2017 ANNUAL MANDATORY UPDATE TRAINING

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PRESENTATION BOOKLET




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Welcome to the West LA 2017 Annual Mandatory Update Training

You will find that much of the information covered in this training relates to the patient safety topics covered in the Consolidated Hospital Survey. The training will help prepare you for unannounced visits from The Joint Commission, The Institute for Medical Quality (IMQ), and/or the California Department of Public Health.

While you may have heard some of this safety information before, this training s will cover new important safety information as well. Armed with this information, you will be well versed in how to keep yourself and our members and patients safe.

Focus on Safety

Ensuring the safety of our employees and those who trust us with their health and wellbeing is fundamental to our work. Kaiser Permanente has a long history of emphasizing safety and we are continually implementing new programs to help enhance workplace and patient safety. To help us deliver on our promise, everyone must take an active role in safety.

Although we are actively working to eliminate errors in our work, there is still an unacceptable number of incidents that occur every year. From operating on the wrong site or the wrong patient to failing to remove retained foreign bodies during surgery, these errors can be career limiting and lead to revoked medical licenses or lawsuits

All employees and physicians play a critical role in creating an injury-free, healthy workplace. A safe work environment is an essential component of high-quality, affordable patient care. When we keep safety in mind when doing our jobs, we protect ourselves and our patients from injuries.

Kaiser Permanente considers patient safety a top priority and key component to providing care that is reliable, effective, consistent and safe. To provide the highest quality of care, we must practice safety measures, such as proper hand washing hygiene, administering medication safety and preventing and reducing infections. As

advocates for our members, we are all responsible for creating a safe care environment.

Annual Mandatory Training

This training provides you with a refresher of our medical center policies and procures as well as critical updates.

After completing this training you will be able to:

- Identify general safety practices
- Understand emergency management policies
- Understand your role to identify and reduce the risk of infection
- Identify national patient safety goals

Thank you for your commitment to providing our patients with the highest quality care and helping to create a safe work environment for all.

Begin Training >>>

Service Excellence

Our goal is for the West Los Angeles Medical Center to give our members, patients and each other the best care - every time. We pledge to follow Kaiser Permanente's Service Credo and KP Promise so we may exceed the expectations of our members and internal customers in every way.

Service Quality Credo: *Why we're here*

Our cause is health. Our passion is service. We're here to make lives better.

KP Promise: Our Vision — Where we are going

To consistently provide high quality, affordable health care in an easy and convenient manner, with a personal touch.

Kaiser West Los Angeles is on a Journey to Excellence. Journey to Excellence is a comprehensive, integrated, phased, multi-tactic approach that truly changes the way we do business across our entire West LA service area. It is a cultural transformation that ultimately creates an excellent experience for members, patients, and coworkers.

A key component of our "J2E" work is our Behavior Standards, which are a set of expected behaviors clearly defined so that everyone understands what service should look like at KP West LA. Clearly defining our behavioral standards creates consistency across our many departments and locations so that our members will

have the same great experience at every encounter, from everyone - including employees, physicians, managers and labor partners.

West LA Behavior Standards: Professionalism, Accountability, Communications & Teamwork

We must create an extraordinary experience for our patients and provide great service to our internal customers as well. The Behavioral Standards were developed to set consistent expectations about what service behaviors should look like at KP West LA. They remind us to **see** it, **own** it, **do** it! The Behavioral Standards are organized into the **P-A-C-T** acronym, which stands for **P**rofessionalism, **A**ccountability, **C**ommunication and **T**eamwork.

We measure our success from survey results from our members and patients. Our members who have been hospitalized receive a national survey called HCAHPS (Hospital Consumer Assessment of Healthcare Providers & Systems). These scores are reported to the public, and rank our hospital with every other hospital in the United States. Our hospital is focused on the "Overall Rating" and "Nurse Communication" questions to determine their satisfaction.

Our members who visit our clinics complete the ASQ (Ambulatory Survey Questionnaire) to give us feedback on the services they are receiving. We are focusing on "Care and Concern" to measure their overall satisfaction.

Unusual Occurrence Report (UOR-O)

An unusual occurrence (or event) is defined as any happening not consistent with the routine care of a particular patient or designated operation of the Medical Center or Medical Offices.

It is everyone's responsibility to notify Risk Management whenever you become aware of an event or occurrence where a patient's or visitor's safety was at risk or when a policy was not followed that results in actual harm or could have caused harm to a patient or visitor.

UOR-O: Transparency...in action.

What do you do if an unusual event or occurrence occurs?

- Provide required patient or visitor care
- Report the event to Risk Management by completing the unusual occurrence report online (aka Midas, UOR-O) or call the Event Hotline at extension 4444
- Be factual and accurate when completing the report

What not to Report via the UOR-O?

A UOR-O is not the correct form to report employee injuries, personnel issues, or disputes with co-workers

Kaiser Permanente West Los Angeles Culture of Patient Safety

The Joint Commission identifies threats to patient safety and offer solutions to these problems. As an accredited organization, KPWLA is required to comply with the National Patient Safety Goals. Take a moment to review these goals and consider the impact you have on patient safety. For a comprehensive list of goals and compliance expectations, visit the Joint Commission website : http://jointcommission.org

2017 National Patient Safety Goals (NPSG)

- Improve the accuracy of patient identification
- Improve the effectiveness of communication among caregivers
- Improve the safety of using medications
- Ensure that alarms on medical equipment are heard and responded to on time
- Reduce the risk of healthcare associated infections
- Prevent infections that are difficult to treat
- Prevent central line infections
- Prevent surgical site infections
- Prevent urinary tract infections that are caused by catheters
- Identify safety risks inherent in our patient population
- Make sure the correct surgery is done on the correct patient and at the correct place on the patient's body by marking the site and pausing prior to beginning the surgery

Universal Protocol

The Universal Protocol was developed by The Joint Commission to decrease the likelihood of wrong-person, wrong-site, wrong procedure and surgeries.

Below are the steps to be taken by the procedural team:

- **Conduct a Pre-Procedure Verification Process –** patient identification, H&P, correct consent, lab results, diagnostic test results and films.
- **Marking of the Procedural Site –** The practitioner performing the procedure or surgery must mark the site on the patient prior to the patient entering the area where the procedure will take place.

- **A 'Time Out' is Performed Before the Procedure –** The entire procedural team stops their pre-procedure activities and as a team reviews and confirms that they are going to perform on the right patient, the right site and are doing the right procedure.

"SAFETY CHECK"

These two critical words can have great impact in preventing medical errors for our patients. If at **any time** in a procedure, during routine care of patients in **any setting** in our Medical Center, you feel that **an error is about to occur**, we ask that you speak up and say:

"I would like to do a safety check"

You are encouraged to assertively voice your concerns to members of your team and escalate issues immediately to the KPWLA Leadership Team.

KPWLA Patient Safety Resources
Dr. Oliver Wang – Physician Leader, Patient Safety
Risk Management Hotline – Ext. 4444

Compliance with EMTALA

We provide emergency medical screening and stabilizing treatment to all community members regardless of their Kaiser status, financial means, and/or ability to pay.

EMTALA stands for **E**mergency **M**edical **T**reatment and **A**ctive **L**abor **A**ct. EMTALA requires hospitals to provide an appropriate medical examination or treatment to determine whether an emergency medical condition exists for any individual who requests or has a request made on his/her behalf, for medical services on the hospital's property, regardless of their means or ability to pay. Inquiries or use of insurance or economic information must not be obtained from the patient or member before the medical screening examination or commencement of necessary stabilizing treatment.

EMTALA obligations begin when an individual presents at a **D**edicated **E**mergency **D**epartment (**DED**) of a hospital and either:

- Requests examination or treatment for a medical condition
- Has such a request made on his/her behalf
- A prudent layperson observer would believe the individual needs examination or treatment for a medical condition

WLA's dedicated DEDs are:

- The Emergency Department (ED) on the main campus (licensed by the state)
- Labor and Delivery unit

EMTALA regulations **do not** apply to:

- Urgent care services
- Occupational health services
- Medical office buildings
- Patients who have been admitted for inpatient services
- Outpatients who have begun to receive outpatient services (even if the outpatient develops an emergency medical condition while receiving outpatient services and is taken to the ED for further examination and treatment)
- An individual who presents to any off-campus, non-ED department of the hospital
- An individual who is not on hospital property **(250 yards outside of the main hospital campus)**

How Can You Help?

- Know the types of services and their locations so you are able to provide patients and visitors with accurate directions to their destination. Use your facility's directory brochure to assist in this function.
- Listen carefully to the individual who is seeking guidance or direction. Provide assistance as appropriate. If you are not sure if the individual is seeking emergency medical care, inform them that if they are experiencing an emergency medical condition they should go to the ED. Do not make the decision for them, but direct/escort him/her if their decision is to go there.

Remember: Medical services are available to Non-Kaiser members as well as to our members.

Radiation Safety

These are basic radiation safety principles. If you are an "occupationally exposed" employee, you will receive specific training by your department manager.

RECOGNITION
Radiation sources are marked by this international symbol

DISTANCE
Stay at least six feet away from the radiation source

SHIELDING
Do not enter a room during X-ray exposures unless you are wearing a lead apron or are standing behind a lead shield or appropriate shielding.

TIME
Reduce your exposure time to radiation by completing necessary procedures as quickly as possible

To Avoid Contamination from Radioactive Material:

- Don't handle radioactive material unless trained to do so
- Wash your hands when leaving the area
- Read and follow all signs and instructions
- Wear gloves, gown, and shoe covers, if indicated
- Avoid contact with objects or areas where radioactive materials are in use
- Avoid contact with objects or areas that may be contaminated

***Remember, never share your dosimeter [radiation badge] with another employee. The only way to monitor your exposure to radioactive material is by that badge and you could be putting yourself or others at risk by loaning yours or borrowing someone else's.

MRI Safety Review: Magnetic Resonance Imaging

 The MRI scanner contains a very powerful magnet and is always on – even when the machine isn't scanning! The magnetic field is invisible, odorless and silent. Without caution, the imaging device can cause serious injury or death.

The magnet attracts ALL ferrous (iron) containing metal including implanted medical devices. The magnet is so strong it will pull heavy items (such as oxygen cylinders, chairs, beds, and gurneys) into the scanner. This is called the "projectile effect". Patients, staff or other persons can be seriously injured if struck by a projectile if precautions are not taken.

Special MRI Equipment allowed in suite:

Tools and patient-care equipment specially designated for the MRI suite are made without ferrous (iron containing metal) material. These items are clearly labeled. When in doubt, LEAVE IT OUT!

Examples of Dangerous Ferro-magnetic Materials:

- **Patients Related**
  - Oxygen Cylinders
  - Wheelchairs/walkers/canes/crutches
  - Stretchers/beds
  - IV poles & drug pumps
- **Staff Related**
  - Firefighting equipment
  - Cleaning equipment
  - Hand tools
  - Keys/jewelry/watch

MRI Safety Precautions for Staff and Patients:

- **Patient and staff pre-screening**
  - Mandatory MRI pre-screening form
- **Note MRI safety signs**
- **Check for implants**
  - Dental, pacemaker, orthopedics device, clips, pins, etc
- **Check pockets for ferrous containing items**
  - Keys, coins, wallets, paper clips, hemostats,
- **Always see MRI staff before entering the MRI scan area.**
- **Even in an emergency situation, NEVER rush into the MRI Suite**

Stroke Awareness

American Heart Association/American Stroke Association

- Fifth leading cause of death in the U.S.(over 129,000 per year)
- Third leading cause of death in the U.S. (over 143,000 per year)
- Of the 795,000 strokes per year, 600,000 are first time stroke
- Leading cause of serious, long-term disability
- 2/3 of all stroke victims are over 65 years of age
- Stroke is the leading preventable cause of disability

Risk factors of a stroke are: Hypertension, Diabetes, Atrial Fibrillation, High Cholesterol Obesity and inactivity. The risk factors that require lifestyle change to reduce or prevent a stroke are: Hypertension, Diabetes, Atrial Fibrillation, High Cholesterol Obesity and Inactivity. Kaiser Permanente adopted the new acronym B. E. F. A. S. T. The signs and symptoms of a stroke are: Balance-sudden change in balance, Eyes-vision changes, Face-uneven smile or crooked face Droop, Arm - Arm weakness & numbness, Speech slurred - Time - Get help Immediately. To activate a stroke alert in the Hospital, staff would dial 121 and to get help in the community the public dial 911.

Balance	**E**yes	**F**ace	**A**rm	**S**peech	**T**ime
sudden change in balance or coordination	sudden changes to vision	Does the face look uneven or droop?	Does one arm drift down? Ask them to raise both arms	Does their speech sound strange?	Employee call 121 Public dial 911

KAISER PERMANENTE®

Stroke is an Emergency – Every Minute Counts

BE FAST

CALL!!! DON'T STALL!!!

Stroke Risk Factors:

- Stroke Risk Factors:
- High Blood Pressure
- High Cholesterol
- Heart Disease
- Diabetes
- Smoking
- Heavy Alcohol Use
- Physical Inactivity & Obesity
- Atrial Fibrillation (irregular heartbeat)
- Family History of Stroke

Infection Control - Part 1

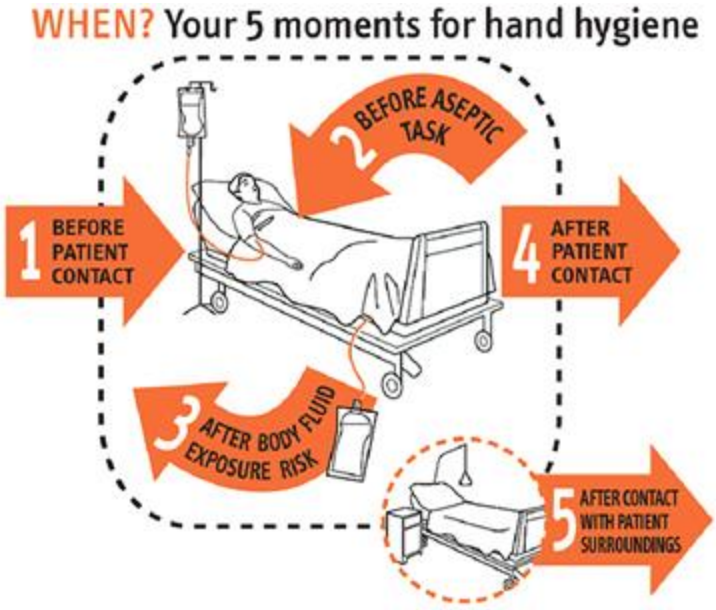
The goal of infection control is to identify and reduce the risk of infection in patients and health care workers. The goal of this section is to increase employee awareness of:

Prevention of healthcare acquired infections (nosocomial)

- Bloodborne disease transmission and prevention and control
- Tuberculosis transmission and prevention and control
- Multiple Drug Resistant Organisms (MDROs) Influenza (Seasonal and Novel)

Handwashing

Hand hygiene is the most effective way to prevent the spread of disease.



- Hand washing consists of soap, water and friction for 15 seconds when hands are visibly soiled, before eating and after using the bathroom.
- An antiseptic hand cleaner (alcohol degermer) may be substituted for soap-and-water hand cleansing if hands are not visibly soiled.
- .Hands must be washed with soap and water after 10 uses of the alcohol degermer or when visibly soiled.
- Gloves may not provide complete protection. Hands must be cleansed

YOUR 5 MOMENTS FOR Hand Hygiene

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient's surroundings

Standard Precautions

There are many infections and germs that we do not see or suspect as we care for patients. For this reason, we follow Standard (Universal) Precautions. **Standard Precautions** are simple infection control measures used by ALL healthcare workers when there is anticipated contact with blood or **O**ther **P**otentially **I**nfectious **M**aterials (**OPIM**). These precautions emphasize the need to treat **ALL** blood and body substances from ALL patients as potentially infectious.

Standard Precautions are required by **Cal**ifornia **O**ccupational **S**afety and **H**ealth **A**dministration (**Cal-OSHA**) and recommended by the Centers for **D**isease **C**ontrol and **P**revention (**CDC**). They are designed to reduce the risk of transmission of germs from both recognized and unrecognized sources of infection in our work setting.

Biohazardous Waste

"Biohazardous" means dangerous to living things.

This symbol shown to the right, when found on waste containers, refrigerators or freezers, indicates the content is biohazardous.

Biohazardous waste includes blood or **O**ther **P**otentially **I**nfectious **M**aterials (OPIM) which includes human body fluids (semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids), and human tissue (placentas, pathological specimens).

Biohazardous waste also includes laboratory cultures, sharps and recognizable anatomical remains (special handling needed). Biohazardous waste does not include any form of paper (towels, gowns or wrapping from sterile items), **Band-aids / cottonballs or gloves unless saturated with blood or body fluids to the extent they are dripping or caked with fluid.**

DISOPOSAL

Place items designated as "**Biohazardous Waste**" in a RED BAG **or rigid container if indicated (i.e., sharps).**

Biohazardous Labeling

Use appropriate PPE. Discard bulk blood, suctioned fluids, excretions and secretions not contained within a disposable unit by carefully pouring down a drain connected to the sewer system.

Biohazard warning labels must be affixed to containers of biohazardous materials. Labels must include the universal biohazard symbol and the legend "**BIOHAZARD**" or in the case of sharps containers and regulated waste "**BIOHAZARDOUS WASTE**" or "**SHARPS WASTE**".

Labels are fluorescent orange or orange-red, with lettering and symbols in a contrasting color.

Infection Control - Part 2

Personal Protective Equipment (PPE)

Use: Protects wearer from exposure to ATD pathogens.

Limitations: PPE is only effective if appropriately selected, correctly and consistently worn, and properly cleaned, stored or discarded. Contaminated PPE may be a source of infection.

Basis for selection: PPE creates physical barrier protection from exposure to ATD pathogens, including facial protection for droplets and respiratory protection for airborne particles.

Examples of types of PPE:

- Gloves
- Gown or apron (impermeable)
- Surgical mask for ATDs requiring Droplet Precautions
- Respirator (N95 or PAPR) for ATDs requiring Airborne Precautions

Your facility's *ATD Bloodborne Pathogen Exposure Control Plan* includes a *"Matrix of Tasks and Procedures Involving Occupational Exposure and Exposure Controls"*, which show the work practices and PPE required for each task that has potential for exposure to an ATD or bloodborne pathogen.

Your department manager is responsible for maintaining an adequate supply of respirators and other protective gear to prevent employee exposure and for informing you of the proper use, location, removal, handling, cleaning, decontamination and disposal of PPE used at your worksite.

PPE protects the skin, eyes, mouth or other mucous membranes during normal use and during the entire length of time the PPE is worn. Examples of PPE are:

- Gloves
- Gowns and/or disposable plastic aprons
- Masks
- Face shields
- Protective eyewear

Click here for a list of commonly performed procedures and the PPE required.

Also note:

- Disposable gloves cannot be washed or decontaminated for reuse.
- Employees must remove any PPE when it becomes torn or damaged, before leaving the work area, or when the PPE becomes contaminated, and place it in appropriate containers for decontamination or disposal. Disposable PPE, when dripping or caked with blood or other infectious material, should be discarded in a biohazard container (or in a chemo container if the PPE is contaminated by chemotherapeutic agents).

All PPE has limitations—gloves may develop small holes. Even appropriate PPE does not provide a foolproof guarantee of safety. Your department manager is responsible for maintaining an adequate supply of protective gear to prevent employee exposure and for informing you of the proper use, location, removal, handling, cleaning, decontamination and disposal of PPE used at your worksite.

Decontamination and Disposal of PPE

Remove any PPE before leaving the work area or when the PPE becomes contaminated or torn and place it in appropriate containers for storage, washing, decontamination or disposal.

The exception is your respirator, which must be removed after leaving the patient room.

Consider the front of the respirator and facemask contaminated after use. Dispose of your N95 in regular trash after use.

Decontaminate and store PAPRs according to your facility and/or departmental procedures.

Always wash your hands after the removal of PPE.

Methods to Prevent Exposure

Respiratory Protection

Example of a 3M
N95 Particulate Respirator

N95: Use an N95 or equivalent respirator with a known or suspected TB or other Airborne ATD patient when entering room of a patient on Airborne Isolation Precautions, or within an hour of when the room was occupied by patient.

Note: In order to correctly choose and wear an N-95 respirator, you must be fit tested for that type of respirator.

Powered Air Purifying Respirator (PAPR): Employees who participate in high hazard procedures on patients suspected or confirmed to have an Airborne Infectious Disease must wear a PAPR or equivalent protection during the procedure, including when the procedure is performed in a negative pressure isolation room.

3M Air-Mate™ PAPR

(Powered Air Purifying Respirator)

High hazard procedures are aerosol-generating procedures performed on an individual who has a suspected or confirmed ATD, including: sputum induction, bronchoscopy, intubation, aerosolized administration of Pentamidine or other medications, and autopsy, clinical, surgical and laboratory procedures that may generate aerosols.

Respiratory Protection Training

If you are assigned to wear an N95 or PAPR respirator for protection from exposure to ATDs, you must complete initial and annual respiratory protection training.

For information regarding your facility's method for providing this training, talk to your Supervisor or contact Environmental, Health & Safety, Infection Prevention or Employee Health.

Infection Control - Part 3

Aerosol Transmissible Diseases

The California Occupational Health and Safety Division (Cal/OSHA) adopted the Aerosol Transmissible Diseases Standard in August 2009. Some of the things *the ATD Standard requires hospitals to do* is:

- Develop plans and procedures to *protect employees and visitors from ATDs*
- Provide *employees* with appropriate *personal protective equipment* (including respirators)
- Provide any employee who does get an ATD with *medical care*
- Make sure employees receive *initial and annual ATD training* - like this!
- And a lot more

You can get more detailed information by reading through the ATD standard using the following link:

Cal/OSHA ATD standard, 8 CCR 5199

What is an ATD?

An Aerosol Transmissible Disease (or ATD) is a disease or pathogen that requires *droplet* or *airborne precautions* to prevent exposure.

- *Droplets* are relatively large in size and can result from coughing, sneezing or talking.
- *Airborne* refers to relatively small particles, which can remain suspended in the air and can travel great distances.

The infectious organisms that cause ATDs can be spread by either of these!

Signs and Symptoms of ATDs that require *further medical evaluation* include:

- **Fever** with **rash**
- **Fever** with **cough**
- **Headache** or **neck stiffness** or **sensitivity to light**

Modes of transmission and source control procedures

Modes of transmission:

- **Droplet ATDs** are spread by large respiratory droplets that generally do not travel very far.
- **Airborne ATDs** are spread by very small infectious particles that can stay suspended in air and may travel long distances carried by air currents.

Source Control Procedures:

- Educate visitors and patients to cover nose and mouth with a tissue when they cough or sneeze, using posters and/or direct communication.
- Provide respiratory "etiquette stations" at facility entrances and public waiting areas, stocked with hand sanitizer and tissue and/or surgical masks.

ATD Exposure Control Plan

Your facility's ATD Exposure Control Plan:

- Describes specific methods the facility uses to control exposures
- Identifies job classifications at risk of exposure
- Describes procedures to be followed in the event of an exposure including medical follow up and incident investigation
- Describes procedures for training and recordkeeping

A link to your facility's ATD Exposure Control Plan can be found in your facility-specific training (link at the end of this module). Or you can contact the Department

Manager or Environmental, Health & Safety, Infection Prevention and/or Employee Health.

Employees are invited to provide input as to the Plan's effectiveness - use the link above to determine the appropriate contacts at your medical center.

Contact Us

Activities that may expose you to an ATD

Exposure to an ATD may occur when:

- You are in the same room or within 6 feet (in open space) of a suspected or confirmed ATD patient or handling patient materials that may be contaminated with infectious particles.
- You are performing or present during a task that may generate aerosolized ATD pathogens, including tasks performed on specimens in a lab or at autopsy.
- You enter the room of a patient on Airborne Isolation Precautions within an hour after the patient has left the room.

For more information, see the NEH&S matrix of tasks and procedures involving ATD exposure: ATD Matrix

Methods to prevent exposure – Hierarchy of Controls

ENGINEERING CONTROLS

Example
Airborne Infection Isolation (AII) Room

Use
Isolates patients and their infectious particles from other patients and staff outside of the room

Limitations
Doesn't protect anyone inside the room with the patient; only effective when room is functioning properly

ADMINISTRATIVE CONTROLS

Example
Work Practice Controls

Use
Reduces potential for infection to spread

Limitations
Must be followed correctly and consistently.

Promptly identify patients with ATD (or suspected), and place surgical masks on them. If airborne ATD is suspected, use AII room. If droplet ATD is suspected, use private room

Vaccines for ATDs

Employee Health Services is responsible for administering vaccinations:

- A simple blood test will determine if you have immunity
- Vaccinations are available at no cost to employees without immunity
- Provide any employee who does get an ATD with *medical care*
- Vaccines are a safe and an effective means of preventing some ATD transmission

The following links, from the VIS (Vaccine Information Statements) web site, will give you more information on specific vaccines:

- Tetanus, Diphtheria (Td) with Pertussis (Tdap)
- Varicella (Var)
- Trivalent Influenza Inactivated Vaccine (TIV)
- Live Attenuated Influenza Vaccine (LAIV)
- Measles, Mumps, Rubella (MMR) Vaccine

To learn more about vaccines and read Vaccine Information Statements for other vaccines, visit the Immunization Action Coalition web site.

ATD Exposure Incident - Reporting and Medical Follow-up

Reporting an ATD Exposure Incident

1. **ALL** exposure incidents **must** be reported to your manager **immediately**.
2. **Proceed to Employee Health** as soon as possible for appropriate evaluation and medical follow-up.

Post-Exposure Evaluation

A Post-Exposure Evaluation is performed to determine the nature and extent of exposure, including circumstances of event, source patient information and other details. It may also involve testing of exposed employee or physician.

Medical Follow-up

Medical follow-up may involve:

- Testing
- Preventive therapy: medications or vaccinations
- Other procedures if indicated (for example, a chest x-ray)

Infection Control - Part 4

Tuberculosis - TB, an Aerosol Transmissible Disease

A copy of the detailed TB Exposure Control Plan is on **Pathfinder**.

What is TB? Tuberculosis (**TB**) is an infectious and potentially life-threatening bacterial infection caused by Mycobacterium Tuberculosis. Commonly thought of as a respiratory illness, TB can involve many organs or tissues.

TB is very contagious. It is spread primarily when people with active lung disease expel bacteria from their lungs into the air through coughing, singing, talking or sneezing. Other people breathe the infectious droplets into their lungs, where the bacteria begin to multiply and spread.

Most people can be cured by taking a combination of medications. Stopping medicines early or taking them only occasionally sets the stage for drug-resistant bacteria to develop. TB is a major concern for the health of the general public. Law requires persons with suspected and with active TB disease be reported to their local Health Department. They assure thorough and complete treatment of infected TB patients and evaluate other close contacts for TB.

TB skin tests, chest x-rays and examinations of TB sputum cultures are used to see if an active TB infection exists. Understanding the difference between TB infection and TB disease is important.

TB Infection

TB Infection (**"latent," "non-contagious"**) means the person was exposed to and infected by the TB germs. This is usually detected by a positive skin test, without the presence of signs and symptoms of TB.

TB Disease

TB disease (**"active," "contagious"**) means the germs have multiplied and invaded organs and tissue, producing signs and symptoms of TB. At this point, the disease can be spread to others.

Symptoms of TB Disease

- Chronic cough (longer than 3 weeks)
- Night sweats
- Bloody sputum

- Fever
- Unexplained weight loss
- Chills
- Loss of appetite
- Fatigue

Care of Patients with Known or Suspected TB

Patients admitted to the hospital are placed in an AIIR [Airborne Infection Isolation Room], a negative pressure room with the ventilation to the outside. The "**Airborne Precautions**" sign provides instructions for visitors and healthcare workers to check at the nurse's station before entering the room. The negative pressure gauge or alarm must be on.

If the patient must leave his/her room for treatments or procedures, provide a standard surgical mask to the patient, with instructions to wear it over the nose and mouth.

Discharging the TB patient

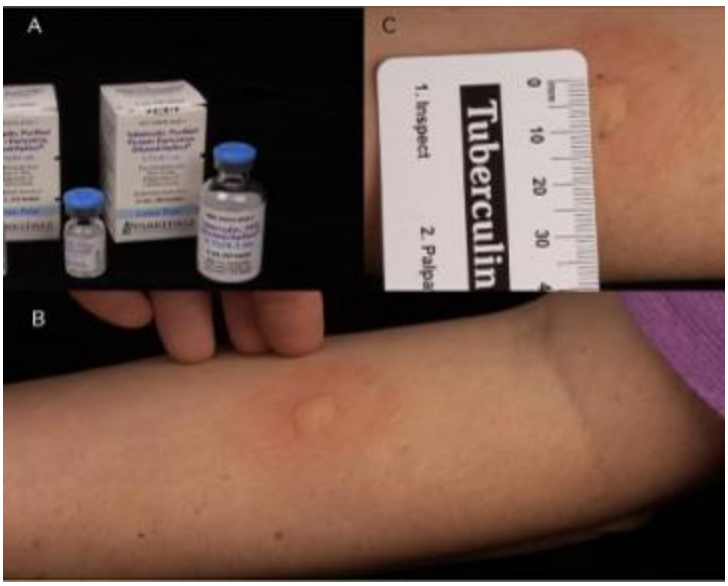
Before a patient with known or suspected active TB can be released (discharged or transferred), an approval from the local Department of Public Health(DPH) - TB Control for the county or city in which the member resides, must be obtained. This is to ensure the patient will not expose others in the community.

The discharge planner, infection preventionists, and the physician will work together to ensure TB Control has approved the patient's release before discharge.

People at Risk

- HIV infected persons
- Immigrants from countries where TB is common
- Medically under-served persons who don't receive needed medical care
- Persons in crowded living conditions (prisons, shelters for the homeless, nursing homes)
- Health care workers

Screening for Tuberculosis



TB screening must be done at least once a year by questionnaire to determine if you have symptoms of disease. Compliance with this policy is a condition of employment at Kaiser Permanente.

In addition to the questionnaire, a Tuberculin skin test (TST, formerly known as PPD) is administered to Healthcare workers who have not had a positive skin reaction to the test in the past. The skin test must be read at 48-72 hours after the test is administered. Infected healthcare workers are offered treatment at no expense. If you think you have been exposed to a person with active TB disease, notify your chief / supervisor and Employee Health Department at ext 3346.

If you have any questions regarding tuberculosis, please call the Infection Prevention & Control Department at ext 2257 or 1301.

Prevention

WLA's ATD [Aerosol Transmissible Diseases] Exposure Control Plan, which explains the employer and staff responsibilities in preventing TB and other airborne/droplet diseases, can be obtained on Pathfinder. You play a key role in preventing the spread of TB.

IT IS MANDATORY THAT YOU:

- Complete scheduled health screening through Employee Health Services.

- Report TB exposures to your Employee Health Department.

- Follow-up when referred for preventive therapy: you are responsible for taking medication as ordered and obtaining lab work and /or chest x-rays, as prescribed. Do not stop your therapy without the direction of your provider.

• **Be fit tested on hire and every 2 years** with N-95 respirator if you are a staff member whose duties make TB exposure likely. Protect yourself by using a **(N-95) respirator**. A proper fit of the respirator is necessary to ensure all the air inhaled by the user is filtered. Each time the respirator is worn, the proper fit is assured through fit checking by the user. You should not wear a N-95 respirator if you are not fit tested. Contact Employee Health for fit testing at x3346.

When disposing the TB respirator, please discard it in the appropriate waste receptacle.

Employee Health Services is responsible for performing TB surveillance:

- All health care workers are **screened** initially **upon hire** and **annually** thereafter.
- Medical follow-up is provided for TB conversions.
- **Screenings are conducted every three months if two or more conversions** occur in one department or group.
- Note that immune-compromised individuals can have a false negative TB test result.

Influenza

Influenza (also called flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

Symptoms of flu include:

- Fever (mild to severe)
- Muscle aches
- Headache
- Dry cough
- Extreme tiredness
- Runny /Stuffy nose
- Sore throat
- Stomach symptoms
- Nausea
- Vomiting
- Diarrhea-more common in children than adults

Some people, such as the elderly, young children, and people with certain health conditions, are at high risk for serious flu complications. Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

The single best way to protect against the flu is to get vaccinated each year. The flu vaccine contains different influenza viruses - and it changes each year, based on international surveillance and scientists' estimations about which types and strains of viruses will circulate in a given year. October or November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

Practicing respiratory hygiene/cough etiquette is a must for any person with signs and symptoms of respiratory tract infection, including cough, congestion, runny

nose, or increased mucus/respiratory secretions who enters a health care facility. Cover the mouth/nose with a tissue or use a surgical mask, if tolerated.

Good health habits like covering your cough and washing your hands often can help prevent respiratory illnesses like the flu.

If you have any questions, call the Infection Control Department at ext. 2390.

Health Literacy

Ekat owt seluspac eciwt a yad rof net syad. Fi ton gnileef retteb ni rouf syad llac eht eciffo. Emoc kcab ni rouf skeew rof a puwollof tnemtnioppa.

The message in the above red box could be **what a member sees** when the he/she has a problem with Health Care Literacy; they cannot understand what we are telling them.

What is Health Literacy? Health literacy is the ability to obtain, process, and understand basic health care information and services needed to make appropriate health decisions and follow instructions for treatment.

Do you know :

1. About *one in five Americans* is marginally illiterate?
2. The average reading skills of adults in U.S. are between 8th and 9th grade level, while most of the health care written material is at the12th grade level.
3. About *89 million Americans* from all ages, races, income and educational levels have *limited health care literacy skills*, and *most of them hide their confusion* from health care providers because they are too ashamed to ask for help.

What does this mean?

1. Only about 52% of patients understand what we tell them or give them to read.
2. Poor health care literacy results in: ***medication errors, more hospital visits, missed and fewer doctor visits, longer hospital stays, noncompliance of treatment regimens***, and poor health care outcomes.

How can we all help? Identify the Red Flags and Implement Strategies.

Red flags:

- Patients' registration forms are incomplete
- Frequently missed appointments
- Noncompliance with medication and treatment regimens
- Asks to take paperwork home to read
- Has no questions
- Has difficulty explaining medical concerns

Strategies and Tools:

-  Keep the information simple, give only 3 main points
- Speak slowly and avoid medical language
- Ask open ended questions, and provide privacy so they are comfortable asking questions
- Use **"Teach Back"**, ask patients to restate what they have been told. (i.e "tell me when you will take this medication"). Never ask "do you understand what we've talked about".
- Teach patient ***"Ask Me 3"****;* teach patient to ask the following 3 questions:

  1. "What is my main problem?"
  2. "What do I need to do for my problem?"
  3. "Why is it important for me to do this?"

-  Make sure written materials are patient friendly, use simple words (2 syllable words), short sentences (4-6 words), short paragraph (2-3 sentences), 12 font and at a 6th grade reading level. Consult your Health Education Department for assistance on appropriate materials for use in your department.
- Use pictures to explain as often as possible.

Qualified Bilingual Status (Level 1 and Level 2)

What is qualified Bilingual Status (QBS)?

Qualified Bilingual Staff Program was launched in West Los Angeles Medical Center in 2008. Under the new two-tiered program, eligible bilingual employees have the opportunity to obtain and be compensated for QBS designation at one of two levels.

QBS Level 1: Employees have basic conversational skills (being able to meet, greet and provide simple directions and instructions in English and Language of service). They will use their language skills in non-clinical situations.

QBS Level 2: Employees speak well enough to function in personal and clinical settings requiring possession of higher language skills including medical terminology.

Program Eligibility

To participate in the two-tiered program, employees must meet the following eligibility requirements:

- Complete an application to participate
- Get approval to participate from your supervisor
- Pass the QBS test. Languages tested at WLA are: Cantonese, Mandarin, Spanish, Tagalog, Vietnamese, and Korean.
- Once you have passed the QBS test, you must complete the following mandatory training:
  - 8 hours for **Level 1**
  - 24 hours for **Level 2**

Cultural & Linguistic Care Guide

At Kaiser Permanente, it is important that our members receive Culturally and Linguistically (C&L) appropriate care which includes (but is not limited to) providing language assistance services at all times, free of charge, and providing C&L appropriate referrals to community-based organizations, as applicable.

INTERPRETATION / LANGUAGE ASSISTANCE SERVICES

- Interpretation services must be provided free of charge and made available 24 hours a day, 7 days a week for limited English proficient patients/caregivers.
- Limited English proficient patients/caregivers must be offered interpreter services free of charge. The use or refusal of such services must be documented in the patient's medical record.
- Members/Patients are not to be asked to bring their own interpreter.
- The use of adult family member/friends as interpreters is highly discouraged. A patient may opt to use a family member/friend (age 18 or older) to interpret. However, a Provider can elect to have a qualified interpreter present to ensure effective communication occurs.
- Persons under the age of 18 should not be used as interpreters except in extraordinary situations, for example, a medical emergency where any delay could result in harm to a patient and only until a qualified interpreter is available.
- Use or refusal of language assistance services must be documented in the patient's medical record or chart, this includes when the patient uses a family or friend and minors in emergency situations.

LANGUAGE ASSISTANCE SERVICE MODALITIES

- **Qualified Bilingual Staff (QBS)** are KP employees who are qualified, through testing and training, to provide language assistance.
  - QBS Level 1: Qualified to provide language assistance in non- clinical situations that require basic conversational skills only.
  - QBS Level 2: Qualified to provide language assistance in situations that require intermediate to advanced conversational skills, including healthcare and medical terminology.
  - QBS staff must wear appropriate QBS badge identifying their language and level of qualification.
- **Approved Vendors** are contracted by KP to provide quality spoken and sign language interpretation services.
- **Auxiliary Aides** are used to amplify sounds for the deaf or hard of hearing.
- **Alternative Formats** assist patients who are visually or cognitively impaired to utilize KP documents and materials.
- **Translation Services** are used for translating words or text from one language into another.
- **See KP's Approved Language Assistance Services Providers and Vendor list on the reverse side of this document.**

- Note: When QBS and Physicians speak directly with patients or their Guardian/ Caregivers, in a language other than English, they are providing language assistance services. Language assistance services includes interpreter services and when a third person interprets the discussion between the KP physician/Staff and the patient or Guardian/Caregiver.
- You are responsible to know how to locate/obtain language services and how to correctly document the use and/or refusal of such services in the patient's medical record or chart.

DOCUMENTATION

The following must be documented in the patient's medical record:

- Language preferences (written, spoken and interpreter need) when obtaining healthcare/medical services.
- The use or refusal of interpreter services at each encounter.
- The type of interpreter services provided (i.e. over the phone, in person, etc.) and the contracted interpreter's ID number, or the name and ID of the Qualified Bilingual Staff, and/or the family/friend's name/association.
- Language preferences (written, spoken and interpreter need) of the patient's caregiver, guardian or legal decision maker, as applicable.
- Race and ethnicity (as self-identified by the patient).
- The utilization of auxiliary aids and alternative formats, including glasses and hearing aids.

The following are some tools/devices that may be available in your local service area, but not limited:

AUXILIARY AIDS

- Pocket Talker: A device for the hearing impaired that amplifies sound (i.e. a person's voice). Available on OneLink. PKT-D1-H21
- UbiDuo: Face to face texting device that is used for instantaneous typing between a person who is deaf and a hearing person to facilitate communication.
- TTY/TDD: A Teletypewriter (TTY), also known as a Telecommunications Device for the Deaf (TDD), is an electronic device for text communication via a telephone line, used when one or more of the parties have hearing or speech impairment.
- CA Relay Service: Specially-trained communication assistants relay conversations between deaf, hard of hearing, or speech-loss individuals. Dial 1-866-461-4288 from your standard telephone.

ALTERNATIVE FORMATS

- Large Print prints a large font for members who have low vision.
- Audio Format converts accessible electronic documents to audio file that can be emailed or converted onto a CD.

- Braille is a tactile writing system used by the blind and the visually impaired and available upon a member's request.
- Accessible PDF documents are created in a format member's with screen reading software will convert text to audio output.

LANGUAGE ASSISTANCE SERVICES / VENDOR COMPLAINTS

For complaints regarding interpreter services or the language assistance vendors, contact the Diversity/CRC Champion for your medical center or Regional Diversity & Inclusion Department at 626-405-6252 or SCAL- Diversity-Inclusion@KP.org.

VISITATION

Kaiser Permanente hospital visitation policy allows a family member, friend, or other individual of the patient's choice to be present with the patient for emotional support during the course of his/her hospital stay.

C&L APPROPRIATE REFERRALS

Community referrals must be culturally and linguistically appropriate. Consult with your local Social Services Department for more information.

KP Approved Language Assistance Services Providers & Vendors

IN-PERSON - INTERPRETATION SERVICES

Qualified Bilingual Staff (QBS) Listing
For a current list of QBS names, locations, and levels, go to https://epf.kp.org/wps/portal/hr/kpme/diversity >> select "Qualified Bilingual Staff Contact List" link under "Qualified Bilingual Staff Program and Comprehensive Linguistics Program."

Approved Interpretation Vendors

For billing purposes, provide to the vendor the following

- Cost Center (GL string / NCOA): Business Unit (Region/Entity), Location, and Department codes;
- Interpreter Expense Code = 78615;
- FDA Approver's Name and NUID;
- Patient's Information, such as MRN; and
- Complete/sign the Verification of Services Form when the in person interpreter arrives for the appointment.

- **ACCOMMODATING IDEAS**
  Sign Languages only
  (800) 257-1783
- **CONTINENTAL INTERPRETING**
  Spoken Languages only
  (800) 201-7121
- **LIFESIGNS**
  Sign Languages only **(888) 930-7776** - After Hours (800) 633-8883
- **INTERPRETERS UNLIMITED**
  Both Sign and Spoken Languages **(844) 855-0249**
  Dedicated KP number **(800) 726-9891**

OVER-THE-PHONE INTERPRETATION SERVICES

- **LANGUAGE SELECT** Spoken Languages Only (855) 701-8100 Provide your Medical Center's Client ID
- **LANGUAGE LINE** Spoken Languages Only (800) 523-1786 Provide your Medical Center's Client ID

To call a member who is **deaf or hearing impaired** using a standard phone, dial a voice relay operator from the **CA Relay Service** at: 866-461-4288

TRANSLATION SERVICES - WRITTEN SERVICES

- Translation is the conversion of written text of one language into written text of another language.
- All English translations into another language must be translated by an approved KP vendor.
- A member has a right to request a document to be translated into their primary language.
- The translated document must be received by the member within 21 days of the request. QBS are not qualified to perform written translations.
- QBS or interpreters can sight translate documents not immediately available in a target language.
- Sight translation is the act of reading out loud from a document written in the English into another language.
- Follow your local areas process for translation requests.
- Refer to your manager for additional details.

Approved Translation Vendors

- For a list of approved translation vendors go to https://epf.kp.org/wps/portal/hr/kpme/diversity >> select "Translation Services" link under "Translation Services."

Approved Alternative Format Vendor

- **ACCESS INGENUITY877-579-4380 email: michaelp@accessingenuity.com**

When sending documents with protected health information (PHI) via email to 3rd party vendors and/or members, you are required to use KP Secured File Transfer site: https://sft.kp.org/courier/web/1000@/wmLogin.html

ADDITIONAL RESOURCES

1. Policy: "Quality Translation Process for Member Informing Materials"
2. Policy: "Qualified Interpreter Services for Limited English Proficient Persons"
3. Flyer: "When a Member/Patient Needs Language Assistance...What Should I Do?"
4. For C&L training contact your local Diversity/CRC Champion or Regional Diversity & Inclusion Department
5. Questions regarding C&L appropriate referrals contact your Social Services Department
6. Training available on KP Learn: http://learn.kp.org, see "Using Language Assistance Services in California" and "Race and Ethnicity Collection"
7. Additionally, concerns regarding Language Line services can be filled out at: http://www.languageline.com/page/voc/

Population Based Care

Family violence, child and elder abuse are frequently reported. A study published by the Centers for Disease Control and Prevention (CDC) estimates that Intimate Partner Abuse results each year in 2 million injuries to women and 600,00 injuries among men. The National Center on Elder Abuse references a study that estimates that between 1 and 2 million Americans age 65 years and older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care and protection. The Family Violence Prevention Fund points out that most Americans are seen at some point by a healthcare provider and the healthcare setting offers a critical opportunity for early identification and even primary prevention of abuse and neglect. Sometimes the reason a patient seeks healthcare is not connected to his/her experience with abuse or neglect. By assessing patients who may be possible victims of abuse or neglect, health care organizations like Kaiser Permanente, West Los Angeles (KPWLA) fulfill an important role in helping to protect patients. At KPWLA, our policies and procedures on abuse or neglect provide information on how to recognize signs and symptoms of suspected abuse and neglect and also reporting obligation. The Social Services maintains a list of private and public community agencies for referrals that can provide or arrange for assessment and care.

For reporting abuse and neglect and identification of signs or symptoms of abuse, please refer to our Policies and Procedures on Abuse and Neglect.

Refer to:
Policies & Procedures: 2208, 2216.11, 2204, 2202

Age Appropriate Care

Children

Children are very curious. Use "play" as a learning tool. Allow them to participate in their own care as much as possible. Let them help tape or hold their dressing. Let them touch and hold equipment.

Adolescents

Extremely self- conscious and easily embarrassed. Provide privacy. They want to be treated as adults. Avoid authoritative approach and involve them in their care.

Adults

Assess current knowledge and literacy level. Provide time to discuss feelings, needs and desires and identify support systems (or lack thereof). Assess stress related to health care issues and identify learning needs together.

Older Adults

Assess learning readiness before teaching and ask for feedback to ensure understanding. Feelings of pride, worth and usefulness need to be maintained. Provide protection from hazards as agility, balance, sensory, and memory decline with aging.

Caregivers must have the knowledge and skills to care for the age group assigned. Children are not just little adults and elders are not just adults with wrinkles. Needs are different for each age group. For example, the spiritual needs of an 80 year old are not the same as those of a 6 month old and the emotional needs of a 15 year old are not the same as those of a 40 year old. Be aware of your patient's age as this will impact the care you give and how you give it.

Advance Directives

Advanced Directives

The term "Advanced Directive" refers to treatment preferences and the designation of a decision-maker in the event that you should become unable to make medical decisions on your own behalf. Advanced directives aren't just for older adults. Unfortunate and unexpected end of life situations can happen at any age, so it's important for all adults to consider having advanced directives that will inspire reflection and conversation with your family and healthcare providers on what's most important if a serious medical crisis occurs. Most often, medical treatment decisions are based on understanding what medical treatment options are available, the benefits versus the associated risks of the treatment, and the way a person views "quality of life" based upon personal core values, religious/spiritual/ and or philosophical views.

Advanced directives generally fall into three categories: living will; power of attorney as health care proxy, and power of attorney designee for financial matters that is separate from health care proxy designee.

Living Will

This is a written document that specifies what types of life sustaining medical treatment you desire if you're become incapacitated and seriously ill. A living will can be general or very specific that may include your preference for or against life sustaining treatment including CPR (Cardiopulmonary Resuscitation) and the use of life sustaining equipment including mechanical respirators/ventilators, feeding tubes for artificial nutrition and hydration. Other choices you can specify may include organ donation, and burial instructions.

Durable Power of Attorney (DPOA) Health Care Proxy

This is a legal document that you execute to designate another person to make health care decisions if you're rendered incapable of making your medical decisions known. The person you select should be a trusted family member or friend that will be referred to as your "health care agent" or "surrogate decision-maker" who is given the same rights to request or refuse treatment that the you would choose if capable of making and communicating decisions to the healthcare team so that your health care wishes are honored and respected.

An Advance Health Care Directive does not expire, rather it remains in effect unless it is revoked or changed by the person who executed the directives, which can occur at any time that person has decisional capacity. If a patient does not have an Advance Directive, a physician may select a qualified decision-maker that knows your wishes and values from among family, friends, or legal representative of the family.

Physician Orders on Life Sustaining Treatments (POLST)

The POLST form is a document which your doctor fills out and signs after learning your wishes about what end-of-life health treatments you want and don't want. In order for the form to be valid, two signatures must be present; yours (or your designated surrogate decision maker if you're incapable) and your physicians. The POLST form complements an Advance Directive by turning your wishes concerning life-sustaining treatment into specific, written medical orders which can be understood and be followed by other doctors, nurses, emergency personnel ("EMT's"), in all health care facilities.

The physician orders in the POLST form cover resuscitation, use of antibiotics, and getting fluids through an IV or food through a feeding tube. For example, your POLST form could order that you not be resuscitated if your heart were to stop beating – a do-not-resuscitate or "DNR" order. No matter what your POLST form says about your wishes concerning life-sustaining treatment, you will always be given care and treatment to make you as comfortable as possible. The form can be reviewed and changed over time as your medical condition or your wishes change. Treatment focus may change over time, but care is never abandoned.

Do **you** have an Advance Health Care Directive so that you have named someone to speak on your behalf in the event that you need medical care and cannot speak for yourself?

Do **you** wish to learn more about POLST to document preferences on life sustaining treatments and medical intensity of treatment in the event of a serious illness?

For assistance with questions or obtaining forms; please feel free to contact:

- **Medical Ethics at extension 3431**
- **In-patient Palliative Medicine Team, at extension 4012**
- **Social Medicine, at extension 2329**
- **Clergy/Pastoral Services, at extension 2828**

End of Life Care

The expected growth of the older adult population over 65 in the United States in the next 25-50 years will increase the demand for health services and affect the nature of the skills and services the health care workforce must be equipped to provide, and the settings in which this care is to be provided.

Chronically ill and elderly members are likely to experience acute exacerbations of their illness and have multiple physicians and health care providers. As a member's illness becomes more acute and progressive, they may experience frequent hospital re-admissions and may benefit from continuing care with home health services. When illness has progressed to the degree that curative treatment is exhausted or ineffective, members may benefit from "palliative care" that is a specialized holistic approach for people with advanced disease that addresses the physical emotional, social, and spiritual needs. The goal of palliative medicine is to provide comfort and relief from the symptoms of advanced disease including pain and stress. The patient and family unit are considered the unit of care and the goal is to improve the quality of life for all. The home palliative care and/or hospice program is very helpful in providing a multidisciplinary team including a physician, registered nurse, social worker, chaplain, and nursing assistant for bathing as needed. If clinical issues arise after-hours, there is a nurse and physician available "on call" to address problems and concerns.

Patients and families have identified skills and services most needed at the patient's end of life including:

- **Communication** about the illness and symptoms, treatments and expected outcomes.
- **Help with making end of life decisions**by assuring the patient/ family unit has the opportunity to engage in a conversation about what is most important based on the pt's values and beliefs that will serve as a guide.
- **Help the patient and family to understand** when a treatment is medically beneficial or when a treatment might prolong suffering and the dying process. An In Patient Palliative Care Consultation can provide a "safe haven" for patients and families to talk through often challenging issues and help explore treatment goals, values, preferences, and hopes that will guide care.
- **Timely referrals to hospice and/or palliative care services** that provides continuity of care for patients with advanced illness.
- **Provide the opportunity for family** to participate in developing the care plan and providing care to their loved one.

- **Show compassion, understanding, respect and support** about what the patient and family are experiencing will greatly improve a frightening and frustrating experience.
- **Provide optimal pain and symptom management** that is consistent and reflect the wishes of the patient and family.
- **The provision of personal care for the patient** including feeding, bathing, oral hygiene, turning and repositioning.
- **Increase support from care providers as the patient is dying** to assure that family caregivers don't feel abandoned.
- **Provide educational information to the family on the signs and symptoms of the active dying phase** to minimize a family's anxiety and fear.

Families of dying patients may wish to assist with developing the care plan and providing care. They appreciate being offered that opportunity.

Palliative care and hospice focus on caring and comfort, rather than cure. They address the physical, emotional, social and spiritual needs of the patient and family. There may be more, expanded benefits available with hospice care including brief and intermittent respite care – when others care for the patient to give the family/friends a break/rest.

Spiritual & Religious Aspects of Care

Spiritual Care at Kaiser West Los Angeles Medical Center is considered part of the "Total Care" that is given to patients, families and staff. Evidence based research has shown that up to 90% of patients desire spiritual care as a part of the overall care plan. As a patient centered model of care, it the goal of our clinical spiritual counselors/chaplains is to provide spiritual care that reflects the diverse population we serve.

What is a Clinical Spiritual Counselor/Chaplain?

For over 30 years, Clinical Chaplains require:

- A minimum of a Masters level of Education
- 4 Units of CPE (Clinical Pastoral Education)
- 2000 Clinically Supervised Hours of Training
- Board Certification from APC (Association of Professional Chaplains) or affiliate with reciprocity.

What is Spirituality?

The Professional Definition as accepted by The Joint Commission and The World Health Organization: "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significance of sacred." Dr. Christine Puchalski, MD

Spiritual Care Provides

Spiritual Assessments as a part of an Interdisciplinary model of care which meet National Best Practice Standards and are charted as a part of the clinical assessment (APC-Standard 1 Assessment):

- Spiritual Support to Staff, Patients and Families
- Support and Consultation for Leadership
- Bioethics Consultation
- Collaboration on Quality Improvement Initiatives
- Research

When to Initiate Spiritual Care Referrals?

The Joint Commission suggests referrals are recommended at time of Admission, Assessment, Treatment, End-of-Life Care, Discharge and Transfer.

Indications that Someone Needs Spiritual Support and Care

Signs (Something you 'see')	Behavioral (Something a person 'does')	Physical (Something a person 'complains' about)
Numbness, Shock	Restlessness	Headaches
Anxiety, Fear	Agitation	Dizziness
Guilt	Avoidance	Fatigue
Sadness	Loss of interest in activities	Nausea
Difficulty finishing work/task	Increased use of alcohol or drugs	Trouble sleeping
Difficulty concentrating	Strong need to talk about loss	Shortness of breath
Difficulty making decisions		
Negative self-talk		
Forgetfulness		

What does Spiritual Care and Support Look Like?

- Ministry of Presence
- Ministry in the moment
- Talking: Theological discussion, connecting patient & family with their faith
- Walking along side of patient or family member
- Laughing
- Crying
- Non-judgmental presence
- Praying
- Reading: Sacred and Secular
- Singing: Sacred and Secular
- Listening
- Sitting in silence
- Contacting patient's religious leader

Referring Process:

- Some things to look for:
  - *Crying*
  - *Non-physical pain*
  - *Anger: Self, Family, and God*
- Patient or family request religious presence, pastoral or sacramental.

- Patient or family indicates strong religious affiliation with any faith group.
- Religious concerns or questions voiced by patient, family or staff, whether or not any religious affiliation noted.
- Crisis, trauma, diagnosis or illness, where medical science is not likely to provide cure or consolation.
- Occasions where religious traditions or teachings would help staff to understand and care for patient and family more compassionately.
- Occasions where there is confusion or disagreement from staff with patients and families because of the nature of religious beliefs or practices.
- Ethical consultations with patients, families and staff from a theological perspective.
- Wherever there is opportunity for incorporation of the spiritual into the healing process.
- In any instance when staff feels that religious influence is being brought to bear upon the patient or family from an unsolicited source.

Helpful tips for Staff:

- Always feel welcome to listen to patients and family members concerns.
- It is ok for you to offer kind words to help patients cope.
- If you need information on a particular religion or faith group, ask the Chaplain.
- If you think a patient or family needs spiritual support, talk to the Chaplain to set up visit.
- Do not give spiritual advice to patients and families.
- Don't pray with patients.
- Do not, under any circumstances, ask your personal religious leader to visit a patient in need.
- Always contact a Chaplain.

How to contact Chaplain:

- Ask a Nurse or unit clerk to contact the chaplain for you.
- Call the hospital operator and page the chaplain.
- Contact chaplain directly.

When ANYONE calls for the Chaplain the following information should be given:

- The nursing station and name of nurse calling.
- Name of person making the request (if not the patient).
- The patient's name and room number.
- The nature of the request (communion, anointing, family problems, etc.)

Hospital Chaplain:

Rev. Yvonne Williams Boyd
Cel: 323-857-2828
Email: Yvonne.W.Boyd@kp.org

In case of emergency and in the event that the Hospital Chaplain is not available, the House Supervisor should be contacted.

For more information on Pastoral Care, contact the Chaplain or review policy number 2184 Pastoral Care/ Spiritual Needs in the Policy and Procedures Manual.

People with Disabilities

Persons with Disabilities

Kaiser Permanente does not discriminate in the basis of disability in the full and equal employment if the services, facilities, privileges, advantages of accommodations provided by Kaiser Permanente to make its facilities and services fully accessible to individuals with disabilities in compliance with the American Disabilities Act of 1990 (ADA). All staff should be aware of the Medical Center's Policies and Procedures, Resources and Tools related to: ADA Nondiscrimination, Service Animals for individuals with disabilities, Effective Communication and Equal Access, Auxiliary Aids, Alternative Formats, Exam Room Access.

What is the ADA definition of "disability"?

- A physical or mental impairment that substantially limits one or more of the major life activities (e.g. mobility, emotional, cognitive, thinking, or learning ability, vision, speech, hearing);
- A record of such impairment;
- Being regarded as having such an impairment.

Note: In a health care setting, the definition may be expanded to include a temporary disability such as a person who sprained his/her ankle or had recent surgery.

How does this apply to you?

Effective communication is critical in providing quality care and services to Seniors or Persons with Disabilities.

Communication access tools/resources are available to assist members/patients such as:

- **Alternative formats** in large print, Braille, or
- **Member-accessible** computers with enhanced solutions such as text-to-audio conversion software, a screen reader, and ZoomText (available in Health Education);
- **Auxiliary aids** such as PockeTalkers for members who are hard of hearing (available for purchase on One-Link e-procurement system);
- **Taking prescription** bottles where pharmacists can record medication information on a talking prescription bottle for members who are visually impaired.

How can I learn more on disability etiquette and interacting with people with disabilities?

All new employees are required within 30 days of hire to complete the training "**Interacting with Persons with Disabilities**" that may be found on KP Learn (http://learn.kp.org).

All employees are required to complete an annual **Disability Training Refresher** to be completed no later than October 31st of the training year.

What is the Definition of "Service Animal"?

 "Service animals" are (1) guide dogs, (2) signal dogs, or (3) other animals individually trained to provide assistance to a person with a disability.

Service animals are defined as any animal that provides a service for the member who has a disability. The ADA defines service animal as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability.

Service animals are animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.

Restrictions on Service Animals

A person with a disability cannot be asked to remove his service animal from the premises unless:

- The nature of the services, facilities, privileges or accommodations provided or offered would be fundamentally altered, or if
- The safe operation of the medical center would be jeopardized, or the animal poses a direct threat to the health or safety of the individual or others.

Service animals must be allowed to stay with the member/patient during inpatient services unless a medical justification showing that the presence or use of a service animal would pose a health risk in certain parts of the institution can serve as a basis

for exclusion of a service animal from the areas of the institution directly involved. For example, a service animal could be excluded if its presence would pose a health risk or fundamentally alter the nature of the services provided or offered in such areas as:

- Operating room suites and post-anesthesia rooms
- Burn unit
- Coronary care units
- Intensive care units
- Oncology units
- Psychiatric units
- Isolation - infectious disease areas
- Medication storage areas
- Clean or sterile supply areas

Congratulations!

You have completed the 2017 Annual Mandatory Training

Please record this confirmation number for future reference:**1703290744-2**
Congratulations **System Admin**!
Employee Number: **sysadmin**
Date of completion: **March 29, 2017**
Department: **NO DEPARTMENT**
Manger/Supervisor: **NO MANAGER**
If there are incomplete or missing data on this page, please fill out the **Contact Us** form and send it with the corrected information. After the data has been corrected in the database, you may return to this page and reprint the corrected Certificate.

You have completed the 2017 Annual Mandatory Training certification process. **Be sure to print out a copy of this page for your records and a copy for your manager.**

All content in this training is intended for the use of Kaiser Permanente employees. The articles were provided by subject matter experts and the training was produced by the West Los Angeles Education & Consulting.

1. **Welcome from Administration**
2. **Service Excellence**
3. **Unusual Occurrence Report - U.O.R.**
4. **Patient Safety**
5. **Compliance with EMTALA**
6. **Radiation Safety**
7. **MRI Safety**
8. **Stroke Awareness**
9. **Infection Control, Part 1**
   - Handwashing
   - Standard Precautions
   - Biohazard Waste
10. **Infection Control, Part 2**
    - Personal Protective Equipment (PPE)
11. **Infection Control, Part 3**
    - Aerosol Transmissable Diseases (ATDs)
12. **Infection Control, Part 4**
    - Tuberculosis (TB)
    - Influenza
13. **Health Literacy**
14. **Qualified Bilingual Status**
15. **Culturally & Linguistically Appropriate Service Standards**
16. **Population Based Care**

17. **Advance Directive**
18. **End of Life Care**
19. **Spiritual & Religious Aspects of Care**
20. **People with Disabilities**

Thank you

Education and Consulting, West Los Angeles