys, hairpins, credit cards, ID tags, etc.

Therefore, **NO ONE** can enter the MRI room without being screened by the MRI staff.

It is your responsibility to be informed, to be aware of potential hazards, to know the proper use of substances, to practice safety, to ask questions, and to use personal protective equipment as necessary.

### *AM Care/Linen Changes*

**Please also note our Linen Change policy. To conserve on linen and costs, we change linens every “even” day. We inform patients about our policy upon admission. If they prefer daily linen changes, or if soiled, linen is changed daily or as frequently as needed.**

THE VALLEY HOSPITAL  
Ridgewood, New Jersey  
PATIENT CARE SERVICES (PCS) POLICY AND PROCEDURE

**SUBJECT:** In Patient Bed Change Policy

**POLICY:** To effectively and efficiently manage linen resources, while maintaining quality patient care and comfort.

**PROCEDURE:**

1. A total linen change will consist of the following items:

- 1 Fitted sheet
- 1 Flat sheet
- 1 Pillowcase
- 1 Thermal blanket - to provide increased warmth for the patient, a flat sheet should be placed on top of the thermal blanket to create needed insulation and extra warmth instead of using extra thermal blankets. 1 Reusable underpad is only intended for incontinent patients or for containment of bodily fluids.

2. Additional linen for patient use will include the following:

- 1 Wash Cloth
- 1 Towel or bath blanket 1
- Patient gown

3. Linen change will be completed on **even** days or more frequently if needed. Pillowcase and patient gown should be changed daily or more frequently if needed. Do not change linens on day of discharge.

Bed Linen Change Scripting for Employees:

“As part of Valley Hospital’s ongoing commitment to improving the environment by using less energy and creating less waste, we offer a solution: During your stay, we will change bed linens on **even** days, while still refreshing your room daily. If you do not wish to participate in this program, please notify your nurse and your linens will be replaced daily”.

4. Upon patient transfer to another room/unit all blankets are to remain with patient

5. All unusable torn and stained clean linen, as well as linen with small holes are not to be used and to be placed in the soiled linen hamper. **NO LINEN SHOULD BE THROWN AWAY.**

6. Clean linen is not to be stored in bed stands or closets in patient’s rooms.

7. Clean linen should not be taken into the rooms of patients who are anticipating discharge.

8. Linen is not for employee personal use.





## CHG Baths for Patients

Please read the policy below which outlines which patients receive the CHG Baths instead of basin baths and the procedure to follow.

THE VALLEY HOSPITAL

Ridgewood, New Jersey

### PATIENT CARE SERVICES (PCS) POLICY & PROCEDURE

#### **SUBJECT:** Universal Chlorhexidine (CHG) Decolonization and Preoperative Skin Prep Procedures

**PURPOSE:** To decrease the incidence of hospital acquired infections among patients through reduction and inhibition of bacterial colonization of the skin and to outline the nursing care for:

- \*Universal decolonization for the patient in the adult critical care units, the patient receiving mechanical ventilation and the patient with a central venous access device to prevent central line-associated blood stream infections or urinary catheter device to prevent catheter associated urinary tract infections.
- \*Preoperative skin preparation for the patient undergoing cardiac surgery (includes Coronary Artery Bypass Graft/CABG, TransAortic Valve Replacement/TAVR and Valve Replacement/Repair surgeries).
- \*Preoperative skin preparation for the patient undergoing colon surgery.
- \*Preoperative skin preparation for the patient undergoing total joint (hip or knee) replacement or hip fracture repair surgery.
- \*Inpatients receiving hemodialysis.

**WHO CAN PERFORM:** Registered Nurse (RN)

Patient Care Associate (PCA), as delegated by RN

**EQUIPMENT LIST:** 4% chlorhexidine (CHG) solution

Linen as indicated

Surgical clippers if indicated

**SUPPORTIVE DATA:** Research indicates daily chlorhexidine bathing reduces skin colonization with potential microbial pathogens and prevents infections. **SECTION 1:** Special Considerations Page 1

**SECTION 2:** Daily CHG wash procedure Page 2

**SECTION 3:** Cardiac Surgery Skin Prep Page 3

**SECTION 4:** Special Patient Population Pre-op Skin Prep Page 4

#### **SECTION 1: SPECIAL CONSIDERATIONS**

1. The risks associated with the use of chlorhexidine (CHG) include mild side effects of skin irritation, rash, and/or redness (unlikely) and severe allergic reactions of hives, itching.
2. In rare case reports, anaphylaxis can occur (difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue), but it has occurred so rarely that the actual risk cannot be calculated.
3. It is important to keep the CHG out of eyes and ears. CHG can cause permanent injury if it comes in direct contact with nerves and is allowed to remain there.
4. If CHG enters the patient's eyes or ears, it is important to rinse promptly and thoroughly with water (15 minutes duration).
5. Patients with a known allergy or hypersensitivity to CHG should be bathed with facility approved soap and not CHG.

#### **SECTION 2: DAILY CHG WASH PROCEDURE**

**SUBJECT:** Universal decolonization for the patient in the adult critical care units, the patient receiving mechanical ventilation and the patient with a central venous access device (to prevent central line-associated blood stream infections) or urinary catheter device (to prevent catheter associated urinary tract infections). **PROCEDURE:**

1. Routinely wash face and hair.

2. Warming of solution is for patient comfort; it is not required. Cold solution is active and can be used if patient desires a cool bath.
3. CHG removes bacteria from the skin during bathing. Washcloths with 4% CHG solution should be used to bathe the skin with firm massage.
4. Do not use CHG above the jawline. Chlorhexidine should not come in contact with eyes or ear canals
5. If patient is heavily soiled, cleanse with soap and water prior to CHG bath.
6. CHG should be used as a once a day full-body bath. CHG replaces soap and water baths for the identified patient population. Soap may inactivate CHG.
7. Use five washcloths for bathing and five additional washcloths for rinsing all body areas below the jawline (see Appendix A):
  - a. Cloth 1: Right neck, shoulder, chest, abdomen and arm/axilla/hand
  - b. Cloth 2: Left neck, shoulder, chest, abdomen and arm/axilla/hand
  - c. Cloth 3: Right leg, foot, groin
  - d. Cloth 4: Left leg, foot, groin
  - e. Cloth 5: Back and buttocks
- \*A basin should be partially filled with warm plain water; all 10 washcloths should be moistened in the basin. Remove one washcloth at a time, applying CHG directly to the dampened washcloth and follow the above sequence for bathing. After each area is cleaned, set aside dirty washcloth (do not return to basin) and use a clean dampened washcloth to rinse each area. Dry areas accordingly.
8. After application to each body site, clean tubing from urinary catheters, drains, G-tube/J-tubes, rectal tubes, chest tubes within 6 inches of patient.
9. Ensure thorough cleaning, with special attention to commonly soiled areas such as the neck, skin folds, and perineal areas. CHG is safe to use on perineal areas, including external mucosa. Pay special attention to cleaning skin areas surrounding lines and other devices to ensure removal of bacteria from skin.
10. If incontinence occurs, rinse the affected area with water and clean with washcloths. Skin may feel sticky for a few minutes after application.
11. If moisturizer or lotion is needed, only use lotions that are known to be compatible with chlorhexidine. **Do not use patient's personal lotion.**
12. Basin should be cleaned with CHG at the end of the bath, dried and stored.
13. All Documentation to be done in the Electronic Medical Record (EMR).

### **Inpatient Units**

1. All inpatients must take a shower using 4% chlorhexidine gluconate (CHG) the night before surgery unless clinically contraindicated (i.e. intra-aortic balloon pump, Impella). Instruct the patient:
  - A. Begin with the chest area. Gently scrub chest 3-5 minutes to be followed by arms, legs, and perineal areas last.
  - B. Apply light friction to increase the antiseptic effect of the scrub.
  - C. Carefully cleanse the skin folds and crevices.
2. If the patient's condition does not allow for showering, perform a 10 minute CHG scrub of the surgical area.
3. Apply clean linen and clean gown after showering.
4. Instruct the patient to keep the area clean and not to apply creams, lotions, powders and deodorants.
5. Clip the patient on the day of surgery following the technique described in the section "Same Day Surgery" item 6. A-C above.
6. Apply clean linen and clean gown after clipping.

# Get Well Network

- Get Well Network is an interactive patient education system that is on the patient's televisions.
- Use it to educate patients on their diagnoses, or their medications (see next slide). Medication pages can be emailed to the patient.
- Questions will pop up on the patient's screen when they are watching TV related to patient experience or to let them know they have education ordered for them to watch.
- Patients can search the internet, learn about Valley or watch educational videos.



**Step 1:** Patients can view their medications by clicking "See my medications"

**Step 2:** The patients year of birth is the code to enter the area.

**Step 3:** High risk medications are designated with an exclamation point and will appear at the top of the med list.

**Step 4:** Medications can be read on the screen. The patient must click either the thumbs up, question mark or email icon.

*Thumbs up = I understand what I just read.*

*Question mark = I have questions about what I just read. Email icon = I can email this to my personal email address.*

## Work Place Violence

Workplace violence is something we take very seriously here at Valley Hospital. Workplace violence is defined as the act or threat of violence and ranges from verbal abuse to physical assault directed toward persons at work or on duty. The impact of workplace violence can range from psychological issues to physical injury, or even death. Workplace violence can be manifested as client on worker violence (a patient, family member, or visitor acting against an employee), or lateral/horizontal violence (violence between employees). Valley offers resources to not only report workplace violence, but to learn how to de-escalate a violent visitor, employee, or patient. Please reach out to the Atlas team at 50-2222, or security at 447-8290 if you need immediate assistance. For additional information please visit the Valley Intranet page: Workplace Violence Committee or see TVH Policy 14.21 Workplace Violence Awareness & Prevention Program. Thank you for keeping us safe!

## Self-Learning Orientation Module Post Test

**\*\*Do not write on this test, use answer sheet at end of packet! \*\***

1. AIDET is an acronym that enables all employees to communicate clearly with patients, visitors and each other. It stands for: Anticipate, Introduce, Duration, Explanation, Thank You  
True                      False
2. Smoking, although prohibited throughout the Valley Health System's buildings, is allowed in your car.  
True                      False
3. Cell phones may only be used in designated areas.  
True                      False
4. Students/Instructors/Employees may feel free to relax, chat and listen to the piano in the lobby of the hospital.  
True                      False
5. Patients and medical emergencies always have priority when using the elevators.  
True                      False
6. To ensure that we treat everyone with respect, we need to:
  - a. Be open and sensitive
  - b. Celebrate differences
  - c. Be aware of our own beliefs and how they impact our behavior
  - d. All of the above
7. Patient confidentiality can be breached by:
  - a. Leaving a patient's Protected Healthcare Information on an answer machine
  - b. Discussing patients and/or patients' information in public places
  - c. Leaving a document containing patient information on top of the copier
  - d. All of the above
8. Your friend asked you to check on a neighbor who has been admitted to the hospital. The proper response is:
  - a. I must respect every patient's privacy. I'm sorry I cannot do that.
  - b. I'll try to find out where he is and tell him you said hello.
  - c. I'll ask his nurse how he is doing and if he can have visitors.
9. We inform patients of their right to make advance directives for their health care.  
True                      False
10. In the event of a fire, in what order would you do the following? [Number 1 to 4]  
\_\_\_\_\_ Extinguish the fire or evacuate  
\_\_\_\_\_ Activate the nearest fire alarm  
\_\_\_\_\_ Rescue people in immediate danger  
\_\_\_\_\_ Confine the fire – close all doors and windows
11. The "PASS" acronym [Pull, Aim, Squeeze & Sweep] is an easy way to remember how to use a fire extinguish.  
True                      False

12. Police and fire personnel may enter the MRI room at any time during an emergency.  
True False
13. The "Right to Know Act" states that I have a right to know about potentially hazardous substances in the workplace.  
True False
14. If I enter a patient on contact isolation, I must stop at the door and put on a gown and gloves at minimum.  
True False
15. Hand washing/hand hygiene is the single most important way to prevent the spread of infections.  
True False
16. What should be present in every room, every time?
- a. No clutter or debris on the floor.
  - b. Electric cords are in a safe place and out of the path of staff, patients and visitors.
  - c. Make sure call bell is within reach.
  - d. All of the above.
17. Why is it important to accurately complete the Fall Risk and Mobility Communication Tool?
- a. It communicates fall risk and mobility levels to all staff.
  - b. It is used as an educational tool for patients and families.
  - c. It guides the use of alarms and equipment.
  - d. All of the above.
18. The 4 P's for hourly rounding are:
- a. Pain, position, potty and possessions.
  - b. Potty, purpose, placement and possessions.
  - c. Pain, placement, priorities, and position.
  - d. Pain, priorities, potty, and possessions.
19. Valley utilizes the 10 HRO tools for error prevention with the goal of reaching 100% reliability and 0 Patient harm.  
True False
20. What does C.U.S stand for?
- a. I'm concerned, I'm uncomfortable, this is a safety issue.
  - b. I'm comfortable, I'm understood, this is safe.
  - c. I'm confident, I'm understood, this is safe.
  - d. None of the above

## MANDATORY INSULIN EDUCATION—Read Information and answer quiz at end of packet.

### INSULIN SAFETY EDUCATION

#### Insulin Safety

**S:** Insulin safety

**B:** Insulin known to be high risk medication.

**A:** 5 “RIGHTS” of medication administration  
MUST be followed

**R:** All student nurses will complete post-test after reading this material. Clinical instructor must supervise your insulin administration.

#### Types of Insulin at TVH

- HUMALOG (Insulin Lispro) Rapid Acting
- Inject within 15 minutes before meals or immediately after meals
- Humulin R (Regular Insulin) Short Acting
- Inject within 30- 60 minutes before meals
- Humulin N(NPH Insulin) Intermediate
- Administer as per health care provider order
- Levemir (Insulin Detemir) Long acting
- Administer once or twice daily
- Lantus (Insulin glargine) Long acting
- Administer once or twice daily
- Novolin Mix 70/30
- 70% NPH and 30% Regular
- 70% NPH and 30% Novolog
- U-500 (5x more concentrated than Humulin R U-100)
- Pharmacy will send pre-filled syringe with insulin in U-500 syringe.
- Two RNs must verify the correct amount of insulin in a U-500 syringe prior to admin.

**Joint commission states “Insulin will not be borrowed or shared”----** EACH patient will receive his/her OWN vial of insulin from pharmacy.

- Write date on label when opened
- Keep vial in marked insulin bin in med. room when not being used
- Discard in sharps container upon patient discharge
- Do NOT share vials
- May return to pharmacy if unopened upon discharge

#### **AT TVH ONLY Safety Glide Insulin Syringes are used.**

- Insulin syringes are always 100 unit per ml
- Can come in three sizes – 30,50, 100 unit/ml
- All insulin doses to be administered via subcutaneous route at 90° angle
- Under unique circumstances, Regular Insulin can be given IV

#### **Other Forms of Insulin Delivery**

- While insulin pens are popular for home use they are NOT to be used at TVH for adults. If patient brings their own pen and insists on using, it must be sent to pharmacy for identification and only patient self-administers as per provider’s order.
- ONLY pediatric inpatients may use insulin pens with supervision for education purposes

**When to request a Diabetes Education Consult? RN will request consult.**

- New Diabetes diagnosis; New to insulin/insulin administration teaching
- DKA/Hypoglycemia/Hyperglycemia
- Need for glucometer instruction
- Patient on insulin pump/Continuous Glucose Monitor
- Patient/ Family request
- Nurse assessment identifies educational need

**ACCU-CHEK Inform System**

- Pre-meal Accu-chek glucose readings should be taken NO More than 30 minutes prior to meal and insulin administration
- Download/Dock glucometer immediately after glucose obtained
- NOTE: If meter is NOT returned to base for download within 1 hour, meter will not allow operator to use. Meter MUST be returned to base.

**Critical Results identified by glucometer---Above 400 OR under 50**

These results are reportable and require a venous blood draw to confirm. Treat any glucose reading of 70 mg/dl as hypoglycemia whether patient is symptomatic or not.

**Inpatient Blood Glucose Targets/American Diabetes Association (ADA)**

- For NON critically ill medical surgical patients-Pre-meal glucose target should generally be less than 140 mg/dl; Random level less than 180 mg/dl

**Hypoglycemia**

- As per the ADA--Any glucose less than 70 mg/ dl, with or without symptoms MUST be treated with 15 grams carbohydrate (ex:4 ounces fruit juice-apple juice if renal patient)
  - Recheck Accu-chek again in 15 minutes. If glucose remains low, retreat and check again in 15 minutes ETC..... "Rule of 15"
  - IF PATIENT UNRESPONSIVE, CONTACT Rapid Response Team, Beeper # 50-0776

**Insulin Pump**

- If patient is admitted with own Insulin Pump--Refer to Patient Care Services(PCS) Policy #44.61 and RN must enter Diabetes Education Consultation
- Patient MUST be able to maintain COMPLETE control
  - provide all supplies
  - change insertion site
  - sign agreement form & complete daily flow sheet
  - If there are any concerns over a patient's ability to manage their insulin pump, contact their provider about removing insulin pump and obtain subcutaneous insulin orders
- For questions /concerns, contact a Diabetes educator at 467-2230.



**THE VALLEY HOSPITAL, Ridgewood, NJ**

**INSULIN SAFETY EDUCATION FOR NURSING STUDENTS--POST-TEST**

**\*\*Please use answer sheet – do not write on this test! \*\***

1. Prior to administering insulin, every student nurse MUST have dose, time and type of insulin to be given double checked by:
  - a. Clinical instructor
  - b. Primary nurse IF clinical instructor NOT available
  - c. a and b
  - d. Double check not needed at all. May carefully draw up and administer without supervision if clinical instructor gives permission
2. Your patient is to receive Humalog (insulin Lispro) pre meal for Accu-chek coverage. WHICH ONE OF THE FOLLOWING RESPONSES IS TRUE? You know that:
  - a. Accu-chek glucose pre meal readings should be taken NO MORE than 60 minutes prior to meal and insulin administration
  - b. Humalog insulin coverage should NOT be administered until meal tray is in front of patient
  - c. From unit to unit, meals will always be served at the same time each day in the hospital
  3. Critical Results identified by glucometer require venous blood draw to confirm. They are :
    - a. Glucose above 250 and under 70
    - b. Glucose above 350 and under 60
    - c. Glucose above 400 and under 50
    - d. Glucose above 200 and under 45
4. You check a routine Accu-chek for your patient who is an insulin dependent, Type 1 Diabetic. He tells you he is feeling good. His Accu-chek reading is 60 mg/dl. You know that according to standard diabetes guidelines any glucose reading under 70 mg/dl is considered to be hypoglycemia. What is your next action?
  - a. Because he is asymptomatic , do not take any action
  - b. Treat this glucose as hypoglycemia and administer 30 grams of carbohydrate (Ex: 8 oz. orange juice)
  - c. Treat this glucose as hypoglycemia and administer 15 grams of carbohydrate (4 oz. orange juice). Recheck Accu-chek within 15 minutes and if glucose remains below 70 mg/dl, retreat with 15 grams Carbohydrate etc.....(“ Rule of 15’s ”)
  - d. None of the above
5. Random Glucose target goal for the hospitalized patient with diabetes is to maintain glucose below 180 mg/dl
  - a. True
  - b. False

6. Please review following statements about insulin administration. Which is NOT true??
- a. Insulin syringes at The Valley Hospital are ALWAYS 100 units per ml
  - b. Insulin syringes can come in 3 sizes – 30 unit, 50 unit and 100unit. If very small doses, using a smaller syringe gives better visibility for accurate dosing
  - c. All insulin is to be administered via subcutaneous route at 45 degree angle
  - d. If appropriate and needed, regular insulin can be given IV as bolus or administered as continuous IV infusion (250 units insulin in 250 ml 0.9% Sodium Chloride) on medical surgical unit. B.2A, and critical care units have different protocol for IV insulin infusions.
7. Lantus (insulin glargine) will be administered to your diabetes patient once or sometimes twice daily. If once per day, usual time of administration is at bed time. All except ONE of the following statements about Lantus is true. Please identify the INCORRECT comment.
- a. Level of insulin will rise within one hour and remain steady until time for next dose.
  - b. If patient is to receive a 2100 Accu-chek coverage dose of insulin Lispro, in addition to his Lantus, you may mix both together and save your patient an extra injection
  - c. Each patient will receive his own labeled vial of each insulin ordered from pharmacy for his use only throughout this admission
  - d. Upon discharge, your patient's vial (s) of insulin are to be discarded in the Sharp's container – no matter how much insulin is remaining. If was never opened, it may be returned to pharmacy.
8. Your patient is a Type 2 diabetes patient who seems to lack understanding of diabetes dietary guidelines and general self -management skills. What resources are available for you to access and which response is most appropriate?
- a. Initiate nursing consult request for Diabetes Dietary Instruction
  - b. Initiate diabetes education consult for diabetes educator to assess for other diabetes education needs
  - c. Refer patient to Telehealth Patient Education Video system and videos appropriate for his diabetes self -care needs. Ask RN or Diabetes Educator if unable to access.
  - d. All of the above.
9. If your adult patient has his own Insulin Pump, what is your responsibility??
- Refer to PCS Policy #44.61)
- a. Remind patient that he must provide all his own pump supplies and change site every 3 days
  - b. Observe that patient is completing daily flow sheet at bedside
  - c. Assess for patients ability to safely manage his own pump
  - d. All of the above

10. If your adult patient is unable to safely manage his Insulin Pump, you MUST do all except which of the following.
- a. Contact Diabetes Educator on In-house Beeper #50 – 0664
  - b. Request RN to contact physician about removing pump and obtain subcutaneous insulin orders
  - c. Call family and ask if anyone is willing to come in and assume responsibility for pump
  - d. Document carefully, change in mental status or deterioration of physical condition that would make it unsafe for patient to manage pump independently.

Self-Learning Orientation Module Post Test

**Answer Sheet \* Print and give to your instructor on the first day of clinical\***

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**1 = 97%**

**2 = 94%**

**3 = 91%**

**4 = 89%**

**5 = 86%**

**6 = 83%**

**Passing = 80%**

1. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

2. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

3. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

4. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

5. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

10. \_\_\_\_\_

11. Numbered order: \_\_\_\_\_

12. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

13. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

14. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

15. TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

16. \_\_\_\_\_ 17. \_\_\_\_\_

18. \_\_\_\_\_ 19. \_\_\_\_\_

20. \_\_\_\_\_

**STATEMENT OF UNDERSTANDING AND COMPLIANCE WITH THE VALLEY HOSPITAL'S CODE OF ETHICS**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

As a student at The Valley Hospital, I certify that I have been educated in the Corporate Compliance Program and the Corporate Code of Ethics and agree to abide by them during the terms of my engagement.

I acknowledge that I have a duty to report any alleged or suspected violation of the Code of Ethics or the Corporate Compliance Program

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **AGREEMENT OF CONFIDENTIALITY-STUDENT & INSTRUCTOR**

The Valley Hospital ("Hospital") has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my participation in the ("College") ("Program") at the Hospital, I may come into the possession of confidential patient and other information.

I understand that such information must be maintained in the strictest confidence both while I am a student and after my participation in the Program is terminated or concluded. As a condition of my participation in the Program and assignment to the Hospital, I hereby agree that I will not at any time during or after my assignment(s) with the Hospital disclose any patient or other confidential information whatsoever.

When patient or other confidential information must be discussed with any health care practitioners or Faculty in the course of my work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patient's care.

I understand the user ID/password assigned for access to any Hospital computer system is unique to me and for my use only and in connection with authorized functions related to the Program. This code identifies me in the computer system. I am accountable for system access and entries performed with my personal security code. If issued a password, I agree not to release it to anyone else. I will not post, share or otherwise distribute my password. I will contact the Information Systems Department immediately if I have reason to believe the confidentiality of my password has been broken. I will be required to create a new password.

By signing below, I acknowledge that I have read the above and accept the responsibility associated with these statements. I understand that violation of this Agreement may be cause for immediate termination of my assignment with the Hospital.

**Student/faculty Name**\_\_\_\_\_

**Student/faculty Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

## THE VALLEY HOSPITAL CORPORATION COMPLIANCE CERTIFICATION

\_\_\_\_\_ certifies that he/she has read and understands the Code of Ethics and Corporate Compliance Program in force at The Valley Hospital and agrees to abide by it during the entire term of his/her relationship with The Valley Hospital.

\_\_\_\_\_ understands his/her obligation to fully comply with all federal and state laws and regulations that apply to the services being rendered by him/her.

\_\_\_\_\_ understands that he/she has a duty to report any alleged or suspected violations of the Code of Ethics, the Corporate Compliance Program or federal and state laws and regulations to a Corporate Compliance Officer at The Valley Hospital.

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

The Valley Hospital Ridgewood,  
NJ

INSULIN SAFETY EDUCATION FOR NURSING STUDENTS/NURSING INSTRUCTORS

Answer Log

\*Please print and hand in to your instructor\*

NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Place your answer on the line that corresponds to the number on your test. Hand this into your clinical instructor.  
Passing grade=100%.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_







10. \_\_\_\_\_



The Valley Hospital, Ridgewood, NJ

Products for Sharps Safety

Please check the box for the equipment you have been in-serviced on and feel comfortable using

	Ready Lance Pressure Activated Safety Lancet <input type="checkbox"/>
	BD Safety Glide Shielding Injection Needle <input type="checkbox"/>
	Covidien Syringe & Needleless Med Prep Cannula Combination <input type="checkbox"/>
	Safety Glide Insulin Syringe <input type="checkbox"/>
	BD Vacutainer Eclipse <input type="checkbox"/>
	BD Vacutainer Push Button "butterfly" <input type="checkbox"/>

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

