University of Maryland Medical Center

Employee Pocket Guide

Prepared by the Environment of Care Committee
May 2008

UNIVERSITY OF MARYLAND
MEDICAL CENTER
UNIVERSITY OF MARYLAND MEDICAL SYSTEM

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Introduction

This Pocket Guide is designed to provide you with information essential to your work. A wide variety of information about the University of Maryland Medical Center (UMMC) is included. Please take some time to review this Pocket Guide. Some topics may require you to seek out department-specific information. Keep the Pocket Guide with you while you are at work so you can use it as a convenient reference. The information in this Pocket Guide might also be useful should you find yourself speaking with a representative of an outside reviewing agency (e.g., Maryland Department of Health and Mental Hygiene (DHMH), Joint Commission (JC), or the American Nurses Credentialing Center (ANCC).

Intranet

You can find a wealth of information on the UMMC Staff Intranet to assist you in performing your job on a daily basis. Be comfortable with accessing and exploring these items on the intranet:

- Policies and Procedures – including:
  o UMMC Policies
    http://intra/ummc/reference/policies_index.htm (includes Hospital Policies and Procedures and Clinical Practice Manual)
  o HR Policies (available from link above or from http://intra/ummc/employee/human_resources/policies_frame.htm)
  o Infection Control Policies (available from link above, from Infection Control page (http://intra/ummc/clinical/infection/index.htm) , or at http://intra/ummc/reference/pol_frame_alpha.htm#SPCI)
  o Safety Procedures (website address to be added)
- Hospital Formulary (on the Pharmacy Services webpage (intra/ummc/clinical/pharmacy/index.htm)

University of Maryland Medical System

The University of Maryland Medical Center is part of the University of Maryland Medical System (UMMS). UMMS also includes:

- Baltimore Washington Medical Center
- Kernan Rehabilitation Hospital
- Maryland General Hospital
- Mount Washington Pediatric Hospital
- Shore Health System (Dorchester General Hospital and Memorial Hospital)
- University Specialty Hospital
- Numerous off-site clinics and services

UMMC and UMMS interface closely with UPI, the faculty's practice with numerous primary and specialty clinics, as well as the School of Medicine to provide continuing care to patients.

Mission, Vision and Values

What is our Mission?

> The University of Maryland Medical Center exists to serve the state and the region as a tertiary/quaternary care center, to serve the local community with a full range of care options, to educate and train the next generation of health care providers, and to be a site for world class clinical research

What is our Vision?

> UMMC will be a health care resource for Maryland and the region, earning a national profile in patient care, education and research, strengthened by our partnership with the School of Medicine

What are our Values?

- Quality of Care
- Excellence in Service
- Respect for the Individual
- Quality in Education and Research
- Cost Effectiveness

We heal, we teach, we discover, we care

National Patient Safety Goals

To enhance patient safety, the Joint Commission has endorsed National Patient Safety Goals. UMMC has integrated these goals into practice as outlined below:

GOAL: Improve the Accuracy of Patient Identification.

- Check at least two patient identifiers when administering medication or blood products, taking blood samples, providing a treatment, performing a procedure or collecting a specimen. Patient's room number or location is <u>not</u> to be used as an identifier.
    - o Inpatient identifiers: Use patient's name and date of birth.
    - o Outpatient identifiers: Use patient's name and date of birth.
    - o Outpatients having invasive procedures require an ID band.
    - o Newborns require a four part band identifying their gender and date of birth.

GOAL: Improve the effectiveness of Communications Among Caregivers.

- If possible, DO NOT accept verbal or telephone orders.
- Use the "READ-BACK" process for verbal or telephone orders and critical test results. Write down the information as it is stated. Then "read it back" word for word to confirm the accuracy of what was written. Consider spelling out names or medications to verify your understanding.
- Write down of critical test results is not necessary because the results are immediately available on the computer.
- Do not use prohibited abbreviations within the medical records (see http://intra/ummc/clinical/abbreviations/frames_index.htm for a list of approved, and of dangerous abbreviations). Be careful not to use prohibited abbreviations in any progress note or handwritten medication related documentation.
- Critical or alert test results are communicated to a responsible licensed caregiver upon confirmation of the test result.
    - o Time of this communications should be documented in the medical record.
- Use a standardized "hand off" process allowing time to ask and respond to questions. A good example is the nursing verbal report. At UMMC, the Transfer Summary forms (permanent and temporary hand off forms) should be completed.

GOAL: Improve the Safety of Using Medications.

- Use the approved standardized drip concentration for high alert medications.
- Identify a list of look-alike or sound-alike drugs used at UMMC, and take action to prevent errors involving the interchange of these drugs. See the Department of Pharmacy Policy 08-10: Sound Alike Look Alike Drugs on the Pharmacy intranet site.
- Label all medications, medication containers or other solutions on and off the sterile field.

GOAL: Reduce the Risk of Health Care Associated Infections.

UMMC's hand hygiene policy complies with the Center for Disease Control's (CDC) requirements.

- Alcohol based hand rubs can be used if hands are not visibly soiled.
- Use antimicrobial (CHG) soap and water and wash for 15 seconds if hands are visibly soiled.
- Do not use alcohol based hand rubs for patients that have Clostridium difficile (C-diff).
- Include the patient and family in the Hand Hygiene Campaign.
- The sentinel event policy includes unanticipated death or loss of function due to health care-related infection as a reviewable sentinel event.

GOAL: Accurately and Completely Reconcile Medications Across the Continuum of Care.

Medication reconciliation is the process of comparing the patient's current list of prescribed medications against the medications received in the previous care setting when a patient is admitted, transferred from one level of care or service to another, or discharged.

- On admission or first visit (OP), the nurse and prescriber collect and document medication histories.
- The prescriber reviews the list of home/current medications prior to ordering medications for ht patient and incorporates home meds that need to be continued to the patient's current orders.
- On transfer, reconciliation occurs prior to the patient's transfer and with acceptance of transfer orders.
- Transfer is anytime the patient changes service, setting, provider or level of care and new medication orders are written.
- On discharge, the focus is on consolidating the pre-admission list and inpatient list. Communicate any changes to the patient to the next care provider.
- For outpatient, medication reconciliation is conducted every time there is a change in the patient's medications.
- The patient receives a complete list of medications at discharge from inpatient or every time medications change (outpatient).

GOAL: Reduce the Risk of Patient Harm Resulting from Falls.

Assess and reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks.

- Use the Morse Fall Risk Assessment form to identify the patient's risk for fall on admission and ongoing assessment.
- Initiate a plan of care to reduce risk involving the patient and family (e.g., keeping room environment free of items on the floor, etc.).
- Place appropriate fall risk signage at the patient's door.
- Document ongoing assessment of risk by completing a new Morse Fall Risk Assessment. Do not modify the existing form.

Time Out Universal Protocol: A verification process that occurs prior to the start of an invasive or surgical procedure in order to confirm correct patient, site, procedure, position, supplies and information resources using active communication between all members of the care team.

- Universal Protocol applies to all invasive procedures conducted in the OR, procedure care areas or at the bedside.
- Use the patient's ID band and two required identifiers to identify the patient.
- Verify the procedure by comparing with the posted procedure, the signed patient's consent and/or confirmation by the patient.
- Site marking is NOT required for bedside procedures if the licensed caregiver performing the procedure is present at the bedside from the time the consent is signed to the completion of the procedure
- Time Out or brief pause is required even if there is only one person involved in the procedure. This brief pause is a useful process to confirm correct patient, correct procedure, correct site/side and availability of all required equipment and imaging studies
- In the OR and procedure care areas. Time Out is conducted with all members of the care team and requires active communication of agreement (verbal assent) confirming:
  o Correct Patient
  o Correct Site and Side
  o Correct Procedure
  o Correct Position
  o Availability of Special Equipment and Imaging Studies

GOAL: Encourage patients' active involvement in their own care as a patient safety strategy

- Patients and families use 8-SAFE to report their concerns about safety. Signs encouraging patients to use this number are posted in every patient room. Unit/department staff and managers encourage patients and families to use this number.
- Each patient is assigned a primary coordinating nurse and daily goals are identified together by the patient and primary coordinating nurse

GOAL: The organization identified safety risks inherent it is patient population

- This goal applies to our behavioral health programs (inpatient/outpatient/ community psychiatry as well as day hospitals)
- Initial and ongoing assessments of all patients presenting for psychiatric evaluation and/or treatment include identification of factors indicating a patient's risk for self harm (suicide)
- Treatment plans include interventions addressing the patient's safety needs including most appropriate setting for treatment of assessed risks
- If the patient is assessed to be appropriate for outpatient treatment, crisis hotline and other resource numbers are provided to the patient and/or family to use in crisis or emergency situation.

Additional NPSG starting January of 2008. The Joint Commission allows hospitals a one - year phase in period (2008) to plan and put structures in place to achieve compliance. The phase- in period includes milestones to be achieved in the year 2008. Full implementation is required January 2009.

GOAL: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy

GOAL: Improve recognition and response to changes in a patient's condition

- Staff members are able to directly request additional assistance from specially trained individuals when the patient's condition appears to be worsening.

Patient Safety Reporting

Who is the hospital's Patient Safety Officer and how can she be contacted?

- Patient Safety Officer's name: Fe Nieves-Khouw RN, MSN
  Office: 8-7575   Pager: BEEP 7575
  EMAIL: fnieves@umm.edu

Who is the hospital's Medication Safety Officer and how can she be contacted?

- Medication Safety Officer's name: Barbara Sabatino, PharmD
  Office: 8-1437   Pager: BEEP 8472
  EMAIL: bsabatino@umm.edu

How can I report a patient safety concern?

Please note that emergent issues should always be referred to the responsible department first for action or reported by calling 8-5174.

- Use the online Event Report located on the staff intranet under Risk Management.
- Call the Patient Safety Officer (Fe Nieves Khouw) at **8-SAFE**.
- Staff, patients and visitors may also report safety issues directly to the Joint Commission (800-994-6610) and/or the Maryland Office of Healthcare Quality (877-402-8218).

What type of incidents or concerns should be reported?

- Actual patient incidents, errors, occupational injuries or accident and IRB reports of adverse events should always be reported to Risk Management
- Any other safety concerns, risks or observations including close calls/near misses, delays, security, visitor issues/concerns etc. should be reported to the patient safety hotline

What do I need to provide?

- State the facts as you know them.
- Describe the issue completely.
- If you have recommendations for preventing this from happening again, please share them.
- Reporting can be anonymous, but remember we can only provide you feedback of our findings if you identify yourself by name.

Space Management

The single biggest issue we have at UMMC is with space. Simply put, we have too much stuff and too little space.

What can I do to help?

- Remember – hallways are for people, not stuff.
- If you have to have items in the hallways, they need to be kept on one side. Remember – when the fire alarm sounds, everything needs to be moved out of the hallway(s).
- Be judicious when ordering – do you really need to order a year's worth of stuff at one time?
- Haven't used it in a year – get rid of it!
    - Utilize the Open Spaces program to help with disposing of unneeded items – it is on the Intranet.

Need help moving items, with space planning, brainstorming?

- Call the Facilities team at 8-5174.

Safety Management

Who is responsible for Safety?

- Every hospital employee, supervisor, patient and visitor.

Who is the Department Safety Officer (DSO) in my department?

- The DSO is an individual appointed by the Department Head. He/she is the local resource for safety information.

  (The DSO for my area is: _____)

Who is the Hospital Safety Officer, and how can he be contacted?

- Safety Officer's name: Jim Chang
  Office: 8-6001   Pager: BEEP 1336
  EMAIL: jchang@umm.edu

How is the Hospital Safety Officer different from the Patient Safety Officer?

- The Hospital Safety Officer is responsible for the overall safety of the institution, its staff, visitors and patients.
- The Patient Safety Officer is primarily focused on patient related safety issues.
- Both Safety Officers work together to ensure a safe environment and experience for all those coming to the Medical Center.

What type of incidents or concerns should be reported?

- Any safety concern, risks or observations including close calls or near misses should be reported to the Safety Officer. All questions are welcome also!
- Concerns about other areas of the environment of the care should be reported to the appropriate plan manager (see the end of this document for names and numbers) or the Support Operations Service Center (SOSC) at 8-5174.

I am not sure who to call with my question, how do I start?

- The SOSC is the gateway to Facilities and the Environment of Care management team. Contact them at 8-5174 or email to Customer Connect@umm.edu

What is the Hospital Smoking Policy?

- UMMC is now tobacco-free both inside and outside. Our buildings have been smoke-free for years. Now use of tobacco is prohibited anywhere on the UMMC campus – this includes the walkways in front of and around the hospital buildings. Smoking is also prohibited in buildings leased by UMMC; see the property manager for specific restrictions..

Body Mechanics

<u>Back injuries are the leading cause of disability among healthcare providers!</u>

How should I move or pick-up a patient (or any other heavy item)?

- Teamwork - Don't be afraid to ask for help.
- Maintain a wide base of support by standing with your feet apart.
- Keep your back straight, bend your knees and hold the object near to your body while lifting. Try not to twist while lifting or lowering.
- Use your legs to do the job of lifting, not the muscles in your back.
- When moving stretchers or beds, it's better to push than to pull.

Who can I call for advice or consultation?

- UMMC has an ergonomics specialist – Cynthia Roman. She is available for both consultation and training, and can be reached at: 8-7967.

Where can I get data for my department on the number and type of injuries?

- Contact Risk Management or the Safety Office.

Personal Protective Equipment (PPE)

What is PPE?

- PPE is personal protective equipment that is required to be used when working with blood or body fluids, hazardous chemicals or other materials and equipment that may harm an employee. PPE can include: eye protection, gloves, gowns, booties and respirators.
- To use any type of respirator, an employee must first complete an OSHA approved medical screening questionnaire.
- Use of the N95 respirator requires an initial fit test and then an annual fit test.
- Training on use of the respirators will be provided for employees.

What are standard precautions and PPE?

- Standard (or universal) precautions refers to the use of PPE whenever you may come into contact with blood or body fluids. Depending upon the circumstances, this can include:
  o Eye protection (safety glasses or goggles)
  o Splash protection for the face (face shield)
  o Isolation gowns
  o Booties or shoe covers
  o Respirators for airborne hazards (e.g., if the patient is coughing)

What type of respiratory protection is available?

- Most units have N95 respirators and surgical masks available.
- Some units have Powered Air Purifying Respirators (PAPRs) on hand. If there aren't any on the unit, you can request them from Equipment Distribution at BEEP ID# 6000.

Where is my personal protective equipment located?

- Write in where it is located in your own area:

  _____

Do I need a safety shower or eyewash?

- Eyewashes and showers are required where there is possibility that your eyes or body may come into contact with corrosive materials (i.e., be splashed with). The most common area examples at UMMC are the pharmacy areas and laboratories.
- The Safety Office is conducting a housewide evaluation of areas to address this concern.
- If you have an eyewash, it must have clear access. The unit must also be tested weekly. Don't forget to document the test!
- Facilities will test safety shower units.

Security Management

What is the facility policy for employee identification badges?

- All employees must display (wear) their ID badges while on the premises. Badges are to be worn on the front of the torso, above the waist and below the shoulders.

What should you do if you see someone in your department/unit without an identification badge?

- Politely question their business in your area; contact security if you're not satisfied with response or if they refuse to leave when requested.

What should you do if you witness work place violence, acts of vandalism, or disruptive behavior?

- Contact Security at **8-8711.**

What should you do if you hear an announcement for a "Code Pink"?

- Remember a Code Pink can be an infant or child.
- Immediately look for infants (or children) and suspicious person(s) in your area.
- Contact Security if you see any suspicious activity or persons.
- Watch exits and stairwells for persons with infants or children and infant size bundles.

Hazardous Materials/Waste Management

What is a hazardous material?

- Any substance that when used or stored improperly poses a risk to people, property or the environment.

How would I get information on Hazardous Materials used in my department?

- Each department maintains a departmental Chemical Inventory and should have the corresponding Material Safety Data Sheets (MSDSs) for each hazardous material used in your department.
- MSDS information for many chemicals may also be found from a variety of sites on the internet.

Note: If you have any questions please contact your Department Safety Officer, Supervisor, or the Hospital Safety Officer.

What kind of information can I find on an MSDS sheet?

- The name of the chemical.
- The type and/or level of hazard.
- How a hazardous material may be safely handled.
- Short and/or long term effects.
- First aid and/or emergency procedures.

If a hazardous material spilled in my area, what actions should I take?

- Contain and cleanup the spill if it is safe to do so, and you are appropriately trained.
- If you need help, call the SOSC at 8-5174.
- Report all spills to your Department Safety Officer and the Hospital Safety Officer**.**

What should I know about spill kits:

- Know where your kits are located. Spill kits should be located in areas where hazardous materials are routinely stored and used (i.e., Chemotherapy spill kits in Pharmacy, formaldehyde spill kits in Lab, oil spill kits in Engineering).
- Know how and when to use them properly. Training on use of spill kits should be provided by the Department Safety Officer or the Department Manager.

Anything else?

- Oxygen cylinders need to be:
  - secured in a stand, rack, holder or stretcher whether in storage or in use. Adhesive tape is not acceptable.
  - returned when not in use. No more than 12 cylinders (full and empty) may be kept in an area. Exceptions for units or areas requiring more than 12 are possible – contact the Safety Officer (8-6001) for guidance.

Emergency Management

Where can the hospital disaster plan be found?

- Some units may still have the UMMC Emergency Preparedness Plan binder (will become the UMMC Emergency Operations Plan in late 2008)
- On the UMMC Intranet http://intra/ummc/reference/Emergency/index_frames.htm

What type of disasters does UMMC plan for?

- UMMC's plans for both internal and external disasters. An internal disaster is an event, which disrupts operation of the facility (i.e., power failure, fire, or explosion). An external disaster can be a catastrophic event external to the hospital, such as a major train wreck or chemical spill.

What is my role in a disaster?

- Report to work when scheduled (or when called in).
- Follow the direction of your supervisor.
- Note: If the hospital activates the Hospital Incident Command System (HICS), you may be assigned an additional role(s) and responsibilities.

What is my department's role in a disaster? (Add here)

How do I report an emergency at UMMC?

- For life threatening emergencies such as a Code Blue or fire, call the Stat Operator at **8-2911.**
- For all other emergencies (security issues, utility failures, etc.) contact the SOSC at **8-5174.**
- Notify your supervisor.

Fire/Life Safety

What are the key fire prevention and safety points I need to know?

- No open flames (no candles)
- Be careful with electrical appliances – especially heaters and cooking appliances
- Don't overload electrical circuits
- Don't block emergency equipment (such as fire extinguishers and pull stations)
- Keep all storage 18" or more below the ceiling
- Minimize storage of combustible items whenever possible

What is the Disaster Code for Fire?

- Code Red

What is my role if the fire alarm sounds?

- If the alarm is in the your building
  - <u>Clear the corridors – move carts and equipment out of the corridor into rooms or alcoves</u>
  - Be prepared to move if necessary or directed to do so
- If the alarm is in another building
  - Stay Alert
  - Be prepared to help if needed

If I discover a fire, what actions should I take?

- R –remove/rescue anyone in immediate area of fire.
- A –activate the alarm and call 8-2911.
- C –confine the fire (close doors and/or windows).
- E –extinguish fire only if safe to do so, or evacuate.

When using a fire extinguisher, remember PASS:

- P – Pull the pin.
- A – Aim the nozzle at the base of the fire.
- S – Squeeze the handle.
- S – Sweep from side to side at the base of the fire.

If you use a fire extinguisher, call it in to SOSC at 8-5174.

How would I contain or confine a fire?

- Close all doors and/or windows.

What is the purpose of fire doors?

- To contain fire/smoke and separate or compartmentalize the facility to afford safe areas of refuge.
- Doors and doorways must remain free of obstructions (including door chocks!).

Where are my fire alarm pull stations located?

Write in where it is located in your own area:

_____

Where are my primary (and secondary) exit routes?

Write in where they are:

_____

Where are my fire extinguishers located?

Write in where it is located in your own area:

_____

What is ILSM?

- ILSM means Interim Life Safety Measures.
- They are used any time the integrity of the building or fire safety device is compromised and does not provide the normal safety that is required.
- Usually, they are caused by construction or maintenance activities.
- The some examples are:
  o Signs that show an alternate egress route in case the regular route is blocked or can not be used.
  o Fire watches when the fire alarm or sprinkler system is not working.
  o Informing staff to be alert and mindful of fire emergency response procedures as the result of construction or maintenance in their area.
- Staff need to be aware of any ILSMs that affect them. If in doubt, ask the project manager or Facilities.

Where is my oxygen shut-off valve and when would I use it?

Write in where it is located in your own area:

_____

Medical gas (including oxygen) shut-off valves should not be turned off unless directed by the Charge Nurse, Unit Manager or Senior Technologist or their designees.

Medical Equipment Management

Are all pieces of patient-related equipment (including loaners, demos, patient-owned equipment) inspected and tested prior to use in my area?

- YES – By Clinical Engineering staff. Call 8-5343 or BEEP 6000.

What should I do if electrical or biomedical equipment is malfunctioning?

- Remove the equipment from service.
- Notify your supervisor.
- Place "Out of Order" labels on the equipment, if necessary, to distinguish it from other equipment.
- Contact BioMed at **8-5343** for patient related equipment.
- Contact Facilities at **8-5174** for non-patient equipment.

How would I know if a piece of medical equipment is routinely inspected?

- All UMMC clinical equipment should have two tags. The first identifies the equipment as owned by UMMC. The second tag indicates the inspection status of the equipment.
- Clinical equipment that requires scheduled inspections carries a safety inspection tag with date inspected and date due. Equipment that does not require periodic inspection is labeled, "No Inspection Required".
- Contact Clinical Engineering (BioMed) if you have any questions or concerns.

How do I receive training on how to use medical equipment?

- Users need to receive training to assure safe and effective use of medical equipment
    - The first resource for medical equipment training is your manager or supervisor.
    - Clinical Practice and Professional Development (8-6257) may also provide training assistance.
    - BioMed (8-5343) can also provide assistance with equipment training issues.
    - Operator instructions or manuals should be available in each patient care area.

Utility Management

What is emergency power?

- At UMMC, we have 6 emergency generators that provide backup power for critical functions in the event we lose commercial power. This power is provided through "red outlets".

What equipment should be plugged into red outlets (emergency power circuit)?

- In general, any critical piece of equipment (e.g., life support and patient monitoring equipment) should be plugged into red outlets if available. Conversely, non-critical equipment, e.g., copy machines, and coffee pots) should not be plugged into red outlets.
- Contact Facilities at **8-5174** if uncertain.

How do I report a utility malfunction, such as a water leak or an electrical outage?

- Call the SOSC at **8-5174.**

Anything else?

- Know the location of your medical gas shutoff valves and who is authorized to use them (usually the charge nurse or chief technologist).
- Keep the area in front of medical gas shutoff valves, and electrical panels clear of all obstructions (i.e., no cabinets, no carts, no stuff!).

Project Management

Does UMMC consider patient satisfaction and perception when it is renovating an area?

- Yes. As part of the Environment of Care, hospitals are required to provide a welcoming, healthy environment for its patients, staff and visitors.

How are health effects considered when construction projects are being planned?

- The items are addressed by a multidisciplinary team using an Infection Control Risk Assessment (ICRA) tool.
- The ICRA considers the function of the area, the occupants, the risk of airborne contamination, and the means required to prevent transmission of dust and moisture.

What are some of the other items for which the impact is considered prior to construction?

- Whether or not odors or fumes are generated.
- The impact on fire and life safety. ILSM (Interim Life Safety Measures are required if safety is compromised during construction).
- If a utility outage is needed, such as water, electricity or medical gasses.
- If the construction may result in vibration to the building.
- Impact of potential noise.
- Impact on ventilation needed for the area.

Contact Facilities at 8-5174 if you have any questions or concerns about construction in your area.

Credentialing and Privileges

When do I need to check credentials?

- When you are not familiar with an attending or resident and his/her level of competence/supervision for a particular procedure.

What is MIDAS and E-VALUE?

- **MIDAS** is UMMC's on-line credentialing and privilege verification system. It is used to verify the privileges of practitioners (attendings, residents, fellows, dentists, clinical psychologists, podiatrist, physician assistants and advanced practice nurses)
- **E-VALUE** is a web based system that allows staff to check on a resident's competencies and level of supervision required.

How do I check practitioner's credentials?

- To access **MIDAS**, go to the **Patient Care Resources** tab on the Staff **Intranet**. Click on **Hospital and Clinical Resources**, then **MIDAS**, and then **MIDAS Credentialing**.
  - If you're unfamiliar with **MIDAS**, click on the **Midas Instructions** tab immediately below **MIDAS**.
- To access **E-VALUE**, go the **Patient Care Resources** tab on the Staff **Intranet**. Click on **Resident Privileging Information**.
  - If you're unfamiliar with **E-VALUE**, click on the **Instructions for using E-Value.net** tab immediately below **E-VALUE**.

What should I do if I can't find the practitioner in the database(s)?

- For Attendings: If you can't find the attending in the **Midas** database, you should assume that he/she does not have current hospital privileges.
- For Residents/Fellows: If you can't find the resident/fellow in **EValue,** you should assume that the individual is not an approved trainee.

What should I do if I believe a practitioner is not approved for a certain procedure?

- For Attendings: The Attending should be advised that they are not approved per the credentialing database, and they should contact Medical Staff Services for follow up.
- For Residents/Fellows: The staff member should contact the attending on call for immediate assistance. The Program Director should also be notified of the situation, as well as the UMMC GME office during normal business hours.

Who can I call if I have questions or concerns?

- For Midas: During normal business hours, contact Allison Andrus, Director, Medical Staff Services at 8-1151 or aandrus@umm.edu, or Heather Keating at 8-2103 or hkeating@umm.edu.
- For EValue: During normal business hours, contact Laura Pounds, Director, Graduate Medical Education at 8-1004 or lpounds@umm.edu.
- After hours – contact the Nurse Coordinator at 8-3148/BEEP 3148.

Employee Health Services

What is my responsibility if I am ill?

- Do not report to work with:
  o Viral respiratory illness (cough, runny nose with fever)
  o Fever >100.4 F
  o Undiagnosed rash
  o Any draining skin lesions
- If you become ill at work, report to your supervisor who may send you to Employee Health Services (EHS) for further assessment.
- Report any potentially contagious illnesses to EHS (e.g., chicken pox, pertussis, measles, MRSA, influenza, any type of pneumonia, herpes zoster (shingles)).

What does Employee Health do for UMMC?

- Pre-placement evaluations to make sure employees are suited to work
- Health Promotion--Step Up to Good Health program--the program may be accessed on the intranet or from home at www.umm.edu/stepuptogoodhealth.
- Immunizations---to protect patients and employees—influenza, hepatitis B, varicella, MMR, and tDAP
- Work-related injury care
- Blood and body fluid exposure management--including source testing and prophylactic medications
- Respirator medical clearance and fit testing provided during pre-placement evaluation
- TB surveillance--including yearly screens and prophylactic medication
- Latex allergy testing if medically indicated
- Fitness for duty evaluation--to rule out medical or psychological problems that might affect performance
- Disability and benefits management

How to do I get in touch with Employee Health Services?

- EHS is located on the first floor of the trauma building. The phone number is 8-0958.

Greene Team

What is the Greene Team?

- The Greene Team is actually three teams comprised of an oversight group, an administrative team (covering office areas) and a patient care team (covering all other areas).
- This group is actively promoting the adoption of healthy, sustainable practices within the UMMC sphere of influence.
- The Greene Team was the brain child of Leonard Taylor and Vicky Stewart.

What are some of the things the Greene Team is working on? How can I help?

- There are several major initiatives the Greene Team is championing including recycling, segregation of waste, energy conservation, and sustainable purchasing. For more information, contact Harold Polk at 8-6491.

How do I join?

- Contact Harold Polk at 8-6491.

What are we doing about mercury in our hospital? I just saw an old mercury BP cuff in the lab…

- UMMC has been actively working to reduce the amount of mercury in the hospital. Today, the only remaining locations that use mercury do so because there is no suitable substitute. If you find a mercury containing item that you no longer need or have questions, please contact Safety (8-6001) for assistance.

Housekeeping

Who do I call if I have questions about my housekeeping?

- Call the area supervisor first – you can reach him or her by calling the SOSC at 8-5174.

Who do I call if I still have unresolved issues about my housekeeping?

- Director, EVS: Paul Williamson – 8-7784
- General Manager, Aramark: Jack Walsh – 8-3362
- VP Facilities: Leonard Taylor – 8-5474

What can I do to help the situation?

- Thank you for asking! EVS, like every other department, is struggling with balancing workloads and available resources.
- Cardboard is a major issue for us. From the infection control standpoint, we try to minimize the amount of cardboard boxes on the unit. When the box is empty, take a minute to break it down. This little step will greatly help us remove from you unit quicker.
- Please let us know how we're doing. If you have a troublesome area, let us know.

Infection Control

Hand Hygiene

Hand washing is the single most important procedure for the prevention of health care associated infections.

- Alcohol based hand rubs can be used if hands are not visibly soiled.
- Use antimicrobial (CHG) soap and water and wash for 15 seconds if hands are visibly soiled.
- Do **not** use alcohol based hand rubs for patients that have Clostridium difficile (C-diff) or Bacillus anthracis.
- Include the patient and family in our Hand Hygiene Campaign.

TB exposure prevention

- Tuberculin skin testing (TST) is required annually; if know to be positive, an annual screening questionnaire must be completed.
- If you are exposed to a patient with tuberculosis, a follow-up skin test 10-12 weeks after exposure is required.

What are Standard (Universal) Precautions?

- Standard (Universal) Precautions are measures intended to protect an individual from exposure to blood, all moist body fluids, secretions and excretions except sweat; non-intact skin and mucous membranes.

  They are designed for use with ALL patients in hospitals regardless of their diagnoses or presumed infection status.

What are some examples of personal protective equipment that should be used when I anticipate exposure to blood and/or body fluid?

- Gloves, Gowns, Mask, Goggles.

What do I do after a needle stick/body fluid exposure?

- Wash the area with soap and water. For mucous membrane exposures, irrigate the affected area with saline.
- Call the Exposure Hotline immediately at 8-BEEP ID# STIK **(7845).**
- Contact your supervisor.

Where do I find written information regarding infection control measures?

- On the Infection Control section of the intranet. Click on Patient Care Resources on the main page, and then select Infection Control.

MAGNET

UMMC is on a journey for the **Magnet Recognition Award**. This award is granted by the American Nurses Credentialing Center (ANCC) and is the highest level of recognition for organized nursing services in healthcare organizations. Magnet is a national designation that recognizes excellence in delivery of nursing care and services to patients. It promotes quality care in a professional practice environment and fosters growth and development of nursing staff.

More information about UMMC's journey to Magnet can be found on the intranet website (intra/umm/clinical/magnet). You can also visit the ANCC website at http://www.nursingworld.org/ancc/magnet.html.

ANCC 14 Forces of Magnetism for Nursing Excellence

1.   Quality of Nursing Leadership
2.   Organization Structure
3.   Management Style
4.   Personnel Policies and Programs
5.   Professional Models of Care
6.   Quality of Care
7.   Quality Improvement
8.   Consultation and Resources
9.   Autonomy
10.   Community and the Hospital
11.   Nurses as Teachers
12.   Image of Nursing
13.   Interdisciplinary Relationships
14.   Professional Development

ANA Bill of Rights

The American Nurses Association (ANA) has adopted the Bill of Rights and Code of Ethics for nurses. The ANA Bill of Rights states the rights a nurse must have to provide high-quality patient care in a safe work environment.

Nurses have the right to:

1.   Practice in a manner that fulfills their obligations to society and to those who receive nursing care.
2.   Practices in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice.
3.   A work environment that supports and facilitates ethical practice, in accordance with the Coe of Ethics for Nurses and its interpretive statements.
4.   Freely and openly advocate for themselves and their patients, without fear of retribution.
5.   Fair compensation for their work, consistent with their knowledge, experience and professional responsibilities.
6.   A work environment that is safety for themselves and their patients.
7.   Negotiate the conditions of their employment, either as individuals or collectively, in all practice settings.

For more information on the ANA Bill of Rights, go to
http://www.nursingworld.org.

ANA Code of Ethics for Nurses – establishes that a nurse's primary focus is to protect the patient's health, safety and rights. Ethical principles such as justice, beneficence, and patient autonomy should drive nursing practice, along with the virtues such as honesty, compassion, courage, wisdom, confidentiality and respect for privacy.

Provision 1: The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

Provision 2: The nurse's primary commitment is to the patient, whether an individual, family group or community.

Provision 3: The nurse promotes, advocates for, and strives to protect the heath, safety, and rights of the patient.

Provision 4: The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and profession growth.

Provision 6: The nurse participates in establishing, maintaining competence, and to continue personal and professional growth.

Provision 7: The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

Provision 8: The nurse collaborates with other health professionals and the public in promoting community, national, and international effort s to meet health needs.

Provision 9: The profession of nursing as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Patient Rights and Ethics

What is the procedure for obtaining access to an interpreter (language or sign) for a patient?

- Dial 8-BEEP and enter TALK (8255) for 24/7 interpreter assistance.

What is my responsibility to the Patients regarding confidentiality?

- All hospital staff is responsible for keeping mail, verbal communications, written documentation, and computer information regarding a patient confidential and to discuss patient care issues only with immediate care providers.
- Patient care information is <u>not</u> to be discussed in public areas (elevators, cafeteria, and hallways).

How do patients get information about Advance Directives?

- This information is provided during the admission process. If a patient needs additional information or assistance they may contact their treating physician. In addition, the RN may refer to the Department of Social Work.

Where is the Patient's Rights and Responsibilities located?

- Orientation Packet.
- Administrative Policy and Procedure Manual (white).
- Prominently posted throughout the facility.
- In the Admission Packet given to all patients/ designated representatives.

What is my role with regard to Patients Rights?

- It is every employee's responsibility to know and observe the Patient's Rights and Responsibilities.
- Every patient should have a copy of the Patient's Rights and Responsibilities. Each Patient has the right to ask questions and share concerns with any staff member.

What is the hospital mechanism for resolving ethical issues?

- When an ethical issue arises on a unit, the unit manager must be informed immediately.   The primary mechanism to address patient and staff needs for resolution of issues, relating to the ethical and caring treatment of the patient is the physician, in consultation with the patient and/or family. If resolution is not reached, refer to the Ethical Advisory Committee.
  - Phone: 443.562.5143
  - Beeper: 410.328.2337 – ID# 3900
  - Page Operator: 410.328.6111

Performance Improvement

The PI project in my area is:

What are UMMC's goals and priorities for 2008?

The four top priorities for UMMC are:

- Patient safety and quality
- Patient satisfaction
- Employee satisfaction and performance excellence
- Our commitment to Excellence philosophy

Where can I find out more about the PI activities in my area?

- Talk to your manager.
- Units are encouraged to document their performance improvement work on story boards. Look for the board!

What are the key steps in a performance improvement project?

- Talk through your idea with our manager.
- For simple projects, consider the six-step guide to layout and reporting:
    - Background slide (what is your idea?)
    - Joint Commission requirements (how does this tie into JC, NPSG or other desirable outcomes?)
    - Metrics (what do we measure?)
    - Improvement strategies (what did we do to improve?)
    - Unit data (how did our unit do?)
    - Next steps (what are our plans for going forward?)
- More complex projects may require other models (e.g., FADE, DMAIC, etc.). Contact Professional Development for assistance.

Refrigerators and Freezers

The temperature of patient care area food refrigerators and freezers must be monitored at least daily and the temperatures recorded.

Temperatures for medication refrigerators and freezers should be checked and documented on the log sheet twice daily. For areas that are not open 7 days/week, record the min-max temperature range for the closed time period on the log sheet. Contact Pharmacy for additional guidance as needed.

Acceptable temperature ranges are:

Refrigerators

- Food (including breast milk): 34F to 40F (1C to 4C)
- Specimen: 36F to 42F (2C to 6C)
- Medications: 36F to 46F (2C to 8C)

Freezers

- Food (including breast milk): 0F or lower (-18C or lower)
- Specimen: 5F to -22F (-15C to -30C)
- Specimen low temperature: -85F to -130F (-65C to -90C)

Actions taken if the temperature is found to be out of range must be recorded on the log.

Other considerations:

- Staff food must not be stored with patient food or refreshments.
- Specimens, medications or other chemicals should not be stored with patient or staff food.
- Patient specific food items must be labeled with patient name, dated and removed/discarded upon discharge.
- Patient food refrigerators should be cleaned out at least weekly.
- Only patient medications may be stored in medication refrigerators.

Staff Rights

If I perceive that some aspect of patient care, within my assignment, is in conflict with my cultural values, ethical or religious beliefs, what do I do?

- You have the responsibility to inform your department head during orientation if you have cultural, ethical, or religious beliefs that conflict with your participation in any aspect of patient care.
- A request for non-participation in any aspect of care must be documented in writing, specifying the aspects of care you wish to be excused from and the reasons for the request.

What happens to patient care if an employee has a cultural or religious belief that interferes with care?

- The employee's need is considered.
- Patient care will not be compromised.

Talking Tips

When approached by a surveyor…

- Introduce yourself
- Be courteous and professional
- Get ready to answer some questions!

When answering a surveyor's questions…

- Focus on the question asked
- Answer in a positive way
- Don't "guess", "think" or "try"…
- Don't answer "usually…" because this communicates uncertainty or inconsistent response
- Answer "do", "know" and "will"!

If you don't know how to answer a question…

- Tell the surveyor you don't recall but you can use your resources (i.e., this Pocket Guide) and find out.

Environment of Care Points of Contact

Responsibility		Name	Phone
•	Committee Chair	Leonard Taylor	8-5474
•	Committee Chair (Alternate)	Jim Chang	8-6001

Plan Managers

•	Safety	Jim Chang	8-6001
•	Security	Tony Rinaldi	8-0985
•	Hazardous Materials/Waste	Henry Smith	8-8515
•	Emergency Management	Sharon Kellogg	8-3467
•	Life/Fire Safety	John Baldwin	8-6032
•	Medical Equipment	Bob Stiefel	8-0249
•	Biomedical Equipment Technicians	Sean Connolly	8-8944
•	Clinical Equipment Distribution	Robin Redd	8-1921
•	Utility Management	John Baldwin	8-6032
		Carl Johnson	8-8122
•	Project Management	Linda Whitmore	8-3497

Supporting Staff

•	JC Prep	Ella Giles	8-7364
•	Patient Safety Liaison	Fe Nieves Khouw	8-7575
			8-SAFE
•	Infection Control Liaison	Joan Hebden	8-5757
•	Employee Health	Melissa Frisch, MD	8-0958
•	Risk Management	Robin Busan	8-2069

Other

•	Support Operations Service Center (SOSC)		8-5174
		Deb Photiadis	8-9252