

# Moreno Valley Medical Center 2015

Volume 8

# Spotlight On Safety



# Table of Contents

TITLE	Page#
KP Mission, Vision, Values & Service Quality Credo .....	3
Clinical Library Helpful Hints .....	4
Health Sciences Library.....	4
Workplace Safety .....	5
Safety Check “Please”.....	6
Safe Patient Handling .....	6
Ergonomics .....	7
Healthy Workforce.....	7
National Patient Safety Goals .....	8
Culturally Responsive Care.....	9-10
L.G.B.T.I.Q.....	11
Disability Etiquette.....	12
Medication Safety.....	13
UOR-O .....	13
Advanced Disease-Specific Certification Primary Stroke Center ...	14
Management of Inpatient Diabetes .....	15
Safe Patient Handling.....	15
Emergency Codes.....	16-17
Fall Prevention .....	17
Lockout/Tagout .....	18
Waste Management .....	19
Radiation Safety .....	20
Pain Management .....	21
SBAR.....	21
Critical Events Team Training –CETT .....	22
COEMIG.....	22
Age-Related Competencies .....	23
Advance Health Care Directives .....	24
POLST.....	24
Social Services.....	25-26
Indicators of Abuse and Neglect .....	26
Employee Health and Latex Allergies.....	27
Threat Awareness .....	28
Homeless .....	29
EMTALA .....	29
Sexual Harassment.....	30
Health Connect.....	31
Infection Control.....	32-35



## KP Mission

“Kaiser Permanente exists to provide affordable, high-quality health care services to improve the health of our members and the communities we serve.”

# KP VISION

## Values: What Guides Our Behavior

An organization’s values guide decision-making behavior.

### How We Relate to Each Other

#### **Integrity**

We build long-term relationships by doing what’s right.

#### **Partnership**

We were born of a revolutionary partnership, and we live out that legacy in the way we do business every day.

#### **Diversity**

We are richly diverse and cherish what we learn from one another.

### How We Work

#### **Accountability**

We step beyond our boundaries to take responsibility for our organization’s success.

#### **Flexibility**

We adapt quickly to address the changing needs of our customers.

#### **Innovation**

We find the courage to take calculated risks.

### How We Define Success

#### **Quality**

We hold quality as our highest priority.

#### **Service**

We care about everyone like family.

#### **Results**

We honor each other and our values as we produce results.

**KP’s Service Quality Credo:  
Our Cause is Health.  
Our Passion is Service.  
We’re Here to Make Lives Better.**

# Helpful Hints

# Clinical Library

EXPAND YOUR KNOWLEDGE AND ENHANCE PATIENT CARE

## HOW DO I FIND CLINICAL LIBRARY?

<http://cl.kp.org>

Type "CL" into your browser window or use the Links panel in KPHealthConnect



## HOW DO I FIND A GUIDELINE?

Click the "Guidelines" link on the home page for Adult or Pediatric Care.



## WHAT IS A CLINICAL CATEGORY?



Clinical categories organize site content based on body organ system.

Clinical Categories are in a drop-down menu on the Adult Care and Pediatric Care pages.

## HOW DO I FIND A MEMBER HANDOUT?

Click "Member Education" on the home page for Adult or Pediatric Care.



View translations for member handouts:



## HOW DOES SEARCH WORK?

The search box is in the upper right hand corner of each page.



You can filter through the document types:



You can view search results for all regions:



You can see available language translations:



## WHAT IS IN THE REFERENCE SHELF?



Quickly access reference materials from MD Consult, PubMed, KP Libraries and much more.



# Riverside Health Sciences Library



The Library is located on the lower level (across from Central Services) to provide quality service and convenient access to information that supports the research and educational needs of both physicians and staff. It has Wi-Fi for your convenience. Hours are 8:30-4:30 M and F. Available from your desktop is the Kaiser Permanente information online system—**Clinical Library**— linking you to a variety of databases. Use the Ask-a-Librarian tab from the home page to submit your requests to a librarian.

**Kaiser Permanente Libraries Online Catalog** - KPLibraries is a web-based inventory of all the KP libraries' holdings available to physicians and employees.

**KP Learn** - KP Learn is Kaiser Permanente's enterprise-wide learning management system available to all KP employees, physicians, and contingent workers.

**Lippincott's Nursing Procedures and Skills** - Contains over 1,000 procedures and skills that are in full compliance with nursing practice standards and the guidelines of The Joint Commission and the American Association of Critical Care Nurses; nearly one thousand full-color images and videos.

**Nursing Pathways** - A collection of national, regional, and local programs and initiatives providing nurses with the tools to enrich career practice.

**Ambulatory Practice** - Learning opportunities designed to develop knowledge and skills to implement evidence-based practices through research while supporting a proactive patient-centered care delivery system.



# Workplace Safety



The Workplace Safety Steering Committee (WPSSC) leads the efforts at Riverside Medical Center Area to translate the WPS strategic direction into effective and sustainable WPS processes and actions. To do this, they develop, establish, monitor, maintain and improve all CW PSS processes at RMC Area. These processes are:

- ◇ **Incident Investigation:** Prevents recurrence
- ◇ **Safety Observation:** Identifies hazards and implements solutions
- ◇ **Rules & Procedures:** Establishes safe work processes and expectations
- ◇ **Activities & Involvement:** Engages staff in order to drive safety culture
- ◇ **Performance Management:** Evaluates data to ensure performance

With guidance from the WPSSC, senior and departmental leaders will implement, sustain and actively participate in these WPS processes within their areas of responsibility. The chairs of the WPSSC are the recognized WPS leaders. Members of the committee include both Labor and Management Leaders along with others who are chairs of the subcommittees of the WPSSC. The WPSSC may draw on Subject Matter Experts (SMEs) and others to help plan, facilitate and guide WPS efforts.

The WPSSC will consider all available WPS information including, but not limited to, WPS performance, strategic direction and plans and other input from the WPS Strategy Group and LMP Council, reports from departments and senior leaders, reports from WPS subcommittees and feedback from Unit Based Teams (UBTs).

A regular monthly WPSSC meeting is conducted to ensure that barriers are identified and appropriate solutions are implemented in order to allow for successful operation of the workplace safety program. Strategic decisions are also made as well as ongoing communications with site leaders, employees and department/unit WPS teams to fulfill their roles.

## Safety Observations

### What is a safety observation and why do we have them?

Safety observations are a proactive way to prevent injuries by observing staff in their natural work environment. Observations are performed in partnership by trained management and labor leaders. Safety observations support caring for KP staff and members. Working safely is consistent with KP values and allows us to Thrive! Reducing injuries allows for consistent staffing levels and enables cost reduction benefits.



### What do I need to do?

Be prepared to have a conversation with the team about your work and the work environment.

They will look for safe behaviors that you exhibit and talk with you about at-risk behaviors.

Remember: their goal is to keep you injury-free

Before leaving, they will ask if you have any safety concerns. That's It!

Safety observations will be conducted throughout the year. Please remind your colleagues to be injury-free so that you're free to do the things you like outside of work.

Safety Hot-Line (MVMC) ext. 6600

### They focus on producing:

- Effective and sustainable WPS processes
- WPS processes which are integrated within CW PSS and with other WPS initiatives (e.g. UBTs, WPS Peer Groups and ergonomics standards)
- Increased WPS awareness and involvement of employees and physicians through active participation in WPS processes and events
- Guidance and assistance to Labor and Management departmental leaders for implementing and sustaining the WPS processes
- A continuously improving WPS culture

### The 14 Points of CW PSS

14 Elements

<b>Strong Leadership</b>	<ul style="list-style-type: none"> <li>• Visible, demonstrated commitment</li> <li>• Clear, meaningful policies and principles</li> <li>• Challenging goals and plans</li> <li>• High standards of performance</li> </ul>
<b>Appropriate Structure</b>	<ul style="list-style-type: none"> <li>• Everyone is responsible for injury reduction and safety</li> <li>• Active engagement by people who do the work</li> <li>• Line management accountability</li> <li>• Supportive safety staff</li> <li>• Integrated committee structure</li> <li>• Performance measurement and progressive motivation</li> </ul>
<b>Focused Processes and Auctions</b>	<ul style="list-style-type: none"> <li>• Thorough investigations and follow-up</li> <li>• Effective audits and re-evaluation</li> <li>• Effective communication processes</li> <li>• Safety management skills</li> </ul>

## Culture of Safety

### What Does a Culture of Safety Look Like?

- At Kaiser Permanente, safety is a core business and personal value.
- All injuries and all safety incidents are preventable: the goal is zero.
- Line managers are accountable for the safety performance of their employees.
- All employees are accountable for working safely.
- Prevention is more effective and sustainable than "post-injury" management.
- Safety feedback and observation are everyone's responsibility.
- Employee involvement is critical.
- Employees must receive appropriate training.
- Managers are responsible for ensuring that the systems, equipment, training and support allow employees to work safely.

# SAFETY CHECK “Please”



## What is Safety Check?

A process for immediate intervention in any situation that poses a likelihood of harm to patient or healthcare worker and escalating concerns regarding patient and/or employee safety. Maybe initiated by any physician, Kaiser Permanente employee, contract worker, volunteer, or student working at a Kaiser Permanente facility. The issue raised by the healthcare member may trigger a change in work practices and this may result in the satisfactory resolution of the healthcare member's concern.

In all cases, timely and appropriate care of the patient/member or healthcare worker is the first priority, followed by resolution of the concern.

Healthcare worker safety concerns or conflicts that are not immediately or easily resolved should be escalated using the established chain of command:

- Immediate Supervisor
- Assistant Department Administrator
- Department Administrator
- Assistant Hospital/Medical Group Administrator
- Administrator On-Call
- Nurse Executive
- Medical Department Chief (SCPMG)
- Medical Group Chief Administrative Officer/Hospital Executive Director

**Safety Check! Can be called by any person in the organization and will be respected by ALL present.**

Reference to administrative policy#04-420

## Safe Patient Handling: Awareness Training

The California Labor Code incorporates **AB 1136** as of January 1, 2012 mandating all California acute care hospitals to include a patient protection and health care worker back and musculoskeletal injury prevention plan that includes a *Safe Patient Handling* policy.

The **Safe Patient Handling Policy for Hospitals: NATL.DCSQ.010** requires the replacement of manual lifting and transferring of patients with transfer devices, and lift teams, as appropriate for the specific patient and consistent with the professional and clinical judgment of the RN.

## HELP PROTECT OUR PATIENTS & COLLEAGUES

### BASIC INFORMATION

Did you know that health care workers experience musculoskeletal injuries at a rate that exceeds that of construction, mining, and manufacturing workers?

- Manual patient handling activities, use of excessive force, awkward positions, and repetition along with the obesity epidemic increases the risk of injury for both *health care providers and patients*.
- Research indicates that lifting or moving anything above **35** pounds increases the risk for injury. Incorporate the use of lifting or transfer devices as necessary.
- Safe Patient Handling **education** and **application** to ALL appropriate situations is **MANDATORY!** **Neither component is optional.**

### STAFF EXPECTATIONS

**AB 1136** requires that **ALL STAFF** with job assignments that involve being present in patient care units have the ability to recognize patient interactions or situations that require the involvement of designated Healthcare Team approach.

- Maintain situational awareness at all times! *Think, Breathe, and Live a Culture of Safety.*
- **“Safety Check Please!”**
  - Use this process whenever there is a safety concern.
  - Use whenever there is an opportunity to improve current practice.
  - The RN will access and activate either the Lift Team or Team Lift approach as necessary.

# Ergonomics

## THE MANY HEALTH HAZARDS OF PROLONGED SITTING

**Weak Abdominal Muscles:** Slumped sitting (improper lumbar support, leaning forward in the chair for writing or monitor viewing) causes the abdominal muscles to become weak from underuse. They then become less and less able to assist other trunk muscle in supporting the spine.

**Heart Disease:** Blood flow is sluggish and the muscles burn less fat during prolonged and uninterrupted sitting. This allows fatty acids to more easily clog the blood vessels of the heart. Those who sit the most have greater than twice the chance of developing cardiovascular disease. Excess cholesterol and high blood pressure are common.

**Insulin Sensitivity:** Insulin is a hormone that carries glucose to the cells of the body. Inactivity causes the cells of muscles to be less responsive to insulin. The pancreas, which produces the insulin, tries to put out more and more insulin to compensate. This can lead to developing many diseases, including diabetes.

**Brain Haze:** Glucose and oxygen are pumped into the brain with the help of moving muscles. When inactive for too long, everything slows down – the brain too.

**Blood Pooling in the Legs:** Slowed blood flow to the legs from prolonged sitting can cause or aggravate, varicose veins, deep vein thrombosis (blood clots) and swollen lower legs and ankles.

**Loss of Bone Density (Osteoporosis):** Walking and standing “load” the bones of the hip and legs and enables them to maintain their levels of minerals. This keeps bones thicker and stronger. The opposite happens with prolonged inactivity. Many researchers feel that a lack of periodic weight bearing is the cause of the current increase in the incidence of osteoporosis.

**Hip Muscles :** The muscles on the front of the hip rarely get to stretch in individuals who sit most of the day. The sitting position causes these muscles to become short and tight. This then decreases hip mobility, stride length and standing balance abilities. The gluteal muscles are overstretched in sitters and thus less able to contract strongly. In the sitting position, these gluteal muscles also weaken because they simply have no work to do.

Weak gluteal muscles make it difficult to arise from chairs and to straighten the back. Poor trunk stability is a cause of back injuries and falls.

Low back and neck problems from prolonged sitting are legend (painful over stretching of ligaments, postural bulging of discs with nerve compression, disc degeneration from overloading and subsequent poor circulation to the disc, forward headedness (“turtle posture”) with shoulder/neck muscle overuse syndromes etc.

## TEN THINGS YOU CAN DO FREQUENTLY DURING THE DAY TO HELP:

1. Take phone calls standing up. If there is space, pace around the room or do simple stretches. See resources at end.
2. If a meeting will involve just 2-3 people, conduct some or all of the meeting while walking around the building.
3. Take the stairs instead of the elevator. However, only do this if you can have one hand free to use the handrail. Concentrate on the task at hand - no phones.
4. Plan your office activities so that standing and walking activities are spread out through the day (resupplying, accessing the copier/printer, consultation with co-workers etc.)
5. Drink more water. A short trip to refill your cup or bottle is often all the movement needed in a 30 minute period to reverse the adverse effects of inactivity.
6. Park further from the building. This little extra walk is even more important at the end of a long day at the desk.
7. Use your computer or phone to set alarms to get up and stretch every 20 minutes.
8. If you sit most of the day, do not spend your break/lunch times doing more sitting. Take a short but brisk walk.
9. Adjust your chair to fit your needs. The seat pan should be extended or retracted so that there are 2-3 inches between the front edge of your chair and the back of your knee. The lumbar support needs to be raised or lowered, as the case may be, so that the curve in your low back is well supported. The monitor needs to be adjusted so that you can view the screen without flexing or extending your neck (eyes and ears always level with each other). Your arms must be at your side to avoid shoulder/neck muscle overuse. The elbows should be at 90-100 degrees and the feet flat comfortably on the floor. See ErgoInfo and Stretch Break Pro sites for details.
10. Frequently stretch at your desk.

## ADDITIONAL INFORMATION

ErgoInfo: This site has animations and tips concerning:

- a. Proper set up and posture at a desk.
- b. Proper use of mobile computing carts.
- c. Proper use of wall-mounted computing stations.
- d. Proper posture/use of laptops.
- e. Brief stretching exercises (“Take-A-Break”).
- f. Keyboard Shortcuts (“Hot Keys”)

This site can be accessed in one of two ways:

1. Direct Link: <http://insidekp.kp.org/ergoinfo>
2. HealthConnect:
  - a. Click the red “EPIC” at the top left of the screen.
  - b. Click “Help”.
  - c. Click “Ergonomics” from the drop-down box.

Stretch Break Pro is a program that automatically appears on your computer screen to remind you to take a short stretch break. It can be set to appear every 15 minutes to 999 minutes. One can choose from the 30 available exercise animations and have certain ones appear at different times and in different orders. With a single mouse click the sessions can be postponed 1 to 5 minutes or skipped altogether. Stretch Break Pro is a program which is available at no cost to all KP employees on KP personal computers. Call the HELP Desk at 8-330-1143 to have the program installed.

## Take five and Thrive have an Instant Recess®

Instant Recess® is a 5-10 minute workout that can be done by anyone, in almost any environment, and any attire. The workout is up to you, it can consist of simple, easily replicated, low-impact, moderate intensity movements, usually performed to music for example: walking, dancing, stretching or cardio. It has been proven to increase physical activity and decrease work injuries. Resources to start an Instant Recess for your department are available on the shared drive in the HealthyWorkforce folder.

Riverside Instant Recess Videos are available on the Riverside share drive under the Healthy Workforce folder or you can find more information at: [Kp.org/healthyworkforce](http://Kp.org/healthyworkforce)

**healthyworkforce**  
For the people who power KP



# 2015 National Patient Safety Goals

## Riverside Service Area



**Goal 1: IDENTIFY PATIENT CORRECTLY: Use at least 2 patient identifiers (Name & MRN) -Administrative Policy # 03-169**

- Administering medications, blood, or blood components
- Label containers used for blood and other specimens in the presence of the patient
- Transfusions require a two licensed person check (one RN and one licensed person qualified to give transfusions, one must administer the blood)
- Collecting blood samples and other specimens
- Providing all treatments or procedures

**Goal 2: IMPROVE STAFF COMMUNICATION: Improve the effectiveness of communication among caregivers -Administrative Policy # 03-038**

- Report critical results of test and diagnostic procedures on a timely basis:**
- All critical tests and critical results must be communicated as soon as possible to a provider who can make decisions about the values AND documented.
  - When paging a provider to give results, escalate if a response is not received in a timely manner (within 60 minutes).

**Goal 3: IMPROVE THE SAFETY OF USING MEDICATIONS-Administrative Policy (see below for number)**

**NPSG 03.04.01 Label all medications and containers, or other solutions on and off the sterile field -(Policy #03-073)**

- In all procedural settings, including perioperative, medication or solutions labels must include the following: 1) Medication name, 2) Strength, 3) Quantity, 4) Diluent and Volume, 5) Expiration date and time, 6) The preparer's initials.
- Label all medications, medication containers (for example, syringes, medicine cups, basins) or other solutions on and off the sterile field.
- Label each medication or solution as soon as it is prepared (removed or transferred from original packaging), unless it is immediately administered.
- Immediately discard any medication or solution found unlabeled.
- Verify all medications or solution labels against the original vial or ampule both verbally and visually. To be performed by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.

**NPSG 03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy -(See Anti-coagulation Protocol Pharmacy Manual)**

- Use only oral unit dose products, prefilled syringes, or premixed infusion bags when these types of products are available
- NOTE: For pediatric patients, prefilled syringe products should be used only if specifically designed for children
- Use approved protocols for the initiation and maintenance of anticoagulant therapy.
- Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy
- Use programmable pumps to provide consistent and accurate dosing when heparin is administered intravenously and continuously

**NPSG 03.06.01 Maintain and communicate accurate medication information -(Policy # 03-130)**

- Obtain information on the medication the patient is currently taking at home when admitted to the hospital or seen in outpatient setting
- Compare the patient's home medication information the patient brought to the hospital with the medications ordered for patient by hospital in order to identify and resolve discrepancies
- Provide the patient (or family) with written information on the medications the patient should be taking when discharged from the hospital or end of outpatient encounter.
- Explain the importance of managing medication information to the patient when discharged from the hospital or end of outpatient encounter

**Goal 6: USE ALARMS SAFELY- 03-024**

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

**Goal 7: REDUCE THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS- See Infection Control Manual**

**NPSG 07.01.01 Meet Hand Hygiene Guidelines (CDC, WHO):**

- Before and after having direct contact with patients (and after glove removal)
  - After exposure to blood or body fluids
  - After patient contact (and after glove removal)
  - Before performing an aseptic task
  - After contact with the patient's surroundings
- Wash for 15 seconds when visibly soiled or contaminated; otherwise use waterless alcohol based hand rub

**NPSG 07.03.01 Implement evidence-based & best practices to prevent health care associated infections due to multi-drug resistant organisms**

**NPSG 07.04.01 Implement evidence-based & best practices to prevent central line associated blood stream infections**

**NPSG 07.05.01 Implement evidence-based & best practices to prevent surgical site infections**

**NPSG 07.06.01 Implement evidence-based & best practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).**

**Goal 15: IDENTIFY AND RESPOND TO RISK FOR SUICIDE- Administrative Policy # 03-068**

- Carefully assess patients with primary diagnosis or primary complaint of an emotional behavior disorder for risk of suicide
- Provide immediate safety for those at risk.
- Provide suicide prevention information (such as crisis hotline number) to patient/family prior to discharge

**Follow the UNIVERSAL PROTOCOL-Administrative Policy # 03-250**

- Conduct a pre-operative verification process (correct patient, correct procedure, and correct site)
- Mark the procedure site (done by a licensed independent practitioner performing the procedure)
- Identify the items that must be available for the procedure e.g., consent, H&P, test results, images/scans, blood or blood products
- Perform a Time-Out immediately prior to starting procedures
- Document the Universal Protocol and Time-Out







## KAISER PERMANENTE SOUTHERN CALIFORNIA

### 2015 RIVERSIDE AREA

*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 at no cost and C&L appropriate referrals to community-based organization as applicable.*

#### INTERPRETATION - SPOKEN LANGUAGE

1. KP must provide interpretation services that are free of charge and available 24 hours/day, 7 days/week.
2. KP staff must always offer patients free interpreter services and document the use or refusal of such services.
3. Members/Patients may not be asked to bring their own interpreter.
4. The use of adult family member and/or friends as interpreters is highly discouraged. A patient may opt to use a family member or friend (age 18 or over) to interpret. However, a Provider can elect to have a qualified interpreter present to ensure effective communication. The patient's preference must be documented in the medical record, which includes the name and association of the member's interpreter.
5. Minor children should not be used as interpreters except in extraordinary situations such as medical emergencies where any delay could result in harm to a member/patient, and only until a qualified interpreter is available. Use of a minor child for interpretation under these circumstances should be documented in the medical record.

KP provides oral language assistance through the following:

6. Qualified Bilingual Staff (QBS) are KP employees qualified, through testing and training, to provide language assistance.
  - ◆ QBS Level 1 - use language skills in non-clinical situations that require only conversational language to use within their regular job or by providing language assistance for another individual. Ability to provide language assistance in customer service related encounters where understanding of medical terminology/concepts is not required. L1's must never be used to interpret/use medical terminology in a clinical encounter (situation of treatment and/or diagnosis).
  - ◆ QBS Level 2 - speak well enough to function in most business and/or clinical settings that require a greater level of fluency including medical terminology. Ability to provide language assistance in clinical settings where understanding of medical terminology/concepts is required within their regular job or for another individual. Any terminology that can change the clinical outcome for a member/patient should be interpreted by a L2.
  - ◆ Non-QBS staff - All KP employees may greet and assist members/patients with getting to their destination in the member's target language (e.g., Spanish), even if the employee does not have a QBS designation. If the conversation goes into the scope of a QBS Level 1 or Level 2, then the non-QBS employee is asked to transition the patient/member to a QBS employee to further assist in the patient's target language.
  - ◆ QBS badge - QBS staff must wear appropriate QBS badge identifying their level of qualification.
7. Approved Vendors – Outside Contractors - KP has contracted with a list of vendors to provide quality interpretation services.
8. Language Concordance Program – Patients can be linked to physicians who speak their language
9. For complaints and/or issues regarding interpreter services, contact your CRC Designee – Christina.X.Buendia@kp.org 951-353-6912, tie 261
10. Every staff member is responsible to know how to locate/obtain language services and know where and how to correctly document the use and/or refusal of such services in the patient's medical record. If you don't know how - see your Manager.

#### C&L APPROPRIATE REFERRALS

Kaiser Permanente must provide culturally and linguistically appropriate community referrals. See your Manager for more information.

#### DOCUMENTATION - CULTURAL AND LINGUISTIC

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

- ◆ Language preferences (written, spoken and interpreter need) for obtaining health/medical care services
- ◆ The use or refusal of interpreter services at each encounter
- ◆ The vendor's or QBS' name and I.D. number or the family/friend's name/association when providing interpreter services
- ◆ Language preferences (written, spoken and interpreter need), as applicable, of the patient's caregiver, guardian or legal decision maker
- ◆ Race and ethnicity (as self-identified by the patient)
- ◆ If the patient is a minor, incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

**TRANSLATION SERVICES** – See Next Page

#### 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 stay.

#### ALTERNATIVE FORMAT SOLUTIONS

##### The Hearing Impaired

Pocket Talkers – A device for the hearing impaired that amplifies sound, i.e. a person's voice. For hospital they can be obtained by contacting the house supervisor. Many departments have these (check with your manager), as well as the Wellness Resource Center. Utilization should be logged.

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. One can be found on each floor near the payphones. For MVCH contact the house supervisor. Utilization should be logged.

CA Relay Service – From your standard telephone dial 9-711 or 1-866-461-4288 to reach specially-trained Communication Assistants to relay conversations between deaf, hard of hearing, or speech-loss individuals.

VRS – Video Relay Service (VRS) allows the deaf and hard-of-hearing community to communicate with both deaf and hearing family, friends or business contacts using video relay service to place and receive calls with a professional American Sign Language (ASL) interpreter via videophone or computer and a high-speed internet connection. For patient use only. Not to be used to provide interpretation for business needs. This service is regulated by the Federal Communications Commission (FCC). Available to both RIV & MVCH inpatients. RIV staff can contact Engineering x3243 (after hours contact: x3107 or the operator) to install. MVCH contact House Supervisor VRI – Video Remote Interpreting (VRI) is a fee based interpreting service conveyed via internet while the interpreter is accessed via webcam at another location. This service is not regulated and can be used to access interpreter services on-demand.

The Visually Impaired

Large Print – improves communication with members who have low vision. Can be found at the Healthy Living Store.

Audio Solutions - Text-to-Audio creates audio information from electronic text. Can be found at the Healthy Living Store.

Braille - Documents in Braille are available upon member's request contact Health Education.

Note: Every staff member is responsible to know how to locate/obtain and use the above devices - see your Manager.

CULTURALLY RESPONSIVE CARE GUIDE  
APPROVED LANGUAGE ASSISTANCE CONTACTS

**FACE-TO-FACE - INTERPRETATION SERVICES**

**Qualified Bilingual Staff (QBS)** – QBS or face to face interpreters should especially be used where visual cues are important, for sensitive or complex visits, Mental Health services, physical or visual components, or if multiple limited English speaking individuals are present.

- ◆ **Staffing** can assist in finding QBS staff scheduled to work
- ◆ **QBS Listing** - For a current list of QBS employees, locations and levels:
  - ◆ Go to My HR > KP & ME tab, select “Diversity” go to “Qualified Bilingual Staff Listings” link under Diversity Resources, where you will find the QBS IDENTIFIER WEBSITE.
  - ◆ QBS Staff Listings can also be found on the Riverside Share Drive in the folder titled “QBS - Bilingual Staff”.
  - ◆ Or on the Docushare intranet website at:  
<http://dms.kp.org/docushare/dsweb/View/Collection-258217>

**Certified Health Care Interpreter – RIV Specialty Depts ONLY**  
(See Interpreter Guideline for assistance on when to utilize CHCI)  
**Spanish Interpreter – Over the phone Interpretation – x1976 Pager**  
(951) 774-7807 (for same day requests only)

***Riv-Spanish-Interpreter@kp.org*** or 8-258-4556 (for future appointments)

**Approved (ASL) American Sign Language Vendors**

When requesting services, please provide:

- ◆ GL String: **080** - - - - - - - - - - - - - - - - - - - **78615**  
Entity Location Code Dept Cost Center
- ◆ FDA Approver’s NUID
- ◆ Requester’s Name and Valid Call Back Number
- ◆ Language Needed
- ◆ Patient’s Information, as requested
- ◆ Other special requests, i.e. 4th floor, etc.
- **CONTINENTAL INTERPRETING** (Spoken Languages Only)  
**(800) 201-7121**
- **LIFE SIGNS** (Sign Language Only)  
**(888) 930-7776; After Hours (800) 633-8883**
- **INTERPRETERS UNLIMITED** (Both Sign & Spoken Languages)  
**(800) 726-9891**
- **ACCOMODATING IDEAS** (Sign Language Only)  
**(800) 257-1783**

**OVER-THE-PHONE - INTERPRETATION SERVICES**

- **LANGUAGE LINE** (Spoken Only) **(800) 523-1786**  
When requesting services, please provide your Riverside & outlying MOB’s Client ID: **201081**  
MVCH & Iris MOB Client ID: **297015**

**NOTE:** To call a Deaf or hearing impaired member using a standard phone, dial a voice relay operator from the **CA Relay Service** at: 711 or 1-866-461-4288 (English) or 1-866-288-1677 (Spanish). *This is only for members that have a TTY Device.* Members with Video Relay Service you can call the member’s phone number directly.

**TRANSLATION SERVICES - WRITTEN LANGUAGE**

- ◆ Translation is the conversion of written text of one language into 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. Refer to your manager for additional details, requests are to be sent to Health Education at [Translation.Request-KPSC-RIV@kp.org](mailto:Translation.Request-KPSC-RIV@kp.org), along with the Translation Request Form, and they will keep a log of such requests.
- ◆ Qualified Bilingual Staff are not qualified to perform written translations.
- ◆ Documents not immediately available in a target language can be sight translated by a QBS employee.

**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 “Language and Translation Services”

**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 more information on language assistance devices or C&L questions contact your local CRC Designee (Christina Buendia 951-353-6912, tie 261) or ADA Coordinator.
5. Questions regarding C&L referrals contact your Social Services Department
6. Web-based training available on KP Learn at <http://learn.kp.org/> for “Using Language Assistance Services in California” and “Race and Ethnicity Collection”
7. For any questions regarding C&L appropriate services/care contact the local CRC Designee: **Christina Buendia 8-261-6912** or **direct line (951) 353-6912.**
8. Most information you can retrieve answers from Docushare: <http://dms.kp.org/docushare/dsweb/View/Collection-258217>
9. QBS Staff Listings can be found on the Riverside Share Drive in the folder titled “QBS - Bilingual Staff”.
10. You can also retrieve bilingual staff listings from MyHR, select KP & Me, then Diversity, then Qualified Bilingual Staff Listings.
11. When **submitting vendor complaints and/or issues**, please provide the following details to the CRC Designee – [Christina.X.Buendia@kp.org](mailto:Christina.X.Buendia@kp.org): Vendor Name, Medical Center Area, Date and time of Incident, Interpreter ID Number, Client ID (Language Line only), Language Needed for Interpretation and the Complaint or Concern.
12. Additionally, concerns regarding Language Line services can also be filled out at: <http://www.language-line.com/page/voc/>

# L.G.B.T.I.Q.



As a patient's Health Care Partner, why do we need to know if our patients and members are L.G.B.T.I.Q.?

An LGBTIQ, that is open, may be under a lot of extra stress because of discrimination. If they are closeted, they may have stress from hiding who they really are. Rejection, discrimination, fear, and confusion may cause long-term stress. Constant stress can be linked to headaches, an upset stomach, back pain, and trouble sleeping. It can weaken your immune system, making it harder to fight off disease. If one already has a health problem, stress may make it worse. It can make one moody, tense, or depressed. People who are under long-term stress are also more likely to smoke tobacco, drink alcohol heavily, and use other drugs. These habits can lead to serious health problems.

How can you provide better care?

- Educate your patients on KP's stress reduction programs and tools (see KP.org)
- Know that sexual orientation is only a part of someone's identity. Keeping an open mind about others can help you work out some of your own questions and concerns. Remember, prejudice against people because of their sexual orientation is no different than racism, sexism, or other types of discrimination.
- If the person is changing his or her name (from Dennis to Denise, for example), use that new name when talking to or about the person.
- Don't be afraid to ask what the patient prefers to be called: ("he," "she," "him," "her").
- Learn all you can about LGBTIQ issues.

Source: This L.G.B.T.I.Q. Quick Tip is paraphrased from KP.org.

L.G.B.T.I.Q. is shorthand for "Lesbian, Gay, Bisexual, Transgender, Intersexed, Questioning." Since our society tends to put a great deal of pressure on people to fit in, it's easy to see how difficult it is for a person to discover that he or she is different somehow and then have to deal with that fact. It takes a tremendous amount of courage for a person to decide to be open about being L.G.B.T.I. or Q.

You may hear many different words and phrases about homosexuality and sexual orientation. Here are some definitions:

- Bisexual or Bi: People who are attracted to or have sex with both sexes.
- Gay: A man who is homosexual; sometimes used to refer to both men and women who are homosexual.
- Gender identity: Your internal sense of whether you are male or female.
- This may not be the same as your physical sex.
- In the closet: A person who realizes that she or he is gay and keeps this a secret is "in the closet" or "closeted."
- Lesbian: A woman who is homosexual.
- A person who is "questioning" is one who isn't sure about his or her sexual orientation or gender identity.
- Transgender: People who don't feel that their gender identity fully "matches" their physical sex or other body characteristics, or who feel different from most other people of their physical sex in some significant way, sometimes call themselves transgender. This is a very general term. There are many ways to be transgender.
- Transsexual: People who use medical treatments, such as hormone medicine or surgery, to make their bodies match their gender identity.

For additional information:

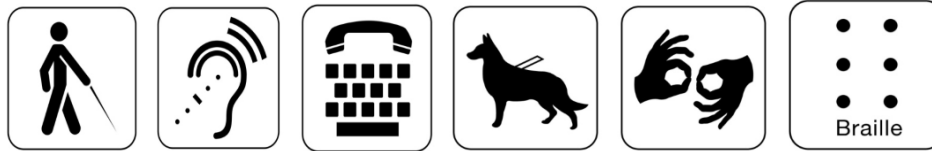
Visit [KP.org](http://KP.org) which has an abundance of information on and for L.G.B.T.I.Q. members and patients, including community referral resources, such as:

- The Trevor Project: Confidential, non-judgmental helpline for youth. Voice: 1-866-488-7386 Website: <http://www.thetrevorproject.org>
- The Gay and Lesbian National Hotline 1-888-843-4564 (toll free) Hours: Monday through Friday, 4 p.m. to midnight, Eastern Time

Also, visit the Diversity website: <https://epf.kp.org/wps/portal/hr/kpme/diversity> to learn how to schedule a facilitated training on the video "Out" as part of the Diversity Health & Video Series; and under Diversity Resources, download the Provider Handbook on Lesbian, Gay, Bisexual and Transgender populations to obtain detailed information on clinical issues, mental health, and health beliefs from the pediatric to the senior patient.

# Disability Etiquette:

## Interacting with People with Disabilities



### Health Access Program for Members with Disabilities

Kaiser Permanente is committed to providing equal access to our facilities and services for people with disabilities. This includes full compliance of the Americans with Disabilities Act (ADA), federal, state, and regulatory requirements in making all facilities, services, and programs accessible in a timely and effective manner.

### OUR GOAL:

Is to provide a healthcare environment free of discrimination towards members with disabilities; Develop systems that reflect the needs of the disabled community; Improve staff and provider awareness regarding the needs of members with disabilities; and become healthcare's leader in providing quality care for members with disabilities.

### Verbal or Written Communication About Disabilities Tips

Use "person first" language (refer to the individual first, then to his or her disability).

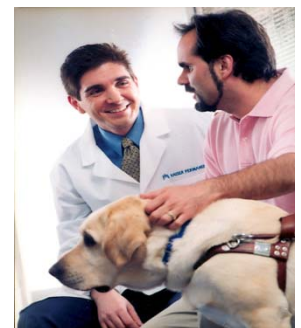
Use...	Do Not Use...
Person with disability	Handicapped; crippled; afflicted; victim
People without disabilities	Normal; able-bodied; healthy
Person who uses a wheelchair	Wheelchair bound; confined to wheelchair
Person with a mental disorder	Crazy; psycho; mental case
Person with developmental disorder	Retard; retarded; slow
Person who is deaf	Deaf-mute; deaf and dumb

### People Who Use Wheelchairs

- \* Wheelchair users are people, not equipment.
- \* Do not push or touch someone's wheelchair.
- \* Keep the ramps and wheelchair-accessible doors clear and unlocked.
- \* Be sure there is a clear path of travel.
- \* Be sure to know where accessible bathrooms are located.
- \* Do not clutter or block the lowered counter tops.

### Service Animal Etiquette

- \* Do not touch the Service Animal or the person they assist, without permission.
- \* Do not make noises at the Service Animal; it may distract the animal from doing his/her job.
- \* Do not feed the Service Animal; it may disrupt his/her schedule. Members with service animals are not required to show documentation.
- \* Service animals may or may not be wearing identifying markers.
- \* When appropriate, you may ask "What service does your animal provide?"
- \* Check your local Policies and Procedures for more info.



### Additional Information and Resources.

- \* <http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>
- \* Disability Etiquette is published by United Spinal Association © 2008.
- \* ADA Non Discrimination general policy #015

## What is an adverse drug reaction (ADR)?

The purpose of a comprehensive program of hospital-wide surveillance is to identify, evaluate, report and prevent problematic drug experiences in an effort to maximize patient safety and enhance patient care.

An adverse drug reaction is defined as any unexpected, unintended, undesired, or excessive response to a drug that:

1. Requires discontinuing the drug
2. Requires changing the drug therapy
3. Requires modifying the dose
4. Necessitates admission to a hospital
5. Prolongs stay in a health care facility
6. Necessitates supportive treatment
7. Significantly complicates diagnosis
8. Allergic reactions; update the patient allergies section in healthconnect
9. Negatively affects prognosis, or
10. Idiosyncratic reactions result in temporary or permanent harm, disability, or death

Some signs that may suggest an ADR has occurred are: excessive sedation, lethargy, hypotension, rashes, hives, excessive itching, altered level of consciousness, a transfer to a higher level of care, or an abrupt discontinuation of medication order.

Some of the **trigger drugs**: Naloxone (Narcan®), Dextrose 50%, Flumazenil (Romazicon®), Vitamin K (Phytonadione®), Kayexalate, Diphenhydramine (Benadryl®), Lomotil®, Loperamide (Immodium®), Famotidine (Pepcid), Methylprednisolone (Solu-Medrol), or anti-emetics might indicate that a potential ADR may have occurred.

Some of the **laboratory tests** that might help identify that an ADR has occurred include: low platelet count due to heparin or chemotherapeutic agents, hypernatremia, hyponatremia, hyperkalemia, elevated or decreased blood sugars, elevated INR due to warfarin, Anti Xa level >0.8 units/ml while on heparin, increased Serum Creatine (SCr) due to aminoglycosides or ACE inhibitors, clostridium difficile positive stool due to long term antibiotics, or elevated drug levels (Digoxin®, phenytoin) might indicate that a potential ADR may have occurred.

*For MVCH inpatient nurses administering D50% for hypoglycemia, please remember to enter the accucheck in the POCT doc flowsheet and enter a progress note.*

### **Examples of Near misses:** (Error corrected before reaching the patient)

- Wrong narcotic strength, dosage removed from narcotic cabinet
- Wrong drug, dose, dosage sent from pharmacy
- Wrong patient
- Wrong route
- Wrong drug removed from pyxis
- Or any possible medication error that was caught prior to reaching the patient.



*If an actual medication error occurs, the hotline may be called, but please also complete an Unusual Occurrence Form and inform your immediate supervisor as soon as possible.*

## Unusual Occurrence Report - Online UOR-O

KAISER PERMANENTE

Our medical centers and out-patient clinics are committed to patient safety and identifying risks. All employees have the responsibility to report actual and potential unusual events that may cause harm to members and visitors, including unsafe systems and processes. We do this in large part, by completing unusual occurrence reports-online (UOR-O). The reports are submitted by staff members who are most involved with the event. The system can be accessed at:

<http://kpnet.kp.org:81/california/qmrs/rm/UORO/index.html> or on the Southern California intranet page under the quick links tab. Examples of events that should be reported include: medication errors, falls, pressure ulcers, environmental injuries, injuries related to equipment, issues related to patient hand-offs, and criminal and behavioral issues related to patient care.

**Stroke Policies and Procedures**

PSC Program Description  
 Code Stroke ED & INPT  
 Administration of TPA for Ischemic Stroke ED & ICU  
 Care of the Patient with Stroke  
 Swallow Screen  
 Teleneurology Consult

SCPMG Clinical Reference  
 Acute Stroke Management:  
<http://cl.kp.org/pkc/scal/cpg/>

**Stroke Process Measures**

- Door to calling Code Stroke – 15 minutes
- Door to MD assessment – 15 minutes
- Door to completion of Head CT– 25 minutes
- Completion of CT to results – 20 minutes
- Door to Results CT, Lab, EKG, CXR – 45 minutes
- Door to Needle for IV tPA - <60 minutes
- Telemedicine: Door to initial consult – 15 minutes
- Telemedicine: Door to videoconference - <30 minutes

**3 Parts to Neurological Check:**

Pupillary Response  
 Glasgow Coma Scale  
 Modified National Institute of Health Stroke Scale (mNIHSS)  
 Frequency is dependent on level of care for patient:  
 Every 4 hours for Telemetry (minimum requirements)  
 Every 2 hours for SDU  
 Every 1 hour for ICU (unless patient on post TPA protocol)  
 Any negative Neurologic change will be immediately reported to the physician.  
 Swallow Screens will be assessed on all stroke & TIA patients.



**Moreno Valley Medical Center  
 Advanced Disease-Specific  
 Certification  
 Primary Stroke Center 2015**

**Code Stroke Protocol**

**B** = Balance, dizziness, difficulty walking  
**E** = Eyes, blurred, double or no vision  
**F** = Face uneven, weak, or numb  
**A** = Arm weakness, numbness, tingling  
**S** = Speech slurred or strange  
**T** = Time, Last Known Well Time 8hrs or less  
**G** = Glucose check, r/o hypoglycemia

*TPA is the only FDA approved drug for Ischemic Stroke and must be given within 3 hrs of symptom onset.*

An Accurate Weight **MUST** be taken and documented before administering TPA (0.9mg/kg)

**Call x300 Activate Code Stroke**

**“It is a Stroke until proven otherwise.”**

**Stroke Facts in USA:**

4<sup>th</sup> cause of death in men and 3<sup>rd</sup> cause of death in women  
 1<sup>st</sup> leading cause of disability  
 750,000 strokes a year  
 80% are Ischemic  
 Costs \$28 billion per year  
**Majority of strokes are PREVENTABLE**

**Core Stroke Team**

**Medical Director:**  
 Dr. Jorge Lipiz @ [Jorge.X.Lipiz@kp.org](mailto:Jorge.X.Lipiz@kp.org)  
**Stroke Coordinator:**  
 Noelani Warren, RN @ [Noelani.C.Warren@kp.org](mailto:Noelani.C.Warren@kp.org)

**All Stroke & TIA Patients need to be given the Stroke Education Packet on admission and this needs to be documented under Patient Plan & Education in KPHC as printed materials (PM) given. It is available in both, English & Spanish.**



**F ACE**

Look for an uneven smile



**A RM**

Check if one arm is weak



**S PEECH**

Listen for slurred speech



**T IME**

Call 911 at the first sign

**Stroke Core Measures**

- STK1 • VTE Prophylaxis
- STK2 • Antithrombotic therapy at hospital discharge
- STK3 • Anticoagulation Therapy
- STK4 • IV Thrombolytic Therapy
- STK5 • Antithrombotic Therapy by end of hospital day 2
- STK6 • Statin Therapy
- STK8 • Stroke Education
- STK10 • Assessed for Rehabilitation

# Management of Inpatient Diabetes

When a Diabetic Patient is admitted to the hospital

## 1. Get a Hemoglobin A1C

- Assess for last A1C.
- Hospitalized patients need A1C done within a 2 month period
- Notify rounding physician for A1C order if needed
- For A1C above 9 make sure referrals are completed as follows:
  - Inpatient Clinical Case Manager
  - Social Services
  - Dietician

## 2. Help prevent avoidable Hypoglycemic Events

- Assess diet and document percentage of meals and snacks
  - Carry out the 15/15 rule
    - 15 grams of CHO every 15 minutes until blood sugar reaches 80 or above
  - Notify rounding physician for medication evaluation and possible medication change
  - Assess NPO patients for possible need of IV fluids with dextrose
- Care Plan and Needs Assessment for Diabetes Education upon admission. Continue diabetes education based on the needs assessment during the hospital stay.
- Assess diabetes medication for onset, peak, and duration of action (see chart)



INSULIN TYPE	Onset of Action	Peak of Action	Duration of Action
Regular Human Insulin (Humulin-R®)	30 to 60 minutes	2-4 hours	5-8 hours
Insulin Human Isophane (Humulin N®)	1 to 2 hours	2-8 hours	14 to 24 hours
Glargine (Lantus®)	1-2 hours	Steady Level (may peak 4-5 hrs)	10.8 to 24 hours
Insulin Lispro (Humalog®)	15 to 30 minutes	0.5 to 2.5 hours	≤ 5 hours
75 Lispro Protomine/25 Lispro (Humalog Mix 75/25®)	25-30 minutes	30 minutes-2.5 hrs	14 to 24 hours
U500-(5x more concentrated Humulin R Insulin®)	30 minutes	1-3 hours	Up to 24 hours
50 Insulin Protomine/50 Lispro (Humalog Mix 50/50®)	15 -30 minutes	0.5 to 3 hours	14 to 24 hours
Insulin Detemir (Levemir®)	1-2 hours	3-4 hours	7.6->24 hours

## 3. Help prevent patient Re-hospitalization

- Patient education
  - Review diabetes survival skills with patient
- Have patient view diabetes education
- Assess patient discharge instructions for clarity and understanding

## 4. Provide a smooth and safe Transition from Hospital to Home

- Provide diabetes survival skills smart phrase in patient discharge instructions
- Confirm a follow up appointment was made at time of discharge with PCP in one week
- For patients with A1C above 8: **refer to Population Care Management for follow up after discharge.**

### References:

- <http://pi.lilly.com/us/humalogpen-pi.pdf>
- <http://pi.lilly.com/us/humalog5050-pi.pdf>
- <http://pi.lilly.com/us/humalog7525-pi.pdf>

- Data on File. Lilly Research Laboratories.
- Insulin Glargine: Lantus Package insert 2007.
- Insulin Lispro: Humalog Package Insert 2011.
- Insulin Lispro: Mix 75/25: Humalog 75/25 Package Insert 2009.
- Insulin Detemir. Levemir Package insert 2007.
- Product information for Humulin R U-500 (concentrated). Eli Lilly and Company. Indianapolis, IN 46285. November 2011.
- Insulin Detemir. Levemir Package Insert 2012.

## Code Orange - DISASTER

A Code Orange will be announced if an internal or external disaster occurs. The Labor Pool will be activated when a Code Orange is paged over the PA system. If you are instructed to report to the Medical Center for reassignment, please report to the Labor Pool.

Each department in the Medical Center has an **Emergency Operations Manual** formally known as **Disaster Manual**

A complete summary of policies and procedures is located in your department Emergency Operations Manual (Disaster Manual).

## Code Silver

### Purpose

To provide assistance when confronted by an individual(s) brandishing a weapon, or one who has taken hostages.

### Response

Seek cover/protection and warn others of the situation.

Call security at ext. 300. Give them the following information:

- ⇒ Location • Number of suspects and hostages
- ⇒ Type of weapon(s) involved

**DO NOT go to the area specified in the Code Silver announcement.**

- ⇒ Evacuate, if possible.
- ⇒ Seek cover/protection and warn others of the situation.
- ⇒ Do not panic, stay alert.
- ⇒ Secure doors and take cover behind locked doors, if possible, and stand by for further instructions.
- ⇒ Cooperate with local Security and Police.
- ⇒ When incident has been resolved, "Code Silver, All Clear" will be announced.

## Code Secure

### INFANT SECURITY SYSTEM

**Call Ext. 300**

In the event of an actual or attempted infant abduction occurring at the Medical Center, a special procedure is activated called "Code Secure." The code is announced on the overhead paging system. A Security Officer is assigned to watch every facility exit to ensure that people leaving the facility are not carrying a child or a package/bag which might conceal an infant. All employees are asked to be alert to any suspicious activity such as persons leaving the facility carrying an infant or a package/bag which might conceal an infant and report it immediately to the Security Department.

## Code Red FIRE



If you discover a fire, remember the following procedure:

- R Rescue** those in immediate danger
- A Alarm!** Sound the alarm by pulling the nearest pull station, and call 300  
\*\*Off site clinics call 9-911\*\*
- C Contain** the fire by closing all doors
- E Extinguish** the fire or  
**Evacuate** the area

### KNOW THE FOLLOWING DEPARTMENT SPECIFIC INFORMATION:

Disaster Plan

Fire Evacuation Plan

Location of Fire Extinguisher

### TYPES OF EXTINGUISHERS

**Class A** - (pressurized water) Silver cylinder pressurized water extinguishers are for use only on fires involving combustibles such as wood and paper products and textiles.

**Class BC**-Large red extinguisher is used on Class B (flammable liquid, petroleum, grease) and Class C (electrical) fires.

### Class ABC

Small red extinguisher can be used on any fire.

### Class C

Electrical/Computer Fire Extinguisher.



### FM200

Replaced Halon, used in MRI Suite, OR Suites used on computer equipment.

### CARDIAC OR RESPIRATORY ARREST CODES

#### Code Blue

Over 14 years of age

#### Pediatric Code Blue

Baby, 15lbs. – 13 years of age

#### Code Pink

Infant up to 15 lbs.



# Code Grey

## Stat Calls – Security Assistance

Code Grey means security's assistance is needed immediately for threats, aggressive behavior, stalking and violence. All codes of this nature will be responded to immediately by security.

When calling Code Grey, please give the following information:

**Your name, your exact location, a brief description of why the call is being initiated.** This information is required so the Security Officer answering the call may take appropriate action without delay. **CALL Ext. 300**

Use Code Grey when at a specific location in the hospital, person or persons are creating a disturbance or there is the potential for a violent situation to erupt.

PLEASE INFORM YOUR SUPERVISOR FROM YOUR AREA WHEN A "STAT CALL" IS INITIATED.

## RAPID RESPONSE

### Purpose

The Rapid Response Team is a multidisciplinary team approach used to assess a patient whose condition is deteriorating.

### Response Team

The team at Moreno Valley consists of: Critical Care Nurse, Emergency Room Nurse, Respiratory Therapist and the Nursing Supervisor. The goal is to provide early and rapid intervention in order to prevent cardiac and/ or respiratory arrest and determine if transfer to a higher level of care would benefit patient outcomes.

To Activate Rapid Response: **CALL EXT. 300**, GIVE YOUR NAME, MVCH, and patient location.

## CODE STROKE

Offsite MOB's – dial 9-911

### PURPOSE

To assess and treat a patient presenting with symptoms of acute stroke in the inpatient setting

### SYMPTOMS:

- Sudden numbness or weakness in the face, arm, or leg, especially on one side of the body
- Sudden confusion or trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, loss of balance or coordination
- Sudden onset of headache with no known cause

**An RN or other Licensed person initiates RAPID RESPONSE if appropriate**

THE RAPID RESPONSE TEAM INITIATES CODE STROKE IF APPROPRIATE

### Response Team

Inpatient: Primary RN, Primary physician or Hospitalist, RRT, Lab, Nursing Supervisor (This alerts Radiology and Pharmacy)  
Emergency Room: Primary RN, ED physician, Nursing Supervisor (This alerts Radiology and Pharmacy)

## S.A.F.E. HOTLINE

Ext. 6600

In addition to reporting safety concerns, the S.A.F.E. Hotline has information available on:

- **Chemical Spills**
- **Glutaraldehyde**
- **SDS's**
- **Emergency Preparedness**
- **Formaldehyde Ergonomics**

**Every employee is responsible for the Safety Program.**

## Fall Prevention in the Hospital



Patient falls can occur in the hospital due to accidents, being in new surroundings and health related reasons. Patient Safety is our goal!! Each patient will be assessed regularly to help identify who is at "Risk". Patients at "Risk" will be banded with a Yellow Wristband. The patient and family will be educated on fall prevention. Environmental checks will be done by staff regularly and will include; side rail, call lights, bed locked and low, bedside table within reach, a raised toilet seat and bariatric commode. Our patients can expect to be safe while they are in our facility through this comprehensive Fall Prevention Program.

## Patient Wristband Identification Patient Identification: Does your patient have the correct wristband on?



Vaginal Packing

Yellow = Risk for fall

White = Admit-Primary Patient Identification

Green = Primary language other than English

## SAFETY IS NUMBER ONE

**Arlene Harrity**  
Compliance Officer  
951-353-4236

**MARIE KUZMYAK**  
Patient Safety Officer  
951-353-3026

**Corrie Sankey**  
Safety Officer  
951-353-5513

### KP COMPLIANCE CONNECTION HOTLINE

1-888-774-9100

### Compliance and Integrity

Models and reinforces ethical behavior in self and others in accordance to the Principles of Responsibility; adheres to organizational policies and guidelines; supports compliance initiatives; maintains confidences; admits mistakes; conducts business with honesty; shows consistency in words and actions; follows through on commitments.



# LOCKOUT/TAGOUT



There are machines and equipment in our workplace which require periodic servicing and maintenance. The unexpected start-up of these machines / equipment or controlled release of energy from them could cause injury to employees (e.g., electrocution, steam, hot water, compressed air, etc.). All Kaiser Permanente facilities have implemented a hazardous energy control program to prevent injury to employees. This program is known as Lockout/Tagout.

## Other and Affected Employees

All personnel who may have access to areas in which Lockout and Tagout devices are used are required to have the required level of understanding of the program as specified by Regional EH&S training and documentation requirements. Training modules for the following training criteria can be found on KP learn web-site at <http://learn.kp.org/>.

### All “Other” Employees

An “Other” employee is an employee whose work operations may be in an area where lockout/tagout procedures may be utilized are required to have training. All “Other” employees should be trained in the following:

1. Visual identification of the hardware involved (Locks and Tags)
  - a. A Lockout is a physical lock that holds a switch in the off position and shuts the valve so hazardous energy cannot be released while the maintenance is occurring.
  - b. A Tagout is a paper or plastic tag that is placed on a breaker/switch, or valve that warns other people not to operate it. Tagouts are used when a Lockout cannot be used.
2. **Lockouts/Tagouts are not to be removed or bypassed for any reason.** The person who applied the Lockout or Tagout device is the only person who may remove it. **If you see one, don't touch it. Someone's life may be at stake!**
3. **Tagouts are warning devices and provide no physical barrier to protect individuals. Tagouts have limitations.** Do not fall into a false sense of security when Tagouts are used. You should be aware that Tags are essentially warning devices affixed to energy isolating devices and do not provide physical restraints on those devices that is provided by a lock.

### Affected Employees

An “affected” employee is an employee whose job requires them to operate or use a machine or piece of equipment on which cleaning, repairing, servicing, maintenance, setting-up or adjusting operations are being performed under lockout or tagout, or whose job requires the employee to work in an area in which such activities are being performed under Lockout or Tagout. In addition to the training listed above, Affected Employees must be trained in:

Specifically how the program affects them: how they will be notified, when they are notified per the procedure, and the specific equipment and procedures that affect them, Identification of situations and equipment involving hazardous energy.

[An example is in Radiology if you work around certain MRI or CT Scan equipment.]

When equipment in your area needs to be Locked out or Tagged out, the appropriate department [for example, engineering or Kaiser Clinical Technology] will notify you of the upcoming work and any other information you will need to remain safe.








### Questions or problems:

If you see a problem with a Lockout/Tagout [e.g., torn or ripped, fallen off], inform your supervisor / team leader and the maintenance person identified on the tag immediately.

If you have any other questions or concerns about the lock out tag out program, contact your local engineering department or your local Environmental, Health and Safety Department.

# Moreno Valley Community Hospital WASTE MANAGEMENT STREAMS

Attachment C – 03-310

 <p><b>REGULAR WASTE CLEAR BAG</b></p>	 <p><b>BIOHAZARDOUS WASTE RED BAG</b></p>	 <p><b>SHARPS DISPOSAL CONTAINER</b></p>	 <p><b>PHARMACEUTICAL WASTE: BLUE &amp; WHITE CONTAINERS</b></p>	 <p><b>CHEMOTHERAPY YELLOW CONTAINERS</b></p>	 <p><b>SPECIAL R.C.R.A.** REQUIREMENTS</b></p>
<ul style="list-style-type: none"> <li>Trash, Paper, Wrappers</li> <li>Chux/Diapers (feces and urine OK)</li> <li>Gloves, gowns, masks</li> <li>Disposable Patient Items</li> <li>Empty urinary catheters, bags; urine specimen containers (when PHI is covered/ marked out).</li> <li>Empty IV bags and tubing with scant amount of fluids.</li> <li>Empty or near empty vials of n. saline.</li> <li>Empty Glass Bottles: Place in rigid regular waste container.</li> <li>Sanitary napkins</li> </ul>  <p><b>HIPAA - Recycle Marked "Goodwill"</b> Discard any reports, papers or labels with patient health information (PHI) in these containers. Examples: patient name, MR#, address, test results, and orders.</p>	<p>Put waste in red bag and close bag zipper or twist &amp; tie - at point of origin (before leaving patient room).</p> <p>Place waste in a rigid puncture-resistant container that is leak resistant when sealed and labeled on the lid and all sides with word "Biohazard" and the "biohazard symbol".</p> <p>Recognizable fluid blood and all OPIM (Other Potentially Infectious Material) (IC Manual Policy 6-1, 4-1)</p> <ul style="list-style-type: none"> <li>Suction Cannisters with secretions, fluids</li> <li>Hemovacs; Pleurevacs</li> <li>Cell saver</li> <li>Blood Tuing or IV tubing with visible liquid blood.</li> <li>Dressings with saturated, or dripping with Blood or other OPIM</li> <li>Plastic or glass bottles with bloody fluid or OPIM</li> <li>Any Disposable Items: drapes, plastic containers, packaging, liners soggy, dried, dripping or covered with Blood or OPIM</li> </ul>	<p>Dispose when container is ¾ full, close lid and write date on the label.</p> <p>Place sharps in a rigid puncture-resistant container that is leak resistant when sealed with "Biohazard" and the "biohazard symbol" label.</p> <p>Examples of Sharps:</p> <ul style="list-style-type: none"> <li>Needles, blades, scalpels, razors, pins, clips, staples, staple guns, IV spikes</li> <li>Opened or broken ampoules or glass</li> <li>Syringes, tubax, carpject, packaged needles</li> <li>Disposable Scissors, forceps</li> <li>Trocars, introducers, guide wires, sharps from procedures, specmen devices in endoscopy</li> <li>Thoracentesis Glass evacuation bottles</li> </ul> <p>Use appropriate size sharps container so that maleials do not stick out of containers at any time.</p> <p><b>PATHOLOGY WASTE DISPOSAL:</b> The Laboratory disposes of human tissue and anatomical waste as biohazardous waste. This waste is sent out for incineration.</p>	<p>Container labeled on lid and sides with "Pharmacy Waste - Incineration Only" and Biohazard Waste" or the biohazard symbol".</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>Broken glass containers or vials, unopened ampoules</li> <li>Syringes, carpject, tubex, medication vials</li> <li>IV Bags and tubing containing liquid that can not be put in sewer or drain.</li> <li>Partially used residual prescription. Example: vials, tablets, capsules, powders, liquids, cream/lotions, eye drops, suppositories, ½ tablet</li> <li>Narcotic patches (to be discarded in half)</li> <li>Waste narcotics and/or controlled drugs. (Must be rendered not usable.)</li> </ul> <p>Return to Pharmacy. Unopened/Unused or Expired Medications.</p>	<p><b>Trace Chemo Only</b></p> <p><b>Yellow Chemo/sharps</b> container marked "Chemotherapy Waste" with an approved label from DHS on lid and all sides.</p> <ul style="list-style-type: none"> <li>All supplies used to make and administer chemo medication</li> <li>Example: Supplies for administering treatments-Tubing, empty bags / bottles, vials, syringes, gloves, pads, masks, gowns, wipes etc.</li> </ul> <ul style="list-style-type: none"> <li>Return to Pharmacy all unused or unopened Chemotherapy medications.</li> </ul> <p><b>Universal Waste Stream</b></p> <p><b>BATTERIES</b> Used Batteries should be placed in white buckets labeled for "Batteries" and will be emptied by EYS by disposal dates or when ¾ full.</p>	<p><b>Hazardous Pharmaceuticals</b></p> <p>Return to Pharmacy at RCRA "labeled" Medications. Place in the return to Pharmacy bin in the Medication Room.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>Nitroglycerine in tubes or tablets (Not patches or packets)</li> <li>Unused /residual Warfarin; Mefenine gum.</li> <li>Amyl nitrite</li> <li>Aerosol inhalers: Flutalolide (Aerobid) Albuterol (Aloperent)</li> <li>Triamcinolone (Azmacort) Combivent Cromolyn (Intal)</li> </ul> <p><b>Hazardous Chemicals</b> Contact Safety officer for disposal. Examples: Phenol; acetic acid; formalin; ferric subsulfate; soda ash;</p> <p>** Federal Resource Conservation Recovery Act" governs hazardous material disposal.</p>

# RADIATION SAFETY

We are exposed to radiation/cosmic rays on a daily basis from the earth, buildings, and the food we eat. Radiation exposures such as these do not normally give us cause for alarm. As a Kaiser employee, it is important that you are aware of potential sources of radiation exposure in the medical center and the basic safety procedures to protect yourself.

## The 6 most common sources of radiation are:

1. **X-Ray producing equipment:** usually found in the radiology department, and in surgery, ER, and patient care areas, as well as specialty areas such as the cardiac cath lab.
2. **Diagnostic radionuclides:** usually found in the nuclear medicine department and in-patient care areas.
3. **Therapeutic radionuclides:** usually found in the nuclear medicine department and patient care areas where therapeutic nuclear medicine patients are cared for.
4. **Brachytherapy sources:** usually found in the same areas as therapeutic radionuclides.
5. **Radiation therapy equipment:** usually found in the radiation therapy department.
6. **Radionuclides:** used in laboratory activities.

## Occupationally Exposed Staff

- Those who routinely come in contact with radioactive materials (Radiological technologists and Nuclear Medicine technologists). These people are given special training in dealing with radioactive materials and are monitored.
- Those staff members who have occasional contact with radiation sources, such as nurses, are not considered Occupationally Exposed. Basic radiation precautions are to be followed by all staff. Occupationally exposed women who become pregnant are encouraged to notify the Area Radiation Safety Officer.

## 3 Radiation Exposure Situations:

1. When you are near an X-ray machine that is actually making an exposure.  
*In this situation, you may be exposed to the x-ray beam or scattered x-rays unless you are properly shielded.*
2. When you are near or in contact with radionuclides.  
*In these situations, radiation is emitted from radioactive material and from objects that have been contaminated by the radioactive material.*
3. When you or your clothing have been contaminated by radioactive material.

**Radioactive Contamination:** Is the presence of radioactive materials anywhere they don't belong.

- Not appropriately identified, contained, or controlled.
- Hazardous - can be present without you knowing it.
- May be external or internal (ingested, absorbed, or inhaled).
- Can produce significant levels of exposure.

**Non-Radiation Producing Equipment:** There is no ionizing radiation.

- X-ray machines not actively making an exposure.
- Patients who have had x-rays or external beam radiation therapy treatments.
- Nuclear medicine imaging equipment.
- Iodine contrast material.
- Ultrasound equipment.
- Radiation detecting laboratory equipment.
- Microwave ovens.

## Therapeutic Radionuclides

Therapeutic radionuclides are *unsealed* radioactive materials administered in therapeutic doses to patients orally or by injection. They include:

- Radioiodine (I-131), usually administered orally to treat hyperthyroidism and thyroid cancer.
- Yttrium-90, which is administered by injection to treat certain types of cancer.

## Radioiodine (I-131) Thyroid Cancer and Hyperthyroid Conditions: Safety Procedures

### Access to the patient:

*Private room, radioactive material sign posted on door, all visitors and ancillary personnel must be cleared by nursing, patient may not leave the room.*

### Visitors:

*None for first 24hrs, no pregnant or children visitors, patient must stay in the bed throughout the visit, visitors must remain at least six feet away from the patient, visits must end with the "limits of stay" time posted on the patient door and/or in the patient chart.*

### Patient Care:

- **No pregnant Staff.** *If pregnant and in patient area, wear your film badge at waist level. All other staff wear film badge at collar level. Plan your activities to reduce time in room, wear latex gloves, shoe covers, gowns and remove before leaving the room, wash your hands with gloves ON then dispose of the gloves and then wash your hands again.*

## State and Kaiser Permanente Standards

- 5,000 mrem per year is the maximum dose permitted by state regulations for workers considered to be "occupationally exposed."
- Kaiser Permanente standards are more conservative than the state's. **As Low As Reasonably Achievable = ALARA** Our maximum permissible exposure per year is 1,000 mrem.

## What does this mean for you?

- If you do not routinely work with or near radiation sources, or you work with low activity sources, you will probably receive no measurable radiation exposure.
- If you routinely work with radioactive material or radiation sources, you may be exposed to low levels of radiation. These low levels are measured with personal dosimeters and reviewed by the Radiation Safety Officer.

## BASIC RADIATION SAFETY

- **RECOGNITION**-Radiation sources are marked by the International Radiation Hazard Symbol; a magenta trefoil on a bright yellow background. Rooms containing X-ray producing machines are labeled "Caution X-ray."
- **DISTANCE**- Stay at least six feet away from any radiation source.
- **SHIELDING**- Do not remain or enter a room during X-ray exposures unless you are wearing a lead apron or are standing behind a lead shield.
- **TIME**-Reduce your exposure time to radiation by making sure you plan in advance to complete all procedures near a radiation source as quickly as possible.

## TIPS ON AVOIDING CONTAMINATION

- Wear gloves, a gown, and shoe covers if indicated.
- Avoid contact with objects or areas that may be contaminated.
- Don't eat, drink, or smoke in areas where radioactive materials are in use.
- Don't apply cosmetics or groom your hair while in the area.
- Wash your hands when leaving the area.
- Read and follow all signs and instructions.
- Don't handle radioactive materials unless you are trained to do so!

## SAFETY MANUALS

The Regional Radiation Safety Manual is the authoritative reference for radiation safety policies and procedures.

(<http://medphys.kp.org/dirs/rsm/rsmcont.html>).

Contact your manager or the Medical Center Area Radiation Safety Officer (ARSO) Dr. Robert Beck *Ext. 2019*

*Medical Radiation Physicist Robert Merrill: Teline 8-336-5180*

Further information on radiation safety may be accessed at the KP website at <http://www.rsct.kpscal.org/dirs/html>.

# PAIN MANAGEMENT

Moreno Valley's Pain Management Team Mission is to improve and promote pain management and comfort through patient and family centered care utilizing multidisciplinary collaboration and education. (Team Charter: Inpatient Pain Management).

## What is Pain?

“Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage, or both” —International Association for the Study of Pain

### Key Concepts:

- Patient Self-report is the **GOLD** standard
- Some of the harmful effects of unrelieved pain include: increased myocardial workload, Myocardial Infarction (MI), atelectasis, pneumonia and emotional distress
- Importance of comprehensive pain assessment to include: location, description, intensity, onset and duration, precipitating and relieving factors, effects on activity and rest

### Principles of Pain Management:

- Evaluate mechanism of pain (nociceptive, neurologic, visceral or muscle-skeletal)
- Use of the **multi-modal** approach
- Consider type and intensity to determine appropriate route of medications
- Consider characteristics of pain to determine frequency and dosing
- Discuss goals of treatment (ie: optimal function and quality of life)
- Use non-pharmacological interventions **to supplement**, not replace pharmacological interventions

### Recognition of pain behaviors:

- Facial expressions (crying, grimacing, wincing)
- Activity/body movement (guarding, restlessness, immobility)
- Social/personality/mood (impatient, demanding, agitation)
- Physiological/eating/sleeping changes/vocal behaviors (sleeplessness, decreased appetite, inability to focus or concentrate, increased vital signs)

### Improvement of HCAHPS Pain Management Scores and our Patients perception of care:

Many Small Test of Change that are either fully implemented or just beginning are:

- Pain awareness education and research-Regional Symposium, PRN Pain Course
- Nurse Pain Champions for each Hospital Unit
- Escalating when acceptable level of pain not reached
- Collaboration with multi-disciplinary team
- Appropriate use of pain assessment tools at the bedside so Patients are aware of pain management
- Chart audits
- Creating patient specific pain agreements and plan of care
- Patient rounding and Education
- Bundling of care
- Huddles with nursing, pharmacy, physicians
- Addressing pain during NKE-PLUS and Hourly Rounding
- Use of order sets for pain
- Comfort cart/Bereavement Cart

**The most reliable indicator of a patient's pain is... the patient's self-report**

**“Whatever the experiencing person says it is, existing whenever he says it does” Margaret**

## SBAR

SBAR = a method of assertive communication where individuals speak up, and state their information with appropriate persistence until there is a clear resolution.

**Get the Person's Attention → Express Concern → State Problem → Propose Action → Reach Decision**

**S**ituation— State the problem. What is going on now with the patient?

**B**ackground— Brief and pertinent information related to the problem.

**A**ssess— What is your assessment of the situation? What you found and/or think is going on with the patient (labs, vital signs, etc).

**R**ecommendation— What you want, request, or \*recommend to the physician (\*Followed by a respectful response, discussion, and plan).

**The SBAR model is a simple method to help standardize communication. SBAR allows all parties to have a common expectation:**

- What is going to be communicated
- How the communication is structured
- Required Elements

# Critical Events Team Training

## CETT Using Simulation

Kaiser Permanente Moreno Valley Medical Center



*Simulation is a technique, not a technology.*

“A simulation is a situation or environment created to allow persons to experience a representation of real events for the purpose of practice, learning, evaluation, testing, gaining understanding of systems, and gaining understanding of human actions (Harvard CMS Definition).”

Simulation provides a safe environment for the patient and provider, with the goal to elicit responses to clinical scenarios in order to identify areas for improvement in and within the individual, group and system responses. Simulation training is non-judgmental and incorporates corrective feedback as a guide to future actions.

What is Critical Event Team Training (CETT)? CETT is an immersive, interdisciplinary, educational experience that typically focuses on the critical patient. Training focuses on the entire team to teach medical management and teamwork/communication skills. Traditional didactic education is kept to a minimum so that the sessions are spent in simulation and debrief. CETT sessions are approximately four hours long, which allows enough time for scenario immersion and immediate debrief, which helps participants connect lessons and activities they learned from critical events into practice.

Kaiser Permanente CETT sessions are specific to perinatal, pediatric, intensive care, and emergency departments. Scenarios are common and rare emergencies that not only focus not on the technique, but interpersonal skills such as communication, role clarity, shared mental model, situational awareness and psychosocial safety.

## COEMIG Certification

An acronym that stands for

**C**enter **O**f **E**xcellence in **M**inimally **I**nvasive **G**ynecology

The minimally invasive gynecology surgeries that will be discussed can be broken down into two types:

- Laparoscopy
- Hysteroscopy
- Minimally invasive surgeries for gynecology are innovative
- Pain is reduced
- Leaves only small scars
- Can be done in an outpatient basis
- Quick recovery time with low blood loss



# Age-Related Competencies



You will encounter people of varying ages. Being equipped to meet the age related needs of our members will ensure quality care of patients of all ages.

## **Ways to apply Age-Related Competencies include:**

Considering cultural beliefs as they relate to age.

Utilizing interview techniques appropriate to the age of the patient and family members.

In the care plan and the evaluation of the effectiveness of care.

In the performance of patient care.

By how we approach patient education and the evaluation of comprehension, concerns, and compliance.

By being aware of the resources available on age-related development specific to patient needs.

By demonstrating age-related applications in annual skills validation.

Knowing normal value ranges for vital signs appropriate to all ages.

Obtaining appropriate sized equipment (blood pressure cuffs, crutches) for all age groups.

Positioning-proper body mechanics, assistance when needed.

Injections-phlebotomy-appropriate needle gauge and length, appropriate site.

CPR-compressions, depth and rate.

## **Examples of how you may relate age-specific competencies in your area.**

### **Infants: Trusting phase Birth—1 year old**

Seek to build trust in others, dependent, and begins to develop a sense of self.

### **Toddlers/Preschoolers: Are Curious 1-4 years old**

Involve the child and parent(s) I care during feeding, diapering, bathing.

Provide safe toys and opportunities for play.

### **School Age: Young Children Are Active 5-7 years old**

Involve parent(s) and child in care— child make some food choices.

Use toys, games, etc. to teach child, reduce fear.

Encourage child to ask questions, play with others, talk about feelings.

### **Older Children: Are Doers 8-12 years old**

Allow child to make some care decisions ("In which arm do you want the vaccination?").

Build self-esteem—ask child to help you do a task, recognize his or her achievements, etc.

### **Adolescents: Are In Transition 13-20 years old**

Guide teen in making positive lifestyle choices—for example, correct misinformation from Teen's peers.

Encourage open communication between parent(s), teen, peers.

### **Young Adult: Build Connections 21-39 years old**

Recognize commitments to family, career, community (time, money, etc.).

### **Middle Adult: Seek Personal Growth 40-64 years old**

Address worries about future—encourage talking about feelings, plans, etc.

Help with plans for a healthy, active retirement.

### **Older Adult: Enjoy New Opportunities 65-79 years old**

Provide support for coping with impairments (Avoid making assumptions about loss or abilities).

Encourage social activity with peers, as a volunteer, etc.

### **Elderly Adult: Move to acceptance 80 years +**

Support end of life decisions—provide information, resources, etc.

Assist the person in self-care—promote medication safety; provide safety grips, ramps, etc.

# Advance Health Care Directives

The Advance Health Care Directive (AHCD) is a legal document for adults 18 years of age or older that have decision making capacity, that addresses the appointment of a “health care agent” (legally designated medical decision maker in case one loses capacity to make their own medical decisions) and facilitates written directives for health care in certain situations, such as terminal illness, coma or decreased quality of life. Members can obtain a free Advance Health Care Directive from admitting, membership services, social services, the wellness store, and KP.org.



Legal AHCD’s are signed by the patient, and either:

- 1) two witnesses (one not a related by blood, marriage or adoption). (KP medical care provider, or volunteer or may not serve as a witness for members).
- 2) a notary, and
- 3) long term care Ombudsman if completed in a Skills Nursing Facility (SNF).

AHCD’s are located in Healthconnect at Chart Review/Media Tab/Document Type “Advance Directive”. Sort alphabetically by clicking on Document Type tab (be sure to load all patient records if indicated). If patient/family states that they have an AHCD, check to see if it is in Healthconnect. If not in medical record, ask family to bring a copy of AHCD to hospital at first opportunity.

Upon receipt of the AHCD, make sure that: 1) the patient NAME, MRN, DOB is on **each page of the document**. 2) That the document is, in fact, an Advance Directive for Health Care and not a General Power of Attorney, and 3) that the Advance Directive is signed by the patient.

**Do not send** a document to scanning that does not meet these conditions. Make a copy for the patient paper chart, a copy to send to regional scanning in the “scanning folder” located in each inpatient and outpatient unit.

Always check to see if “Advance Directive” is listed on the patient’s Problem List. If not, add to Problem List as a “high priority” item.

**Questions?? Contact Dan Wilson, Director of Bioethics at (951) 353-4442 office/ (951) 204-3437 work cell.**



## POLST

The California POLST form (Physician Orders for Life Sustaining Treatment) was created with the intent is to make patient treatment choices clear, accessible and honored in any health care treatment setting. It is printed on bright pink cardstock in a standard format so that it is easily recognized and located by family, Emergency Medical Services and hospital staff. POLST is a:

- 1) Physician Order recognized throughout the medical system in CA,
- 2) Directive for a range of end-of-life medical treatment, and
- 3) Portable document that transfers with the patient throughout the medical system.

POLST addresses three important health care questions:

- 1) Does a person without pulse or respirations want CPR or DNR?
- 2) Does a person is in a declining condition want “Full Treatment”, “Selective Treatment”, or “Comfort-Focused Treatment”?
- 3) Does a person want “Long term”, “Time-limited” or “No artificial means” of nutrition (feeding tubes, TPN)?

POLST forms are useful (but not required) for any patient with serious, chronic, progressive illness, especially those who a physician would not be surprised if the patient died within a year (the “Surprise Question”). Once a POLST is completed, signed and dated by the patient and physician it is a valid physician order, and honoring the form is mandatory in all health care settings. The POLST does not assign a legal “health care agent”, as the Advance Directive does, but it can clarify the generalized statements about treatment choices in many Advance Directives. It can be used in the SNF and Custodial settings, as well as at home.

If a patient presents at any Kaiser Permanente facility with a completed POLST form or Advance Directive, nursing should inform the treating physician immediately so appropriate hospital orders can be written. Then check to see if the form is available in Healthconnect (Chart Review/Media tab/Document Type). If not, copy the POLST and place one in the paper chart, one in the “scanning folder” to be sent to regional scanning as soon as possible, and return the original to the patient or representative.

If a patient appears to be a candidate for a POLST form, the treating physician should be notified. Forms will be made widely available through Social Services, Bioethics, Clinics and hospital units. Social Workers, Nurses and Bioethics can assist with the explanation and completion of a POLST, but a physician must review with the patient for understanding and clarity before signing. Copy the completed POLST, put one copy in the patient paper chart, one in the “scanning folder” to regional scanning, and always return original POLST to patient/family; do not place pink POLST form in patient Chart.

POLST should be reviewed periodically, and may be revised if needed. Changes require completing a new POLST, with the old one diagonally lined, voided, signed and dated, then sent by “scanning folder” to regional scanning as a “voided document”. Then use the “scanning folder” procedure to enter the new POLST as the current, valid form.



# **SOCIAL SERVICES DEPARTMENT HIGH RISK SCREENING AND REPORTING**

**How to Report** and **Abuse Forms** are available on the Kaiser Permanente Riverside Family Prevention Website at <http://kpnet.kp.org/scal/violenceprevention/riverside.html>

## **IMPORTANT PHONE AND FAX NUMBERS**

**Kaiser Permanente Riverside Medical Social Work Department** (951) 602-4077-*phone* or (951) 602-4239-*fax*

**Department Administrator** - Riverside Medical Social Work Department (951) 353-4642 or (714) 686-1834

**Kaiser Permanente Riverside Medical Center Security** – Extension 4545

**Child Protective Services** 1-800-442-4918

**Child Protective Services Fax** (951) 413-5122

**Adult Protective Services** 1-800-491-7123

**Adult Protective Services Fax** (951) 413-5815

**Riverside Ombudsman's Office** (951) 686-4402

**Riverside Sheriff's Office** (951) 776-1099

**Riverside Police Department** (951) 787-7911

**Corona Police Department** (951) 736-2334

**Law Enforcement - Menifee, Perris, Lake Elsinore, Wildomar, Moreno Valley, and Temecula** call 800-950-2444, press 5 for dispatch

## **CHILD ABUSE REPORTING**

**Accident or Injury to Infant, Child, or Adolescent - If Initial History &/or Physical Exam is Suspicious for Abuse:**

**REVIEW** medical record for previous suspicious injuries and **NOTIFY** and **FAX** form to the **Medical Social Work Department**.

**DO HISTORY** - Is it consistent with injury? Delay in seeking care?

**DO PHYSICAL** - Check all skin surfaces. If bruising, consider CBC, platelet count, PT, PTT, retic count.

**IF TRAUMA** - Consider skeletal survey or bone scan. **HIGH RISK CASES** - Children with significant head injuries, multiple fractures, rib fractures, "corner" fractures and multiple bruises not on exposed areas and burns.

**OTHER VICTIMS** - Are there any adults/children in the home affected by this behavior?

**HAVE QUESTIONS** – Consult with **Medical Social Work Department** or ask for the **Pediatrician on Duty** or in house pager 4435.

**REVIEW THE POLICY** – Suspected Child Abuse and Neglect (Number 03-196).

**You have a REASONABLE SUSPICION - COMPLETE REPORT** – complete Form SS 8572 and then **CALL CHILD PROTECTIVE SERVICES**.

**SIGNIFICANT PHYSICAL FINDINGS** - Physician must document the findings on Form OES 900, photograph all suspicious findings.

**CHILD NEEDS PROTECTION** – **CALL POLICE** and **CHILD PROTECTIVE SERVICES** and **HOSPITAL SECURITY** for Immediate response.

If there is reasonable suspicion of child abuse, then **CHILD PROTECTIVE SERVICES** must be called to report the case & discuss the disposition of the patient.

## **CHILD SEXUAL ABUSE REPORTING**

**Suspected Sexual Abuse to Child who is less than 14 years old:**

**IF ABUSE OCCURRED MORE THAN 72 hours ago** – **CALL POLICE**. **NOTIFY** and **FAX** form to the **Medical Social Work Department**.

**COMPLETE REPORT**– complete Form SS 8572 and then **CALL CHILD PROTECTIVE SERVICES**.

The work up is not urgent, but should be done as soon as possible:

Follow and complete Form OCJP925.

If findings are suspicious, obtain GC/ chlamydia cultures from genital and rectal areas, and viral cultures from genital areas.

Take to Lab per protocol.

**IF ABUSE OCCURRED less than 72 hours ago** – **CALL POLICE**. **NOTIFY** and **MAIL** form to the **Medical Social Work Department**.

**If there are significant physical findings - Police or Sheriff will transfer patient immediately to Evidentiary Exam with Riverside Regional Medical Center.**

**PRIOR TO TRANSFER COMPLETE REPORT**– complete Form SS 8572 and then **CALL CHILD PROTECTIVE SERVICES**.

**REVIEW THE POLICY** – Suspected Child Abuse and Neglect (Number 03-196).

**Suspected Sexual Abuse to Adolescent, between 14 and 18 years old:**

**STRANGER OR DATE RAPE**– **CALL POLICE**. Then ask and encourage patient to give consent for exam.

**INCEST (Abuse by a Family Member)** – **CALL POLICE** and **CHILD PROTECTIVE SERVICES**.

**IF ABUSE OCCURRED less than 72 hours ago** – **CALL POLICE** and **CHILD PROTECTIVE SERVICES**. **NOTIFY** and **MAIL** form to the **Medical Social Work Department**.

**If there are significant physical findings - Police or Sheriff will transfer patient immediately to Evidentiary Exam with Riverside Regional Medical Center.**

**If family refuses consent, Child Protective Services will give permission.**

**COMPLETE REPORT**– complete Form SS 8572 and then **CALL CHILD PROTECTIVE SERVICES**.

**REVIEW THE POLICY** – Suspected Child Abuse and Neglect (Number 03-196).

**Consensual Sexual Activity – if the patient meets the criteria below:**

Sexual intercourse between a minor who is under 14 years old and a partner 14 years old or older.

Sexual intercourse between a minor who is 14 to 15 years old and a partner who is 21 years old or older.

**COMPLETE REPORT**– complete Form SS 8572 and then **CALL CHILD PROTECTIVE SERVICES.**

**NOTIFY** and **MAIL** form to the **Medical Social Work Department.**

**ELDER and DEPENDENT ADULT ABUSE**

**Assess for Suspicion of Abuse:**

**YOU HAVE IDENTIFIED ONE OR MORE OF THE FOLLOWING:**

**Physical Abuse-** (bruises, poor medical care)

**Physical Neglect-** (unkempt appearance, poor hygiene)

**Emotional Abuse-** (complains of name-calling, fearful)

**Material / Financial Abuse-** (complains of others withholding funds for care, missing personal funds)

**NOTIFY-** the Medical Social Work Department.

**ASSESS** - decision-making capacity of the elder or dependent adult.

**SEPARATE** – the elder or dependent adult from abuser if in immediate danger.

**REPORT UNDER THE FOLLOWING CIRCUMSTANCES:**

Observing an incident that reasonably appears to be physical abuse including emotional abuse, mental suffering, financial abuse, neglect or abandonment.

Observing a physical injury (nature of injury, location on body, repetition of injury indicates abuse).

When told by elder or dependent adult about any type of abusive behavior.

**OTHER VICTIMS** - Are there any adults/children in the home affected by this behavior?

**COMPLETE REPORT**– complete Form SOC341 and then **CALL ADULT PROTECTIVE SERVICES.**

**EMERGENCIES** – extreme abuse and/or adult may die - **CALL POLICE and ADULT PROTECTIVE SERVICES.**

**ABUSE OCCUR IN CARE FACILITY OR ADULT DAY CARE CENTER – CALL ADULT PROTECTIVE SERVICES and RIVERSIDE OMBUDSMAN.**

**ANY ABOVE SITUATION** - **NOTIFY** and **MAIL** form to the **Medical Social Work Department.**

**INTIMATE PARTNER VIOLENCE and DOMESTIC VIOLENCE**

**Assess for Suspicion of Violence:**

**SCREEN-** Sample Opening Question *“Are those injuries due to physical abuse? Has somebody been hurting you?”*

**ASSESS and OBSERVE -**

Injuries inconsistent with the description of cause.

Painful vaginal exams.

Victim/partner behavior.

Delay in presenting (old bruises).

Comments about emotional abuse.

Injuries during pregnancy.

**TREAT ANY INJURIES and DOCUMENT IN MEDICAL RECORD -**

Use patient’s own words.

Obtain consent to photograph.

Include history of abuse.

Describe visible injuries specifically.

**ASSESS RISK -**

Gun or other weapon involved?

Does he/she think it’s safe to go home?

**OTHER VICTIMS –**

Are there any adults/children in the home affected by this behavior?

**OFFER SUPPORT -**

State *“There is help available.”*

**NOTIFY –**

Contact the Medical Social Work Department.

**EDUCATE –**

Provide domestic violence handouts.

**REFERRAL AND FOLLOW-UP -**

Make an in-patient or out-patient referrals to **Social Services.**

**NOTIFY** and **MAIL** form to the **Medical Social Work Department.**

**Indicators of Abuse and Neglect:**

can include a wide variety of behaviors and observations.

**All materials needed for abuse/neglect can be found on the Kaiser Permanente Family Violence website at**

<http://kpnet.kp.org/scal/violenceprevention/riverside.html>. On this webpage you can find, forms, resources, education videos etc.

Social services can be called during the weekday to discuss the case.

# Employee Health

Riverside MOB III (3rd Floor, Suite 346) 951-353-4525 tie-line 258

Moreno Valley Hospital (MOB 1) 951-601-2903 tie-line 299



## 1. Annual Health Screening

- Required by the State & Kaiser Permanente Human Resources every 12 months
- All employees/physicians must complete annual health questionnaire
- If positive TB skin test - just need to complete the annual health questionnaire
- If negative TB skin test - need annual PPD skin test and the annual health questionnaire
- If the TB skin test is received outside of Kaiser, employees/physicians are still required to complete the Kaiser Permanente annual health questionnaire
- Always check with Employee Health to verify compliance
- You are responsible to remember when you are due. Non-compliant, employees can be suspended for 2 days with no pay or employment terminated
- EHS checks and addresses immunity to contagious diseases as required by the Health Department
- Authorization/disclosure form must be updated every 36 months
- Main campus hours: 7:30am -12:15pm and 1:30pm -4:30pm, , open Monday and Tuesday through lunch
- Moreno Valley Hospital (MOB1) hours: 7:30am -12pm and 1pm -4:00pm

## 2. Fit testing

- The Respiratory Protection Program requires that all employees/physicians that work inpatient, OR, ED, perform/assist with intubation, bronchoscopies or might have contact with a patient on Respiratory isolation should be fit tested annually, including N95.
- Check with Employee Health for your fit test status
- The paperwork and test take about 15 minutes

## 3. Blood Borne Pathogens Exposure (BBP)

- Needle stick, body fluid splash(urine, blood, emesis, etc), bite, and/or a scratch
- Make sure you wash the affected area thoroughly first
- Report to your immediate supervisor
- Get BBP package from supervisor to take to the physician visit
- Go to Urgent Care or Emergency Room within a 2 hour period
- Contact EHS, 8-258-4212 or pager 951-774-8668

## 4. Flu Vaccine

- Kaiser mandates employees/physicians to be vaccinated against the flu
- Anyone unable to have a flu vaccination must sign a declination
- Protect your patients, family and self during flu season

## 5. EHS Forms

- EHS forms can be obtained from your manager or they can be found on-line on the “S” drive in file labeled “Healthy Workforce”, in file : EHS forms.



### Latex Allergies

For those employees and patients who are sensitive to natural latex products we offer a safe environment and use latex free supply carts. For our employees who are experiencing allergic symptoms, please let your manager and Employee Health Department know about any symptoms of sensitivity you may develop.



*Workplace Violence Can be Stopped Before it Starts*

# Threat Awareness

At Kaiser Permanente, we want to ensure a safe environment for all employees, physicians, patients, students, volunteers, contractors and visitors in order to provide the best care possible. Acts or threats of violence by employees, physicians, members, and visitors on Kaiser Permanente premises will not be tolerated. The carrying, possession, or use of any weapon on Kaiser property by any person is strictly prohibited. Threats can be verbal or nonverbal, direct or indirect.

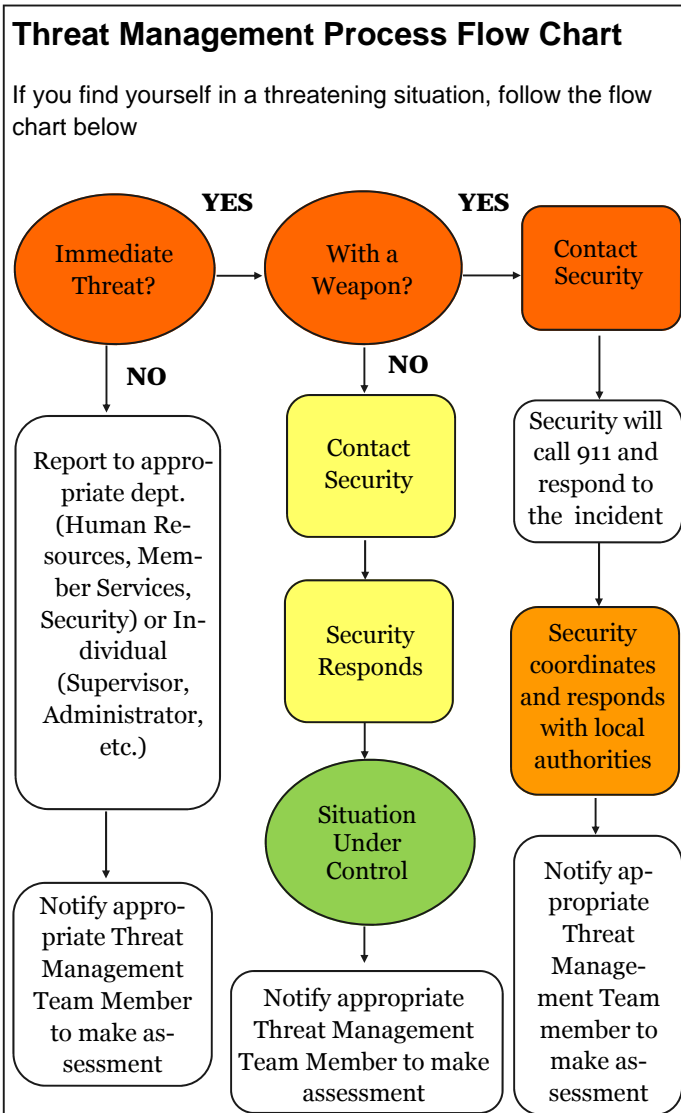
## Examples of Aggressions

- ~Irritable motor activity
- ~Increased talkativeness
- ~Pacing
- ~Aversion to physical contact
- ~Glaring eyes
- ~Urge to move about
- ~Forward leaning posture when speaking
- ~Growing resistance to direction
- ~Tightening muscles, clenching teeth
- ~Humming
- ~Hyper alert state
- ~Rising level of agitation

All physicians and employees are obligated to report any incident where they believe they have been the subject of threatened violence arising out of their relationship with Kaiser or if they observe or otherwise learn of such conduct by any person employed by Kaiser, using Kaiser services or on Kaiser premises.

Reports can be made to:

- ~Department Manager/Supervisor
- ~Security
- ~Administrator
- ~Legal Department
- ~Area Personnel Director



## Threat Management Team

A core team, which consists of Security, Human Resources, Administration, Employee Assistance Program, and Member Services, receives all threat reports, conducts a thorough risk assessment and implements a plan of action for low and moderate risk situations.

### Skills and Techniques for De-escalation:

- \* Acknowledge your own physical responses – try not to let them overwhelm or distract you.
- \* Stay professional and in control of yourself - remain calm.
- \* Remain non-threatening - verbal and physically.
- \* Listen carefully and empathetically for clues to the conflict - try to understand how the other person feels.
- \* Answer as many questions as calmly, clearly, quickly, and completely as you can.
- \* Neutralize language to lower the emotional levels - try to restate accusations, blame and insults so they are more neutral statements of behavior that can be addressed.
- \* Do not respond to manipulative or threatening behavior - focus on ending the conflict.
- \* Provide choices and consequences you can enforce - clear choices with clearly understood consequences.
- \* Take a time out - if possible, allow a few minutes for thought.
- \* Ask for third party help - do not hesitate to ask for help.

**For more information talk to your department manager, or contact the Safety & Security Department.**

# HOMELESS PATIENT IS

An individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a Primary nighttime residence that is...

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including sober living facilities, welfare hotels, congregate shelters, and transitional housing for the Mentally ill)
- An institution that provides a temporary residence for individuals intended to be institutionalized; **or** a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
- If he or she is being discharged from an institution where he or she has been a resident for **90** days or less and the person resided in a shelter or place not meant for human habitation immediately prior to entering that institution
- Individual or family is being evicted within **14** days from a private dwelling and no subsequent residence has been identified
- All disciplines involved in care **must document all interventions.**

<b>Homeless Discharge Interventions</b> Documentations must contain the following elements:	<b>MD</b>	<b>Nursing</b>	<b>Case Mgr.</b>	<b>Social Worker</b>	<b>Nurse Mgr. / House Super.</b>
<ul style="list-style-type: none"> <li>• Names, contact information and agreements made amongst patient, significant others, health care team members and representatives from outside agencies</li> <li>• Identified barriers and interventions Community resources provided</li> </ul>					
Homeless log entry		X	X	X	X
Cognitive intactness status	X	X		X	
Medically cleared for discharge	X				
Patient's belongings are returned and patient is wearing appropriate clothing		X			
Psychosocial assessment		X	X	X	
Contacts made with service/referral agencies			X	X	
Resources and referrals offered to patient			X	X	
<b>Shelter Checklist</b> completed (as appropriate) *CM/Nursing can complete form if patient refuses shelter		X	X	X	
Plan of care for post discharge, including specific names, agreements, barriers (including patient agreement/refusal), and resources		X	X	X	
Medical equipment/medications provided as needed		X	X	X	
<b>Homeless Discharge Checklist</b> completed with Executive Director/designee discharge approval					X

## What is EMTALA?

- ~ Emergency Medical Treatment & Active Labor Act
- ~ A section of the Consolidated Omnibus Budget Reconciliation Act (COBRA)
- ~ Enacted by Congress in 1986
- ~ Regulated by HCFA (Health Care Financing Administration), a branch of the Department of Health and Human Services (DHS)

### The EMTALA Education Plan

- ~ A process that is followed by all staff members to assure that every person seeking emergency care is directed to the Emergency Department
- ~ A method by which we ensure compliance with the EMTALA regulations

### How can I help?

- ~ Remember, Kaiser Emergency Departments are open to the public
- ~ We provide emergency medical screening and stabilizing treatment to the members of the community regardless of their ability to pay
- ~ Listen to what the patient says. Anyone who thinks they are having an emergency should be directed to the **Emergency Department.**



# SEXUAL HARASSMENT

Kaiser Permanente has a Zero Tolerance Policy for Sexual harassment. Sexual Harassment is wrong and it impedes productivity and morale. Sexual Harassment and other forms of harassment and discrimination violate federal and state laws. Sexual Harassment can cause a hostile work environment. Sexual Harassment is defined as unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct of a sexual nature, or based on sex/gender, which affects an employee's terms and conditions of employment or creates an intimidating, hostile, or offensive work environment.

Some examples of sexual or sex/gender based conduct prohibited by KP policy include:

- Sexual propositions, stating or implying that sexual favors are required as a condition of employment or continued employment, preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct; repeated unwanted sexual flirtations, advances, or invitations
- Unwanted physical contact, such as touching, pinching, grabbing, kissing, patting, or brushing against another's body
- Verbal conduct, such as sexually-oriented or suggestive jokes, comments, teasing, or sounds; comments about a person's body, questions about or discussions of another person's or one's own sexual experiences; sexually derogatory or stereotypical comments; verbal abuse of a sexual nature or based on sex/gender; sex/gender based hostility
- Offensive leering, flirtatious eye contact, staring at parts of a person's body, sexually oriented gestures
- Displays or distribution of offensive, sexually suggestive pictures or objects, drawings, cartoons, graffiti, calendars, posters, printed material, or clothing containing sexually oriented language or graphics
- Inappropriate electronic mail usage and transmissions, including sexually explicit messages, cartoons, jokes, and unwelcome propositions; as well as accessing or viewing pornographic websites

An employee who is subjected to, witnesses, or has knowledge of any actions or conduct in violation of KP policy or that could be perceived as sexual harassment should report it promptly to an appropriate management official, such as a supervisor or the local Human Resources representative. Individuals may also choose to use the EEO Internal Complaint Procedure or the Corporate Compliance Hot Line.

***Any physician, manager, supervisor, or other exempt professional or management employee who witnesses or has knowledge of sexual harassment or other forms of harassment or conduct prohibited by this policy is obligated to promptly report such behavior to an appropriate representative in Human Resources so that it can be appropriately investigated.***

All reports of violations of this policy will be promptly and thoroughly investigated and to the maximum extent possible, investigations will be conducted so as to protect the confidentiality and privacy of the parties involved. If an investigation confirms that a violation has occurred, appropriate corrective/disciplinary action will be taken, up to and including termination of employment, as is necessary to assure a workplace free of harassment.

KP policy, as well as state and federal laws, prohibit retaliation, intimidation or reprisal against anyone who files a complaint and/or who cooperate with or participate in any procedures or investigations related to complaints. If it is determined that an employee has committed acts of retaliation in response to the actual or perceived filing of a complaint or participation in the investigation of a complaint, that person will be subject to corrective/disciplinary action, up to and including termination of employment.

For further resources please refer to Principles of Responsibility and the national HR policy listed Policy Title: Commitment to a Harassment-Free Work Environment Policy Number: NATL.HR.005

Applicable policies and forms can be obtained from local Human Resources or online at [inside.kp.org/myhr](http://inside.kp.org/myhr)

1. **Need KPHC Long Term Support (LTS) Assistance?** We will provide KPHC Long Term Support between the hours of 8:30 a.m. to 5:00 p.m. Monday through Friday. If you need KPHC assistance, please contact the Riverside LTS Department at tie line 8.258.5638 (951.353.5638). You may also leave a voice mail message. After hours, see #2 below and contact the National Help Desk and follow those instructions.

Physicians may also call the **Physicians Help Desk (8-395-5599/951.270.5599)** or the **National Help Desk (8-330-1143/1.888.457.4872)** for support.

2. **After hours needs:** *URGENT issues that arise after normal business hours, such as; after hours, weekends, evenings and night shifts along with holidays, please contact the National Help Desk at 8.330.1143 or 8.395.1143 (1.888.457.4872). The National Help Desk will then contact the Riverside LTS staff member on-call.*

Examples of **URGENT** issues are:

- If you are unable to access the system, please contact the National Help Desk for assistance. Remember if you haven't accessed KPHC within the past 90 days, your access will be denied. Your approving manager's authorization will be required before access can be reinstated. This applies to all MVCH staff and Physicians.
  - You have called the number above to reset your password and been told they need to reactivate your user account and you have not received a response within 20 minutes.
3. **For Equipment or Hardware issues:** Call the National Help Desk at 8-330-1143 (1.888.457.4872). **Please** mention that you are **an Inpatient HealthConnect** user so that Local ITFS can respond to your issues more quickly. For after hours, weekends and holidays, if there is a printer failure, please open a problem ticket with the Help Desk informing them that it is a **high priority and that it is the only printer on the nursing unit, in the lab or department.**
  4. **For HealthConnect functionality or workflow questions:** Contact the Riverside KPHC Long Term Support (LTS) team at tie line: 8.258.5638 (951.353.5638) during the office hours of Monday through Friday, 8:30 a.m. – 5:00 p.m. Also, you may leave a message and a member of the team will contact you as soon as possible during these business hours. Also, during regular business hours, our Inpatient Nurse Champion can be used as a resource. Her Riverside ext. is 8.258.3547 (951.353.3547).
  5. **Password Resets:** Call 8-395-KPHC (1.888.456.KPHC) and select Option #1  
If you have entered an incorrect password twice, **DO NOT try a third time** (if you get it incorrect a third time, you will be locked out of the system, which takes longer to fix.) Instead, call the number above to have your password reset.

**Riverside Long Term Support Team 8.258.5638/951.353.5638**  
**[http://kpnet.kp.org:81/california/scpmg/ssd/KPHC\\_Optimization/](http://kpnet.kp.org:81/california/scpmg/ssd/KPHC_Optimization/)**

# Infection Control Annual Review and Updates

**Contact Information:** For any questions regarding the following training, you can contact the following:

Department	Staff	Contact	Pager
<b>RMC Infection Control Department</b>	Charlene Bruce MSN CIC, Manager	8-258-3179	951.680.2853
	RN ICP	8-258-3625	951.774.7245
	Infection Control Project Analyst	8-258-3296	
<b>MVCH Infection Control Department</b>	Cynthia Rojas, MSN CIC, ICP	8-299-2502	951-940-2163
<b>Employee Health Services (EHS)</b>	Pamela E Miller, DA	8-261-6960	951.774.7345
	RN Coordinator	8-258-4212	951.774.7432
<b>Environmental Health &amp; Safety (EH&amp;S)</b>	Corrie Sankey	8-258-5818	951.774.8750

## INFECTION PREVENTION STRATEGIES

### Standard Precautions

Standard Precautions is the **FIRST TIER** of precautions that are designed for the care of **ALL** patients at **ALL** times regardless of their diagnosis or presumed infectious status. Standard Precautions requires the use of PPE when anticipating contact with the patient's blood or body fluids, non-intact skin and mucous membranes.

### Personal Protective Equipment (PPE)

PPE is designed to protect the skin, eyes, mouth or other mucous membranes during normal use while providing care. Selection of PPE is based on the type and degree risk associated with the task being performed. For any concerns about PPE (what type to use, proper training, etc.), contact EH&S or Infection Control Department.

Types of PPE include:

- Gloves
- Gowns
- Masks
- Protective eyewear/ Face shields



**Gloves** – used for anticipated contact with blood, body fluids, non-intact skin or rashes, etc. Gloves must be changed after contact with each patient, after completing each procedure involving different body areas, when contaminated and when torn or punctured.

**Mask and Eye Protection** – used for anticipated splash or spray of blood or body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes. Protective eyewear includes goggles or masks with shields.

**Impervious Gown** – used for any anticipated contact of clothing with blood or body fluids.

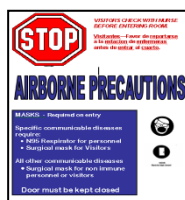
### Disposal of PPE

- Place PPE in regular trash unless grossly contaminated with blood or body fluids.
- When drippy or caked with blood or other potentially infectious materials (OPIM), PPE should be discarded in a biohazard container,
- PPE contaminated by chemotherapeutic agents are disposed in a chemo container.

**Hand hygiene after the removal of PPE is required every time.**

## TRANSMISSION BASED PRECAUTIONS

This second tier of precautions is designed to be used “in addition to” Standard Precautions for the care of patients infected with known or suspected epidemiologically significant organisms such as resistant organisms or *Clostridium difficile*.



**Airborne Precautions (blue)** include diseases transmitted by small droplets that can remain in the air such as Tuberculosis, Chickenpox and Measles. The **N95 respirator** is used for Tuberculosis, SARS, Neonatal Herpes Simplex, and the Bioterrorism agents Smallpox. For high risk procedures with Aerosol Transmissible Diseases, a Powered Air Purifier Respirator (PAPR) is required. (See ATD ECP below).

**Droplet Precautions (green)** includes diseases transmitted via large droplets (respiratory). A surgical mask is worn for close contact with the patient, usually 3 feet or less. These diseases include Pertussis, Influenza, Mumps, Epiglottitis, Meningococcal disease and Plague.

**Contact Precautions (orange)** reduces transmission by direct skin to skin contact or indirect contact by a contaminated item in the patient's environment. **Gloves and gown are donned before entering** the room. *Clostridium difficile*, VRE, MRSA, Scabies, Lice, cutaneous Anthrax, and Respiratory Syncytial Virus (RSV) are included in this category.



## Patients with history of colonized or active multi-drug resistant organisms (MDRO) are placed in contact precautions.

**Contact Plus Precautions (brown)** reduces transmission of *Clostridium difficile* by direct skin to skin contact or indirect contact by a contaminated item in the patient's environment. **Gloves and gown are donned before entering the room. Soap and water only are required for hand hygiene.** Daily room cleaning and cleaning of patient care equipment requires the use of a bleach based product. **See the Table of Diseases in the Infection Control Manual for more information.**

## STRATEGIES FOR PREVENTING HOSPITAL ACQUIRED INFECTIONS (HAI)

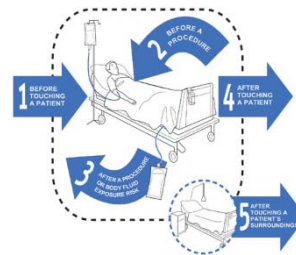
### HAND HYGIENE

We are mandated by the National Patient Safety Goals (NPSG) which states “*the hospital will provide hand hygiene education to the patient*” to provide patient education related to the requirement of every healthcare provider (HCP) to perform hand hygiene before care. At RMC we share on admission the brochure “**Clean Hands are Everyone's Responsibility**”. This brochure encourages the patient to participate in their care and observe the HCP for hand hygiene or request they wash their hands before providing care if necessary.

The most important way to prevent the spread of infection is through effective hand hygiene! The choice of plain soap, antimicrobial soap, alcohol-based hand degermer, or surgical hand scrub should be based on standards of care, the degree of hand contamination and whether it is important to reduce and maintain minimal counts of resident flora, as well as to mechanically remove the transient flora on the hands of HCP.

### Five Moments for Hand Hygiene:

- Before patient contact,
- Before an aseptic task (i.e. foley catheter insertion)
- After body fluid exposure
- After patient contact
- After contact with patient surroundings



### Effective hand hygiene can be achieved by two methods:

#### Soap and Water

Use when hands are visibly soiled or when providing care to a patient with *Clostridium difficile*.

- Washing with soap and water for a minimum of 15 seconds then drying hands
- Applying waterless alcohol degermer and rubbing hands together to cover all surfaces including between the fingers, thumbs and nail beds until dry.

#### Alcohol degermer

Hand decontamination with alcohol based degermer (gel, rinse or foam) has proven to be effective in killing microorganisms and can be used if hands are NOT visibly soiled.

## PREVENTING VENTILATOR ASSOCIATED PNEUMONIA (VAP)

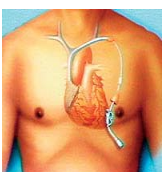
A VAP is the development of pneumonia after a patient has been intubated with an endotracheal tube. The IHI VAP Bundle elements include:

- Head of bed elevated to 30 -45 degrees unless other medical conditions do not allow this to occur.
- Perform hand hygiene before and after touching the patient or the ventilator.
- Oral hygiene for the patient on a daily basis
- Daily “sedation vacation” - daily assessment of readiness to extubate.
- Peptic ulcer disease prophylaxis
- Deep vein thrombosis (DVT) prophylaxis



## PREVENTING CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)

A CLBSI is a bloodstream infection related to a central line catheter. The IHI CLBSI elements include:



- Choose a vein where the catheter can be safely inserted and the risk of infection is small.
- Hand hygiene - Perform hand hygiene before putting in the catheter.
- Maximal barrier - Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient is covered with a sterile sheet.
- Clean site of insertion with Chlorhexidine skin antiseptics.
- Daily review of line necessity – decide daily if the patient still needs to have the catheter.
- Removal of unnecessary lines – the catheter should be removed if it is no longer needed.

All central line insertion “practices” must be reported through the National Health and Safety Network (NHSN); therefore, all elements must be documented accurately in HealthConnect.

Other prevention strategies include:

- Hand hygiene before and after accessing the central line.
- After hand hygiene, wear gloves before using the catheter to draw bloods or give medications.
- Scrubbing the “hub” thoroughly (10 seconds) with Chlorhexidine or alcohol before accessing.
- Carefully handling medications and fluids given through the catheter.
- Change the central line dressing utilizing a central line dressing kit weekly or when the dressing becomes wet or soiled or starts to lift.

## PREVENTING CATHETER RELATED URINARY TRACT INFECTIONS (CAUTI)

Catheters should only be used when necessary and should be removed as soon as possible. Only properly trained persons insert catheters using sterile technique. Bundle elements for the prevention of urinary tract infections related to the use of foley catheters include:

- Daily assessment of necessity – remove the foley if not necessary.
- Maintain closed system – avoid disconnecting the catheter and drain tube.
- Apply a securement device – to prevent pulling on the catheter, secure the tubing to the leg.
- Keep bag below the bladder to prevent the backflow of urine.
- Keep bag off the floor to prevent contamination
- Maintain an unobstructed flow by preventing twisting or kinking of the drain tube.



Other prevention strategies include:

- Hand hygiene before and after accessing the catheter.
- Daily meatal care.
- Use dedicated equipment to drain or measure urine.

## PREVENTING SURGICAL SITE INFECTIONS (SSI)



A surgical site infection (SSI) is an infection that occurs after surgery and is related to the surgery. An SSI is counted up to 30 days after surgery unless an implant is involved which is counted up to 1 year. NPSG requires the education of health care workers (HCW) “involved in surgical procedures about HAI, SSI, and the importance of preventions. Education will be upon hire, annually and when involvement in surgical procedures is added to an individual’s job responsibilities”.

To prevent SSI’s physicians, nurses and other healthcare providers will:

- Educate the patient and family about SSI prevention prior to surgery and on discharge.
- Identify and treat infections remote to the surgical site before elective surgery.
- Perform surgical scrub per facility policy and procedure before each case.
- Keep fingernails short and free of polish
- Do not wear hand or arm jewelry
- Wear a surgical mask that fully covers the mouth and nose
- Wear a cap or hood that fully covers hair.
- Maintain asepsis during the operative procedure.
- Limit the number of personnel entering the operating room to necessity.
- Protect operative site with sterile dressing for 24 to 48 hours postoperatively.
- Perform hand hygiene before and after dressing care or contact with the surgical site.
- Use steam sterilization (autoclaving) for surgical instruments and implants.
- Limit the use of flash sterilization to only emergency or essential needs.

## PREVENTING TRANSMISSION OF MULTIDRUG RESISTANT ORGANISMS (MDRO)

Each year nearly 2 million patients in the US get an infection in the hospital causing about 90,000 deaths. More than 70% of the bacteria that causes HAIs are resistant to at least one antibiotic. Some are resistant of multiple drugs making them difficult to treat. NPSG requires that “hospital educates patients and their families as needed, who are infected or colonized with an MDRO and about HAI prevention.” Senate Bill 158 requires the education of all staff and physicians about methods to prevent transmission of HAI to MRSA and other infections. Transmission of these organisms can occur through:

- Direct unprotected contact with a patient wound, urine, or any other site of infection
- Touching contaminated surfaces such as bed rails, IV pumps, overbed tray, door knobs, etc.

Therefore, **Contact Precautions** are implemented for all patients colonized or infected with an MDRO.

### Methicillin Resistant Staphylococcus aureus



MRSA refers to a type of bacteria (Staphylococcus aureus) that is resistant to many antibiotics. It is one of the most common causes of skin infections in the U.S. The majority of Staph infections are minor (pimples and boils). Staph can also cause more serious effects such as surgical wound infections and pneumonia. Because of resistance, MRSA can be hard to treat and lead to life-threatening blood or bone infections. HAI MRSA is associated with increased lengths of hospital stay and costs, increasing length of stay by 4 to 5 days. To prevent the spread of MRSA to others, patients with an MRSA infection, a history of MRSA, or those colonized with MRSA are placed into **Contact Precautions** that include but are not limited to the following:

- Use of PPE upon entering isolation room (gloves and gown)
- Hand hygiene before donning PPE and after removal of PPE
- Use of dedicated patient care equipment
- Thorough cleaning/disinfection of reusable patient care equipment
- Signage is posted on the door
- Isolation documentation flagged in HealthConnect
- Private room preferred (cohorting acceptable in certain conditions).
- Providing educational material for patients and family members including explanations of MRSA, why contact precautions are necessary, and the importance of hand hygiene.

### MRSA Active Surveillance Testing (AST)

As of January 2009, the State of California in Senate Bill 1058 mandates the performance of active surveillance (nasal cultures) within 24 hours of admission for the following criteria:

- Patients recently discharged from a facility within the previous 30 days
- Admissions to all ICUs (adult, peds, NICU)
- Patients receiving dialysis
- Transfers from long term care facilities

SB 1058 also states:

1. “If a patient tests positive for MRSA, the attending **physician shall inform the patient** or the patient’s representative immediately or as soon as practically possible”.
2. “Patient who tests positive for MRSA infection shall, prior to discharge, **receive oral and written instruction** regarding aftercare and precautions to prevent the spread of infection to others.

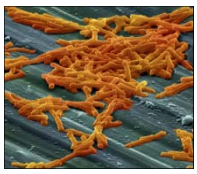
### Vancomycin Resistant Enterococcus (VRE)



VRE refers to a type of bacteria (Enterococcus) that is resistant to many antibiotics. Enterococci are bacteria normally present in the human intestines and female genital tract. Enterococci can cause infections in the blood, wounds, and the urinary tract as well as other areas. In some instances, enterococci become resistant to many antibiotics including Vancomycin making infections with VRE difficult to treat. Development of HAI depends on certain risk factors including host, hospital and medication variables. Patients with co-morbidities are at increase risk of death, with 30% attributable to mortality due to Vancomycin resistance. These patients have an increase length of stay of 2.9 to 27 days depending on the health status of the patient. In additions to Standard Precautions, patients with VRE are placed into **Contract Precautions** including but not limited to the following:

- Use of PPE upon entering isolation room (gloves and gown)
- Hand hygiene before donning PPE and after removal of PPE
- Use of dedicated patient care equipment
- Thorough cleaning/disinfection of reusable patient care equipment
- Signage is posted on the door
- Isolation documentation flagged in HealthConnect
- Private room preferred (cohorting acceptable in certain conditions).
- Providing educational material for patients and family members including explanations of MRSA, why contact precautions are necessary, and the importance of hand hygiene.

### Clostridium difficile Infection (CDI)



*Clostridium difficile* refers to a gram-positive, spore-forming anaerobic bacillus that causes diarrhea and colitis in susceptible patients. *Clostridium difficile* infection (CDI) most often occurs in patients taking antibiotics. The Cdiff spore can live on surfaces and in the environment for an extended period of time. CDI can spread from person to person on contaminated equipment and on the hands of HCWs. CDI now rivals MRSA as the most common organism to cause HAIs in the United States. It is associated with increased lengths of hospital stay and costs from 2.6 to 4.5 days. These patients are placed in **Contact Plus Precautions** including but not limited to the following:

Prevention strategies include:

- Judicious use of antibiotics.
- Use of dedicated patient care items and equipment;
- Clean and disinfect shared items between patients with bleach based product.
- Avoiding use of electronic thermometers; the handles become contaminated.
- Using **Contact Plus Precautions** with full barrier precautions (gown and gloves) for contact with their body substances and environment.
- Placing a sign outside the patient room indicating the patient is under contact precautions
- Hand hygiene before and after donning PPE
- Hand Hygiene with **soap and water** only (do not use alcohol degermer).
- Use of bleach based product for daily cleaning and on discharge.
- Obtaining stool specimen as soon as possible on stool soft enough to conform to the shape of a container.
- Repeat C.diff testing is not recommended. Only do additional testing when symptoms and diarrhea reoccur.
- Providing educational material for patients and family members including explanations of MRSA, why contact precautions are necessary, and the importance of hand hygiene.

### ENVIRONMENTAL AND EQUIPMENT CLEANING

It is important to maintain a clean and sanitary patient environment at all times. Cleaning of the environment or patient care equipment is done using a hospital approved germicide per hospital policy (See your facility Infection Control policy on the cleaning of patient care equipment. Know the product you are using and the required dwell time (or contact time required to kill most organisms per manufacturer’s recommendations. Two common products used include:

**3 minute contact time**



## **Spotlight on Safety 2015**

“All programs described here are intended for the use of Kaiser Permanente Riverside Service Area employees, physicians, students, contractors, vendors and any or all other participants at the Kaiser Facility. This newsletter was produced by the Riverside Department of Education and content experts.”

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