

Good Stuff To Know

(21st ed.)

A Resource Information Guide

2021-2022

Thank you to the contributors & editors to this edition

Ella Goss
Val Tobin
Laurie Edge
Melissa Davis
Karen Thompson
Stephanie Tasker
Carrie Doyle
Donna Pircher
Susan Halvor
Lauri Ek-Watson
Tracy O Connor
Nelson Price
Jaime Eggert
Vicky Phillips
Rodger Lewerenz
Tara Bird
Ron Galt
Mark Carr



Welcome to Providence!

The "Good Stuff to Know" book is intended to assist caregivers and contractors at Providence Alaska Medical Center (PAMC) in understanding the standards necessary for accreditation and review by The Joint Commission (TJC), the Centers for Medicare & Medicaid (CMS), the Occupational Safety & Health Administration (OSHA), and PAMC policies & initiatives.

Review this book carefully, as it contains important information on our mission, Core Values, celebrating our cultural diversity, regulatory requirements, and our commitment to a safe environment for our patients and caregivers. Included are methods to improve quality of patient care, safety, and what to do in case of any number of emergency situations. It also has important information for clinical areas relative to subjects such as infection control, restraints, and protocols.

If you have questions, discuss them with your supervisor, or call the numbers referenced in the book.

I hope that this book will provide you with important information to support our delivery of quality and efficient healthcare to everyone we serve.

Sincerely,
Ella Goss MSN, RN-BC, Chief Executive Officer
Providence Alaska Medical Center

Table of Contents

Welcome from the CEO

1. Mission

- 1.1 Spiritual Care
- 1.2 Ethical Concerns
- 1.3 Patient Rights

2. Heart of Providence

- 2.1 Sensitivity to Cultural Diversity & Competence
- 2.2 Communication
- 2.3 Wireless Internet
- 2.4 Cell Phone Guidelines
- 2.5 Service Standards
- 2.6 Patient Experience
- 2.7 Valet Service
- 2.8 Patient & Family Centered Care

3. Caregiver Services

- 3.1 Providence Health & Services Alaska Learning Institute
- 3.2 HealthStream
- 3.3 Caregiver Competency
- 3.4 Policies & Procedures
- 3.5 Work Life Balance

4. Caregiver Health

- 4.1 Caregiver Injury Prevention & Ergonomics
- 4.2 Caregiver Incident Report
- 4.3 Tobacco Free Environment
- 4.4 Drug Free Workplace

5. Performance Improvement (Quality)

- 5.1 Unusual Occurrence Reports (UOR)
- 5.2 Sentinel Event
- 5.3 Root Cause Analysis
- 5.4 Disclosing Unanticipated Outcomes & Medical Errors
- 5.5 Operational Excellence
- 5.6 Patient Complaints & Service Recovery

6. Risk & Patient Safety

- 6.1 National Patient Safety Goals
- 6.2 Medication Safety

7. Regulatory Agencies & Compliance

- 7.1 Regulatory Agencies
- 7.2 Integrity & Compliance
- 7.3 Privacy Rule HIPPA
- 7.4 Computer Network & Information Security

8. Safety & Environment of Care

- 8.1 Environment of Care (EOC) Program
- 8.2 General Safety
- 8.3 Sharps Safety
- 8.4 Infectious Waste Management
- 8.5 Falls Prevention
- 8.6 Security
- 8.7 Violence in the Workplace
- 8.8 Hazardous Materials & Waste Management
- 8.9 Chemical Spills
- 8.10 Radiation Safety
- 8.11 Fire Prevention & Life Safety
- 8.12 Medical & Electrical Equipment
- 8.13 Utilities Safety

9. Emergency Preparedness

- 9.1 Emergency Codes
- 9.2 Emergency Assembly Points

10. Infection Prevention

- 10.1 Hand Hygiene
- 10.2 Transmission Based Precautions
- 10.3 Reducing the risk of health care-associated infections
- 10.4 Training
- 10.5 Bloodborne Pathogens
- 10.6 Surveillance

11. Patient Care

- 11.1 Patient Care Team
- 11.2 Point of Care Testing
- 11.3 Patient Assessment & Reassessment
- 11.4 Patient & Family Education
- 11.5 Providence Early Assessment Team
- 11.6 Organ & Tissue Donation
- 11.7 Transport, Lift & Logistics Center (TLC)
- 11.8 Restraints

11.9 Abuse & Neglect
11.10 EPIC
11.11 Treating Obese Patients: Sensitivity

11.12 Latex Allergy
11.13 NODA – No One Dies Alone

THE MISSION

AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

Core Values



COMPASSION

Jesus taught and healed with compassion for all. –Matthew 4:24

We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.



DIGNITY

All people have been created in the image of God. –Genesis 1:27

We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.



JUSTICE

Act with justice, love with kindness and walk humbly with your God. –Micah 6:8

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.



EXCELLENCE

Whatever you do, work at it with all your heart. –Colossians 3:23

We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.



INTEGRITY

Let us love not merely with words or speech but with actions in truth. –1 John 3:18

We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

1. Spiritual Care, Ethics, and Patient Rights

1.1 Spiritual Care

Consistent with our Mission and Values, Providence Alaska Medical Center provides Spiritual Care services to our patients, their families, and caregivers. While it is every employee's responsibility to address the emotional and spiritual needs of patients and their families, the Spiritual Care department has clinically trained chaplains available to assess and respond to a variety of those needs.

Chaplains are part of the multi-disciplinary team and actively involved in patient care. Clinical caregivers are encouraged to consult with chaplains regarding the emotional and spiritual care of their patients and/or to make referrals to the unit chaplain or Spiritual Care department.

Chaplains are equipped to address a wide range of issues for patients that can result from hospitalization, such as stress, grief, loss, isolation, fear, conflict, despair, dealing with change, and the unique needs of dying patients. Chaplains can assist with Advance Directives and communication with other healthcare professionals.

Our chaplains also assist PAMC caregivers and departments with emotional and spiritual needs. For caregivers we provide on-going support in a demanding work environment or, after a particularly stressful incident, we can provide Critical Incident Stress 'defusings' and 'debriefings'. Additionally, we also have a popular "Tea-for-the-Soul".

Contact **Spiritual Care** for a *Chaplain* anytime, 24 hours a day, by paging **88-HOPE (88-4673)**.

1.2 Ethical Concerns

The PHSA integrity program and the regional Ethicist are here to assist you in handling complex patient care concerns, including ethical, professional, and legal requirements we must meet in today's healthcare environment.

- All employees are expected to report concerns regarding compliance or organizational ethics.
- Reports can be made to managers, supervisors, or the Integrity Officer. Concerns can also be discussed with the Regional Ethicist, Mark Carr, at 212-6077.
- We want an environment that supports resolving concerns. To accomplish this, we have a strict no-tolerance approach to retaliation. If you think there is a problem with retaliation, report it.

For Mission questions please contact Monica Anderson, Regional Chief Mission Integration Officer at 212-3064 or Ron Galt, Chief Mission Integration Officer 212-2990 or for Integrity concerns please use the confidential Integrity Hotline at 888-294-8455

The Ethics Committee

The Ethics Committee is a multi-disciplinary team available to help patients, families, and health professionals clarify issues involved in difficult ethical decisions. The committee may be accessed by anyone in the Medical Center through the House supervisor or Mark Carr, PAMC ethicist at 212-6077. The ethics consult service team member who initially responds, reviews the case, and decides if the committee should meet and then calls the ethics committee consultation team members to meet with the people involved in the decision. The PSJH Regional Ethicist is Mark Carr (907) 212-6077.

Advance Directives, Power of Attorney, & Living Will

Advance Directives are written documents in which patients give directions about future and end of life care. Two types of Advance Directives are the Living Will and the Power of Attorney for Health Care or Health Care Agent designation. More information about Advance Planning may be found in the policy located in Policy Stat <https://phs-akpamc.policystat.com/policy/1729552/latest/>

Durable Power of Attorney for Health care: In this document, a person names someone called a proxy or health care agent to make medical decisions for them if the person becomes unable to do so.

Living Will: This is a document with written instructions about the type of medical care a person with a terminal disease or other debilitating condition wishes to receive, or not receive. It is called a Living Will because it takes *affect* while a patient is still alive.

The Power of Attorney for designating the Health Care Agent and the Living Will instructions for medical care can be together in one Advance Directive document or in two separate documents.

Admitting asks all patients if they have Advance Directives. The answer is recorded on Condition of Admission form. When the patient provides an original document, a copy is placed in the medical record and eventually scanned into the electronic medical record. On the unit, the patient is asked if he or she has Advance Directives. The answer is recorded on the Patient Admission Assessment form.

If the patient does not have Advance Directives, the patient's wishes may be recorded in the chart or he/she can obtain forms to create advance directives from a nurse, Spiritual Care, social worker or Shift Coordinator. Employees who are involved in direct patient care may not act as a witness to a patient signing Advance Directives. If the document needs to be notarized contact a medical center notary from Medical Records, Shift Supervisors, or Admitting. Risk Management keeps an up-to-date list of notaries on the intranet.

Advance Directive versus No Code Orders

A patient is not automatically an appropriate person for a "do not attempt resuscitation" order just because he or she has Advance Directives. A physician must determine that a NO CODE or DO NOT ATTEMPT RESUSCITATION order is appropriate for the patient and must write such an order for it to be in effect. A patient with Advance Directives and/or a DO NOT ATTEMPT RESUSCITATION order may still receive all types of appropriate care including intensive care services.

1.3 Patient Rights

Everyone has a right to good medical treatment and to respectful and considerate care. Patient rights and responsibilities are given to each patient on admission and are posted throughout the hospital and outpatient settings. Patient rights include:

- Information about contacting the Joint Commission
- Privacy and confidentiality of their personal and medical information.
- Being informed about their care and making decisions about the care they will receive in their preferred language. They can refuse care.
- Making Advance Directives and having them followed.
- Pain management.
- Ability to view, receive copies, or request corrections to their medical information.
- Define who their 'family' is and involve them in care to the extent they prefer.
- Right to voice complaints and have them respectfully listened to and reviewed and addressed. Every caregiver can take a complaint. If you need to know what to do with a complaint, contact Charlotte Sey at 212-2647 or Val Tobin at 212-6088.

Our Patient Rights and Responsibilities is posted throughout the medical center, outpatient clinic waiting areas and within the patient admit packet. You can also find a copy in the patient rights policy. The Policy contains the Patient rights in 4 languages in addition to English. They are also available in Admitting and patients are offered a copy of them.

Call the Compliance Director at ext. 907-206-4996 if you have questions about privacy and confidentiality. Complaints must be followed up on and resolved. If not immediately resolved, caregivers must submit a UOR. Complaints regarding privacy or compliance issues should be reported to the Integrity Hotline. Patient Complaint hot line is available 24 hours a day.

Policies concerning Privacy, Confidentiality and Patient Rights and Responsibilities in [PolicyStat](#)

[HOME](#)

2. Heart of Providence Program

The "Heart of Providence" is our regional service excellence journey that pledges to continuously strengthen partnerships with our customers by delivering exceptional service, and consistently recognizing employee excellence and performance in line with our core values: compassion, dignity, justice, excellence, and integrity. Delivering an exceptional customer experience is truly at the Heart of Providence. More information about the Heart of Providence and initiatives being worked on, tools and information is available on the Heart of Providence intranet site or by contacting Service Excellence at 26088.

2.1 Sensitivity to Cultural Diversity and Competence Awareness

- Recognize difference as diversity rather than abnormal behavior or inappropriate responses to the environment
- Respect the benefits of diverse values and behaviors to people and to the organization
- Accept that each culture finds some values more important and some behaviors more desirable than others
- Understand the effect that historic distrust has on present day interactions
- Have a clear sense of your individual culture.
- Recognize your own ethnocentricity – the ways in which you stereotype, judge, and discriminate – and your emotional reactions to conflicting cultural values
- Understand how the culture of your organization affects those whose culture is different.
- Recognize the similarities that are shared across the human culture regardless of the differences that exist among individual cultures and groups.
- To ensure all non-English speaking patients have an avenue of communication, caregivers utilize the Language Line. <https://phs-akpamc.policystat.com/policy/2277749/latest/>

Diversity comes full circle when we find our similarities.

Our goal is to provide all of our customers (caregivers, physicians, patients, residents, volunteers etc.) with the very best service. It is expected that all caregivers throughout the Alaska region do their part to provide great service. Some simple guidelines to providing great service:

1. Be an ambassador of Providence Alaska Medical Center inside and outside the workplace.
2. Create positive first impressions by welcoming all customers with a friendly greeting, and by smiling warmly and introducing yourself.
3. Treat all customers with compassion, courtesy, and respect.
4. Provide customers with timely and accurate information.
5. Respect the privacy and confidentiality of our customers.
6. Communicate clearly and effectively in all interactions.
7. "Go the extra mile" at every opportunity for my customers.
8. Address customer concerns and requests promptly and appropriately.
9. Work as a team to meet customer needs.
10. Take pride in your personal appearance.

For a full copy of our Service Standards go to the Heart of Providence intranet site or ask your supervisor [HR Service Portal](#)

2.2 Communication

Employees at PAMC get information in a variety of ways.

- Their managers and/or supervisors may pass it on directly, either individually or at department meetings.
- Many nursing units collect information in binders, which can then be reviewed by nurses coming on shift.
- In addition to our publicly available Internet site, PAMC has an intranet site, which features news items and a wide variety of program and resource information.
- News and announcements may be sent out via e-mail. The e-mails, in turn, often direct the reader to the Providence intranet for more information.
- PAMC has a newsletter with a wide variety of news and features of interest to the Providence community. It is distributed monthly on our intranet
- Some PAMC units or departments publish their own internal newsletters.
- Important news or notices of upcoming events may be posted as memos or flyers around the hospital (next to the elevators, for example).
- All employees receive a weekly Caregiver Update via email from the marketing department.

To deliver a first-rate experience for patients, doctors and employees, PAMC depends a great deal on employee feedback. You can submit feedback in a number of ways.

- Directly to your supervisor or manager.
- At department meetings.
- At employee open forums or monthly luncheons.
- By volunteering for committees, task groups, and/or Operation Excellence programs.
- By submitting a comment to Ella Goss, chief executive of Providence Health System in Alaska, via "Employee Action Line" (see Providence intranet for details).

2.3 Providence Guest Wireless Local Area Network (WLAN)

Free access to Providence's Wireless Local Area Network (WLAN) is provided to Providence guests and vendors. Users will need to find "ProvGuest" on their wireless device to connect.

Upon location and connection to the Providence Guest (WLAN):

- *Launch* your **web browser** of choice to display this page
- *Read* the **Welcome information** before proceeding to access the Providence Guest Wireless Network

After reading the welcome information:

- *Click* the **check box** stating you have read and accept the terms of service for the Providence Guest Wireless Network

Upon completion of the login process you will be connected to your web browser's home page *Click* the "**Click to Logout**" link on the blue socket window to terminate your connection when you are finished

2.4 Cell Phone/Portable Communication Guidelines

[Viewing Mobile Device Policy, PHS AK Region :: PolicyStat](#)

2.5 Service Standards

The Service Standards are available through the Heart of Providence intranet site. We do expect our caregivers to follow our standards. Our standards blend our core values with our actions to consistently deliver compassionate customer service. Service Standards are reviewed and included in our yearly evaluation process

2.6 Patient Experience

Providence actively surveys our patients/families in most areas on a continual basis to determine our level of service. Surveys are mailed to patients based on a random sampling. Copies of the surveys and all of the results can be found on the Heart of Providence site on the intranet. We are also engaged in a government sponsored survey process called CAHPS. Currently the PAMC hospital CAHPS or HCAHPS scores are posted publicly on the hospital compare web site.

2.7 Valet Service

Complimentary Valet services are available through the Front Main Hospital Entrance (8am-6pm M-F and at Main Entrance to the Health Park from (8am-5:30pm M-F).

2.8 Patient & Family Centered Care

Providence is on a journey to fully implement true patient & family centered care. The Institute for Patient and Family Centered care has identified 4 main concepts in **PFCC**:

1. Respect and dignity: Health care practitioners listen to and honor the patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
2. Information Sharing: Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patient and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
3. Participation: patients and families are encouraged and supported in participating in care and decision making at the level they choose.
4. Collaboration: patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Questions? Contact either Val Tobin 212-6088

[HOME](#)

3. Caregiver Services

3.1 Providence Alaska Learning Institute (PALI)

“Excellent Health Care through Continuous Learning”

The Providence Alaska Learning Institute offers a number of educational opportunities that support organizational and workforce development. PALI strives to provide accessible, best practice, continuous learning opportunities that promote excellent health care and encourage personal and professional growth.

PALI provides live courses, workshops, self-instructional modules, and web-based training. Caregivers can visit PALI from the home page of the Providence intranet site. Click on “Education (PALI)” on the right hand side of your screen to reveal links to education calendars, web-based training, and educational resources. The PALI office is located in the C tower, suite 526.

3.2 HealthStream™

HealthStream™ is the Learning Management System used to deliver & manage training and education at Providence. Upon hire & annually, education & competency are assigned to you to meet regulatory body educational requirements. It is important that you complete these assignments to ensure Providence is successful when surveyed by TJC, CMS, OSHA, & during internal audits. HealthStream™ serves as the official education record for documenting education & training. If you work in the lab, you will also have to complete education requirements for meeting CAP & CLIA performance measures.

Access to web-based education through HealthStream™ is available 24/7. To access & log in to HealthStream™, navigate to the home page of the Providence intranet. Click on the HealthStream™ logo as it appears on the left hand side of your screen.

To log in to HealthStream™:

User Name: Employee ID#

Password: Employee ID# - unless HealthStream™ prompts you to create a new password.

3.3 Caregiver Competency and Ongoing Learning resources

Caregiver competency reflects the knowledge and skills required of a caregiver to perform the work they are being asked to do. Identifying and selecting competencies for each job description is a thoughtful process and includes evidence-based practice, knowledge of regulatory and patient safety concerns, understanding competency validation methods, and documenting the program. The employer has the responsibility to assess and validate competency in the workforce as defined by the Joint Commission (TJC) and other regulatory bodies. Assessing for competency occurs during the interview process, upon hire and annually for those employees that provide care, treatment or services to our patients and families. Organization leaders are responsible for the program in their area. Providence Alaska Learning Institute (PALI) provides consultation and guidance in helping the department directors, managers, clinical specialists, and educators in developing their competency plans and understanding their assessment methods.

Ongoing learning resources are found in HealthStream, on the Clinical Toolbox, from inside Lippincott and EPIC, and at the department level.

3.4 Policies & Procedures

At Providence Alaska Medical Center, we are operating under an umbrella of several categories of policies and procedures. These policies are written guiding principles that govern our operations.

- **PHS System-wide Policies** –All PHS System-wide policies are found at: <https://phs-akpamc.policystat.com/>
- **All PAMC and PHSA Policies** – <https://phs-akpamc.policystat.com/>.
- **PAMC Medical Staff policies** – are approved by the Med Staff Bylaws Committee and/or the Medical Executive Committee and signed by the Chief of Staff and the PAMC Administrator are in Policy Stat.
- **PAMC Department level policies** – <https://phs-akpamc.policystat.com/>.

Resources: If you have questions about Policies or Policy Stat, contact the Policies Site Coordinator.

3.5 Work Life Balance

At Providence we believe caregivers with a healthy balance of career and home life will create a healthy organization and support a healthy community. Our work/life benefits and programs are designed to help caregivers balance the ever-increasing demands of career and life at home. At Providence, we have several objectives to help us do this:

- Helping Caregivers Manage Physical, Spiritual, & Mental Health
- Wellness Programs
- Helping Caregivers Care for Dependents
- Supporting & Encouraging Employee Involvement in the Community
- Supporting On-Going Career Development
- Providence Behavioral Health Concierge (BHC)
 - 1-833-PBH-WELL (833-724-9355), <https://www.providence.org/bhc>
 - Lyra: 1-844-311-6223
 - <https://PSJH.lyrahealth.com> (works best in Google Chrome browser)

For detailed information on programs for caregivers including Work Life Balance, Employee Discounts, Caregiver Assistance Programs, please login into HR Portal/Caregiver.eHR.com at <https://www.hrforcaregivers.org/hrsp>

[HOME](#)

4. Caregiver Health

Caregiver Health provides pre-employment screenings, immunizations, annual flu vaccinations, tuberculosis screening, respiratory fit testing, and exposure assessment and follow-up.

Caregiver Health is located at Providence Alaska Medical Center (PAMC), fourth floor, C tower, suite 436A; clinic hours are 7:30 a.m. to 4 p.m. Monday through Friday. Phone: 212-4837

4.1 Caregiver Injury Prevention/Ergonomics

If you are injured at work, it is important to report the incident on the HR Portal → "Leaves & work injuries" so the proper follow-up can occur. Please notify your immediate supervisor. If you require treatment, please seek treatment immediately in the emergency department or any appropriate health care provider. If there is an emergency after hours, go to PAMC Emergency Department or to an appropriate health care clinic. Document your injury on the HR Portal → "Leaves & work injuries."

Please contact Injury Prevention (212-2386) for concerns or ideas related to ergonomics and preventing injuries. For ergonomic resources including how to request an ergonomic evaluation, please go to the HR Portal → Work/Life → Injury Prevention & Ergonomics.

4.2 Injury Reporting

Caregiver injuries are reported via the HR Portal → "Leave & work injuries" (Sedgwick). Please report within 24 hours, and notify Caregiver Health immediately for any hospitalizations. Contact Caregiver Health or your Core Leader with questions (212-4837).

4.3 Tobacco Free Environment

Use of tobacco is not permitted in any part of the medical center's buildings, including patient care areas, work areas, private offices or common areas and campus including parking areas. Common areas are defined as all areas that are shared by others, such as entrances, lobbies, locker rooms, hallways, and staircases. Parking areas include the interior of vehicles.

Visitors and patients who violate this [policy](#) will be informed and directed to an off campus area. If they do not comply, a security officer should be notified by calling 212-HELP (4357).

Employees who violate this policy are subject to progressive discipline as described in the Performance Management Process policy R630.012

Patients:

1. Hospital caregivers may provide stop smoking information (example: "Quit Kit") to patients that are smokers.
2. Patients are not permitted to use tobacco products in their rooms or any other rooms/areas of the medical center as noted in sections IV, A and IV, B above.
3. Patients in violation of this policy are advised that tobacco products are not permitted. Tobacco materials may be removed and stored for the patient until discharged if the patient demonstrates difficulty following the policy.

As a health care institution, PAMC promotes a healthy and safe environment by prohibiting tobacco products anywhere on the PH&SA campus. If you would like assistance in becoming tobacco free, please contact Caregiver Health at 212-4837.

4.4 Drug Free Workplace

Providence Health & Services Alaska is committed to maintaining a work environment, which is free from the influence of illegal drugs and alcohol to protect the health, safety, and well-being of our caregivers and patients we serve. PHSA prohibits the use, possession, transfer, and sale of alcohol, inhalants, and illegal drugs while working, while on all premises owned or operated by PH&SA and while operating any vehicle, machinery, or equipment while on duty. It also prohibits reporting for work, and working anywhere on behalf of PH&SA under the influence of illegal drugs, inhalants, or alcohol. This applies to all caregivers and all persons conditionally offered employment with PHSA. The use and possession of properly prescribed drugs or medications other than narcotics is permitted provided that it does not interfere with the employee's job performance or pose a threat to the safety or health of others.

[HOME](#)

5. Performance Improvement (Quality)

Quality initiatives at PAMC are developed from the Providence Health System Quality Strategic Framework. The PH&S quality vision is that we provide the best care and service to every person, every time. Know me, Care for me, Ease my way. Quality principles that we aspire to achieve are that healthcare should be:

- Safe: avoiding injuries to patients from the care that is intended to help them
- Timely: reducing waits and sometimes harmful delays for both those who receive and those who give care.
- Effective: matching care to science, avoiding overuse of ineffective care and under-use of effective care
- Efficient: avoiding waste in order to maximize value
- Equitable: providing care that does not vary in quality because of personal characteristics, geographic location, or socioeconomic status.
- Patient and family centered: treating patients and family with compassion and respecting their choice.

2021-2023 Safety Priorities

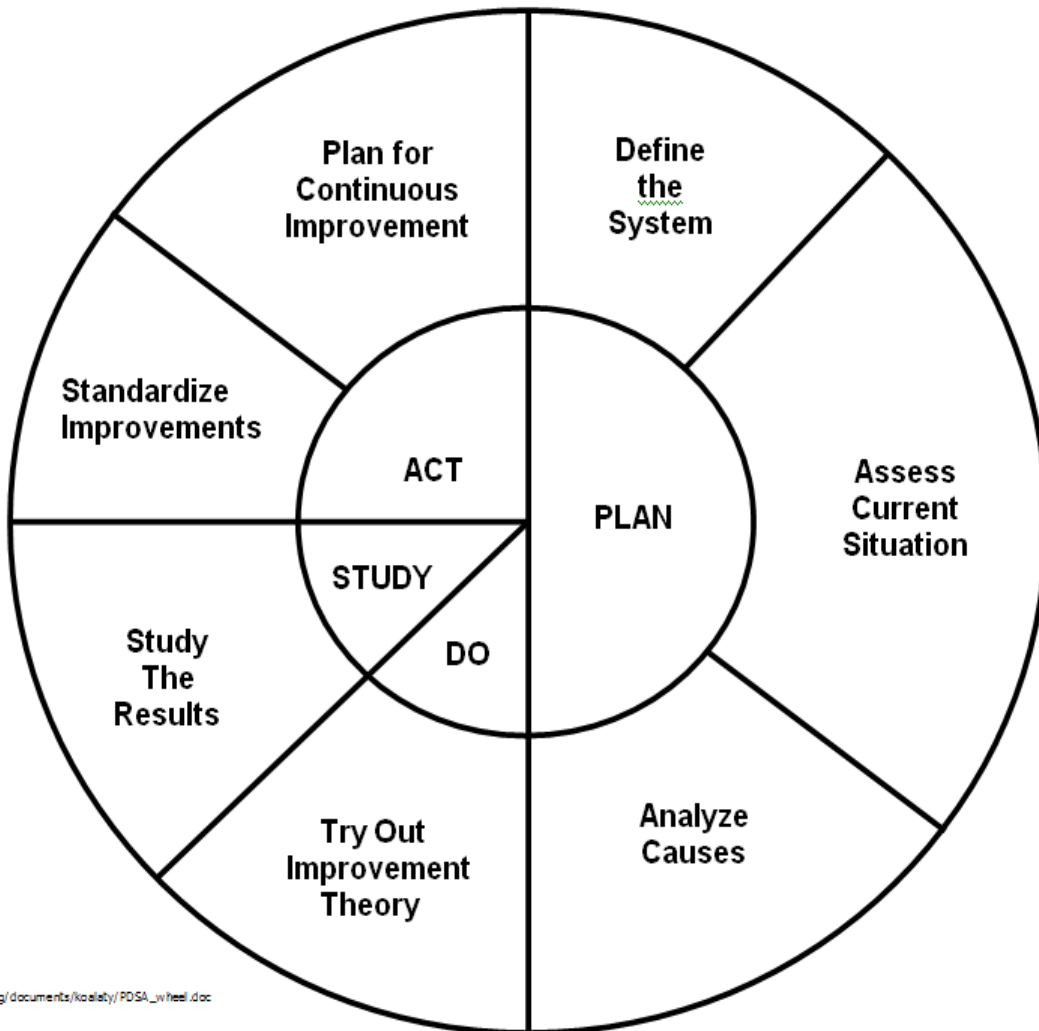
Five activities, comprised of basic practices, together form a continuous cycle and patient safety learning and improvement system.

1	Prevent	Reinforced practice of high reliability through the work of Our Caring Way
2	Detect	Simplified and strengthened event reporting systems and outcome/process metrics

3	Repair	Strengthened resources for compassionate conversation & resolution , and building resilience through peer support
4	Resolve	Hardwired cause analysis processes
5	Learn	Rapid and effective safety learning across Providence



- Performance improvement is the process of measuring how we are doing, *taking action* to improve how we are doing, and then re-measuring to see if the actions got the result we needed. We actively look at many different measures such as how frequently we wash our hands before giving patient care, why patients fall, or how much time it takes to move a patient from the emergency department to the adult critical care unit.
- We improve the care we deliver by using the Rapid Cycle Improvement. This means using our data, we decide on an aim, then determine what we need to measure to know that we have achieved the aim, and then go through several PDSA Cycles to **Plan** a change, **Do** or make a change, **Study** or measure the effect of the change, and then **Act** on what we have learned. With Rapid Cycle Improvement we may have to do several "cycles" of change before we reach the goal. The idea is to make small steps, measure your progress, and then plan some additional actions, until the goal is reached. Every process improvement at Providence Health and Services Alaska should use the PDSA cycle. The cycle is depicted as a circle because quality should be continuous. Just because we've changed a process and assessed whether there was, indeed, an improvement doesn't mean that the process is complete. The quest for quality never stops!



- Changes your department or the hospital is making are reviewed in caregiver meetings and posted on your department bulletin boards; some of the hospital-wide goals are published on the intranet. Ask your manager how you can help to improve the quality in your area. Remember, everyone is responsible for quality and performance improvement! Every single employee plays a key role in delivering the “Best of the Best” quality of care.

6. Risk/Patient Safety

RISK

Risk Patient Safety is primarily located at a Providence Alaska Medical Center but it provides varying levels of support to the entire Alaska region. Risk/Patient Safety is responsible for managing the UOR reporting system and pulling reports from the system to help managers and committees look at ways to prevent harm to patients. We also handle all of the litigation and claims for the Alaska region, coordinate subpoenas that are issued to Providence caregivers, and support and educate caregivers when they have legal questions or concerns related to health care. Risk/Patient Safety is involved whenever a Sentinel Event or Serious Safety Event occurs in the Alaska region. We also help support the work of High Reliability throughout all ministries in the Alaska region.

6.1 Unusual Occurrence Report (UOR) or Adverse Event Reporting

A UOR, or incident report, is a confidential event report filed to record an unusual occurrence such as a patient or visitor injury, a near miss, or a process or procedural error that is likely to happen again and may cause injury. UORs are also completed for patient complaints.

We use the UORs to identify and track incidents, near misses, or environmental issues that need improvement. Alaska Statutes protect the confidentiality of our Event reports so long as we maintain them for quality improvement purposes. Please, do document the facts of events involving patients but do NOT document in the patient medical record that you have filled out a UOR or that you have consulted with Risk Management. For example, if a patient is found on the floor, the fact of the patient's condition, assessment, notification of physician and plan of care are documented in the patient medical record but the fact that a UOR was filed is not. Please contact Risk/Patient Safety with any concerns or questions.

Many groups use the information reported on UOR's.

- Environment of Care Committee
- Quality Improvement Subcommittee of the Governing Board
- Medication Safety Committee
- Departments and Units
- Ad Hoc Quality Improvement Committees (e.g., falls, skin integrity)
- Quality Support Services
- Integrity and Compliance Program
- Performance Improvement Patient Safety Council
- Complaint Triage Committee
- Chief Nurse Executive
- Chief Medical Officer

➔ Caregivers, Professional Students, Volunteers and Physicians are all able to complete a UOR. The form is located on the left-hand side of the Providence intranet home page entitled "PHSA UOR Reporting."



→ Report any unsafe event or potential risk to your supervisor, or use the **PHSA UOR Reporting** online unusual occurrence reporting system.

- ✓ Report events as they occur – your information may lead to system changes that prevent future incidents
- ✓ You can reach the **PHSA UOR Reporting** system by clicking on the image displayed on the left-hand side of the Providence intranet home page.

Remember to include patient name and medical record number if known.

6.2 Sentinel Event

A sentinel event is an unanticipated death or event of harm not related to the natural course of a patient's illness, (Please see the current policy for all event types currently recommended for review by the Joint Commission.)

Serious Safety Event

A serious safety event is a preventable event of patient harm in which a deviation from generally accepted performance standards reached a patient and caused moderate to severe harm or death.

6.3 Root Cause Analysis

A Root Cause Analysis is an intense multi-causal analysis; a method to review and analyze root causes and contributing factors to sentinel events and serious safety events. Focus is on process (not on individuals) and making needed system changes to eliminate or reduce the chance of re-occurrence. These must occur within 45 days of the event.

6.4 Disclosing Unanticipated Outcomes and Medical Errors

Disclosure of unanticipated outcomes or adverse events is required by accrediting and professional bodies

Disclosure should be accomplished by clinical management and providers in consultation with Risk/Patient Safety.

6.5 Operational Excellence

Operational Excellence (OE) is a personal and system-wide commitment to being the best we can be every day. It is an approach that is team based, process focused and data driven. It is not only consistent with our mission, vision, and core values, but it also makes good business sense. Safe, reliable, efficient, and customer-centered operations are key to our organization's success. The pursuit of operational excellence is driven by leadership and supported by the OE department, which facilitates sustainable improvement through collaborative partnerships with the people of Providence. Our professional caregivers has decades of operational experience in a multitude of industries. Their expertise in working side-by-side with leaders and teams on change and process improvement initiatives maximizes results in the shortest time. The OE team uses proven management processes and a standardized yet flexible approach to improvement utilizing Change Acceleration Process (CAP), Work-Out™, Lean, and Six Sigma. We provide a variety of services, including facilitating large-scale and complex meetings, managing improvement projects, and providing personal coaching and mentoring on a variety of improvement tools such as process mapping, control charting, and data analysis. We also provide training in our methods and tools to promote their widespread use across the organization. You can learn more about OE on our SharePoint

site - including how to request our services, view a current listing of OE courses available through P.A.L.I, and get easy access to the electronic tools and resources used by OE. If you are interested in reducing waste, improving quality and profitability, or increasing customer satisfaction, take the first step today by submitting an OE Work Request through the Operational Excellence SharePoint site, or contact us at ext. 23648 for information about how Operational Excellence can support your improvement initiatives.

6.6 Patient Complaints & Service Recovery

Our patients, families and visitors all expect to receive both Clinical Excellence and Service Excellence. When a Patient identifies less than "very good" or "excellent" service; caregivers will handle the concern at the point of service. Use your best judgment and the HEART protocol: **H**ear the Patient/Customer, **E**mpathize, **A**pologize, **R**espond, and **T**hank. It is much easier to fix a patient concern before they leave. Unless the concern can be resolved immediately the information will need to be put into a UOR. Concerns that involve privacy or compliance can be reported via the Integrity Hotline. More information can be found on the Heart of Providence intranet site, or by contacting ext. 23615.

Service Recovery kits are available in front line departments and available to any caregivers members. For further information, contact Val Tobin 26088 or Charlotte Sey 23615.

"No preventable injuries or deaths"

This is the foundation of the Providence Health & Services quality strategic plan and the patient safety program. Keeping patients safe and free from harm while they are receiving care is your job. Every employee at Providence is needed to achieve the goal of no preventable injuries or deaths.

PATIENT SAFETY

6.7 National Patient Safety Goals 2021

What are the [2021 Joint Commission National Patient Safety Goals](#) (NPSGs?)

The NPSGs were established to help accredited organizations address specific areas of concern in regard to patient safety. The development and annual updating of the NPSGs is overseen by an expert panel of widely recognized patient safety experts, as well as nurses, physicians, pharmacists, risk managers, and other professionals who have hands-on experience in addressing patient safety issues in a wide variety of health care settings.

Joint Commission National Patient Safety Goals and Strategies

Identify patients correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve caregivers communication

- Get important test results to the right caregivers person on time.

Use medicines safely

- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use of alarms

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks

- Reduce the risk of suicide.

Prevent mistakes in surgery

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

➔ Contact your supervisor or Risk/Patient Safety if you have questions or concerns regarding patient safety. You may report patient safety concerns to The Joint Commission (JC) by calling JC directly at 1.800.994.6610 or e-mailing complaint@jointcommission.org

- ✓ You have the right to contact JC for any concern without fear of retribution or retaliation.

For more information on the National Patient Safety goals, go to www.jointcommission.org

OR www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals

6.8 Medication Safety

At PAMC, a unit dose system is used whenever possible to ensure safe and accurate administration of medications. Pyxis machines are used for secure storage of most medications. Other medications are kept in locked cabinets, locked rooms or are under constant surveillance. All medication storage areas are inspected periodically to ensure compliance with proper and safe storage standards developed by Pharmacy. Personnel administering medication use the 5 R's:

- Right drug
- Right dose
- Right patient
- Right route
- Right time

A pharmacist reviews ALL medication orders prior to administration of the first dose unless the prescriber is present or it is an urgent situation when the resulting delay would harm the patient. Pharmacy typically prepares products that require sterile compounding. (See Administration and Documentation of Medication policy # 970.042).

Patients are not to use medications brought into the hospital from home unless a patient identifies specific therapeutic concerns with using the hospital supply, potentially leading to dissatisfaction/stress, or a patient is ordered a non-formulary medication that the patient has been stabilized on prior to admission and Pharmacy does not have it to dispense. The practice of using patients' home supply of medications is unsafe and has led to errors caused by duplication of therapies, dangerous drug combinations and use of medications no longer appropriate to the patient. (See Patient's Own Medications policy #970.002)

Those involved in medication management (physicians, nurses, pharmacists, other caregivers authorized to give medications) have required elements of information available to them (e.g., age, allergies, weight) to determine whether or not it is safe to give a medication.

Hospital policy and nursing practice direct how patients are monitored for both positive and negative effects of medications. This helps to assure that medication therapy is appropriate and minimizes adverse events. There are additional processes for managing high-risk medications, which have a higher risk of causing patient injury or death if they are misused. Patient safety is always the top priority.

6.9 Conscious Sedation

Conscious sedation is a state that allows patients to tolerate unpleasant procedures while maintaining adequate cardiopulmonary function and ability to respond purposefully to verbal command and/or tactile stimulation. It may be done in:

- Critical Care/Cath Lab
- Emergency Department
- Radiology Providence Imaging Center
- Day Surgery/Endoscopy
- Labor/Delivery
- Pediatric Intensive Care/Pediatrics
- Neonatal Intensive Care Unit
- Radiation Oncology

Monitoring and documentation by licensed professionals before, during, and after procedures is of primary importance for patients receiving conscious sedation. Policies and procedures describe individual responsibilities.

7. Regulatory Agencies & Compliance

Hospitals and health care organizations have a variety of regulatory agencies that govern how they operate and how care is delivered. Representatives from these agencies may come on site any time to inspect how we are doing at meeting the standards they have set. If you have questions, please reach out to the Accreditation Program Manager at 212-7963.

7.1 Regulatory Agencies

Here are a few of the agencies you may encounter:

- The Joint Commission (TJC)
- Centers for Medicare and Medicaid (CMS)
- Occupational Safety and Health Administration (OSHA) – Federal and / or State of Alaska
- Nuclear Regulatory Agency (NRC)
- State of Alaska Health Facilities Licensing & Certification

If a regulator from any of the above approaches you:

- ✓ Ask for identification
- ✓ Answer their question truthfully
- ✓ Ask for clarification if you don't understand.
- ✓ You may always use resources, including team members, to answer questions

7.2 Integrity & Compliance Program

If you have questions or comments, or if you are in search of more information about our Integrity and Compliance program, please contact the Regional Compliance Director at 907-206-4996.

- Integrity is using our Core Values to do the right thing - because it's the right thing to do.
- Compliance is our obligation to comply with the law, rules, and regulations that govern our business
- Integrity and compliance work together to promote public trust in Providence and the work we do in our communities.
- Integrity and compliance are EVERYONE'S responsibility!
- All workforce members are expected to read and abide by the Code of Conduct. This is available on the Providence Intranet. Hard copies may be obtained from the Alaska Region Compliance caregivers.
- Ask questions about anything you do not understand.
- Report issues that may be unethical or illegal, such as improper billing. Reporting is done via discussion with a supervisor/manager, or

- Discuss the issue with the Regional Compliance Director, or call the Integrity Line (See next)
- Call the Integrity Line 24/7 at 1-888-294-8455 (a confidential reporting system managed by a third party—employees may file anonymous reports).
- Providence has a Non-Retaliation policy – promptly report any retaliatory behavior you become aware of.

7.3 Privacy Rule & HIPAA

- We are required as an organization to comply with the HIPAA privacy law.
- This law covers protected health information (PHI) in all forms—paper, electronic, or verbal.
- Restrictions on accessing protected health information apply to each workforce member.
- Access to protected health information is a privilege and is restricted to those with a need-to-know basis. Access only the health information you need to perform your job duties.
- Keep the minimum necessary rule in mind – even when you are allowed to share information.

7.4 Computer Network & Information Security

- Information security generally refers to ePHI (electronic info).
- Sending PHI in e-mail messages outside of PHS requires encryption using #Secure#.
- All PH&S laptops or tablets must be encrypted. In addition, the System Policy for mobile devices must be followed; PSJH-RIS-801, Information Security Management.
- ePHI cannot be stored outside of PH&S (in the cloud) without review and approval of the Regional Information Security Officer. As technology changes, this may be our process; however, always follow current policy regarding ePHI.
- Never share passwords. Always use “strong” passwords to protect access.
- Log off every time you leave your workstation.
- Any loss of ePHI must be immediately reported to a supervisor or manager who will notify the Regional Compliance Director or the Region Information Security Officer.

[HOME](#)

8. Safety & Environment of Care

Everyone is responsible to help provide a safe and healthy environment for patients, caregivers, and visitors. The PAMC Safety Officer oversees this program. It is your responsibility to know what your role is in any emergency.

8.1 Environment of Care (EOC) Program

The Environment of Care standards include: Safety, Security, Hazardous Materials and Waste, Emergency Preparedness, Fire Prevention, Medical Equipment, & Utility Systems. PAMC is a tobacco free campus – use of tobacco products is prohibited anywhere on our campus.

The safety program includes:

- 1) **Environment of Care (EOC) Safety Committee** meets regularly to evaluate safety practices throughout the PAMC facilities. An EOC Team conducts environmental rounds on a weekly basis to interview caregivers and evaluate safety concerns/compliance.
- 2) A **Program Manager** is assigned to each EC program: Safety, Security, Hazardous Materials and Waste Management, Fire Prevention, Emergency Preparedness, Medical Equipment, and Utilities.
- 3) **Department Safety Coordinators and Department Managers** assist with implementing general and department-specific safety programs.

For more information, the EOC Reference Manual is located under the Safety Department on the intranet Your Department Supervisor/Manager or Department Safety Coordinator can assist in providing current safety and EC training to all department caregivers.

General Safety

- Report any unsafe conditions including slip, trip, and fall hazards, broken equipment, and security threats to your supervisor and on an Unusual Occurrence Report (UOR). Report Employee Injuries on the Employee Injury Report (EIR) within 24 hours.
- Take time for safe practices – haste makes waste.
- Use Personal Protective Equipment (PPE).
- Be cautious in congested areas.
- Keep exit hallways clear at all times. Hallways are NOT storage areas.
- Keep medications and prescription blanks secure.
- To prevent back injuries, use proper posture, lifting techniques, and mechanical equipment. Call the Lift Team for assistance (call - 2TLC)
- Wear proper shoes and clothing for your job.
- Know where the eyewash stations are located in your department and how to use them.
- Complete ALL assigned Annual Safety Updates in HealthStream.

8.2 General Safety

All caregivers and contractors shall be fully familiar with the following situations and conditions and shall take the actions listed below. Please pay attention to any additional department specific or emergency plans addressing these situations.

In the Event of*	What to Expect	Who to Contact	Quick Response
Airborne Infectious Agent Exposure* (See Infection Control Manual)	Exposed person(s)	Nursing Shift Coordinator beeper"555"; IC ext. 24829; Facilities; ext. 25000	-Isolate patient stat -Monitored negative pressure room required -PAPRs or N95 masks for suspected or confirmed TB

Asbestos release*	Dust fibers due to holes in ceiling or walls in West Service Bldg.; PPB, all Towers and Mechanical Rooms	Facilities ext. 25000	-Evacuate, contain, shower if exposed, post signs (if exposed, seek medical advice)
Blood/Body Fluid Exposures* (See Infection Control Manual on ProvLink)	Injured or exposed person(s), body fluid spill, broken containers, Sharps	Employee Health ext. 24837 IC ext. 24829; Environmental Services ext. 23152 Director ext. 23637	-Mon-Fri.0730-1600 take the injured personnel to Employee Health-After hours administer first aid and contact House Supervisor -Use standard precautions -Decontaminate area
Cumulative Trauma/ Musculoskeletal Disorder Hazards: 1) Repetitive Motion 2)Non-Patient Lifting	Prolonged motion of same type potentially causing aching or fatigue in joints Object too heavy or an awkward size	Contact your Supervisor and Caregiver Health ext. 24837, if pain exists. Non Pt: Seek co-workers help (To move heavy objects, use a mechanical device when able or use multiple people).	-Change activities frequently -Request a workstation evaluation (HR Portal → Work/Life → Ergonomic Evaluation) -Take scheduled breaks or mini breaks -Use proper body mechanics -Use mechanical devices or seek additional caregivers to help with any lift.
Dust, flying objects*	1) Dust/objects entering your work area due to remodeling.	Call Facilities ext. 25000	-Contain dust with visquine or temporary walls -Wear eye protection
Slip & Trip Hazards*	1) Icy areas; 2) Wet floors; 3) Cords or equipment on floor; 4) Rolled carpets, etc.	Facilities ext. 25000; Environmental Services ext. 23152; Safety ext. 25840 Complete a UOR for any 'near miss' incident	-Use ice melt stationed at doorways -Clean spills -Post signs/cones -Remove equipment -Straighten carpet
Noise Hazards Physical Agent Data Sheets (PADS) are located on the Safety Dept. Website.	High pitched; constant or loud noise levels requiring a person to raise their voice to be heard.	Call Safety ext. 25840	-Wear ear plugs/muffs -Avoid prolonged exposure

***After such events, caregivers must file a UOR immediately.**

Legend: IC = Infection Control

8.3 Sharps Safety

USE SAFETY DEVICES whenever they are available.

ACTIVATE SAFETY DEVICE WHEN USED. Many safety devices require activation of the safety mechanism. They are not safe if used improperly.

LET OBJECT FALL. Don't try to grab for falling instruments or glassware. Let them fall, and then sweep up. Don't use chipped or cracked glassware. Dispose of properly.

DON'T REACH INTO CONTAINERS. Never reach into a waste container. Use your eyes instead of your hands to search for an object.

PRACTICE SAFE HANDLING TECHNIQUES. DO NOT RECAP NEEDLES but, if you must, recap using one-handed scoop method. Watch the tip at all times. Do not bend, recap, or break needles by hand.

DISPOSE OF SHARPS CAREFULLY. Dispose of sharps immediately after use, only in designated sharps containers. Report and/or replace any container that is more than 3/4 full. Sharps containers must be secured and placed near the point of use to ensure easy and safe disposal of sharps.

Sharps containers are not storage areas. NOTHING should be stored on top of sharps containers. This includes glove boxes.

8.4 Infectious Waste Management

Proper separation of medical waste is very important. When waste is disposed of in the correct container, it is safer for our patients and employees, is more cost effective, and is better for our environment.

- Containers that can be safely emptied are poured down a **hopper sink** or into a toilet in a patient care area. Use personal protective equipment (PPE) if splashing might occur!
- The empty containers, as well as tubing, are placed in **regular trash**.
- Other containers that cannot be safely emptied are sealed and placed in a color-coded **red bag**, lining a box labeled "Biohazard."
- Vacuum blood collection vials or other small sealed containers of blood can be disposed of in a **sharps container**.
- Isolyzer, a liquid treatment sanitizer, used in Labor & Delivery, Operating Room, and Endoscopy is considered "non-infectious" and may go into regular trash.

8.5 Falls Prevention

Slips, trips, and falls are one of the top causes of workplace injury at Providence. Often falls occur because we do not SEE the hazard. Sometimes there is unexpected water or ice that causes a slippery surface.

- Pay attention to detail and inspect surfaces for damage, moisture, and hazards before you walk. Use railings on stairways.
- Be prepared for weather/seasonal conditions – look for icy or slippery surfaces in cold weather
- Slow down on ramps and sloped areas.
- Don't carry loads that impair your line of sight.
- Wear supportive shoes with good tread. Use the mirrors in hallways to avoid collision at hallway intersections.

- In the office, remove cords and trip hazards in main walkways, and remove clutter and clean-up cords under desks.

If you see a hazard, FIX IT if you can, FLAG IT with a barricade, FOREWARN others so they do not get injured, and FIND a supervisor to report the hazard.

8.6 Security

To get help for any serious security problem within Providence Alaska Medical Center, Dial "777," and tell the operator the nature of your emergency – they can page on the intercom for help. You can also dial 212-HELP (4357) on an outside line.

Bomb Threat (Code Yellow) Response:

Get as much information as possible. Use "Response to Bomb Threat" checklist in the Red Emergency Response Procedures book inside panels.

Have someone else immediately call "777."

CODE PINK/PURPLE/BRONZE is called when an infant, child, or vulnerable adult is missing or there is a suspected abduction (when a person is seized, abducted, or carried off against their will by force).

Response Instructions:

In case of, or suspicion that, an infant or child abduction has occurred:

- Dial Security (777) and identify yourself
- Report CODE PINK or PURPLE and the area of abduction and use the following memory tool:

P - Position yourself at a nearby exit – delay and question persons leaving with infants or small children.

I - Inspect bundles or suspicious packages.

N - Notify Security of suspicious person(s) or activities by calling (777).

K - Keep in position until you are relieved or until the All Clear is announced.

All caregivers and contractors shall be fully familiar with how to handle emergency situations. Please pay attention to any Department specific Disaster or other plans addressing these situations.

After an unusual event, caregivers must file a UOR or Work Order immediately

8.7 Violence in the Workplace

Violence has emerged as an important safety and health issue in today's workplace. Its most extreme form, homicide, is the third leading cause of fatal occupational injury in the United States.

Watch for signals that may be associated with impending problems:

- Large group of people for one victim
- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Two visitors come in dressed the part and signing to each other as they talk
- Signs of drug or alcohol use

- Presence of a weapon

If you know this is a gang situation, call Hospital security ("777" or ext. 44567)

- Alert the caregivers regarding a potential situation of another gang arriving

Maintain behavior that helps diffuse anger:

- Present a calm, caring attitude
- Don't match the threats
- Don't give orders
- Acknowledge the person's feelings (for example, "I know you are frustrated")
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly)
- Explain you can't help the individual unless they follow your directions

Be alert:

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor
- Be vigilant throughout the encounter
- Don't isolate yourself with a potentially violent person
- Always keep an open path for exiting – don't let the potentially violent person or persons stand between you and the door

Take these steps if you can't defuse the situation quickly:

- Remove yourself from the situation
- Call security for help at ext. "777"
- Report any violent incidents to your management

Crisis intervention may require assistance from trained caregivers if a disruptive person becomes violent. Often violence can be controlled if reported immediately. PAMC has "ZERO Tolerance" to violence in the workplace.

- Whenever possible, contact security at "777" and announce your location for assistance.
- Report any potential threats to security (ext. 44567). Security officers are trained in non-violent crisis intervention and can assist.

Firearms and other weapons are not allowed on the Providence campus or in Providence facilities.

8.8 Hazardous Materials & Waste Management



Employees Right to Know

It is your right to know about toxic and hazardous substance and physical agents within your workplace. PAMC's Hazard Communication Plan informs you of what types of chemicals are being used within your workplace, and

provides access to SDS (material safety data sheet) information online via MAXCOM. A link to MAXCOM is posted on the InProv website. Make sure you are knowledgeable of how to locate an SDS. Physical agent information can be accessed on the InProv website.

Always look for hazard labeling. Read labels before use. **All chemicals must have a label on them at all times.** Be aware of terms such as caution, corrosive, flammable, danger, combustible, toxic, radioactive, or biohazard. Look up the chemical on MAXCOM to determine potential hazards.



Safety Data Sheets (SDS) [Formerly MSDS] contain information on:

- Product name and description
- Manufacturer’s name, address, & phone number
- Health hazard information
- Personal Protective Equipment (PPE) recommendations
- Emergency and First Aid procedures
- Spill clean-up information

To be safe around hazardous chemicals:

- Employees using hazardous chemicals are required to be trained, prior to use, on the chemical; this training includes spill clean-up.
- Know the hazardous materials you work with and read the labels before you use them.
- Wear the PPE recommended on the SDS.
- Review the Hazard Communication Program and the SDS sheets for the chemicals used in your workplace.
- Ask questions and seek help if you are unsure from your supervisor, department safety coordinator, PAMC Safety Officer, or Hazardous Materials Program Manager.

Personal protective equipment (PPE) is available

SDS sheets contain specific information on what PPE should be worn/used when working with that particular chemical.

- Protective gloves for working with infectious materials or body fluids, removing glassware from autoclaves, or handling chemical cleaning solvents.
- Goggles with side shields for handling chemicals or other substances that may splash into your eyes.
- Full face shields.
- Respirators or masks to prevent you from being exposed to dangerous vapors, gases, aerosols, or airborne diseases. You must be FIT-tested to wear a respirator.
- Protective aprons / gowns for working with disease causing substances or harmful chemicals

In the Event of*:	What to Expect:	Who to Contact:	Quick Response:
Improper Storage of Flammable Chemicals	Possible combustion or fire	Contact Dept. Safety Coordinator; Supervisor	-Isolate chemicals -Post signs -Complete a UOR

In the Event of*:	What to Expect:	Who to Contact:	Quick Response:
Improper Storage of Reactive Chemicals	Possible reaction with water, air and/or other solvents to create physical or gaseous hazard	Contact Dept. Safety Coordinator; Supervisor	-Isolate chemicals -Post signs -Complete a UOR
Regulated Waste Spill	Possible blood or body fluids, syringes that may appear unused, waste that may appear to be regular trash	Contact Environmental Services ext. 23637	-Caregivers needs to have the proper training for spill cleanup -Protective equipment (i.e., goggles, gloves) must be worn when cleaning up a spill -Spill kits are available through General Stores -Complete a UOR
Non-Regulated Waste Spill	Small amounts of blood that are permissible in the regular trash	Contact Environmental Services ext. 23637	-Personal protective equipment is not necessarily needed for regular trash spills.
Personal protective equipment (PPE) cont'd...			
Radioactive Waste Spill	May appear to look like regular trash, odorless	Contact Radiation Safety Officer during office hours at ext. 23186, or contact Security, at ext. "777" during off hours	-Assess the spill area, restrict access, and wait for instructions from Cancer Therapy -Use proper personal protective equipment, monitor area with survey meter and wipe test before releasing area -Complete a UOR

8.9 Chemical Spills

If you have NOT been trained on spill procedures call Security.

All PAMC Security Officers have been trained in spill response and will be able to deal with the matter appropriately.

Secure the area. Call Security at "777." Submit a UOR.

Chemotherapeutic spills are to be handled by caregivers trained to conduct the clean-up.

If a chemical spills and you have been trained on appropriate spill response for that chemical, you should:

Secure the area.

Clean the spill according to the SDS.

Submit a UOR.

PAMC Hazardous Materials Spill Response

Spills:	What to Expect:	Who to Contact:	What to Do:
1) Chemotherapy*	Spill can be in liquid, aerosol, or powder form. Be cautious	Contact Radiation Safety Officer during office hours at ext. 23186, or contact	-Assess the spill area, restrict access, and wait for instructions from Cancer Therapy

Spills:	What to Expect:	Who to Contact:	What to Do:
	regardless of what is visual to you as it can be odorless and/or in the air	Security, at ext. "777" during off hours	-Use proper personal protective equipment, monitor area with survey meter and wipe test before releasing area -Complete a UOR
2) Hazardous chemicals (general)*	Wet/steamy/ smoky area with a possible smell	Small hazardous material spills can be cleaned up at the department level by trained caregivers. Large spills, call Security "777." Compressed Gas Cylinder Leak call Security at "777"	-Use appropriate PPE (i.e., gloves, gown, etc.) and clean spill up according to direction on product and/or SDS sheet. -Move to FRESH AIR and leave the area. Contact Employee Health if there is dizziness and nausea. -Complete a UOR
3) Flammables*	Stringent smell and/or wet area	Contact Security at "777"	- Security will determine the lower explosion level (LEL) when flammable gases or liquids have spilled or leaked and make a determination of cleaning up the chemical or evacuation of the area and notifying the Anchorage Fire Department - Complete a UOR
4) Corrosive*	Discoloration of surfaces contacted with corrosive agent, smoke/steamy wet area	Small spills can be cleaned at the department level by trained caregivers. Large spills of liquid or solid hazardous material call Security at "777"	- Personal protective equipment (i.e., goggles, gloves) must be worn to prevent contact with skin or eye. - Security will perform monitoring using detector tubes or direct-reading instrumentation for chemical which are toxic or having low permissible exposure limits - Complete a UOR
5) Compressed gas*	No visual clues or cues of gas leak, may smell a scent but not always	Contact Security at "777"	- Wait for Security unless you are a trained PHSA "Medical Gas Handler" - Complete a UOR.

*In the event of a spill, complete an Unusual Occurrence Report (UOR) form immediately.

8.10 Radiation Safety

Three radiation safety concepts that will help protect you around X-ray equipment and radium implant patients:

TIME -limit your time near the radioactive source.

DISTANCE -stay as far away from the source as possible.

SHIELDING -use lead walls, aprons, or doors as a shield.



For questions about contamination or radioactive spills, immediately call the Radiation Safety Officer/designee in Radiation Oncology. DO NOT start cleanup or decontamination without notifying Radiation Safety Officer first. If Radiation Oncology is closed, call PAMC operator or Security.

More about radioactive materials...

Do not enter rooms marked with the symbol for radioactive materials, unless authorized. These rooms are usually on 5 North or in Radiation Oncology. However, in an emergency, patient safety is the primary concern, and patients in radioactive-marked rooms should be evacuated if required. Take the radioactive marker from the door and place with the patient. Limit contact with the patient as much as possible, and be sure to check with the Radiation Safety Officer or Employee Health nurse to document this incident after the emergency is over.

Ask nursing caregivers, Nuclear Medicine or Radiation Oncology caregivers if you have additional questions about the care of patients. **Remember...**

- Patients who have had X-rays or CAT scans are NOT radioactive.
- Some patients treated with radioactive materials may NOT require special handling unless specially requested by Nuclear Medicine. Gloves, however, should always be worn when cleaning up an incontinent patient.
- Be sure to use Standard Precautions if a patient has been injected for a Nuclear Medicine scan.
- Do not handle radioactive materials unless properly trained.
- Always wear proper Personal Protective Equipment (PPE).

8.11 Fire Prevention & Life Safety.

Code RED is announced for a fire. In the event of a fire or other emergency call "777."

Remember R.A.C.E.

R- Rescue/Relocate all personnel in immediate danger from the fire area

A- Pull the nearest fire Alarm station, alert all persons in the area, and call (777)

C- Confine and/or Contain the fire or smoke by closing all doors and windows

E- Extinguish the fire if possible or Evacuate the area if notified

If you are not near the fire:

- Close doors and windows that lead to the main corridor
- Listen for instructions internally and overhead
- Prepare to evacuate

To use a fire extinguisher, Remember P.A.S.S.

P -Pull the pin

A- Aim at the base of the fire

S -Squeeze the handle

S -Sweep side to side

Never turn your back on fire. Keep an exit path available.

Egress (Exit) Hallways/Exit Stairwells

These are designated routes used for horizontal and vertical evacuation in the event of an emergency.

- Hallways must be kept clear of obstructions at all times (Only crash carts, isolation gown carts and devices that are in use may be in the hallway)
- Storage of beds, gurneys, wheelchairs, recliners, and other devices in the hallways is not permitted.
- Hallway or exit stair doors may not be wedged or blocked open.
- Exit stairs must be clear of obstructions at all times.

Key Points

- Keep egress (exit) hallways free of obstructions and storage at all times.
- Keep storage at least 18 inches from the sprinkler head.
- Do not prop or block fire/smoke doors open
- In the event of fire stay calm and remember R.A.C.E. (Rescue, Alarm, Confine, Extinguish or Evacuate)
- When using a fire extinguisher remember P.A.S.S. (Pull, Aim, Squeeze, Sweep)

8.12 Medical & Electrical Equipment

If a medical device malfunctions, you should **turn the equipment OFF, or pull the cord from the wall and TAKE THE EQUIPMENT OUT OF SERVICE IMMEDIATELY!** Then:

- Report it to your supervisor.
- Complete a work order request for repair with a full explanation of who, what, where, when and why. The number to BioMed is 22680.
- Tag the malfunctioning device with a work order and a "Red Tag". Fully describe the malfunction on the tag.

If a medical device has caused injury/death to a patient(s) or caregivers, you should:

- Preserve the scene of the incident.
- Do not change equipment settings or remove/discard any accessories and or disposable supplies from the incident location.
- Immediately notify your supervisor.
- Initiate an incident inquiry by immediately notifying the Biomedical Department.
- Complete an Unusual Occurrence Report.

All caregivers and healthcare providers shall be fully familiar with the following situations and conditions and shall take the actions listed below. Please pay attention to any department-specific emergency or other disaster plans addressing these situations. Refer to the Equipment Management Plan for more detailed information.

Equipment Management Plan			
In the Event of*:	What to Expect:	Who to Contact:	Quick Response:
Medical equipment failure*	Equipment does not function properly or within specs	-Biomedical Services at ext. 22680 -Immediate supervisor	-Immediately discontinue use -Red tag equipment and locate backup -Complete a work order request for repairs
Non-medical equipment failure*	Equipment does not function properly or within specs	-Facilities Support at ext. 25000 -Immediate supervisor	-Immediately discontinue use -Red tag equipment and locate backup -Complete a work order request for repairs
An incident with a medical device*	Potential serious injury to patients or caregivers	-Immediate supervisor -Biomedical Services to initiate an incident inquiry	-Preserve the scene of the incident -Do not change equipment settings -Do not discard any accessories and/or disposable supplies from the incident location
Electrical shock resulting from equipment use*	-Equipment with faulty insulation, cracked electrical plugs, or frayed/loose wiring -Equipment overheats, smokes, sparks, or works erratically -Minor to serious burns or tissue injury to patients or caregivers	-Biomedical Services if shocked from medical equipment -Facilities Support if shocked from non-medical equipment -Immediate supervisor	-Don't touch electrical equipment if equipment is in a wet location -Turn off source of electricity and move away-Coordinate with supervisor on need to file an employee incident report -Submit a work request to repair equipment

*After such events, caregivers must file an Unusual Occurrence Report (UOR) immediately.

To prevent electrical accidents, you should:

- Inspect cords before using equipment.
- See that no plugs or insulation areas are broken.
- Keep cords away from rough, sharp, hot, or greasy surfaces.
- Do not drape cords across radiators, sinks or any other metal surface.
- Do not use damaged or worn wall sockets. If a plug falls out of the socket, get the socket fixed.
- If a patient is connected to equipment, remove connections before switching the power on or off.
- Remove plugs from the wall sockets by grasping the body of the plug - NOT by pulling on the cord.
- Avoid routing power cords and patient cables in areas of foot or cart traffic.
- All non-insulated equipment should have a three prong electrical plug to permit grounding. Never use a plug that has the ground (third prong) removed.
- Be alert for trouble signs. If a machine overheats, smokes, sparks, appears to be not operating correctly, or if you feel a slight shock, take it out of service and report it to BioMed (22680).

- Water plus electricity equals trouble. Don't touch electrical equipment if you are in a damp or wet location. Do not place liquids on top of electrical equipment.

Electrical Equipment Checklist

Before using a piece of electrical equipment, you should ensure all device(s) used for direct care have been inspected by Biomedical Services. All equipment should have a current PAMC preventive maintenance sticker. The date last serviced is on the preventive maintenance sticker. This includes all medical equipment that is rented, leased, loaned, or owned by PAMC.

For patient or caregiver-owned equipment coordinate with your department supervisor or the Safety Department to ensure the following steps are taken:

- Ensure the device is listed by Underwriters Laboratories (UL).
- Check to see if the equipment has a double insulated cord - preferred.
- Verify the device housing is void of cracks, frayed or exposed electrical wires.
- Verify the electrical cord is free of cracks, frayed and electrical prongs (third prong is the ground) are secure.
- Verify the electrical plug is in serviceable condition and that all electrical prongs are secure.
- Verify all knobs and operating controls are intact and functional.
- Perform a basic operational check.
- Ensure the device is not plugged into or interfaces with hospital equipment.
- Ensure the device can be used without emitting signals that interfere with medical devices. (i.e., cell phones, two way radios, some children's games).
- Verify the device has been tagged with a PAMC safety inspection sticker.
- Know the uses, capabilities, and limitations of equipment before use.
- Be familiar with all safety features of any equipment.

8.13 Utilities Safety

If you experience a problem with a hospital utility (e.g. water, heat, electrical, medical gases), immediately notify your supervisor. Next, notify the Facilities Support Department by phone (ext. 25000) and complete a work order for repairs.

Power Failure

Red outlets are connected to the emergency power supply. Electrical generators come on in less than ten seconds. Some devices may need to be reset after the emergency power comes on. Know where your emergency power outlets are located, and use them for critical equipment.

Lockout/Tag Out

Always turnoff and unplug any equipment and release any "stored energy" before servicing or repairing the equipment.

Stored energy can be:

- Electric
- Pneumatic
- Hydraulic

Downtime Procedures

All caregivers and contractors shall be fully familiar with the following situations and conditions and shall take the actions listed below. Please pay attention to any department specific emergency, or other disaster plans addressing these situations. Refer to the Utilities Management Plan or Plan Manager for more detailed information on downtime procedures.

Utilities Management Plan			
Failure of*:	What to Expect:	Who to Contact:	Quick Response:
Electrical Equipment*	Equipment does not function properly within specs	Contact Bio-Med ext.22680	-Discontinue use; attach "out of service"; & attach work order
Sewer/plumbing*	Drains, toilets backed up; won't flow	Facilities ext. 25000	-Do not use or flush -Do not use water
Steam failure*	No/poor building heat; hot water; laundry/ dietary services; sterilizers	Contact IC ext. 24829; Facilities ext. 25000	-Conserve sterile supplies & linens -Prepare cold meals/baths
General Ventilation*	No ventilation/air movement/change	Contact Facilities ext. 25000	-Reduce use of odorous materials and chemicals
Isolation Rooms*	Negative or positive pressure regime cannot be maintained In room and/or vestibule/sterile core	Contact IC ext. 24829; "Nursing Shift Coordinator beeper"555"; Facilities ext. 225000	-Isolate room; use PAPR/ respirators; transfer to working room/area
Potable Water*	No running water in sinks; toilet or sink water is unsafe to drink	Contact IC ext. 24829; Facilities ext. 25000	-Initiate back-up wells -Institute fire watch (if total failure) -Announce to caregivers-For non-potable water in areas -post "Do Not Drink"
Communication* -Intercom -Phones -Pneumatic Tube	No overhead paging/ announcements, no phones; no Pneumatic Tube	Contact Supervisor; Nursing Shift Coordinator beeper "555"; Facilities ext. 25000; MIS ext. 23044	-Listen for alarms -Stand by phones -Use Pagers -Use 2-Way Radio -Use Runner
Medical Gas Systems	System failure or unable to maintain pressure	Contact Nursing Shift Coordinator beeper "555"; Facilities ext. 25000	-Use portable cylinder gases; portable suction machines
Electrical Power* (Emergency Generators work)	Many lights, outlets, and equipment do not work	Contact Facilities ext. 25000	-Ensure critical life support systems are working or

Utilities Management Plan			
			transfer equipment to red plug outlets.
Electrical Power* (Total failure)	Failure of all wired lights; equipment etc.	Contact Facilities ext. 25000	-Implement department emergency plan -use portable life support techniques -Use flashlight
Natural Gas*	Odor; no flame or burners	Contact Facilities ext. 25000	-Turn <i>off</i> burners -Turn <i>off</i> all spark based equipment or devices -Ventilate area

*After such events, caregivers must file a UOR immediately.

Legend: IC = Infection Control

[HOME](#)

9. Emergency Preparedness

Providence Alaska Medical Center (PAMC), our Providence Health & Services Alaska (PH&SA) and the Providence Health System and Services (PHS) are working to improve our health care system's ability to respond to the wide array of potential disasters such as earthquakes, tsunamis, fires, volcanic eruptions, and transportation disasters. At PAMC we are doing our part to become better prepared for the unknown. The Hospital Incident Command System (HICS) is at the core of our disaster preparedness efforts. Not only does this system provide a more structured response mechanism for the hospital it also provides a template for the development and planning process.

Main Features of the HICS

- Predictable structure for Organizational Management
- Flexible response system which can be customized to each emergency
- Standard job descriptions for simplicity and accuracy across the organization
- Enhanced accountability through the assignment of specific tasks
- Improved documentation with the use of forms and check sheets

Emergency Management is a difficult task dependent on relationships and communication between all key stakeholders. Every department, manager and caregiver has a critical role to fill and therefore must take the personal responsibility to be trained and prepared. Any employee or caregiver member who would like more information regarding training opportunities and other available resources, please have them contact their supervisor or Pat Reynaga, Director Communications/ Emergency Preparedness. You can also visit the Emergency Preparedness website on the Providence Intranet for more information such as:

- Family Disaster Plan
- Current Plan Checklists
- Incident Command Center location

- HICS
- Emergency Preparedness Forms
- Links to other Emergency Management Sites of our City, State and Federal partners

In the event of an emergency situation, PAMC will activate the Hospital Incident Command System (HICS). HICS information is located in the Red Emergency Response Procedures book. General guidelines and specific department guidelines are included. The plans have been tested through drills and actual event. For more details on your role refer to the Red Emergency Response Procedures book (in the red flip tri-fold).

Training

Those who report to Incident Command receive training annually. Disaster drills occur at least twice a year. Ask your manager what your role is in a disaster. If you desire further training contact the Emergency Preparedness Manager at 212-5840. The HealthStream Annual Safety training reviews general emergency response. You can also visit the FEMA website at <http://training.fema.gov/EMIWeb/IS/> for free web based training courses

Our role in the community

PAMC treats victims of disasters. PAMC participates in disaster planning with all the medical facilities in the Minacity, the Municipal Office of Emergency Management and the Alaska Division of Homeland Security and Emergency Management. We test these plans with other city, state and federal services at least once a year.

Emergency Preparedness

Know where your department's Emergency Preparedness (EP) binder and Red Emergency Response Procedures book is located.

Know where your department's Disaster Kit is located

Know your department's specific emergency preparedness plans, evacuation policy, and your evacuation routes.

Know your Emergency Assembly Point (EAP)

All *caregivers* should be ready to report to work if notified of emergency.

All managers and Safety Coordinators should be familiar with the HICS plan.

9.1 Emergency Codes

PAMC as well as the other major hospitals in our city have adopted the Healthcare Association of Southern California (HASC) Standardized Emergency Codes. Code uniformity enables the many individuals who work at multiple facilities to respond appropriately to emergencies, enhancing safety for patients, visitors, and themselves.

For **any code** listed below, **dial 777** and say "Code [color], location and room number." The operator will page overhead "Code [color]" and location; this will be repeated three times.

Do Not dial "00" for a code. If you do, you will end up in the regular call queue for the operators and will only get a response as quickly as the call falls in the order that the call was received among all the other incoming calls to Providence.

The standardized code names:

- **RED** for fire
- **BLUE** for adult medical emergency
- **WHITE** for pediatric medical emergency

- **YELLOW** for bomb threat
- **GRAY** for a combative person
- **BRONZE** for missing vulnerable adult
- **SILVER** for a person with a weapon and/or hostage situation
- **PINK** for infant abduction
- **PURPLE** for child abduction
- **TRIAGE INTERNAL** for internal disaster
- **TRIAGE EXTERNAL** for external disaster
- **ORANGE** for a hazardous material spill/release

9.2 Emergency Assembly Points

When you are directed to evacuate the building for whatever reason you need to report to your departments designated Emergency Assembly Point (EAP). The EAP provides a meeting place for department manager to account for all employees. See the Map on the both the Safety and Emergency Preparedness websites.

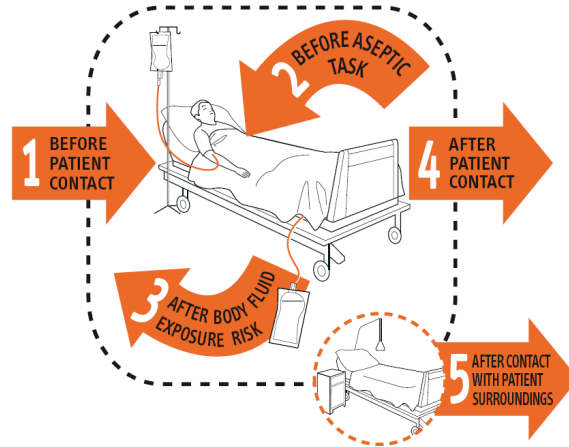
[HOME](#)

10. Infection Prevention

10.1 Hand Hygiene:

The most effective way to prevent the spread of infection is through proper hand hygiene! Hand Hygiene before patient contact protects your patient, Hand Hygiene after patient contact protects you. Evidence that hand hygiene is an effective strategy in reducing health care-associated infections has been well established through ongoing research by the Centers for Disease Control & Prevention. We are now focusing on the World Health Organization's 5 moments of hand hygiene: (1) before touching a patient, (2) before clean/aseptic procedures, (3) after body fluid exposure/risk, (4) after touching a patient, and (5) after touching patient surroundings.

Your 5 moments for HAND HYGIENE



No acrylic, adhesive or gel overlays or other enhancements for those healthcare workers who provide direct and indirect care (includes pharmacy, laboratory, and sterile processing); natural nails should be no longer than $\frac{1}{4}$ of an inch. If you have sensitivity to the hand hygiene products, please consult Employee Health.

10.2 Transmission Based Precautions

Standard Precautions are the day-to-day infection control practices that are used with all patients. You should treat **all** blood and body fluids as potentially infectious and use consistent and appropriate Personal Protective Equipment (PPE). Eye goggles, facemask, gloves, and gowns are found in the body substance isolation boxes in every patient room. This is the best method for preventing the spread of microorganisms. Locate gloves, gowns, masks, goggles, etc. in your area.

Isolation Precautions (Contact, Droplet, Contact Enteric and Airborne) are precautions in addition to Standard Precautions. No physician order is needed to initiate precautions. Refer to Appendix A in the Infection Control policy Standard Precautions and Transmission Based Precautions (Isolation), PAMC 310.006 for appropriate isolation. Use recommended PPE. The proper sequence for removing your PPE is gloves, goggles (or face shield), gown and mask. Contact Infection Control if questions, ext. 24829.

Fight the Flu Every influenza season, healthcare workers are on the front lines in combating the flu. Some of the ways to fight the flu are to practice self-protective and patient triage actions. For example, get vaccinated, mask and isolate coughing and sneezing patients, and have everyone wash their hands often. Employee health offers free flu shots to all caregivers. Our goal is to get 100 percent of our healthcare workers vaccinated which will effectively create a community immunity barrier to protect our vulnerable patient populations and our significant others.

10.3 Reducing the risk for health care-associated infections

Nationwide, there is a concern for patients that are at increased risk for infections associated with hospitalization. Current campaigns at Providence focus on preventing infections related to multidrug-resistant organisms, central line-associated blood stream infections, catheter-related urinary tract infections, and surgical site infections. Your

area of work may have detailed strategies to help reduce those infection risks. For example, for patient care areas using central lines, a central line insertion bundle checklist is in use.

10.4 Training

You will have Blood borne Pathogen training annually via HealthStream. Departments with patient contact receive a more detailed education in blood borne pathogens, transmission, safe sharps use and disposal, infectious waste management, personal protective equipment and exposure protocols. Ask your supervisor about department-specific training and keep your training records current.

10.5 Blood borne Pathogens

- Report all exposures and injuries using the Employee Injury Report form. If you have a needle stick/sharps injury or a blood/body fluid exposure, immediately report to Employee Health (Monday –Friday 0700-4:00) or to the Emergency Department after hours for post exposure prophylaxis evaluation.
- Get vaccinated for Hepatitis B. It is free to all employees who have contact with blood/body fluids.
- Wear **PPE** such as gloves, gowns, masks and eye protection as the procedure and patient situation requires.
- Needle stick/Sharps prevention devices such as safety syringes are available.
- The Blood borne Pathogen Exposure Control Plan and regulatory text is located in the Infection Control policies (available on PAMC Intranet under policies library).

10.6 Surveillance

PAMC participates with the Centers for Disease Control (CDC) National Health and Safety Network (NHSN) data reporting for infections. This allows us to compare our hospital acquired infection rates with other hospitals. Our “targeted” surveillance includes all Intensive Care Unit infections, house-wide blood stream infections and urinary tract infections, high-risk problem prone surgical procedures, and Multi-Drug Resistant Organisms. Strategies or improvement measures are put in place when infection rates are increasing. Random audits may be conducted periodically to ensure we are following best practices.

For more information, refer to the Infection Prevention website found under Departments on PAMC Intranet or call ext. 24829.

[HOME](#)

11. Patient Care

11.1 The Patient Care Team

We use a multidisciplinary approach in providing patients care. This is reflected in our documentation process. In our Electronic Medical Record (EMR), you will assign yourself to the care team, and as long as you are part of this team, your name will be displayed for others to know that you are part of the care team. Team members vary from department to department, but may include nurses, physicians, pharmacists, therapists, social worker/discharge planners, utilization reviewers, and dietitians.

Following multidisciplinary evaluations, patients/families are informed of medical status and participate in care decisions. Patients and families are offered education on disease process, treatment options, medications, and other issues that affect the patient's care. A care conference may be used to evaluate patient/family needs and the plan of care. Clinical caregivers can request care conferences to coordinate care, treatment or discharge issues.

Hourly Rounding is for all caregivers

Benefits:

- Allows for frequent communication with patient and families
- Helps to prevent falls or other unsafe occurrence
- Improves patient satisfaction and reduces use of call lights.

11.2 Point of Care Testing

Point of Care testing is bedside lab testing. Clinical managers determine what testing can be done on their units.

The tests that may be done at the bedside include:

- Blood glucose
- Blood gases
- ACTs
- HbA1c
- U O2 saturation

Caregivers complete initial, 6 month and annual competency demonstration and daily quality checks are performed on the equipment. Point of Care test results are consistently documented for quality patient care. POC test results are documented immediately in the chart and downloaded to the network. All test results are interpreted in conjunction with the patient's clinical assessment. Unexpected or unusual test results are validated by repeating the test, sending a specimen to the lab for confirmation, repeating the test on a different meter, repeating the test with a different operator, repeating the test with a different specimen, or running controls to validate the test system.

Investigations and documentation of unexpected results include the completion of the Unusual Occurrence Record located on [InProv](#) as "Respond e-Feedback".

The **POCT Coordinator** oversees and monitors the POC Program on a day-to-day basis. The POC Coordinator performs and oversees training of operators for POC tests. Reviews and evaluates monthly all quality control results and maintenance. Notify the POC Coordinator of any errors for tests that are interfaced. (I-STAT and glucose meters). Each department has a designated POC educator who monitors the point of care.

Developmentally Appropriate Care

Developmentally appropriate care identifies specific developmental and communication needs that are included in patient care. It also involves disease or physiologic processes that occur in different age groups. Employees providing developmentally appropriate care ensure that the care is appropriate for the patient and that concerns for patients of similar age (privacy, educational, diet, independence, and safety needs) are recognized and addressed.

11.3 Patient Assessment and Reassessment

[Viewing Assessment / Re-Assessment & Documentation Standards for Patients by Nurses :: PolicyStat](#)

The time frame for initial patient assessment and reassessment varies by department.

ASSESSMENT / REASSESSMENT CRITERIA:

The patient's diagnosis; treatment setting; duration of care or length of stay; age and developmental needs; patient's desire for treatment and response to treatment influence and direct the process of assessment and reassessment by members of the health care team. Each patient is reassessed at points designated in hospital policy.

This includes, but is not limited to:

1. Reassessment occurs at regular intervals in the course of care.
2. Reassessment determines a patient's response to care.
3. Significant change in a patient's condition results in reassessment.

Children

Special consideration is given to the child's developmental age, education level, activity interest, immunization status, and family/guardian involvement. Refer to: PAMC Infant, Child and Adolescent Development and the Impact of Hospitalization" policy.

As appropriate, emotional, cognitive, educational, social, and daily activity needs. The Child Life Specialist assesses patients admitted to the Pediatric Care Center during scheduled work hours or as referred. Assessment includes medical, developmental, environmental, hospital issues and progression of care issues as well as goal setting.

Patient Dining – Denali Dining Room Service

Patients (or their representative) order their meals from Denali Dining Call Center Caregivers at Extension 23300 or 212-3300 between the hours of 6:00am to 8:00 pm. Meal trays are delivered directly to the patient room within 45 minutes (except for ICU) of the order. Nursing caregivers pick up trays and record meal intake data. Menus are given to the patient by nursing caregivers or room services associates the day of admit or with any diet advance. Menus are also located at each nursing station for caregiver convenience. Menus are in English, Hmong, Spanish, and Korean (request non-English menus from Denali Dining). Patients who are unable to phone down for their meals may have their family phone; or room service caregivers assists the patient in making their meal selections. Food & Nutrition services caregivers notify nurses when patients requiring a glucose check order a tray; and notify the nurse when the tray arrives to the patient room. Food & Nutrition Services has computer software that assist in tracking what the patient has selected, what the nutrient totals are, and if a patient has missed ordering meal trays in order to meet patient needs and physician orders.

Nutrition

All patients admitted to Providence Alaska Medical Center are screened for malnutrition. Initial malnutrition risk screen is completed by nursing (and other clinical caregivers as appropriate) at admit and as appropriate throughout patient stay. If a patient meets screening criteria, a Registered Dietitian (RD) consult is triggered. Dietitians conduct a secondary nutrition risk screen. Referrals received from the admit nutrition screening (and subsequent referrals from the nursing) are evaluated for nutrition risk (through chart review, patient interview, etc.) to determine nutrition risk level and intervention time lines. Patients at high nutrition risk receive nutrition intervention/assessment within two days; lower risk

patients with receive intervention/assessment per Nutrition policies. Nutrition reassessments are performed with each visitation and patient progress is documented at that time.

11.4 Patient and Family Education

Barriers to Education

Barriers may include cultural differences, religious practices, emotional barriers, desire and motivation to learn, physical, literacy and cognitive limitations, language barriers and financial issues.

Determining Needs

A learning needs assessment is completed at the time of admission with reassessment based on patient and family responses. The learning needs assessments address issues like:

1. What do you know about your admitting diagnosis or condition?
2. What topics do you need/want more information about?
3. How do you learn best?

The Patient/family may receive verbal instruction and/or printed information from a pharmacist, nurse or dietitian about potential food/drug interactions and how to avoid them.

Interpreters

Contact the Medical Center operator for interpreters. The Medical Center is required by law to supply an interpreter. Spanish language patient education materials are available on Micromedex and via Krames products. Educators and the caregivers of the Providence Alaska Learning Institute (P.A.L.I.) are available to assist you in finding educational materials in other languages. Some closed-captioned videotapes are available for the hearing impaired.

Available Educational Resources

The most effective resource for patient and family education is the experienced caregivers here at PAMC, via one-on-one discussion and demonstration performance methods. Inpatient and outpatient formal education program information is available through P.A.L.I.

Diagnosis or procedure specific education material is available at your fingertips by using the electronic database Micromedex. Krames written patient education products are available in EPIC for use by all departments.

Follow-up

PAMC caregivers reinforce patient education through conversations, questions, and observation. Referrals to appropriate community or outpatient services are made on an as needed basis. Home Health caregivers is another education tool used to enhance patient education as needed. Clinics make follow up calls after the patient visits. Patient and family education materials (e.g. Micromedex database and printouts) may be used throughout the Providence Alaska Health System to maximize learning and consistency of care.

The Nutritionist, pharmacist, OT, PT, RT, Speech Therapy, Admitting personnel (Advance Directive), physicians and other healthcare professionals help reinforce education throughout the continuum.

11.5 Providence Early Assessment Team (PEAT) and the Sepsis/Stroke/STEMI (SSS) RN

Providence Early Assessment Team (PEAT) RN is a 24/7 on-call team of multidisciplinary critical care experts who respond to and meet the needs of patients through early recognition of clinical deterioration and administration of timely treatments. They also respond to rapid response pages or code blues outside of adult critical care areas throughout PAMC.

The goal of PEAT is to minimize transfers to higher levels of care if possible and to prevent deaths of patients who are progressively failing outside the Intensive Care Unit (ICU). They have unique protocols and Nurse Initiated Order sets, designed to assist them when responding rapidly to emergent conditions, such as an MI, respiratory failure, seizure, etc. The team rounds regularly on adult inpatient units and monitors vital signs and labs via electronic medical record as well as assessing patients who have been transferred out of ICU or been admitted within the last 24 hours through the Emergency Department. The idea is to respond to a "spark" before it becomes a "forest fire."

PEAT may be summoned as an overhead page for a rapid response in the event of an emergency by dialing "777" and requesting a "rapid response be paged to room ____." PEAT RNs are also always available as a resource for non-emergent questions 24/7 per telephone at 23483.

The team is comprised of a critical care nurse and respiratory therapist. These skilled experts work toward team communication, collaboration, and coordination of care with floor nurses and attending physicians to ensure that progressively failing patients get timely and proactive care.

The Sepsis/Stroke/STEMI (SSS) RN is a new role to PAMC and is filled by experienced critical care RNs with either a background in Emergency Medicine or Intensive Care. The primary aim of the SSS RN is to track and optimize the quality care metrics for patients with a diagnosis of sepsis, stroke or STEMI, and follow them from presentation and the acute work up phase, through their transition to stabilization. They can be contacted at #24777 and often work as a team with PEAT to address patient and staff needs.

Vascular Access Team (VAT)

Vascular Access Team is comprised of RNs who are skilled in the placement of vascular access devices as well as provide expert consultation for line care and maintenance. Our VAT team is staffed 7 days per week from 0800-2230. Services include:

- Ultrasound guided Peripherally Inserted Central Line Catheter (PICC) placement
- Placement of Midlines and Ultrasound Guided IVs
- Central line assessment, care, maintenance, de-clotting, blood draws from central lines, port access/de-access as well as Central line dressing changes.
- Assessment of peripheral IV sites for IV starts as well as assessment and re assessment of IV sites.
- Daily rounds in support of patient Intravenous care and monitors the quality of Intravenous Therapy in promotion of quality care and outcomes for patients requiring Intravenous care.

The team can be reached per telephone at 212-PICC or by pager at 88-0944

Discharge Lobby

Providence offers a comfortable waiting area for patients who have been discharged from the hospital and need a safe place to wait for their ride. Hours of Operation Monday through Friday 8:00 a.m.-8 p.m, and Saturday from 1000-1930. The lobby is next to a patient pick-up door, by Credena Pharmacy and Providence Imaging Center (Door #4), providing a convenient drive-up area for patient pick-up. Amenities include access to TV, newspapers, magazines, food items and beverages, free hospital Wi-Fi.

Staff are available during hours of operation to assist with:

- Transfer to vehicle
- Contacting family
- Problem-solving
- Prescription delivery

11.6 Organ & tissue donation

Providence participates in organ and tissue retrieval. Your role is to be aware of the discretion and sensitivity needed to support the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors. For areas where organ and tissue donation occurs, those employees may have specialized training and know how to work within the team for successful retrieval. **PAMC Information Contacts--For questions, comments, or more information, contact: Shift Coordinator on duty.**

11.7 Transport, Lift, & Logistics Center (TLC)/Safe Patient Handling Program

The Transport and Logistics Center (TLC) provides the Providence Alaska Medical Center with front entrance information services as well as centralized transport/lift team/delivery services. TLC and Lift Team services can be requested using **EPIC**. For information on how to request services and/or workflow assistance contact TLC's 24hr Lead at ext. 41900.

Main Lobby Information Desk

The main lobby information desk serves as the initial contact for front entrance patient and visitors, manages requests for patient information, supports Information Desk calls, and facilitates visitors' logistic needs (wheelchair/cart ride assistance) with Transport Support Associates. Transport Support Associates are TLC caregivers stationed at the front entrance Mon-Fri from 8a-7p and Sat & Sun from 8a-5p. They are available for visitor transport assistance throughout the PAMC and Health Park Campus and gift shop as well as patient mail/email deliveries.

Logistics Center

The Logistic center (TLC) is where items that cannot be stored in the hallways are kept (beds, cribs, recliners, and commodes). The TLC has a designated Equipment Support Associate available Mon-Fri from 9a-5p to pick up and deliver equipment throughout PAMC's clinical areas. Delivery of equipment housed in the TLC is based on first come first serve basis. TLC caregivers cannot guarantee that equipment will be available for delivery upon requests.

Transport

TLC has designated Transport Tech's available 24hrs a day for the transporting of patients throughout radiology modalities and inpatient units. Patient's needs during transport are communicated through verbal communication and a "Ticket to Ride" from the RN to the Transporter. Transporters are required to have a Ticket To Ride before any assistance takes place.

Lift Team

PAMC Lift Team is comprised of personnel who are specially trained in the use of mechanical and other patient assist devices and proper body mechanics related to patient transfers and repositioning. The focus of the Lift Team is to assess and safely execute his risk patient transfers and repositions in an effort to reduce the risk to our patient care caregivers, patients and guests. They are a 24hr two person resources for entire hospital and utilize a team approach that includes the trained lift technician, the nursing caregivers, and other clinical personnel as well as our patients and guests. It is the nurses' responsibility to communicate any pertinent information regarding the patient to Lift Team before any assistance takes place. When the lift team is interacting with patients, the nursing caregivers or designated personnel must be in the room. Lift Team is a resource for PAMC caregivers and acts as Safe Patient Handling Champion. The Lift Team can be reached for STAT lifts at beeper 88-1921.

The TLC consists of the Lift Team, the Transporters, and the Logistic Center. The Lift Team is specially trained to assist with the mobility needs of a patient. They are to be accessed for patients who are beyond the resources of the unit. They assist with repositioning, turning, and transfer of patients in and out of bed. The Transporters provide a centralized transport and delivery service for the Providence Alaska Medical Center campus. They provide patient/family, visitor transport service, customer way finding, and deliveries. The Information desk in the Main Lobby provides visitor information. The Logistic center is where beds, cribs, recliners, and other items that cannot be stored in the hallways are kept. The Lift Team can be reached for STAT Lifts at beeper 881921.

Safe Patient Handling & Mobility Program (coordinated by Injury Prevention 212-2386)

PAMC has a minimal manual patient lift policy, based on the literature from NIOSH, OSHA, and American Nurses Association of **limiting manual lift to no more than 35 pounds**. If a patient needs assistance with mobility, a Safe Patient Handling & Mobility (SPHM) assistive device must be used. SPHM equipment and champions are located in nearly every clinical area throughout PAMC. Please contact TLC for assistance or just in time training as needed. Also please contact Injury Prevention (212-2386) for other concerns, equipment or process gaps, or to request further training.

11.8 Restraints

[Viewing Restraint Management :: PolicyStat](#)

11.9 Abuse & Neglect

Hard Facts:

- Almost 75% of Alaskans have experienced or know someone who has experienced domestic violence or sexual assault.
- The Alaska rape rate is 2.5 times the national average.
- Child sexual assault in Alaska is almost six times the national average.
- Alaska has the highest rate per capita of men murdering women.

- Almost 30% of Alaskans were not able to access victim services or encourage others to do so because there were no services available in their area at the time.
- Every year an estimated 2.1 million older Americans are victims of physical, psychological, or other forms of abuse and neglect. APA 2011
- Victims and abusers can be anyone.

The Joint Commission

Standard: RI.01.06.03: - The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse. The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital. (See also PC.01.02.09, EP 1) The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law.(See also PC.01.02.09, EPs 6 and 7)

Alaska Law requires that medical and health care personnel report:

- Suspected and/or confirmed child abuse and neglect
- Suspected and/or confirmed abuse of a vulnerable adult
- Suspected and/or confirmed domestic violence if it involves a weapon, burns or a life-threatening injury

Possible victims of abuse may be identified by:

- By interview or intake assessment
- Observation of abuse or neglect
- Physical assessment
- Suspicious injury or medical condition
- Psychosocial history which indicates person is at risk
- Abuse/Neglect claims
- Objective criteria in the policies are listed on the back of this page

How Providence responds:

Providence caregivers are required to report suspected cases of abuse and neglect to the appropriate agencies. See Policy 7033364 "[Suspected Child Abuse, Neglect, and Exploitation](#)" or 5141359 "[Protection of Vulnerable Adults from Abuse, Neglect, and Exploitation](#)"

- If you have a concern contact the on-call Social Worker pager 88-0384
- Information on abuse is available on the hospital internet; to find the web page search for "*abuse*" or "*neglect*".

11.10 EPIC

EPIC is the name for our Electronic Health Record. An Electronic Health Record (EHR) is an electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports

Benefits of the EHR

- Secure, confidential, and immediate universal access to the patient record

- Ensures best practices by utilizing Clinical Practice Guidelines (CPGs) which allow integration of more disciplines than just nursing in the documentation of the care plan. The interface of the Medication Administration Record (MAR) allows the nurse to be alerted to medication errors, drug interactions, and patient allergies. Electronic bar coding for safe medication administration is in use.
- Has the ability to avoid costly duplicate testing; thereby reducing costs
- Supports quality and continuity in treatment
- Easier and quicker navigation through the patient record
- Clinical data is formatted to be easy to read and analyze
- Documentation at point of care ensures patient records are always up to date
- Provides medical professionals with the best and latest treatment options
- Reduction of paperwork, documentation errors, and filing (storing) activities

EPIC is an interdisciplinary “point of care” documentation tool. It has replaced the entire paper chart, with some minor exceptions. The intent is to completely phase out all paper charting. Physicians in collaboration with nursing will now be using Computer Order Entry (CPOE), At this time; some miscellaneous specialized forms will still be located in the patient’s (thin) paper chart.

EPIC will provide the many disciplines throughout the hospital with easily accessible patient information and assist in providing accurate, thorough documentation utilizing best practices and streamline workflow. Computers will be located in patient rooms as well as some hallways and corridors.

What is Point of Care Documentation?

Point of Care documentation is done at the bedside or patient location at the time care is given. Point of Care documentation ensures patient records are always up to date and improves patient safety and confidence.

All care areas will be documenting in EPIC with more of the disciplines inputting discipline specific information into care plan.

- Respiratory Care
- Spiritual Care
- Case Management/Social Work
- Nutrition Services (Registered Dietitians)
- PT/OT/Speech Therapy
- Wound Center
- Pain Management
- Pharmacy
- CVS OBS
- Emergency Department
- Pre-Op Clinic
- Child Life
- Dialysis
- Palliative Care
- Acute Care Units- PCU, ACC, CVIU, 3W, 4N, MHU, 5N, Neuro, and Rehab

11.11 Treating Obese Patients: Sensitivity

How do you see yourself interacting with bariatric patients at PAMC?

Are you consistently being attentive and respectful? If so, good job! If not, perhaps you need to consider the importance of improving provider-patient interaction and examine obesity and weight biases that you may not be aware that you possess.

There are some questions that you can ask yourself to become more self-aware of potential personal biases:

Do I make assumptions about a person's character, intelligence, health status or lifestyle behaviors based only on body weight?

Am I comfortable working with patients of all sizes?

What kind of feedback do I give obese patients?

Am I sensitive to the needs and concerns of obese patients?

What are reasons for my beliefs about stereotypes regarding obese people? Do I believe these to be true or false?

Improving Patient Relations:

Adopt sensitive language. Patients prefer words like "weight", "excess weight" or body mass index (BMI) to "large size", "weight problem" or "unhealthy body weight". Use weight related language with which the patient feels comfortable. Refer to bariatric beds as "expanded capacity" or bed model name instead of referring as "Big Boy" or "large" bed.

Provide bias-free care: Improving quality of care for obese patients requires implementing strategies to promote bias-free treatment. This means recognition that obesity is a product of many factors – a complex interaction of genetic, biological, societal, environmental, and psychological contributors. Appreciation of the complex cause of obesity can help providers avoid placing blame on patients for their obesity. Similarly, it is important for providers to explore all causes of the patients presenting problems rather than assuming that body weight is the only target for intervention.

Reference: Medscape article: Posted 05/27/10: "Treating Obese Patients: The Importance of Improving Provider Patient Interaction" by Rebecca M. Puhl, PhD

11.12 Latex Allergy

Latex—a natural product of the rubber tree—is used in many products in the health care field. More nurses and patients are becoming hypersensitive to it. Certain groups of people are at risk for developing latex allergy. These groups include those who have or will undergo multiple surgeries, health care workers, workers who work in manufacturing latex products, and those with genetic predisposition. People who are allergic to certain "cross-reactive" foods such as kiwis, bananas, avocados, etc. may also be allergic.

Latex allergy can produce myriad symptoms, including generalized itching; itchy, watery, or burning eyes; sneezing and coughing; rash; hives; bronchial asthma; scratchy throat, or difficulty breathing; edema of face, hands, or neck; and anaphylaxis.

A green wrist band is placed on patients who are latex sensitive or allergic. Mark their chart with LATEX ALLERGY warning. Safeguard patients by creating a latex-safe environment.

11.13 NODA – No One Dies Alone

The NODA program is a volunteer driven program within the Volunteer Services department. NODA volunteers offer compassionate bedside companionship for patients who are dying alone and in situations when family/friends are unable to be continually present with their dying loved ones. The NODA Volunteers receive

training in compassionate care of the dying as well as isolation precaution training. The NODA volunteers also provide respite companionship for those close to life's end in which death is near and not be not imminent. For NODA services at PAMC: **page 88-NODA (6632)** between the hours of 8 a.m.-8 p.m.; volunteers will assist in activating a vigil. For further information about NODA, please contact the Volunteer Services Department, Monday through Friday from 8:00 a.m. – 4:00 p.m. at 212-8415.

[HOME](#)