



Education Guidebook

For:
Employees
Medical Staff
and
Volunteers and Students

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ADVANCE DIRECTIVES

An Advance Directive (Living Will) is a document containing written instructions prepared by patients in advance of medical treatment to explain what kind of medical care they want in the event that they become unable to make a decision for themselves. Patients are asked at the time of admission if they have an Advance Directive. Trinitas RMC provides education and assistance for the completion of an Advance Directive. An Advance Directive form is available from the Admitting Department. Conflicts related to compliance with Advance Directives are referred to the Medical Director. Changes can be made to an Advance Directive at any time by adding or removing items.

AMERICANS WITH DISABILITIES ACT (ADA)

The following are available for employees and/or patients with special needs to comply with ADA guidelines:

Physical Facilities:

- Designated parking spaces
- A barrier-free facility
- Sight impairment modifications in select elevators
- Signage consistent with ADA

Communication Aides:

Qualified sign and qualified language interpreters will be provided at no cost to any patient who needs or requests this service.

- Contact the Nursing Office at the Williamson Street Campus or Nursing Supervisors to secure a sign language interpreter.
- A TDD/TTY telecommunication device is located in the Emergency Room for public use.
- Amplified phones are available by contacting the Medical Center Operator.
- A qualified language interpreter via phone access is available throughout the Medical Center 24/7 and offers the translation of 150 different languages. The service is available by using the language phones available on the patient care units or by direct dial access. Call the Operator if any assistance is needed in accessing a qualified interpreter via phone.

CELL PHONE USAGE AND OTHER WIRELESS DEVICES

- The use of cell phones and other wireless devices is restricted to outside of patient areas, nursing units and diagnostic departments so not to cause interference to medical equipment.
- Cell phones and other wireless devices can be used in all lobbies, waiting areas and patient family lounges.
- Physicians can use these devices in non-public, non-clinical areas, offices, on call rooms and lounges to ensure the privacy of their phone calls.
- Security, Patient Escort and other TRMC personnel whose duties are essential to patient care may use Medical Center issued and approved portable and wireless communication devices in all areas of the Medical Center.

CONFIDENTIALITY/HIPAA

- Trinitas RMC maintains compliance with the "Health Insurance Portability & Accountability Act" (HIPAA) enacted by Congress in 1996.
- HIPAA established standards for privacy and confidentiality of individually identifiable health information. This includes **any** information that may be used to identify a patient.

The HIPAA Security Officer (Donald Caldwell)

The HIPAA Security Officer is responsible for the development, implementation, maintenance of and adherence to Trinitas' security policies and procedures as they relate to patient health information in compliance with regulations.

Who is responsible for Patient Confidentiality at Trinitas?

- **ALL** Trinitas employees, clinical and non-clinical are responsible for patient confidentiality.
- All Trinitas employees sign a confidentiality statement when hired.

How are we responsible for Patient Confidentiality at Trinitas?

- Patient information is not discussed in elevators or other areas where it may be overheard.
- Patient names are not posted in public areas (i.e. on walls, doors, bulletin boards, etc.).
- Patient information is never disclosed to unauthorized persons including family and friends, without patient authorization or permission.
- Computer passwords are not shared.
- Patient documents are discarded in confidential bins or a shredder.
- Privacy is maintained when an employee becomes a patient.
- Violation of confidentiality is subject to disciplinary action which may include termination and/or legal prosecution.

CORPORATE COMPLIANCE PLAN/CODE OF CONDUCT/FEDERAL FALSE CLAIMS ACT

As Trinitas RMC employees, we share in the:

- Commitment to “do what is right” *and*
- Pledge to continually strive to uphold the highest ethical and legal standards in carrying out the Mission and business practices of Trinitas.

For more information please read the Summary of the Trinitas Health Code of Conduct and Corporate Compliance Plan, refer to the Federal False Claims Act Policy and/or call the Compliance Office at 994-5225.

CUSTOMER SERVICE EXCELLENCE STANDARDS

Trinitas has developed Customer Service Standards to help attain the highest level of customer satisfaction.

These Standards of Excellence are:

Acknowledgement	Attitude
Attendance/Punctuality	Dignity/Respect
Communication	Confidentiality
Dress/Personal Appearance	Teamwork
Stewardship	Wait Time

NRC Picker is the patient survey used at Trinitas Regional Medical Center for the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores for all In-Patient Units as well as the Emergency Department.

DO NOT RESUSCITATE (DNR)

It is the policy of Trinitas Regional Medical Center to recognize that life-prolonging treatment is not always appropriate. A DNR (No Code) order indicates that no Basic or Advanced Life Support efforts (as defined by the American Heart Association) will be initiated in the event of cardiopulmonary arrest. DNR/Therapeutic Options decisions are assessed during the course of care and may be modified through the shared decision making of the patient/surrogate/healthcare team within the framework of medically appropriate care. The provision of comfort care, including the patient’s emotional and spiritual needs must be met at all times. In the absence of a DNR (No Code) order, full resuscitation procedures will be initiated.

- The physician will complete the “DNR/Therapeutic Options” order form
- DNR order is entered into the clinical information system
- DNR label is placed on the front of the Medical Record
- Identify patient with purple DNR wristband
- Immediately notify the physician if a patient or surrogate elects to revise a DNR/Therapeutic Options Order, and
- If ethical or legal issues arise, refer to the policy on *Ethics Consultation Guidelines*.

EMERGENCY CODES (DIAL 5050)

Code Red	Fire
Code Blue	Adult Medical Emergency
Code White	Pediatric Medical Emergency
Code Pink	Infant Abduction
Code Amber	Missing Child
Code Yellow	Bomb/Bomb Threat
Code Gray	Security Emergency/Patient Elopement
Code Orange	Hazardous Materials Incident
Code Triage	Disaster: Internal/External
Code Silver	Person with a Weapon/Hostage Situation
Code Clear	All Clear

WHEN A FIRE OCCURS

- R**escue people in immediate danger.
- A**larm (activate the fire alarm) and dial 5050 to report location.
- C**ontain by closing doors.
- E**xtinguish/E vacuate (using good judgment when deciding to put out the fire).

IF EVACUATION IS NECESSARY

- Evacuate ambulatory patients first.
 - > Horizontal evacuation first—through the fire doors into a safe area on the same floor.
 - > Vertical evacuation is used only if your way is blocked by smoke or flames. Vertical evacuation is moving from one floor to a safe floor, always downward. The exception is the basement where the evacuation moves upward to the first level.

WHEN USING THE FIRE EXTINGUISHER

- P**ull the pin
- A**im the extinguisher at the base of the fire.
- S**queeze the handle while holding the extinguisher upright.
- S**weep back and forth to extinguish the fire.

EMERGENCY POWER

- Electrical receptacles that are red or labeled “emergency power” are connected to the emergency generator system.
- If there is a power failure, all lights would be off except for those that connect to the emergency power system.
- All patient life support equipment must be plugged into a red receptacle.
- If emergency power fails or does not come on during a failure of normal power, immediately dial **5050** to notify Facilities Management of this condition.
- Other utility failures are covered by policy and are managed by the Department Supervisor or Nursing Administrative Supervisor.

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (E.M.T.A.L.A.)

- **E.M.T.A.L.A.** is a federal minimum standard of care.
- The general principal of **E.M.T.A.L.A.** is nondiscriminatory treatment for all patients who come through the doors, regardless of their ability to pay.
- Any patient who has a medical emergency or is in active labor, has the right to receive, within the capabilities of the Medical Center’s staff and facilities:
 - ~ An appropriate Medical **SCREENING EXAM**
 - ~ Necessary **STABILIZING TREATMENT**, and, if necessary
 - ~ An appropriate **TRANSFER** to another facility, if appropriate

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (CONTINUED)

- This applies to all patients even if the patient cannot pay or does not have medical insurance.

EMPLOYEE RIGHTS

If an employee has a cultural or religious belief that interferes with patient care, the employee is directed to see his/her Department Supervisor or the Nursing Administrative Supervisor who will review the situation and make a decision based on the employee's needs as well as those of the patient.

All employees have the right to work in an environment that is free from discrimination and harassment.

- Harassment (including sexual harassment) consists of unwelcome conduct, either verbal, physical or visual, that is based upon a person's protected status, such as sex, race, religion national origin, age, handicap, disability, sexual orientation or other legally protected group status.
- All employees who believe that they may be subject to or who have witnessed harassment as defined above, should meet with and report the harassment to the Vice President of Human Resources.
- All complaints/concerns of harassment received will be kept confidential.

Trinitas Employees have the right to work in an environment that is drug free. Trinitas is a "Drug Free Workplace".

- Any employee suspected of being "impaired" due to alcohol or substance abuse will be removed from the area immediately and the supervisor will be notified.
- Discipline may include written warnings, suspension without pay, mandatory participation in an appropriate substance abuse assistance or rehabilitation program, termination of employment or any combination thereof.

ETHICS

The Ethics Committee at Trinitas RMC provides case consultation to help patients, families and professionals with especially difficult decision making. An Ethics Consultation may be requested by the patient, family member or health care surrogate, or by any nurse, physician or other professional caregiver.

To arrange an Ethics Consultation please call:

- **Pastoral Care**
- **The Medical Director**

ETHICAL ISSUES AT TRINITAS REGIONAL MEDICAL CENTER

Trinitas RMC embraces every employee with the Mission, Vision and Core Values of the Institution through the teachings of members of Pastoral Care and our Corporate Compliance Officer. Employees of Trinitas are committed to compassion, community, reverence for life, responsibility, stewardship and charity. Ethical issues are addressed through our HIPAA and Compliance Policies, accessible to all employees on the Trinitas Intranet. In addition, members of our Pastoral Care Department and Corporate Compliance Officer are available to employees when faced with ethical issues and dilemmas related to job duties and responsibilities.

FAILURE MODE AND EFFECT ANALYSIS (FMEA)

- A systematic method to identify possible failures that pose the greatest overall risk.
- Changes are made in processes to make them safer.
- Near misses are analyzed to determine how processes fail, possible cause of the failure, and consequences of the failure.
- Risks are analyzed to see the frequency, severity and consequences of the failure.

FALL PREVENTION

Trinitas RMC has implemented the “Catch a Falling Star” program to prevent patient falls. The purpose is two fold:

- To provide guidelines for screening or assessment of patients at risk for falling.
- To identify preventive measures or interventions to reduce injury from risk of falling.

This Policy ensures that the patient has a “yellow” fall risk identification (ID) band, that a magnetic falling star sign is at the room’s door jam and a “star label” is attached to patient’s chart binder to identify the patient at risk for fall.

See Policy: “Fall Prevention”, under Organizational; Chapter: Patient Safety.

IMPORTANT NAMES TO REMEMBER

Phil Solomon	TRMC Safety Officer/Emergency Preparedness	Extension 8257
Deborah Dolan	Risk Management Director/Patient Safety Officer	Extension 5153

INFORMED CONSENT

It is the policy of Trinitas RMC to provide treatment upon informed consent of the patient or legal representative. The attending physician bears the legal responsibility for obtaining the informed consent from the patient or legal representative. The attending physician must disclose the name and nature of the proposed treatment, interventions or procedure, reasonable risks/complications and benefits. This can be followed by the securing of the signature on the consent form by the Registered Nurse or credentialed practitioner.

- A consent form is required for any operative or invasive procedure, for the transfusion of blood products, administration of chemotherapy, radiation therapy and dialysis
- Consent forms are valid for 30 days unless revoked by the patient or authorized individual
- ***Refer to Organizational Policy , “Informed Consent” for exceptions and special circumstances***

MATERIAL SAFETY DATA SHEETS

MSDS sheets contain information on the chemicals present in a product and how to use, transport and store them. They also contain information on how to protect yourself from this potentially hazardous chemical. Trinitas subscribes to a comprehensive on-line service called “HazSoft”. Managers can obtain access to “HazSoft” by using any web-enabled computer.

Hazard Communication Plan

The Trinitas Hazard Communication Plan is located in each department’s Safety Manual (Orange). All products used at Trinitas are labeled in accordance with the “Right to Know” law.

Employees should:

- Know where to get information about hazardous substances
- Learn to read and understand labels and MSDS
- Keep your work area clean
- Use proper protective equipment and clothing
- Do not smoke, eat or drink around hazardous substances
- Ask questions

MANAGEMENT OF INFORMATION

Trinitas focuses on obtaining, managing and using information to improve patient outcomes. The following types of information are obtained, managed and used within the Medical Center:

- ***Patient –specific:*** information found in the medical record including demographic, clinical and financial.
- ***Knowledge-based:*** journals, references and patient education materials.
- ***Aggregate data:*** data gathered over time including infection rates, communicable diseases, incident reports, financial reports, etc.
- ***Comparative performance data:*** data contributed to the New Jersey Department of Health and NRC Picker surveys for comparative purposes and benchmarking.

The Privacy Officer: (Valdery Campos)

The Privacy Officer is responsible for managing all ongoing activities related to the development, implementation, maintenance of and adherence to Trinitas policy and procedures relating to privacy of and access to patient health information in compliance with regulations and the privacy practices at Trinitas.

The Privacy Officer works with the HIPAA Security Officer to:

- Ensure alignment of privacy and security policies, procedures and practices.
- Address and ensure disaster recovery and business continuity of patient health information.

MEDICAL EQUIPMENT MANAGEMENT

For routine repair of medical equipment, call BioMed at Extension 5292 or call the Operator to dispatch a biomedical technician. Tag the equipment as “out of service”. If a device is suspected of causing or contributing to death, serious injury or illness, immediately disable the device, administer patient needs, then follow procedure outlined in the Safety Policies. Make sure not to alter equipment settings and any attachments so that a complete evaluation of the cause of the equipment failure can occur.

ORGAN/TISSUE DONATION

Trinitas RMC in accordance with federal and state requirements such as the Center for Medicare/Medicaid Services (CMS), the New Jersey Department of Health and the Joint Commission is mandated to refer all deaths or pending deaths to the Sharing Network for the determination of “medical suitability” for organ and tissue donation and to ensure that families are provided the option of donation in compliance with the law.

Trinitas RMC conforms with the Health and Human Services (HHS) initiative on Organ Donation of August 1998 and the NJ Enhancement Act. The Medical Center in this process cooperates with the NJ Organ and Tissue Sharing Network which is the federally designated, State certified, organ procurement organization for Trinitas RMC.

PAIN MANAGEMENT

Trinitas RMC recognizes that:

- Pain is recognized as being subjective and the most reliable indicator of pain is the patient’s self report.
- Patients deserve pain management that respects their choices, incorporates their psychosocial, spiritual and cultural values, supports their participation in the care provided and recognizes their right to achievement of their personal health goals.

Policy Highlights:

- All patients will have an assessment of their pain upon admission.
- Reassessment of pain will be done at appropriate intervals.
- The clinical staff will work together with the patient to establish a goal for pain relief and will develop and implement a plan to achieve that goal.
- Patients and their families will receive education regarding their pain management.
- Pain relief is included as a part of patient discharge planning.
- Standardized pain rating scales, specifically designed for neonates, children, adults, cognitively impaired adults and patients who are unable to verbally express their pain, are available in all patient care areas.

PASTORAL CARE

The Pastoral Care Department offers spiritual counseling for patients and their families. The Chapel is located on the first floor of the Medical Center.

PATIENT/FAMILY EDUCATION

Patient/Family education at Trinitas RMC is an inter-disciplinary effort. After initial assessment of patient needs, an individualized patient teaching plan is developed and implemented. Trinitas uses Krames On-Demand (KOD) to provide educational materials to patients. Krames On-Demand is a web-based patient education program of over 1,800 single-topic HealthSheets and over 1,800 Drug Information Sheets. HealthSheets are available in English and Spanish. Each HealthSheet covers a specific topic and combines illustrations with easy-to-read text to help communicate key points to patients.

PATIENT RIGHTS

- Each patient receives a copy on admission.
- Are posted in patient rooms and public areas of Trinitas RMC.
- Are available in English and Spanish.
- Our President, Mr. Horan, is listed as the person to contact when patients or families have questions or concerns about their care.
- Patients rights include: medical care, pain management, discharge planning, cost of access to medical records, personal needs, freedom from abuse and restraints, privacy and confidentiality and freedom from discrimination.

PATIENT SAFETY AND THE MRI MACHINE

No one is allowed in the MRI Scanner Room unless they have been screened by MRI personnel. ***ABSOLUTELY NO EXCEPTIONS.***

REMEMBER:

THE MRI MACHINE NEVER SHUTS DOWN. IT ALWAYS PRESENTS A HAZARDOUS WORK AREA.

PERFORMANCE IMPROVEMENT

Performance Improvement is the study and improvement of functions and processes in order to improve outcomes and to better meet the needs of our customers. Improving performance is everyone's responsibility and we work continuously to improve.

1. We measure what we do.
2. We analyze data.
3. We develop improvement strategies.
4. We implement improvement processes.

Leadership, through the Performance Improvement Committee decides on organizational improvement projects based on the following:

- Strategic objectives
- High volume, high risk, high length of stay processes
- Problem prone issues

Performance Improvement Hospitalwide priorities include:

- Reduction to Length of Stay
- Improved Customer Satisfaction (HCAHPS Survey)
- Improved Patient Safety
- Reduction in Infection Rates (IE: Hand Hygiene)

No matter what your position, everyone is involved in Performance Improvement activities. It is important for you to know how you are involved in Hospitalwide priorities; current projects; your department's Performance Improvement activities and your role in helping to improve the quality of care and service at Trinitas RMC.

POPULATION SERVED

Population Served competencies are skills employees need in order to take care of patients of all ages, while recognizing that each patient is an individual with unique needs.

Examples of Population Served care are:

- Provide standardized pain rating scales specifically designed for neonates, children and cognitively impaired adults and patients who are unable to verbally express their pain.
- Recognize that adolescents commonly view pain, illness, injury or treatment in terms of how their body image and appearance will be affected.
- Recognize the Young Adults' family and career commitments.
- Provide the Older Adult information on safe medication use.

RAPID RESPONSE TEAM

If a Nurse senses that a patient is at risk of clinical deterioration, they phone 5050 for "Rapid Response". The Rapid Response Team (RRT) is a team of clinicians who bring critical care expertise to the bedside wherever it's needed. They incorporate interventions to stabilize patients whose condition is deteriorating.

RESTRAINT AND SECLUSION: THE USE OF RESTRAINT IN ACUTE CARE

Trinitas RMC affirms the right of every patient to be free from any physical restraint; however, restraints may be necessary in clinically justified situations. The patient's rights, dignity, and well being will be protected and maintained during restraint use by ongoing monitoring, reassessment, and attention to patient's needs. The need for restraints is explained to the patient/family when feasible, and with due regard for patient privacy and confidentiality.

Trinitas Regional Medical Center:

- Uses restraints or seclusion only to protect the immediate physical safety of the patient, staff, or others when less restrictive interventions are ineffective.
- Does not use restraint or seclusion as a means of coercion, discipline, convenience or staff retaliation.
- Uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff or others.
- Discontinues restraints or seclusion applied to clients at the earliest possible time, regardless of scheduled expiration of the order.

SAFETY AND QUALITY CONCERNS

Employees who have concerns about the safety and quality of care provided at Trinitas RMC should:

- Report these concerns to his/her manager, supervisor, Leadership or the Department of Human Resources per applicable Medical Center Policy.
- Allow for a timely review and response by the organization.
- Safety and Quality concerns may also be reported to the Joint Commission.
- Disciplinary action will **NOT** be taken against any employee who reports safety quality of care issues to the Joint Commission.

SECURITY MANAGEMENT

- The Medical Center Safety Officer can be reached by dialing the Director of Security at Extension 5026.
- The Security Department is available 24 hours/day, 7 day/week.
- ID Badges issued to all employees must be worn at all times with the picture visible when on duty.
- Security Escorts are available 24 hours a day. Contact the Security Department.
- Personal valuables should be kept under lock and key. Contact the Security Department to report a security related incident. Lost or stolen items belonging to a patient or employee require immediate notification, as does the presence of unauthorized persons on Trinitas property.

SENTINEL EVENTS

A Sentinel Event is an event or occurrence that has resulted in an unanticipated death or major permanent loss of function not related to the natural course of the patient's illness or underlying condition.

- Employees, Physicians and Volunteers who have concerns about the Safety or quality of care provided at Trinitas RMC should report these concerns to his/her Manager, Supervisor or the Department of Human Resources per Medical Center Policy.
- Patient Safety concerns may be reported directly to Leadership and the Joint Commission without fear of disciplinary action taken by Trinitas RMC.
- Trinitas monitors the Joint Commission "*Sentinel Event Alerts*" and performs a self-assessment of current practice and implements risk reduction strategies that are suitable for the institution.

Sentinel Event Alerts have been issued in such areas as:

- Wrong site surgery
- Suicide
- Operative/post-operative complications
- Medication error
- Patient Fall

Examples of Sentinel Events are:

- Any procedure on the wrong patient, wrong side of the body, or wrong organ.
- Any patient fall that results in death or major permanent loss of function as a direct result of the injuries related to the fall.

SMOKE FREE CAMPUS

Smoking or the use of tobacco products (includes but is not limited to cigarettes, cigars, chewing tobacco, snuff and pipe smoking) is not permitted by anyone on the campus of Trinitas RMC, any Trinitas owned/leased properties, or in Medical Center owned/leased vehicles.

STANDARD PRECAUTIONS

Standard Precautions means that all blood and/or body fluids are handled as if potentially contaminated to prevent exposure to blood borne pathogens, i.e. Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV).

Standard Precautions are to be used with ALL patients . . . ALL of the time . . .

SHARPS:

- Wear gloves
- Never recap needles or syringes
- Dispose in appropriate puncture resistant container

BODY FLUID SPILLS OR CONTACT MANAGEMENT:

- Personal Protective Equipment (PPE): wear gloves, mask, fluid resistant gown, face shield and/or goggles as appropriate.
- Clean up the spill with paper towels; discard in appropriate receptacle.
- Disinfect the area with a Medical Center approved disinfectant.

BLOOD SPILL KITS:

- Located in the clean utility rooms in patient care areas.
- Use appropriate PPE when cleaning up spills.

LINEN:

- Clean linen carts must be kept covered at all times.
- Handle used linen with gloved hands.
- Place soiled linen in closed laundry receptacles.

In addition to Standard Precautions, **Transmission Based Precautions** (Airborne, Droplet or Contact) are taken with patients who have contagious diseases. Patients requiring any of these precautions are placed in a private room with an information sign posted for those entering the room.

STOP, READ, FOLLOW DIRECTIONS. Contact Nursing Personnel if you have any questions.

Respiratory Etiquette—It's as Easy as 1, 2, 3

1. Cover your mouth and nose when sneezing or coughing.
2. Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
3. Perform hand hygiene after having contact with respiratory secretions and contaminated objects/material.

Soap and Water are Good—When You Do It Right!

- Wet hands with water.
- Apply soap and rub hands together for at least 15 seconds, lathering all surfaces of the hands and fingers.
- Don't forget creases and cuticles.
- Rinse hands with water.
- Pat dry thoroughly with paper towel.
- Use the paper towel to turn off the faucet and open the door.

TRINITAS REGIONAL MEDICAL CENTER MISSION, VISION AND VALUES

MISSION

Trinitas RMC is a Catholic community teaching Medical Center sponsored by the Sisters of Charity of Saint Elizabeth in partnership with Elizabethtown Healthcare Foundation. At Trinitas we are dedicated to God's healing mission. We strive to provide excellent, compassionate healthcare to the people and communities we serve, including those among us who are poor and vulnerable.

VISION

Trinitas RMC will continue to advance its position as a premiere healthcare provider in Central New Jersey that:

- Supports the mission and core values of Trinitas Health,
- Exemplifies service excellence by continually improving quality and exceeding customer expectations,
- Is recognized for outstanding medical and nursing care and for advanced capabilities in selected clinical specialties,
- Is acclaimed for the education of nurses, physicians, and other healthcare professionals, and
- Is the Medical Center of choice for physicians and patients.

VALUES

Faithful to the values of the Sisters of Charity of Saint Elizabeth and Elizabethtown Healthcare Foundation, Trinitas RMC is committed to:

Compassion:

Provide service in a caring, personalized manner to all and serve as an advocate for those of greatest need.

Community:

Advocate for a society in which each person in our organization and in the community can realize his/her full potential and achieve the common good.

Reverence for Life:

Recognize and respect the dignity and value of life in every stage and condition.

Responsible Stewardship:

Manage all resources responsibly in support of our Mission.

Charity:

Witnesses to God's love by serving all people.

Courage:

Dare to take the risks our Mission demands of us.

USING BEST PRACTICES IN PROVIDING QUALITY CARE AT TRINITAS REGIONAL MEDICAL CENTER

The Joint Commission (JC) and Centers for Medicare and Medicaid Services (CMS) has required hospitals to monitor the care and treatment that they provide to patients. This is done through the use of the National Hospital Quality Measures: an initiative to improve the quality of care in the nation's hospitals using best practices for treatments of four conditions, namely: Acute Myocardial Infarction (AMI), Heart Failure (HF), Community Acquired Pneumonia (PN) and Surgical Care Improvement Project (SCIP).

Compliance to Core Measures is one of TRMC's hospital wide performance improvement activities. At TRMC, the Department of Performance Improvement (PI) gathers data and submits results to JC, CMS and the New Jersey Department of Health and Senior Services (NJDHSS). These results are posted publicly at www.njgov/health/hpr and www.HospitalCompare, allowing patients and families to compare TRMC's results with hospitals throughout the state and nation.

With nearly 35% of TRMC's patients on Medicare, physician's, resident's, and Advance Practice Nurse's (APN's) knowledge of the essential Core Measure indicators and timely documentation will lead to quality care and cost containment for the hospital. Non-compliance will result in approximately one million dollar loss per year to our hospital. Conversely, compliance would bring an increase in reimbursement.

Compliance with the above measures requires evidence of documented services and timely completion of medical records within 21 days to allow abstractors to monitor outstanding outliers and address them before the 30 day post discharge window for data gathering and submission. To sustain compliance, providers are encouraged to use the order sets that are readily accessible via the hospital electronic documentation system.

NATIONAL PATIENT SAFETY GOALS

NPSG #1: Improve the accuracy of patient identification.

01.01.01 Use at least two patient identifiers when providing care, treatment, and services.

- The two (2) patient identifiers used in all areas of the hospital are **name and date of birth**. Medical record number may be used as an alternate, if necessary.
- Active patient involvement should be a part of this process whenever possible.
- In Outpatient areas, Clinics and Health Center, a photo ID may be used. Permission to copy picture identification cards is obtained and copies are attached to the medical record.
- Containers for blood/other specimens are labeled in the presence of the patient.

01.03.01 Eliminate transfusion errors related to patient misidentification.

- Two RNs or an RN and MD will perform verification checks at the bed/chair side prior to the administration of blood/blood components.
- A one-person verification process may be used when accompanied by automated identification technology, such as bar coding.
- Ask the patient's name and date of birth and compare with the information on patient's ID band.
- If a patient is not wearing an ID band, the RN will positively ID the patient with the help of other care givers and the Medical Record AND will place a hospital ID band (with name, DOB and MR #) on the patient.
- If any question continues as to the identity of the patient, a new specimen will be sent to the lab for type and screen.
- Verify and document required safety checks on the blood bank transfusion slip.

NOTE: The transfusion must not be started until these verification checks are completed and documented by two RNs or an RN and MD on the Blood Bank Transfusion Slip.

NPSG #2: Improve the effectiveness of communication among caregivers.**02.03.01 Report critical results of tests and diagnostic procedures in a timely basis.**

The RN receiving a “critical test result” will:

- Record the critical result on the “Critical Test Result” label and “read back” the information to the caller.
- The RN will notify the ordering physician of the critical results **within fifteen minutes** of receiving the critical results and will obtain any orders for follow-up testing **within thirty minutes** of reporting to MD.
- If unable to contact the ordering physician, the RN will notify the medical resident on call, the primary attending physician or one of the consultants as appropriate.
- The completed “Critical Test Result” label will be pasted on the “Progress Notes” section of the medical record.

NPSG #3: Improve the safety of using medications.**03.04.01 Label all medication and medication containers or other solutions, on and off the sterile field.**

- All medications and medication containers (such as syringes, medicine cups, basins and other solutions are labeled, on and off the sterile field.
- Labels must include medication/solution name, strength, dosage, expiration date, and initials.
- All labeling should be verified both verbally and visually by two qualified individuals when the person preparing the medication/solution is not the person who will administer the solution.

03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Anticoagulation therapy is individualized using approved protocols and procedures.

- IV Heparin: follow the weight based protocol; only premixed standard concentrations are used. Heparin infusions are only administered with a programmable infusion pump.
- Subcutaneous Heparin: monitor coagulation bloodwork. Heparin vials are stored in the Pyxis in single access packets; available concentrations are limited.
- Warfarin therapy: unit-dose Warfarin is stored in the Pyxis in single-access packets. Patients will fall into one of two categories as follows, (1) New start of therapy or a current patient with fluctuation or (2) Stable Warfarin maintenance patients.
- Provide education to patients and families regarding their anticoagulation therapy, including specific dietary concerns.

03.06.01 Maintain and communicate accurate patient medication information.

- Obtain and document a complete list of the patient’s current medications upon admission.
- Obtain admitting orders from the Physician if none are present on the chart.
- Compare the meds ordered by the Physician with those on the patient’s current med list from home or other facility.
- Review meds with the attending physician to ensure meds are continued or discontinued, as appropriate.
- The completed Medication Reconciliation Form is faxed to the Pharmacy for review and placed in the medical record (Physician’s Records Section).
- If the patient is scheduled for the OR, the surgeon must review and reconcile all pre-op and post-op medication orders.
- When transferred to another unit or facility, the current medication list must be communicated to the next provider of care.
- When the patient is discharged, communicate the current med list to the patient or caregiver.
- Provide complete instructions about which meds to resume, discontinue or start at home.

NPSG #7: Reduce the risk of health care-associated infections.**07.01.01 Comply with the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.**

- Wash hands for 15-20 seconds before eating, after using the restroom and whenever hands are visibly soiled.
- Alcohol based hand rub can be used instead of hand washing in all other clinical situations.
- Wear gloves appropriately.
- Maintain fingernail length to 1/4 inch or less; no artificial nails.

07.03.01 Implement evidence-based practices to prevent health care-associated infections due to multi-drug-resistant organisms (MDROs) in acute care hospitals.

- Three examples of MDROs are MRSA, VRE, and ESBL.

Trinitas practices include:

- Hand hygiene
- Contact precautions (use of gloves and gown for all room entry)
- Cleaning and disinfecting all shared equipment
- Patient/family education about infection prevention strategies

07.04.01 Implement evidence-based practices to prevent central line associated bloodstream infections.

The central line bundle includes:

- Staff education/patient education about central line infection practices
- Hand hygiene
- Appropriate site selection
- Central line cart or kit
- Chlorhexadine/BIOPATCH
- Daily goals/daily rounds

07.05.01 Implement evidence-based practices for preventing surgical site infections (SSI).

A SSI is an infection that develops within 30 days after an operation or within one year if an implant was placed and the infection appears related to surgery.

- Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to SCIP guidelines
- Use of clippers when hair removal is necessary
- Education of staff, patients and their families regarding surgical site infection prevention

07.06.01 Implement evidence-based practices for preventing surgical site infections (SSI)**Indications for an indwelling catheter:**

- Pre/post operative
- Urinary output monitoring
- Urinary retention/obstruction
- Pressure Ulcer Wound Mgt (incontinent patient)
- Patient request/ End of Life

CAUTI Collaborative Bladder Bundle

Aseptic insertion and proper management

Bladder ultrasound may help to avoid indwelling catheterization

Condom catheters or intermittent catheterization in appropriate patients

DO NOT use indwelling catheter unless you must!!!

Early removal of catheters

NPSG #15: The organization identifies safety risks inherent to its patient population.

15.01.01 Identify patients at risk for suicide.

Who may be at risk: Individuals with

- A recent history of suicidal attempt; Suicidal ideations with or without a definite plan
- Severe depression and/or feelings of hopelessness
- Auditory and/or visual command hallucinations to harm self
- Recent loss (may be relational, social, work and/or financial)
- Significant change in health status; traumatic events (such as sexual or physical abuse)
- All ED patients should be screened for suicide risk.

Protecting patient's at risk:

- Relocate patient to a room near the nurse's station
- 1:1 supervision until evaluated by a psychiatrist
- Assign a nursing staff member to accompany the patient off the unit for tests and procedures
- Post sign outside of door instructing visitors to STOP: Report to the Nurse's Station before entering.

Secure a safe environment.

- Remove all potentially dangerous objects from the room, including but not limited to; matches, lighters, razors, shoelaces, phone cords, call bell cords, light cords, cleaning agents, plastic bags/garbage bags, mirrors, glass, etc.
- ALERT nursing staff to unit, housekeeping, dietary to avoid leaving Potentially harmful items in room.

Nurses Notes: Upon identification of risk, document:

- Name of attending MD and consulting psychiatrist notified
- Notification of nurse manager/supervisor
- Placement of patient on "Suicide Precautions"
- Description of patient's behaviors that indicates suicide risk
- All actions taken to ensure a safe environment (document each shift)
- Document psychosocial assessment each shift

Universal Protocol: Prevent wrong site, wrong procedure, and wrong person surgery.

UP 01.01.01 Conduct a pre-procedure verification process.

Preventing wrong site, wrong procedure, and wrong person surgery.

- Identification/verification of the correct patient, procedure, site and side (as appropriate) is completed at the following times:
 - When the surgery/procedure is scheduled
 - When the patient is admitted to the facility
 - When the patient is transferred from one caregiver to another.

UP 01.02.01 Mark the procedure site.

- **After identifying** the correct patient, procedure and location on the body **AND BEFORE** entering the operating or procedure room, the side/site of the procedure is marked with the **surgeon's/proceduralist's initials** at or near the incision site.

UP 01.03.01 A time-out is performed before the procedure.

- The final verification or "timeout" is done immediately prior to the start of the procedure, with the patient already sedated/anesthetized. All team members must remain present in the room after the final verification has been done or it will need to be repeated

