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# Student Orientation
# Nursing

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January 2019

# Our Mission

- **Patients First**
- **Quality Health Care**
- **Close to Home**

**HOW do we do this?**

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# To carry out our Mission we must focus on:

- **Patients First** – As we make decisions in our organization, we must always ensure our patients and their wellbeing are at the forefront.
- **Quality Health Care** – When we provide quality health care, we ensure we are doing the right thing, at the right time, in the right way, for the right person – with the best possible results.
- **Close to Home** – Our patients need not travel far for expert, high-quality, compassionate care. We are committed to meeting and exceeding the needs of our community, offering the best care available right in Wayne County.

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# Our Vision

- **To be the preferred choice for compassionate, high-quality, patient-centered health care.**
- Critical to achieving this vision are the concepts of:
- **Compassion** recognizes the responsibility we have to treat our patients, families and guests with the kindness and respect they deserve.
- **Quality** recognizes our clinical commitment to delivering safe, high-quality, evidence-based care to improve patient outcomes and enhance the care our patients receive.
- **Patient Centered** recognizes the reason we are here – to care for and serve our patients, putting their needs above all else.

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# Values:

- Compassion
- Respect
- Quality
- Teamwork
- Integrity

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# Compassion

Treat others with kindness, caring and a willingness to help

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# Respect

Be considerate of the feelings, needs, thoughts, ideas and preferences of others

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# Quality

Be a community of passionate people who use evidence-based best practices to keep patients safe and make health care better

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# Teamwork

Trust in each other, anticipate the needs of others and work together toward a common goal

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# Integrity

Maintain honesty, strong moral principles and a consistency in character

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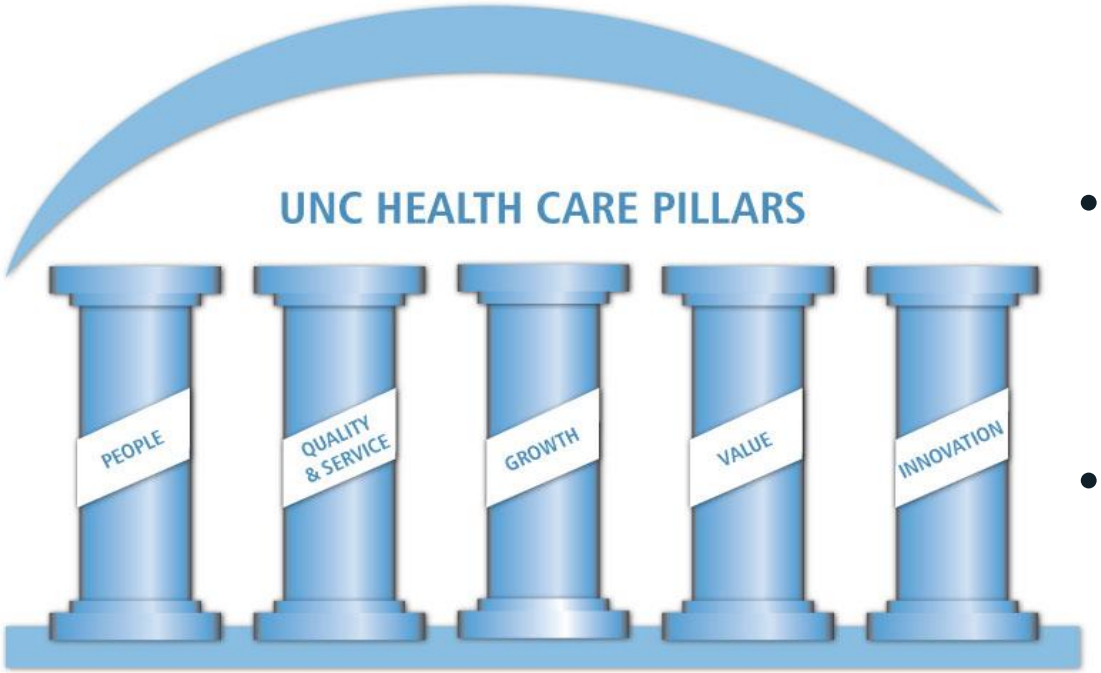


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## *Purpose of the Pillars*

- Unify in our direction and purpose
- Align our strategies, goals and operations
- Represent the priorities of UNC Health Care
- Unite our system and our co-workers

# Wayne UNC Health Care Pillars

| People | Quality & Service | Growth | Value | Innovation |
|---|---|---|---|---|
| • Includes co-workers, medical staff, volunteers, visitors<br>• Co-worker/ physician satisfaction<br>• Culture<br>• Training & Development | • Timeliness<br>• Service Excellence<br>• Patient Satisfaction<br>• Traditional quality metrics<br>• HCAHPS | • Increasing market share<br>• Partnerships with affiliates<br>• Partnerships with ACO-like models<br>• Access to care | • Cost/quality<br>• Finance, economics<br>• Community<br>• Integration efforts<br>• Productivity | • Clinical trials<br>• Research<br>• Best practices<br>• Continuous improvement<br>• Strategic partnerships<br>• New care models<br>• LEAN efforts<br>• Telemedicine |

# Behavioral Expectations

**These standards guide our day-to-day behaviors, our decisions, our actions, and our relationships with the medical staff, guests, each other and those we serve.**

- **Positive Impression (#1-3)**
  - **I will** greet everyone with a smile, making eye contact, introducing myself by name and title, and addressing them by their last or preferred name.
  - **I will** offer assistance to guests, escort them to their destination or hand off to someone who can.
  - **I will** speak positively about the organization and individuals, and professionally represent the organization in all actions and interactions.

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# Behavioral Expectations

- **Positive Impression (#4-6)**
  - **I will** provide positive, professional, and prompt responses and ensure my facial expressions and tone of voice is consistent with my words.
  - **I will** project a positive attitude and ensure that my work-related or personal challenges are kept separate from my patient care and professional activities.
  - **I will** commit to taking care of myself and my appearance. **I will** ensure that I am prepared to provide the very best service and project a positive image.

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# Behavioral Expectations

- **Teamwork**
  - **I will** welcome new employees and make time to assist all team members without being asked.
  - **I will** recognize the importance of team, department, and organizational goals and act accordingly.
  - **I will** recognize, respect and respond to the diversity of individuals and **I will** protect their dignity.

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# Behavioral Expectations

- **Effective Communication**
  - **I will** promptly and professionally answer the telephone with a smile, greeting the caller, identifying myself and the department, and offer assistance.
  - **I will** actively listen without interruption, focusing on the individual, and checking for understanding by repeating information and asking questions.
  - **I will** offer an apology to guests and team members without placing blame on anyone.

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# Behavioral Expectations

- **Environment**
  - **I will** take responsibility for the appearance of our campus by picking up and disposing of trash inside or outside of the facility and **I will** report needed repairs promptly.
  - **I will** take responsibility for reducing noise in patient care and work areas.

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# NO-PASS ZONE

- Never pass by anyone in need
  - If the patient's light is on, you are required to stop and see if you can help the patient or see what they need
  - Escort lost people to their destination

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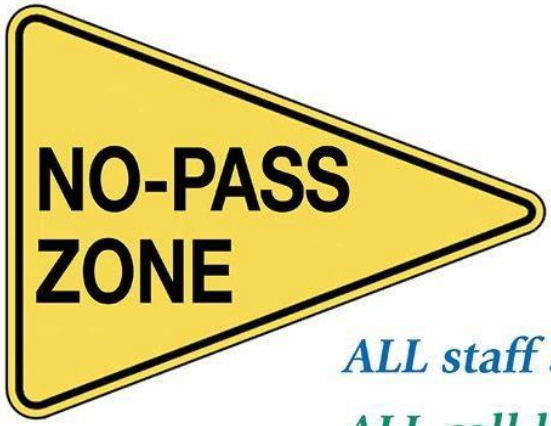


*ALL staff answering*
*ALL call lights*
*ALL the time*

# Corporate Compliance

## Required to Report Concerns - *most susceptible – Children, Disabled and Aged*

- **Abuse** - intentional inflection of pain, injury or mental anguish. Signs: multiple injuries, bruises, inappropriate burns or fractures, repeated ED visits, no opposition to painful procedures.
- **Neglect** – failure to provide adequate materials, shelter or food necessary for the health. Signs: poor hygiene, hunger, emaciation, delay in reporting injuries, abandonment.
- **Exploitation** – the illegal or improper use of a child or a disabled adult or the person's resources for another's profit or advantage. Signs: sudden change in banking practices, unpaid bills when resources are available, previously uninvolved relatives claiming rights to possessions.

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**If you suspect any of the above, seek guidance from Supervisor**

# HIPAA (Health Insurance Portability and Accountability Act) Compliance

This is additional HIPAA information that was not included in the Core Orientation

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These are laws and regulations every student should know.

**HIPAA = Health Insurance Portability and Accountability Act**


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# HIPAA Privacy & Security

**The Privacy Rule:**

– Protects an individual's health care information

– Identifies permitted uses and disclosures of this protected health information ("PHI")

– Gives patients control over their health information (Patient's Rights)

**The Security Rule:**

– Protects an individual's health care information maintained or transmitted electronically

– Requires administrative, physical, and technical safeguards for electronic PHI (ePHI)

– Disciplines workforce members who fail to comply with security policies and procedures

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# Student Intern Projects/ Data Collection involving Protected Health Information (PHI)

HIPAA (Health Insurance Portability and Accountability Act) Compliance

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# HIPAA: Privacy & Security

**What is PHI?** (Protected Health Information)

- PHI is ALL personal health, billing and demographic information in ANY format (Oral, Paper, Picture or Electronic) CREATED OR HELD by the hospital.

| PHI identifiers include information such as: | |
|---|---|
| Name | Phone number or fax number |
| Name of relatives/family member/employer | Date of birth, dates of service |
| Social security number or medical record number | Insurance and bank account numbers |
| Mailing and e-mail address | Face photos, voice, finger or retinal prints |
| ZIP code | Unique identifiers |

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# HIPAA

- HIPAA is a federal law.
- **Any information about a person's healthcare treatment or payment plan** that allows you to identify the individual is **Protected Health Information (PHI)** by HIPAA.
- **Any information that can be used to figure out an individual's identity**, such as an account number or health plan enrollment number is also **Protected Health Information (PHI).**

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# HIPAA

**Confidentiality is more than a legal and regulatory issue.**

It is:

- A basic show of **respect** for all patients and employees.
- A **trust** issue. All patients must be able to trust the healthcare agency to protect their medical information from inappropriate access.

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# HIPAA

**Did you know?**

Within the Electronic Medical Records systems,

***ACTIONS CAN BE TRACKED***

- Each time a patient's record is accessed.
- Which parts are accessed.
- Who accesses a record.
- How long a record is accessed.

Health Information Management (Medical Records) also tracks who accesses paper records.

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# HIPAA

**What Information Can YOU Access?**

It must be:

- Information to perform your duties as a student.
- Patient must be in your care.

**You CANNOT Access**

- Medical records of friends, family, high-profile patients, other employees or your own record.
- Former patients, even to see how they are progressing.

**Remember:** This information is **Protected Health Information (PHI)** and not needed for your duties.

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# Data Collection of PHI

- At no time should patient's PHI (including their name, initials, medical record number, account number, address, social security number, etc. be removed from the facility, stored on personal  computer/lap top, or be sent via email or fax unless it is ***encrypted***.

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# PHI Storage and Sharing

- PHI should not be emailed unless done via hospital issued and encrypted email, and then only as appropriate.
- PHI should only reside on facility owned,  password protected programs and computers.

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# Faxing PHI

- **Keep the fax machine out of view of the public and use a coversheet.**
- Before making any disclosure, verify the identity of the person requesting PHI and the person's authority have access to it **if both are unknown to you.**

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# HIPAA

**What Information Can You Share?**

- Note specific agency policy for patients who don't want to be identified for any reason.

Unless the patient objects, it is **OK to share**:

- Patient's name, room number and condition with clergy and those who ask for the patient by name in the hospital.
- PHI can be shared with the American Red Cross for disaster relief purposes and for military emergency messages.

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# When Can Information Be Given Without Prior Authorization?

- In medical emergencies (life or death) when there is no one available to give consent.
- If there is a possibility of abuse and neglect, healthcare workers follow legal guidelines for reporting (follow healthcare agency policy).
- If there is a communicable disease, it must be reported to public health agencies. Therefore, you need to notify your supervisor, who will notify the appropriate person/Infection Prevention/Control Department.
- In verifying medical treatment for insurance claims/Medicare payments.
- For subpoenas or court orders.

**Always ask your supervisor before sharing PHI without an authorization. They will guide you as to the correct procedure.**

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# HIPAA

**Ask yourself this question:**

**Can I identify the patient from the information shown?**

If the answer is “yes,” then this patient care information must be hidden from public view.

**Caution:** Confidentiality extends to social networking (Facebook, Twitter, YouTube, etc.) sites. As these become more commonplace, it is imperative no one discusses or posts patient information on these sites.

**Taking/posting photographs is not allowed.**

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# HIPAA

**Some Reasonable Safeguards to Protect PHI**

**Remember that PHI can be spoken, written and electronic**

- Place charts and reports facedown.
- Log off before leaving the computer.
- Avoid discussing patients in public areas (elevators, cafeteria, hallways).
- Place census lists in an area not visible to the public.
- **All hard copy reports –**worksheets or report sheets- developed during clinical, and **all electronic reports** are to be protected from public view and must not to leave the Department.

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# HIPAA

**Incidental Uses and Disclosures**

- PHI is communicated without intent while performing normal and permitted activities.
- These cannot be prevented using reasonable measures and are limited in nature.

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# HIPAA

**How to Prevent Violations?**

- Keep telephone calls and oral reports confidential.
- Protect computer passwords.
- Verify fax numbers.
- Remove patient names or other information that identifies a patient before recycling papers.
  - Use the identified Shred containers or
  - Use a heavy black marker or labels that can be obliterated
- "De-identify" other patient materials, e.g., such as armbands, before throwing away. De-identify means removing all PHI identifiers, i.e., any item that can identify a patient.

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- Place in a secure container for disposal or cut them into small pieces.

# HIPAA

**Written Authorization**

- Get the patient's **written authorization** before you give out information from the medical record.
- Contact Health Information Management or Medical Records for guidance.
- Refer to the healthcare agency policies on uses and disclosures of Protected Health Information.

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# HIPAA

**How to Say "No" with a Smile**

- "I can't talk about it. It's private."
  - "We are required to protect the patient's privacy."

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# HIPAA

**HIPAA Violations**

- Patient charts left open.
  - Discussions about patients in hallways, cafeteria or other public places.
- Computer screen open and visible
- Reports left on fax machines and printers.

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# Reporting HIPAA Violations

- Report violations or suspected violations to the HIPAA Privacy or Security Officer.
- You may  report anonymously, if you wish.
  - Wayne UNC Compliance Hotline, 919-731-5170.
- You will not be retaliated against if you report  a privacy violation.
- It is part of your role to report instances where you suspect policies are being broken.

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# HIPAA Violations

- Disciplinary action will be taken if student or faculty who are found violating HIPAA policies and accessing information that they have no need to know, which may include disallowing the student or faculty from future clinical experience at Wayne UNC.

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# Corporate Compliance: EMTALA

**EMTALA: What Is It?**

- It is a federal law.
- EMTALA: Emergency Medical Treatment Labor Act.
- Every patient who **comes to the Emergency Department** requesting **emergency medical care** gets evaluated:
  - By a qualified healthcare provider within the agency.
  - Regardless of the individual's ability to pay.
- If there is an emergency condition, the patient is treated or **transferred** to another hospital with specialized care.

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**Also known as COBRA and "Antidumping" Act**

# Corporate Compliance: Reporting

**Safe Medical Devices Act (SMDA)**

Medical devices include anything, other than drugs, used in a patient care or diagnostic setting such as:

- Beds
- Defibrillators
- Rehab Equipment
- IV Sets
- Implants
- Wheelchairs
- Bandages
- Lift Equipment
- Infusion Pumps
- Monitors
- Lab Devices
- Catheters

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# Corporate Compliance: Reporting

## Safety Management

- Be certain you have training before using equipment or performing procedures
- You have a responsibility to report workplace hazards to your supervisor.
- You must immediately report the following incidents to your supervisor:
  - Broken equipment or utility interruptions
  - Injuries
  - Spills or **Any other health and safety incident**

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# Corporate Compliance: Reporting

**Safe Medical Devices Act (SMDA)**

Federal law requires a **report** of all incidents where there is a reasonable suspicion that a medical device caused or contributed to a patient's

• Serious injury • Serious illness • Death

**Incidents are reportable if they:**

- **Require surgery or medical intervention.**
- **Result in permanent impairment of a body function.**
- **Permanently damage a body structure.**

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# Corporate Compliance: Reporting

**Safe Medical Devices Act (SMDA)**

If a patient is injured by a medical device, you should:

1. **Take care** of the patient's immediate needs.
2. **Remove** the device (save all settings and disposables).
3. **Label** device "Do not use" and include date and time.
4. **Alert** your instructor, so he/she can alert the supervisor.
5. **Report** unsafe device according to agency policy.

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# Corporate Compliance: Code of Conduct

**Important Compliance Issues and Definitions**

- **Fraud** is intentionally filing an incorrect claim to state or federal government for payment.
- **Abuse** is accidentally filing a claim that you should have known was incorrect.
- **Anti-kickback laws** govern issues such as paying for referral of patients or accepting inappropriate gifts.

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# Corporate Compliance: Code of Conduct

**Federal False Claims Act (FFCA)**

It is a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment.

**No proof of specific intent** to commit fraud is required.


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# Corporate Compliance: Code of Conduct

**What Is a Violation of the Federal False Claims Act?**

- Providing services such as **drugs, oxygen or X-rays without a documented physician order** and allowing billing to occur for those services.
- Caregivers **without current licensure** and required certifications.

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# Corporate Compliance: Code of Conduct

**Gifts from Patients**

- Staff, including students cannot personally accept gifts, tips, money or other gratuities from patients and/or their families.
- To allow the patient to show appreciation for care, small tokens such as cards, flowers, plants or candy may be accepted on behalf of the unit/department, but they are discouraged.

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# Corporate Compliance: Code of Conduct

**Consequences if Students Do not Comply**

- Contracts can be terminated.
- Fines and/or imprisonment.
- Healthcare agency could lose its Medicare and Medicaid funding and ability to treat patients.

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# Corporate Compliance: Code of Conduct

**Questions or Concerns?**

- Talk to department director/manager.
- See Compliance and Privacy (HIPAA) information in the specific agency policies/guidelines.
- Call the agency's Compliance/Privacy Officer or hotline.
- Or call toll-free – **866-506-8890.**

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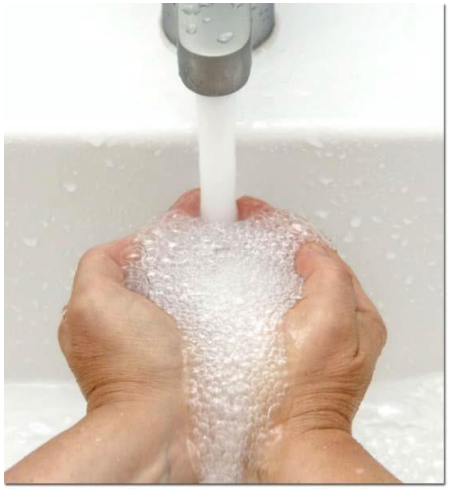
# Infection Prevention/Control


**Hand Hygiene**

The **expectation** is that each healthcare worker will perform proper hand hygiene whether wearing gloves or not:

- **Before** touching a patient or his/her environment.
- **After** touching a patient or his/her environment.



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# Infection Prevention/Control

**Hand Hygiene Compliance**

**As a healthcare agency, we take proper hand hygiene very seriously.**

**What if I fail to perform proper hand hygiene?**

- If anyone is observed failing to perform proper hand hygiene, the school/university will be notified.
- Repeated failings could jeopardize a school's or university's contract.

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# Infection Prevention/Control

## Bloodborne Pathogens

The healthcare agency's Bloodborne Pathogen (BBP)

Exposure Control Plan provides information on:

- Hepatitis B Vaccinations.
- Jobs and tasks that are risky.
- How to choose Personal Protective Equipment (PPE).

If you have questions about BBP:

- Contact appropriate agency department or refer to the agency's policy manual/resource
- After hours, contact the nursing supervisor or equivalent.
- To review the **BBP Exposure Control Plan**, access the agency's resource/policy manual.

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# Infection Prevention/Control

**Blood Spills and PPE**

When handling blood or "Other Potentially Infectious Materials" (OPIM) and anytime there is a risk of a splash, you **MUST** use the following Personal Protective Equipment (PPE):

- **Gloves** – When handling blood, OPIM or non-intact skin.
- **Gowns** – When there is a risk of splash of blood or OPIM to clothing.
- **Masks and Goggles (both) or Face Shields** – When blood or OPIM could splash your face.

Make sure you know where to find these items and how to use PPE.

**If it is wet, dripping, and doesn't belong to you, wear PPE!**

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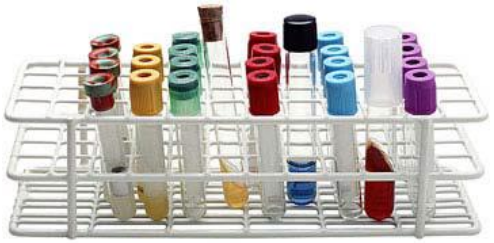
# Infection Prevention/Control

## Blood Spills and Exposures

To clean a blood spill/exposure:

1. Put on gloves and other PPE appropriate to the size of the spill.
2. Contain the spill.
3. Spray the area with an approved disinfectant.
4. Wipe clean.



If you are exposed to blood or other body fluids:

1. IMMEDIATELY wash the exposed skin with soap and water or flush mucous membranes with water or saline.
2. Report to infection prevention/control department or specialist/department per the agency policy. Follow up with your school per their policy.

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# Infection Prevention/Control

## Sharps Safety

Sharps Safety Devices are for your protection and, by law, you MUST use them. Examples of Sharps Safety devices:

- IM/SQ needles and syringes.
- Needle-less IV tubing sets.
- Safety lancets.
- Phlebotomy devices.
- IV safety catheter.
- Normal Saline syringes

**Sharps should never be thrown away in anything other than a Sharps disposal box.**

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# Infection Prevention/Control

## Standard Precautions

In addition to hand hygiene, PPE and safe injection practices, other elements of standard precautions include:

- Care and cleanliness of the work area.
- Cough etiquette and respiratory hygiene.
- Safe handling of laundry.
- Patient isolation and transportation.
- Handling of dirty patient-care equipment, instruments and devices.

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# Infection Prevention/Control

## TB Precautions

To prevent the spread of TB, patients suspected of having TB must:

- Wear a surgical mask until they are placed in a negative pressure,*

  private room.
- Be placed on “Airborne Precautions.”
- Wear a surgical mask anytime they are outside the negative pressure room.

**Students will not be caring for a patient with suspected TB**

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# Infection Prevention/Control

**Frequent Safety Round Issues**

Frequent infection prevention issues cited during safety rounds:

- **Open food and drink** – No open food and drink in clinical areas.
- **Linen** – Clean linen must be covered. NEVER place bags of linen on the floor.
- **Portable patient care equipment** – Must be cleaned between patients and identified as "CLEAN" per agency policy.

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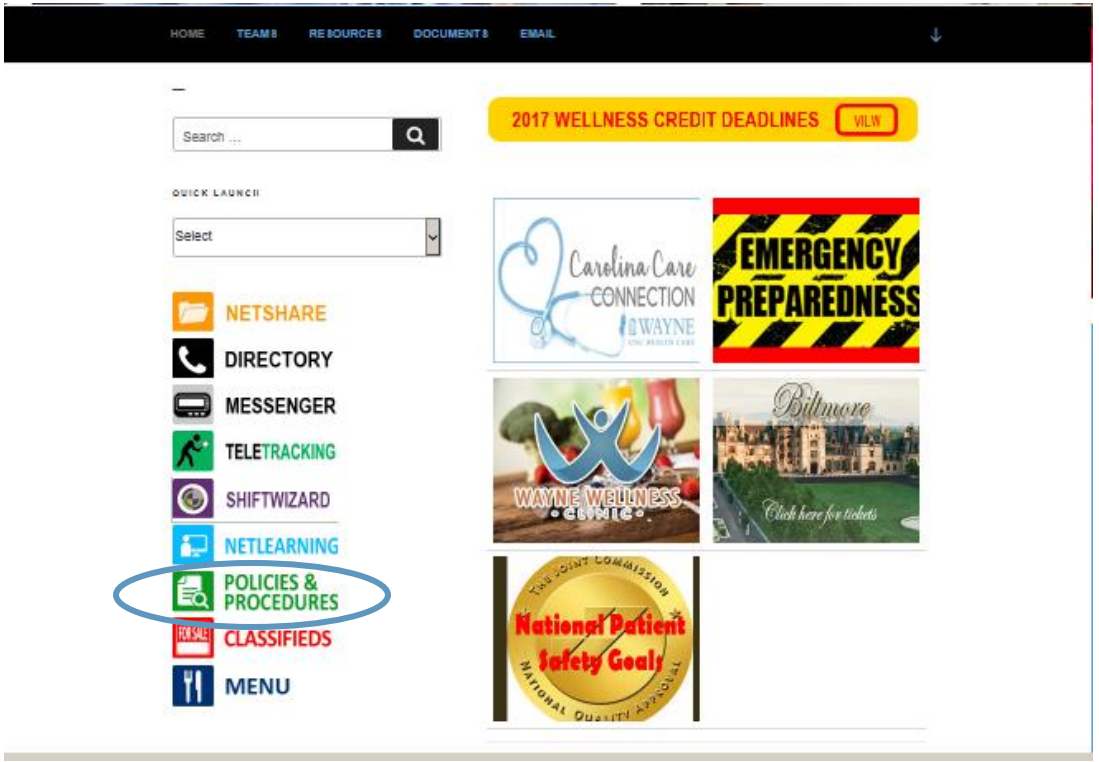
# Policies and Procedures

Policies and procedures are found by searching Policy Stat on the Wayne Web

- It is important you are familiar with Policies and Procedures in providing patient care.

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# Policies and Procedures

## **FALL REDUCTION** Is Everyone's Business

**In a hospital, an accidental fall can change a short stay for a minor problem into a prolonged stay.**

**Measures to Prevent Falls:**

Bed in low position / call bell in reach / non-clutter / pain assess & med / med evaluation / routine rounds / adequate lighting / non-skid footwear / soft touch call light/ routine toileting

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# Policies and Procedures

## FALL REDUCTION

- **Prevent Falls by Identifying "at Risk" Patients**
  - **Yellow arm band**
  - **Sign outside door and over bed of a falling star**

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# Policies and Procedures

**Recognition & Response to a Deteriorating Change in a Patient's Condition**

Purpose is to provide early and rapid interventions to promote positive outcomes

- Identify Early Warning Signs & Report
  - Refer to RRT (Rapid Response Team) policy for managing unstable patient situations

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# Policies and Procedures

**Reporting of Adverse Event**

Events that are inconsistent with Standards of Care

- Near Misses
- Serious & Non-Serious
- Goal: Improve Quality & Safety
- Refer to the agency's Reporting of Adverse Events Policy & Procedure

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# Policies and Procedures

- **RESTRAINTS**
- **Limited use** for Medical or Behavioral Reasons
  - Alternative Measures First
  - Preserve Safety & Dignity
  - Requires training
  - Required periodic release andoffer of food, water & toileting
  - Requires physician time-limited order, not PRN
- **Refer to the agency's Restraint Policy & Procedure**

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# Call 6000

For ANY Emergency: Missing baby/child, fire, code blue, Active shooter, patient out of control, police incident

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# Overhead Paging for Emergencies

- All Emergency Codes announced overhead will use ***plain language***.
- All Emergency Codes will be announced overhead a total of ***3 times***.
- All Emergency Codes will be preceded by the sound of the "***alert tone***".
- All Emergency Codes will begin with the word "***Alert***".

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# Out with the Old, In with the New

| Event: | Announcement: |
|---|---|
| | **Current:** |
| Fire | Alert + Fire Alarm + Device/Descriptor + Location |
| Cardiac Arrest | Alert + Code Blue + Location |
| Police Intervention Needed | Alert + Police Intervention + Location |
| Evacuate | Alert + Evacuation + Location |
| Infant/Child Abduction | Alert + Missing Person + Descriptor + Location |
| Mass Casualties | Alert + Mass Casualties + Descriptor |
| Patient Out of Control | Alert + Behavioral Event + Descriptor |
| Utility/Technology Failure | Alert + Type of Service Interruption + Location |
| Bomb Threat | Alert + Bomb Threat + Location |
| Active Shooter | Alert + Active Shooter + Descriptor + Location |
| Severe Weather | Alert + Type of Weather warning + Descriptor (NWS statement) + Further Instructions |

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# For example…,

- For **fire**, you will hear:
  - "*Alert tone*"
  - "Alert, Fire Alarm, 3rd Floor Nurses' Station"
  - "Alert, Fire Alarm, 3rd Floor Nurses' Station"
  - "Alert, Fire Alarm, 3rd Floor Nurses' Station"

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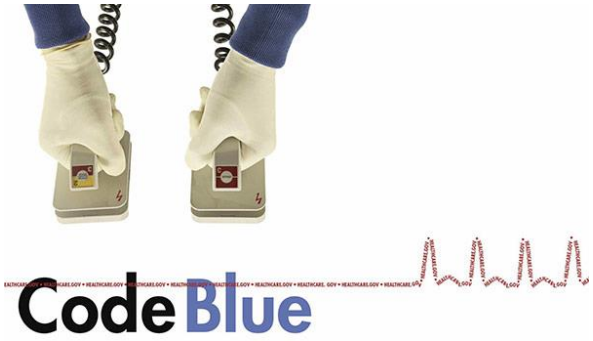
# For example…,

- For **cardiac arrest**, you will hear:
  - "*Alert tone*"
  - "Alert, code blue, Room 711"
  - "Alert, code blue, Room 711"
  - "Alert, code blue, Room 711"




- Notice that the "Code Blue" terminology hasn't changed, just the wording of the announcement!

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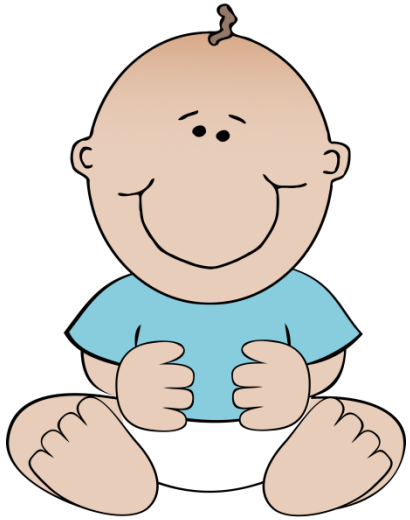
# For example…,

- For **child abduction**, you will hear:
  - "*Alert tone*"
  - "Alert, missing person, 2 year-old white female, 5th floor"
  - "Alert, missing person, 2 year-old white female, 5th floor"
  - "Alert, missing person, 2 year-old white female, 5th floor"



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# Oxygen Tank Use

**Oxygen tanks and other compressed gas cylinders can explode. They must be handled with extreme care – it's federal law!**

- Secure with a chain or in a rack when stored
- Use only an approved carrier during transport – an approved carrier is designed for this purpose.
- Store in limited quantities
- Full and empty tanks must be stored separately and clearly labeled for easy identification.
- Always begin with a full tank.

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# National Patient Safety Goals for Hospitals

- All hospitals receiving accreditation from The Joint Commission must implement the NPSG requirements in an effort to maintain safe environments and provide quality care to all patients.

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# GOAL 1: PATIENT IDENTIFICATION

## Improve the accuracy of patient identification.

- NPSG.01.01.01: Use at least two ways to identify patients. For example, use the medical record number and account number. This is done to ensure that each patient receives the correct medicine and treatment.
- NPSG.01.03.01: Ensure that the correct patient receive the correct blood when they get a blood transfusion.

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# GOAL 2: IMPROVE STAFF COMMUNICATION

Improve the effectiveness of communication among caregivers.

- NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.

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# GOAL 3: MEDICATION SAFETY

## Improve the safety of using medications.

- NPSG.03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
- NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of **anticoagulant** therapy.
- NPSG.03.06.01: Record and pass along correct information about a patient's medicines. Ask about the medicines the patient is taking. Compare those medicines to new medicines the patient is to receive. Make certain the patient knows which medicines to take when they are at home.

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# Goal 6: Clinical Alarms

Reduce the harm associated with clinical alarms

- 06.01.01: Improve the safety of clinical alarms systems.
  - Appropriate settings and response to clinical alarms.
  - Beds, Cardiac Monitors, Pulse Oximetry, Ventilators, etc.

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# Goal 7: Health Care-Associated Infections

*Reduce the risk of health care-associated infections*

- NPSG.07.01.01: Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Establish goals for improving hand cleansing. Utilize the goals to improve hand cleaning.
- NPSG.07.03.01: Use proven guidelines to prevent infections that are difficult to treat.
- NPSG.07.04.01: Use proven guidelines to prevent infection of the blood from central lines.

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# Goal 7: Health Care-Associated Infections

- NSPG.07..05.01: Use proven guidelines to prevent infection after surgery.
- NPSG.07.06.01: Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

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# Goal 15: Safety Risk

The organization identifies safety risks inherent in its patient population.

- NPSG.15.01.01: Identifying Individuals at Risk for Suicide

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# Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery

The organization meets the expectations of the Universal Protocol.

- UP.01.01.01: Make sure that the correct surgery is done on the correct patient and at the correct site on the patient's body.
- UP.01.02.01: Mark the correct place on the patient's body where the surgery is to be done.
- UP.01.03.01: Pause before the surgery to make sure that a mistake is not being made.

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# What is Pharmaceutical Waste?

Pharmaceutical waste is a medication that is:

- No longer used for its intended purpose
- To be discarded

Pharmaceutical waste is **LEFTOVER or UNUSED** medication contained in:

Vials

IV's with attached tubing

Oral medications

Ointments and Creams

Physician Samples

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# What is Not Pharmaceutical Waste?

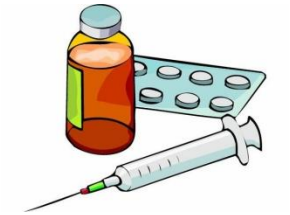
## These wastes will **NOT** be disposed in the new Rx waste containers!

Waste containing blood or other bodily fluids and empty sharps.

Empty IVs, vials, wrappers, and syringes will continue to be disposed of according to current procedures. An item is empty if it contains 3% or less of it's original volume.

**Plain down the drain**

Plain IVs – Can still go down the drain. Examples include: Saline, Potassium, D5, Electrolytes, and Lactated Ringers. (No Medications Instilled)



**Controlled Substances**

Follow your hospital's written policy.

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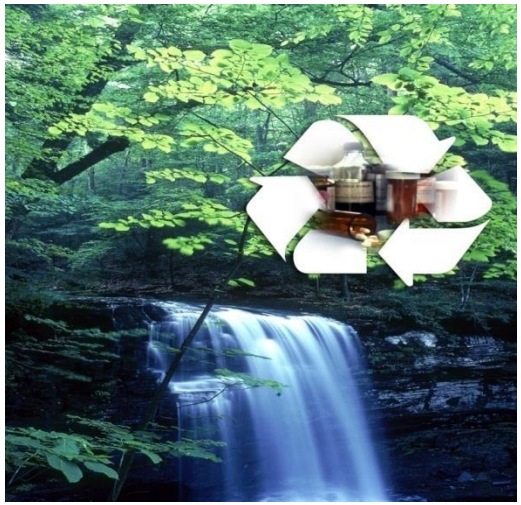
# Where does the Pharmaceutical Waste go and how will I know?



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# Pharmaceutical Waste Containers

Black Rx containers will be placed throughout the hospital

- Pharmacy
- Medication Rooms
- Soiled Utility Rooms
- On WOW carts (Only the 2 gallon sharps container on certain areas only)
- Procedural Areas(OR's, CT Scan Suite)


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# What Containers will be in my area?

Most areas will see a set of containers like these below:

- 8 Gallon Non-Sharp Rx Container.
- 2 Gallon Sharps Rx Container.

**Leftover/unused Rx in a non-sharp form/container.**

**Sharps with leftover/unused medication.**

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# What Drug Goes Where?

- The Entire hospital formulary was analyzed to determine disposal method.
- Disposal container is communicated to staff via the following-
  - Code in the label comments section of the MAR.
  - Black tape on the lining of the Pyxis cabinets.
  - A black hazardous sticker placed on Rx container/packaging.

**Some items cannot go into the containers on your unit, these will be marked to seal in a Ziploc bag and Send to Pharmacy.**

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| Message or Code | Action |
|---|---|
| **NO CODE- Non Sharp** | **Dispose in Black 8 Gallon Container** |
| **NO CODE- Sharp** | **Dispose in Black 2 Gallon Sharps Container** |
| **SP, SPC, SPO, SPLP & PBKC** | **Seal in Ziploc bag and Send to Pharmacy** |

# Compatible Hazardous and Non Hazardous Rx Waste

- **Any pharmaceutical without a message/code in a non-sharp form such as:**
  - Partial IVs
  - Unused Pills and Capsules
  - Partial Vials
  - Topical ointments (capped)
- **What does NOT go in the container:**
  - Controlled Substances
  - Sharps
  - Free liquids – seal liquids in a Ziploc bag
  - Empty containers and wrappers
  - Anything coded PBKC, SP, SPC, SPO, SPLP

- **Approximately 95% of all Rx Waste will go into this BLACK CONTAINER**

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# Waste in a Sharp

**Any pharmaceutical that is contained in a Sharp such as:**

- Partial Syringes
  - With or without an attached needle
  - Even with bio-hazard waste present
- Partial Ampules


**What does NOT go in the container:**

- Controlled Substances
- Free liquids – do not “shoot” Rx into the container
- Empty syringes
- Empty containers and wrappers

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# Incompatible RX Waste

## Incompatible Hazardous Pharmaceuticals

Rx waste that **CANNOT** be placed in the same container with other Rx waste because it may cause a dangerous chemical reaction.

Incompatible Pharmaceuticals are coded SP, SPC, SPO or SPLP.

Seal in a zip lock bag, Send to Pharmacy

***(2 and 8-gallon Black Containers only in the Pharmacy)***

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# Incompatible Rx Waste to Send To Pharmacy

- **A few items cannot go in bins on your unit because of laws from the DOT on how they are to be shipped.**
- **These items will be marked or coded (SP, SPC, SPO or SPLP) and include:**
  - Aerosol/Inhalers with propellant.
  - Leftover Multitrace 4 & 5 Concentrate.
  - Unused Botox, Doxycycline Hyclate.

- **<u>Seal the item in a clear Ziploc bag and send to the Pharmacy.</u>**

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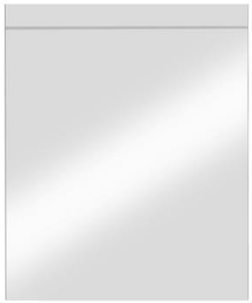

# P-listed Waste

- The EPA regulates certain chemicals a little bit more than most as they are historically very toxic to the environment; these chemicals are on the EPA's "P-list". The regulation on these chemicals goes on to mandate the collection of the residue and container that held the chemical.

- In a hospital, two (2) very common drugs are on the P-list. Their packaging must be collected as well as any remaining drug. These items will be marked or coded **"PBKC"** and are **ONLY**:

  - **Coumadin – dropped pills, blister packs and wrappers**
  - **Nicotine – unused patches, peels from the back of a patch, gum blister packs**

- **<u>Seal the item in a clear Ziploc bag and Send to the Pharmacy.</u>**

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# Chemo Drug Waste

Trace Chemo: Yellow container

- Empty (3% or less) bags, vials, ampoules
- Trace contaminated PPE
- Sharps that contain chemo

Chemo “bulk” **Black container**

- Syringes, vials, ampoules, IV bags with more than Trace amount of drug remaining in container
- Saturated PPE

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# Point of Care Testing: Accu-Chek Inform II

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# Who can perform FSBS with the new Accu-Chek Inform Meters?

- RN's, LPN's, NA's, and Laboratory Assistants may perform this test, as well as nursing students who have been trained and demonstrated proficiency.

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# Meet the Accu-chek Inform II

- This is the Accu-Chek Inform II meter.

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# The Meter

In this picture you can see

**1. Test Strip Port:**
Insert the test strip here

**2. Touch Screen**
(touch sensitive display)

- This screen allows you to perform patient tests, perform controls tests, and review results.
- To select any of these functions, simply touch the button on the screen.

**3. On/Off button**
Press this button to turn the meter on or off.

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# The Meter


4. Barcode scanner (laser)

The integrated barcode scanner can be used to read operator and patient IDs.

5. RF card label

This label displays registration numbers that are specific to the RF card used in the meter.

6. Battery Pack

Powers the device.

7. Reset button

Use this button to reset the device. Reset will not alter configuration.

8. Charging contacts

These contacts are used to charge the batteries when the meter is inthe base unit.

9. Infrared interface

Facilitates data communication with code key reader and base unit.

10. Cover for RF card

RF card for the wireless network (WLAN) is located behind this cover.

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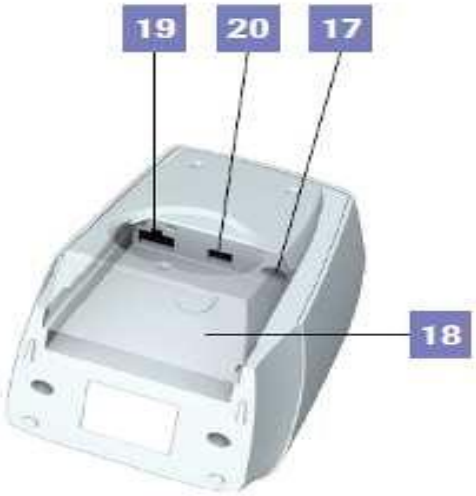
# The Meter


14. **Charging contacts**
15. **Infrared window for communication with the meter**
16. **Status LED (lights up when power is connected):**
    - Lights up red: Power supply is connected, application is starting up
      (Accu-Chek Inform II Base Unit only)
    - Lights up green: Ready
    - Flashes red: Error
    - Lights up blue: Configuration mode
      (Accu-Chek Inform II Base Unit only)

17. **Jack for the power supply unit provided**
18. **Removable mount for wall installation**

**The Accu-Chek Inform II Base Unit has the following additional elements:**

19. **Network connection**
20. **USB connection**

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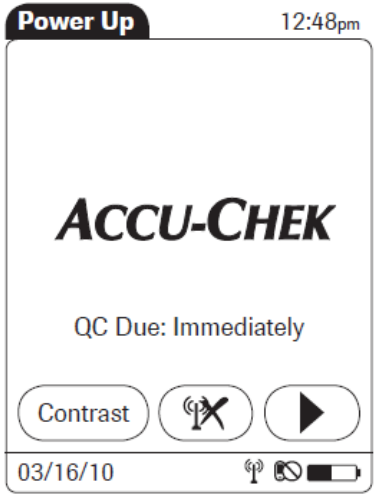
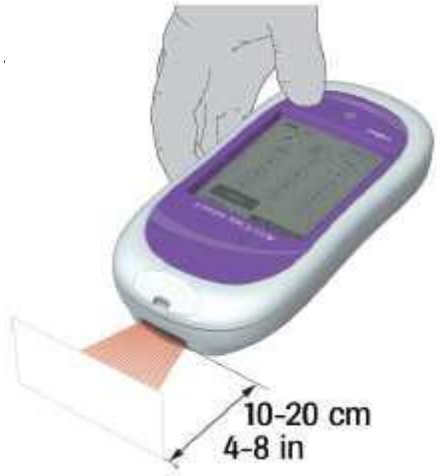
# Operation Of the Meter




Step 1: Press the power button.

Step 2: The “Power Up” Screen should open immediately, you will see a message at the bottom of the screen that says performing self checks. Once this is done the “Power Up” screen will appear you can press the arrow in the lower right hand corner or you can wait 5 seconds for it to proceed to the Operator ID screen.

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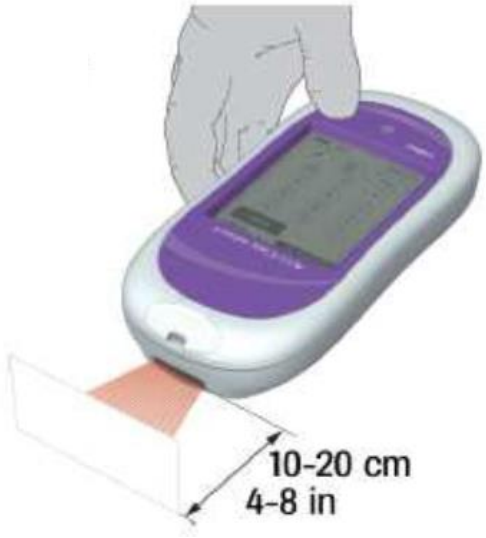
# Operation of the Meter

- Once the Operator ID screen is displayed simply scan you badge by pressing the scan button.

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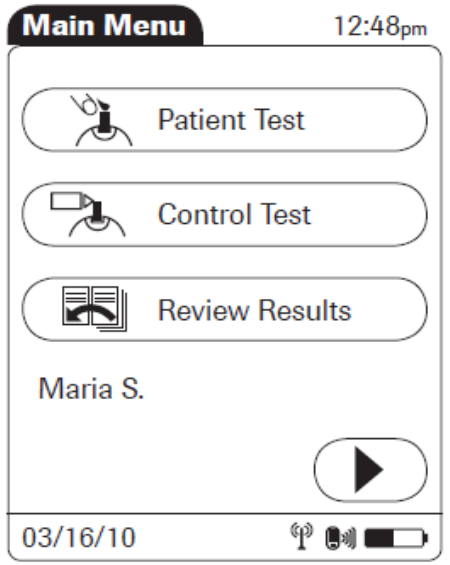
# Operation of the Meter

- The Main Menu should appear once you have scanned your badge properly. From here you can choose to perform a patient test or a control test or review previous results with the touch of your finger….

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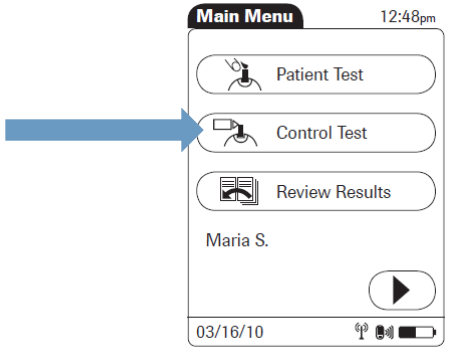
# Operation of The Meter Run Controls

**Step 1.** To perform a controls press Control test.

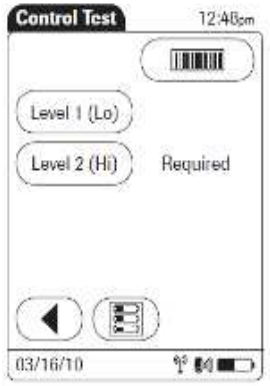



**Step 2.** You will see 2 choices:

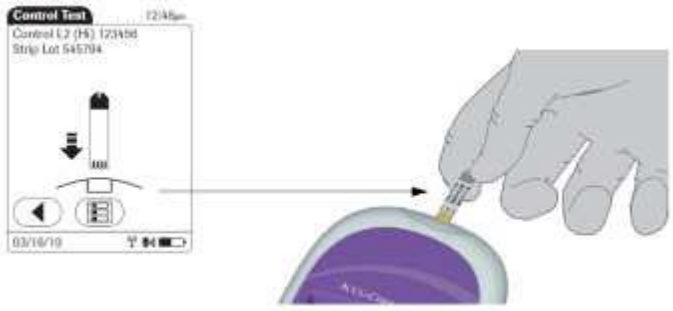
Level 1 (Lo)

Level 2 (Hi)

Press the control test you wish to run and choose the correlating solution to scan for the test.




**Step 3.** Scan the test strip barcode and when prompted insert test strip in glucometer.

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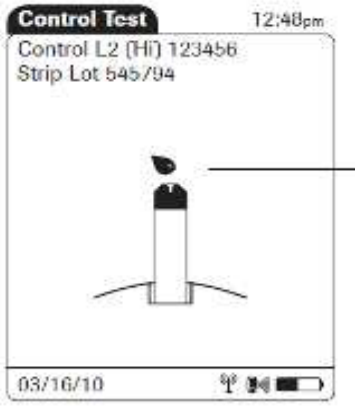
# Operation of the Meter

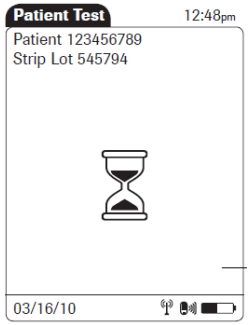
Step 4: Wait for flashing drop to appear.

Step 5: apply drop of appropriate solution to the edge of the test strip and wait .

Step 6: Verify that the control test passed.

Note: Repeat Steps 1-6 to complete both Hi and LO controls. If a control fails check to ensure you have used the correct control and repeat.



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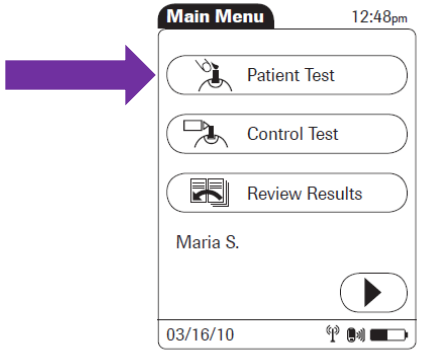
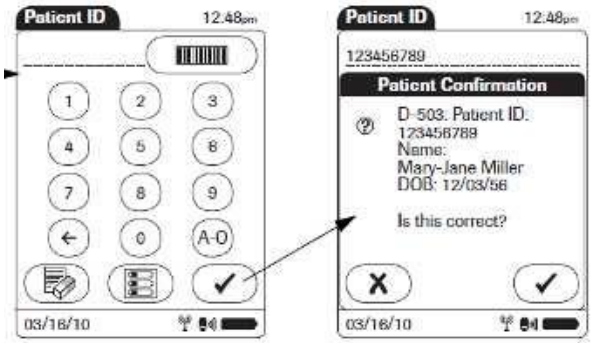
# Operation of the Meter Patient Test

Step 1: Select patient test from the main menu.




Step 2: Scan the patients wrist band and confirm their identity.




Step 3: Scan the test strip barcode and when prompted insert test strip in glucometer.

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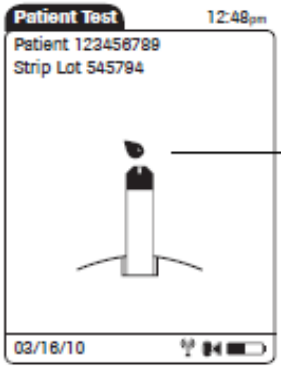
# Operation of the Meter Patient Test

**Step 4:** Wait for flashing drop to appear, Once it appears clean the site and obtain a blood sample




**Step 5:** Wipe the first drop of blood away and apply sample to the end of the test strip.

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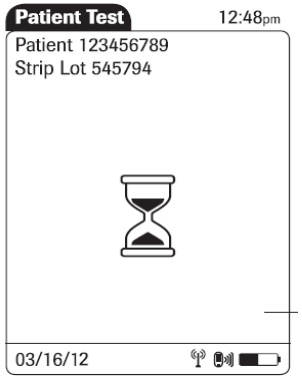
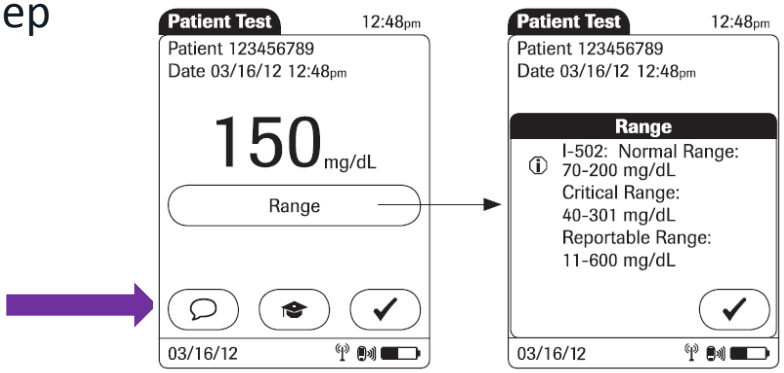
# Operation of the Meter
# Patient Test

Step 6: Wait for the result.




Step 7: Review results. The meter will beep upon completion and you will be able to enter comments by pressing

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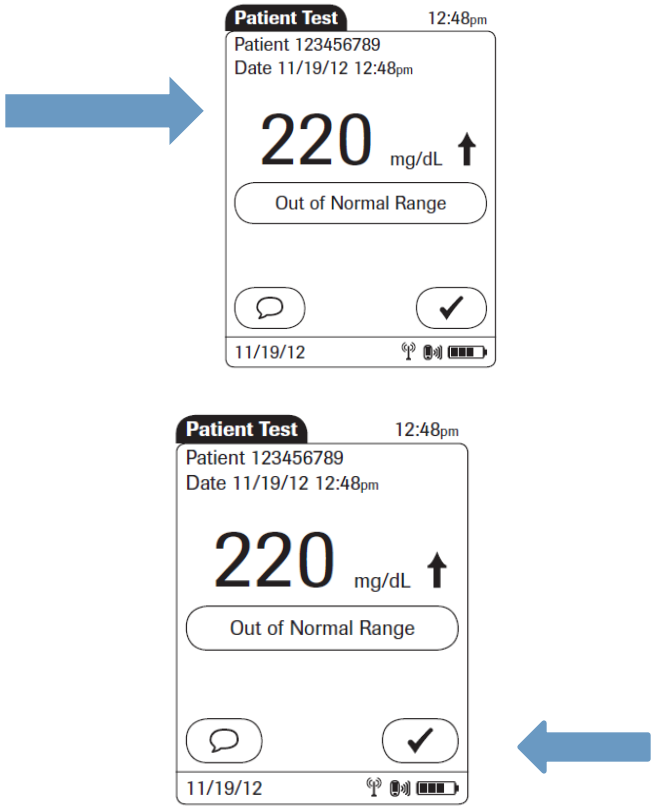
# Operation of the Meter Patient Test

Note: The meter will alert you if the result is at a critical range.

- The Accu-chek Inform II will display results ranging from 10 mg/dL-600 mg/dL.

Step 8: Once you have reviewed your result you can enter up to 3 comments. You can also free text a comment in the comment area. Once you are done you need to hit the ✓ to wirelessly transmit your result.

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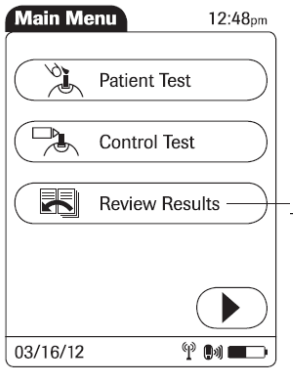
**Note: Results will transmit wirelessly, but the machine needs to be docked when not in use to ensure the battery stays charged.**

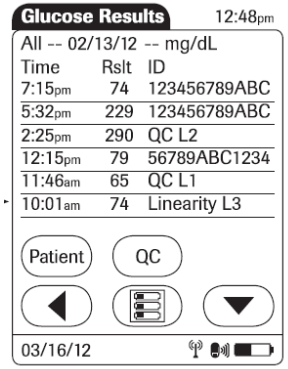
# Accessing the Meters Memory

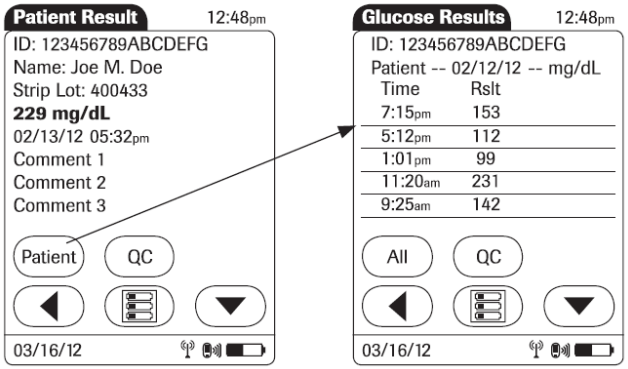
Step 1: Choose Review Results from the Main Menu

Step 2: Results are in sequential order and grouped by day. Touch or to scroll through the list.

Step 3: To review patient specific results touch the patient Icon.

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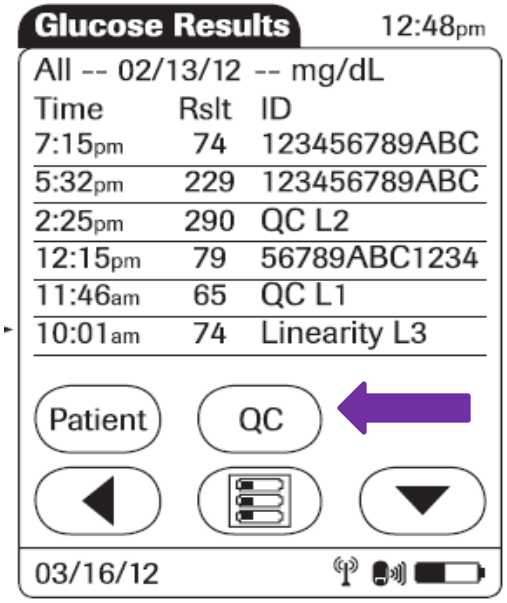
# Accessing the Meters Memory

Step 4: To review Quality Control results Touch the QC Icon .

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# Maintenance and Care

## Storage and Handling

- Handle the meter and its system components carefully. Avoid dropping it or banging it.
  - Protect the base unit from dripping liquid.
  - Do not immerse the meter or base unit in any liquid.
  - Do not expose the meter to sources of excessive heat for prolonged periods of time when performing a test. Such as:
    - Leaving the meter under a bilirubin light or photo therapy light
    - Leaving the meter on a bed warmer
    - Leaving the meter in an incubator

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# Care and Maintenance

## Cleaning and Disinfection

• Use WMH approved Environmental Protection Agency (EPA) cleaning product to clean and disinfect the meter, base unit and accessory box.

Procedure:

- Wipe the meter with purple top wipe unless patient has Clostridium Difficile, then use orange top wipe
- Wipe the meter thoroughly with appropriate wipe and allow to dry
- This should be done between use on each patient

- Remove the meter from the base unit prior to cleaning and disinfection.
- Unplug the base unit prior to cleaning and disinfection.
- Place the meter on a level surface while wiping over the test strip port area, making sure that no liquid enters the strip port.

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# Policy and Procedure

- Now that we have familiarized ourselves with the use of the meter lets look at some key WMH Policy Points on Point of Care Glucose Testing.

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# Policy and Procedure

- Proficiency testing will be done at 6 months and repeated at 1 year for new employees.
- It will be annually for employees after the first year of employment.

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# Policy and Procedure

- The Accu-Check Inform II Meter can measure blood glucose levels from 10mg/dl to 600mg/dl.

- Remember to use heel stick for patients less than 6 months.

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# Policy and Procedure

- When drawing blood from a central line, be sure to turn off primary IV fluids for at least 2 minutes.
- Remove 5-10 ml of blood for waste.
- Then draw the specimen for testing

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# Policy and Procedure

- A fingerstick blood glucose may be performed based on the RN's assessment:

If the patient displays any signs and symptoms of hyperglycemia or hypoglycemia, and/or if the patient is diabetic.

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# Policy and Procedure

- Quality Control testing will be done every 12 hours.
- Controls will always be done prior to patient testing
- Always date the control bottles when opened. They are good for 3 months.

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# Policy and Procedure

- If a patient test result is critically “HI” or “LO”, a glucose verification (Gluver) must be done by the lab.
- Repeat the test first prior to getting the Gluver.
- Wayne UNC Healthcare treats all patients with FSBS of < 70mg/dl.  Refer to the nurse for instructions.

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# Supplies and Equipment

- Accu-Chek supplies are stocked in teh Pyxis Supply cabinet.
- Supplies are to include:
  - Control Solutions
  - Test Strips
  - Lancets (except nursery)

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# Aseptic Technique

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# What is Aseptic Technique?

- Aseptic technique refers to the manner of handling, preparation and storage of medications and injection equipment to prevent microbial contamination.
- It also applies to the handling of all supplies used for injections and infusions, including syringes, needles, and intravenous (IV) tubing (CDC, 2010).

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# Points to Remember

- All mixtures must be started within **one hour** after mixing. They are not to be made and stored for later use.
- The pharmacy will make a bag to replace the nurse's emergency admixture which should be hung as soon as available.
- The emergency admixture should be properly discarded once the new bag is hung.
- Nurses shall only prepare admixtures in **emergencies or when it is not feasible for the Pharmacy to do so,** such as when the product has short stability, i.e. Bactrim.
  - An emergency is like a "code" or RRT or for times to prevent code or RRT.
- All **non-emergent** IV preparations **shall be admixed in the pharmacy** under a sterile environment.
- Reconstituted vials are single dose vials and should not be stored for future use.
- All admixtures made by nurses are to use an in-line filter in the IV tubing when infusing the admixture.

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# Supplies Needed

- Prior to beginning the process it is necessary to gather all needed supplies:
  - Sanitizing wipes
  - WMH approved hand foam
  - Non-sterile gloves
  - Ordered diluent
  - Ordered drug
  - IV bag (if drug is to be mixed and infused)
  - Syringe
  - Blunt needle with filter
  - Alcohol swabs
  - In-line filter for IV tubing

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# Preparation of Workstation

- It is necessary to prepare the workstation to be an environment that is clean and acceptable for preparing the medication using aseptic technique.
- All clutter must be removed from workstation to prevent the item(s) from entering into the clean environment and contaminating the procedure.
- Be sure the work area is not a high traffic area (medication room or area behind the nurses' station). This area should be free of any eating, drinking, applying cosmetics, etc.
- Utilizing sanitizing wipes clean the entire space where the procedure will take place and allow it to dry completely.

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# Verifying all Supplies are Present

- Again verify all needed supplies are present before beginning process.
- Once process has begun it is not acceptable to leave workstation to gather an additional needed item.
- Verify there are **no more than three items** to be used in the process. (i.e. one diluent, one medication, and one IV bag). If more than three items are used the mixture **MUST** be prepared in the pharmacy.

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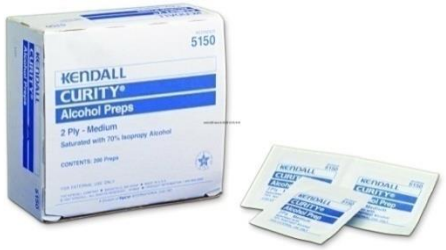
# The Process




- Apply WMH approved hand sanitizing foam to hands and allow to dry prior to beginning the process.
- Remove tops from all vials and medication access diaphragm on IV bag. Open all needed items.
- Don non-sterile gloves.
- Clean access diaphragm on ALL items using 70% alcohol swab for at least 30 seconds.  Be careful not to flip the alcohol swab using only the side first exposed to the access diaphragm.

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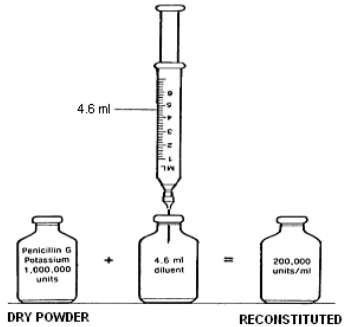
# The Process (cont.)




- Connect syringe to needle being careful not to touch the tip of the syringe or the opening of the needle.
- Introduce the needle into the access diaphragm bevel side up at a slight angle to avoid introducing organisms into the vial.
- Withdraw fluid from diluent vial.
- Using same technique introduce needle into the medication vial and inject diluent into the vial.
- With needle remaining in the vial (do not withdraw out) swirl the vial to mix medication and diluent.
- After mixing has completed withdraw reconstituted medication from the vial.

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# The Process (cont.)


- Insert medication into the IV bag if the medication is going to be infused (or other receptacle as indicated).
- If medication is to be injected into the patient be sure to change out the needle to appropriate size for route and patient size.
- Apply label to fluid bag.  This label should include:
  - Patient name and location (room #)
  - Drug name, strength, dose, and route (infusion rate in ml/hr)
  - Date and time (including the exact beyond used time and date)
  - Nurses initials

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# Glass Ampules

- Glass ampules are used for certain medications and must be utilized correctly to avoid contamination of the medication.
- The work area should again be free of clutter and cleaned using sanitary wipe.  Allow working station to dry completely before beginning the procedure.
- Clean hands with WMH approved hand foam and don non-sterile gloves.

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# The Process

- Clean outside of ampule with alcohol swab, being careful not to flip swab over using only one side. Allow ampule to dry.
- Open new alcohol swab and holding by top corner only lay in middle of gauze (2x2 or 4x4).
- Placing ampule in middle of gauze pad snap ampule at ridge (away from preparer).
- Use blunt “filter” needle only to retrieve medication from ampule to avoid mixing glass particles in medication.
- Be sure to remove filter needle and apply new needle to add medication to IV bag or for injection.

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# Medication Vial Information

- Multi-dose medication vials contain a preservative that allows the vial to be used for multiple doses, single dose vials do not contain this preservative. Therefore, single dose vials should be used just as they say for **ONE SINGLE** injection or add-mix to an IV bag.
- Patient-issued multi-dose vials used for multiple doses should be used for the patient it was intended for (a patient label should be on the vial).
- When in doubt…throw it out! If there is uncertainty about the expiration date of the vial, if the vial is a single or multi-dose vial, who the vial belongs to (patient), or any other doubt toss it!

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# Multi-Dose Vials

- It is preferable not to use multi-dose vials between multiple patients.
- For those medications that are not commercially available from the manufacturers in single dose form, multi-dose vials will be used.
- If multi-dose vials must be used, both the needle or cannula and syringe used to access the vial must be sterile and changed for EACH injection.
- Floor stocked multi-dose vials should be accessed in a medication prep area and NOT at the patient's bedside.

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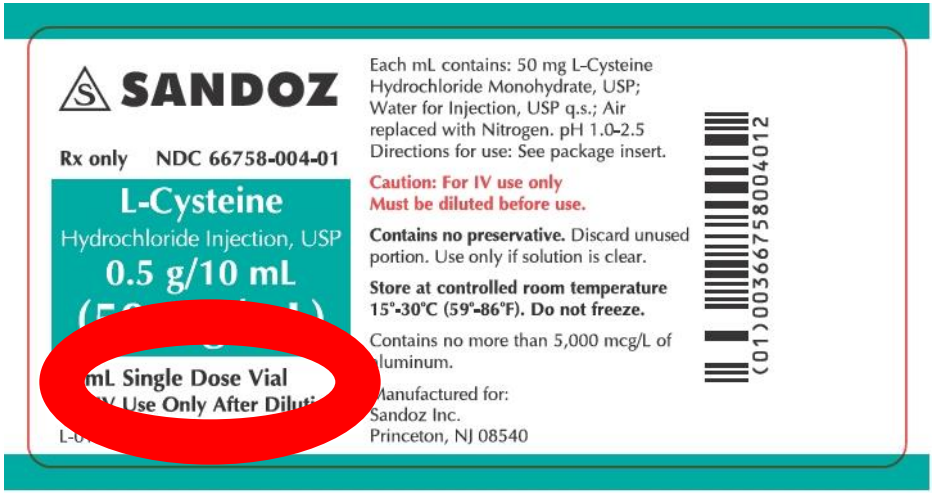
Multiple Dose Vial


**Figure 2. Presentation of the Concentration of Multi-dose Vial of Kenalog 40 mg/mL (200 mg/5 mL) on the Right Led to Error.** Packaging provided to PA-PSRS courtesy of a Pennsylvania healthcare facility.

Single Dose Vial

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# Other Information

- All empty syringes, including prefilled NS or Heparinized saline, are discarded in the sharps container.  These are found in each patient room and on the WOWs.

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# General Guidelines

- You must report to Organizational Learning prior to starting your job duties to:
  - Ensure that all forms and orientation requirements are completed
  - Arrange for name badge

Call 919-731-6080 for more information

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# Wayne UNC
# Goldsboro, NC

I agree that I have completed the Wayne UNC orientation presentation. I have written down any questions and will ask the Wayne UNC staff or my instructor. I understand there will also be additional forms and orientation in the Organizational Learning Department prior to my clinical rotation at Wayne UNC.

_____ _____

Name Date

_____

School/program

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**Print this page and return to Organizational Learning**

# References

Wayne UNC Health Care Policies /Procedures: Available on intranet

- *Compound sterile product admixture service.*
- Medication Administration:  Multi-Dose Vial Administration.
- Safe Injection Practices.
- Point of Care Testing, Blood Glucose.
- *EMTALA: 250 Yard Emergency  Response Guidelines Policy*
- *Critical Values/ Test Results, Communication of*

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Centers for Disease Control and Prevention. (2011). *Injection safety: FAQs for providers*. Retrieved January 6, 2015 from http://www.cdc.gov/injectionsafety/providers/provider_faqs_general.html

Center for Improvement in Healthcare Quality (CIHQ) www.cihq.org

Centers for Medicare and Medicaid Services (CMS) www.cms.gov

*Critical Values/ Test Results, Communication of*. WMH policy PC-82.

*EMTALA: 250 Yard Emergency Response Guidelines Policy* (#PolicyStat ID: *1632525*) Patient Care Manual. Available on WayneWeb at: https://wmh.policystat.com/policy/1632525/latest/


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*Guidelines for Perinatal Care*. American Academy of Pediatrics and The American College of Obstetricians and Gynecologists, 6th edition. (2007).

Roche Accu-Chek Inform II User Guide

*Specifications Manual for National Hospital Inpatient Quality Measures. version 3.0c.* (SCIP) (November 06, 2009 ) Available Dec 23, 09: http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Current+NHQM+Manual.htm

Siegel, Jane. *Management of Multidrug-Resistant Organisms In Healthcare Settings* (2006). Available Dec 23, 09: http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf

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*State Operations Manual – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases* Smith Moore Law Firm, LLP.



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Surgical Care improvement Project (SCIP) http://www.qualitynet.org/dcs/ContentServer?c=MQParents&pagename=Medqic/Content/ParentShellTemplate&cid=1122904930422&parentName=Topic

The Institute for Healthcare Improvement www.IHI.org

The Joint Commission (2019 National Patient Safety Goals) www.jointcommission.org

The Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) HAI Prevention Compendium http://www.shea-online.org/about/compendium.cfm/index.php

Wayne Memorial Hospital Policies and Procedures: Pharmacy Manual. (2010). *Compound sterile product admixture service*. Policy number: PH-22; Medication Administration: Multi-Dose Vial Administration. Policy # PC-143; Safe Injection Practices. Policy # IC-26

WMH Policy Point of Care Testing, Blood Glucose.


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