

Information Packet

Newborn Special Care Unit,

Kapi'olani Medical Center for Women and Children

In addition to those requirements outlined in the goals and objectives for this rotation, the following are additional requirements for this rotation.

- Be familiar with the following concerning your rotation at Kapi'olani.
 - Hawai'i Pacific Health Corporate Handbook.
 - Physician Handbook for KareLink.
 - MD (PEDS) Cheat Sheet.
 - MD (ADULTS) Cheat Sheet.
 - Compliance Program Flyer.
- Review and complete the following forms and return to the Residency Coordinator **no later than 31 May** of academic year that you will be doing this rotation.
 - Hawai'i Pacific Health Agreement Form.
 - Corporate Orientation Post Test.
 - Waiver – (MD/Resident) KareLink Competency Checklist.
 - Confidentially Agreement.
 - Student-Resident Orientation Acknowledgement.
- A current permanent or temporary Hawai'i license. **Out of state license not acceptable for this rotation.**
- In addition the following are to be submitted as well in support of Kapi'olani Medicaid requirements for residents rotating through their service.
 - Copy of your medical school diploma.
 - Copy of your current Curriculum Vitae.
 - Institutional/Resident Agreement contract that you signed at the beginning of your residency training from the Graduate medical Education office.
 - Copy of your Electronic Residency Application.
 - Copy of your step results.
- Call schedules will be sent to the program director and administrator upon completion by the Pediatric Chief Resident. They will forward schedule to appropriate resident for his/her review.

This packet was last updated on Thursday, 18 July 2008.

Guidelines for Family Medicine Residents

Welcome to the Intermediate Nursery in the Newborn Special Care Unit (NBSCU) at Kapi'olani Medical Center for Women and Children. The NBSCU is a 42-bed unit divided into two patient care areas, the Neonatal Intensive Care Unit (NICU) and Newborn Intermediate Nursery (NINT). Because the patient census often exceeds the capacity of the NBSCU, the NINT also "flows" into two wards on the second floor, rooms 250 and 251. Each of these rooms accommodates four (4) patients. There are three (3) Medical Care Teams that cover the NBSCU, the NICU team, the NINT team, and the 3rd Attending Service. The 3rd Attending independently covers patients (without resident assistance) and is, therefore, a non-teaching service. There are also a few private pediatricians who see their own babies with resident coverage. Communication should occur between you and the private pediatrician on a daily basis. The Nurse patient ratio in the NINT is 1:4. Additional personnel include respiratory therapists, social workers, and case managers/discharge planners. The case managers are invaluable in providing guidance, information, and assistance with discharge planning.

The remainder of this document outlines more specific information regarding your role and responsibilities in the NINT. We hope you enjoy the rotation and find it to be a valuable learning experience.

1. Four (4) weeks in the NINT (Level 2 newborn care).
2. On-call (nights and weekends): for L&D and normal nursery, **with a certified pediatric resident**.
 - Attend medium and high risk deliveries.
 - Evaluate problems in the normal newborn nursery.

A Neonatologist is in-house 24 hours a day (this person is your ultimate backup).

- Weekdays: Call starts at 1630 and ends at 0700 the next day.
- Weekends/Holidays: Call starts at 0700 and ends at 0700 the next morning.

These are the time for the beeper exchange and sign out. Please refer to the daily schedule posted in the neonatology office on the 3rd floor. If switches are made and agree upon (by the chief resident, attending and the parties involved), please notify the operators (983-6000) and Dr. Meister (pager 363-9726).

The chief resident makes the night calls schedule. Please direct all call night questions (and switches) to the Chief through the operator or the Department of Pediatrics, 983-8387. Dr. Meister makes the beeper and day off assignments.

You will always be on-call with a pediatric resident who should be able to orient you to the required paperwork (on the computer), the place, and the protocols.

3. Routine duties:

You will be responsible for patients in the Intermediate Nursery (similar to the pediatric residents and Neonatal Nurse Practitioners (NNPs)).

- Round on assigned patients (neostaff and private patients):
 - Primary person responsible for patient care.
- Present patients on rounds with neo attending (for neostaff patients):
 - Discussion of assessment and plans.
 - Bedside teaching.
- Communicate with private attendings on their patients, accomplished by:
 - Speaking with the attending in person or by phone.
 - Reading the attending's progress note.
- Write orders (the vast majority are now computerized):
 - All IV orders need to be rewritten daily.
 - Discharge medications are written on a special form.
 - HAL orders are done with the hyperal pharmacist in the unit.
 - Special forms for antibiotics, transfusions, CT scans, contrast xrays, MRIs.

Daily notes must be written on "private patients", including those that you may cross-cover. For "neostaff" patients, the Karelink Neonatology Summary Note should be regularly updated as it serves as a Transfer or Off-Service Note, and Discharge.

Sign-out verbally to resident on-call for NICU/NINT. A sign-out sheet is also helpful for the on-call residents. Whenever you leave (done for the day, going to clinic, taking a day off, etc.) be sure to notify the attending Neonatologist and communicate your sign-out to the person responsible for covering your patients while you re gone. Do not take flow sheets home (people refer to these when they re on call).

Counseling families is a major part of your duties in the NINT. This should be done on admission, as daily follow-up, and as an infant approaches discharge. Anticipatory guidance: diagnostic and management plans should be discussed with the parents, especially procedures. Call neighbor island families at least twice a week if the are not able to visit in person. The other residents, NNPs, or the attending can show you how to make these calls.

Evaluate and workup problems in the normal nursery (for admission to the NINT). Also evaluate/assess problems that arise for patients in the NINT.

H&P (History and Physical) are done on Karelink. The not used for all infants admitted to the NBSCU is the "NSCU History and Physical". Please print a copy for the resident who will take over the infant's care in the morning. **Admissions must be discussed with the attending (Neonatologist or Private physician)**. The attending will add an additional abbreviated note to your NSCU H&P.

It is recommended that you attend multidisciplinary discharge planning rounds (held Tuesday at 1130 in the NI/PI conference room). These rounds are held to coordinate discharge needs for the infants. You will learn about what these children need once they go home as well as what resources are available to the families in the community.

4. Medical Records.

The Neonatology Summary Note must be completed on the **day of discharge**. The follow-up PMD must also be contacted by phone.

Residents are responsible for completing medical records for infants under their care during the rotation.

It is recommended that the resident check with medical records once a week for unsigned charts, x8610. After the rotation, please check back as it does take some time for the charts to be reviewed and flagged. Inadequate summaries will be sent back to the resident for correction. Unless otherwise noted, **the discharging resident is the resident who writes the orders for discharge and is responsible for completing the Neonatology Summary Note.**

Other things that need to be signed: face sheet (diagnoses and procedure list usually at the front of the chart). This can be filled out on an on-going basis, but the discharging resident is ultimately responsible.

5. Participate in teaching sessions with the attending Neonatologist with other team members. May also participate in teaching sessions with the nursery and NICU teams.

6. Deliveries during the daytime.

Go to deliveries with the certified pediatric resident or NNP carrying the L&D beeper during the day when you are scheduled (see posted schedule in the Neo office). You may attend additional deliveries, if you are available, even when not scheduled.

Call operator to ask for a simultaneous page for deliveries. Beeper schedule posted in the neonatology office. See Dr. Meister for questions about the schedule. Days off are also posted on this schedule. Please review for potential schedule conflicts when you start the rotation. Remember that this schedule is done based upon the call schedule created by the chief resident.

The certification process includes: NRP trained (five (5) intubations, one (1) high risk delivery, one (1) bag-mask ventilation, 25 medium-high risk deliveries (supervised by certified resident, NNP, transport nurse, or neonatologist).

7. Procedures in the NICU/INT nursery (notify the team that you would like to be called and make you're your self available).

- Intubations
- UAC/UVC
- Circumcision
- Lumbar puncture
- IVs, radial arterial puncture, venipuncture
- Chest tubes/thoracentesis

The senior resident, NNP, or attending may supervise procedures.

8. Curriculum expectations: see the curriculum guide for pediatric residents under Intermediate Nursery section.

9. Computer codes.

General hospital computer codes should be assigned at the beginning of the academic year; however, it is essential to see Ms. Faith Kanno-Tom on the 7th floor (Pediatric Department Secretary) one (1) week prior to starting the NINT rotation for:

- Karelink training information
- SMS computer code (labs)
- Parking
- Hospital ID

10. If there is an evaluation from that needs to be filled out, please give it to the attending you spend the most time with or give one copy to each attending.

11. **Other practical things for the unit:**

- Notify the nurse caring for the patient about the orders you wrote so they understand your orders and so it gets done in a timely fashion.
- Two (2) minute scrub is required at the beginning of the day and when returning after having left the hospital. Hand washing must occur between patients either with standard antiseptic soaps or an alcohol-based waterless agent.
- Questions that arise in the Newborn Nursery should be directed to the Private Attending or NINT Neonatology Attending as is appropriate. ***Be sure to check if the patient has a private attending before going to the Neonatologist, UNLESS it is an emergency.***
- Please direct problems in the unit to the attending Neonatologist and/or to the nurse in charge.
- Residents do not get keys for the neo office. Access is thru the small conference room next to the NICU side of the unit. Scrubs are in the bathroom in the office or call housekeeping if it has run out. Towels are also available for use.

- The call rooms for the NICU/NINT nursery and L&D residents on call are in the neo office. There is also a shower. This is where the on service residents keep their things during the day. The individual rooms are not locked, but the outer door is kept locked.
- Again, hand washing is required between EVERY patient. Even if gloves are used.
- **DO NOT** put charts or papers on the floor!
- The nurses change shifts at 0700 and at 1900. Please be cognizant that they will need to use the charges when they sign-out to each other.
- Please check with the patient's nurse before examining the infant. They can give you any update; bring your attention to a new rash, ask you to wait a little until the feeding time if the infant is particularly fussy, etc.

Daily Schedule

Weekdays	~0500 – 0800	Pre-round
	0800 – 1000	Round with attending (Thurs from 0900) – time may vary.
	1000 – 1630	Orders, notes, deliveries, etc.
	1630	Sign-out to resident on-call for NICU/INT nursery (attendings sign-out at 1600, attend these rounds if possible)
Weekends	~0500 – 0800	Pre-rounds (average hours)
	0800	Sign-in rounds with attending (also sign-out to resident on call for the NICU/INT nursery)
Holidays	Same as weekends	
Conferences	Monday noon conference	1230 – 1330 (auditorium)
	Resident conferences	1230 – 1330 (Tues, Wed, Fri)
	Grand Rounds	0800 – 0900 (Thurs auditorium)
	Infectious disease conference	1230 – 1330 (Thurs)
	Neuroradiology conference	0800 – 0900 (third Friday)

Kindly remind/notify the team re:

- Days off
- Clinic days
- Conference times
- Times when you will be unavailable

The monthly schedule of call, clinics, and days off, primary and secondary beeper responsibilities will be posted in the Neonatology office (3rd floor) approximately 1-2 weeks before the start of the new rotation. Call Dr. Joan Meister for changes/comments etc.

Hawaii Pacific Health

CORPORATE ORIENTATION HANDBOOK



Hawaii Pacific Health

Kapi'olani • Pali Momi • Straub • Wilcox

TABLE OF CONTENTS

WELCOME TO HAWAII PACIFIC HEALTH.....	3
HAWAII PACIFIC HEALTH FACILITIES.....	3
CORPORATE COMPLIANCE.....	4
RISK MANAGEMENT.....	5
QUALITY MANAGEMENT/ PERFORMANCE IMPROVEMENT.....	6
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS.....	7
PATIENT SAFETY PROGRAMS/MEDICAL ERROR REDUCTION.....	9
PATIENT RIGHTS AND RESPONSIBILITIES.....	11
PATIENT SELF-DETERMINATION ACT.....	11
PATIENT EDUCATION.....	13
PAIN MANAGEMENT.....	13
ABUSE RECOGNITION, INTERVENTION AND REPORTING.....	17
CULTURAL DIVERSITY.....	23
SAFETY MANAGEMENT – INJURY/ACCIDENT PREVENTION AND REPORTING.....	25
SAFETY MANAGEMENT – ERGONOMICS.....	26
HAZARDOUS MATERIALS AND WASTE.....	28
INFECTION CONTROL.....	30
EMERGENCY MANAGEMENT.....	34
FIRE PREVENTION.....	38
MEDICAL EQUIPMENT MANAGEMENT.....	40
UTILITIES MANAGEMENT.....	41
SECURITY MANAGEMENT.....	42
SECURITY MANAGEMENT – WORKPLACE VIOLENCE.....	42
CODE PINK – INFANT OR PEDIATRIC ABDUCTION / MISSING PERSON.....	43
CUSTOMER SERVICE.....	45

WELCOME TO HAWAII PACIFIC HEALTH

About Hawaii Pacific Health

Aloha and welcome to Hawaii Pacific Health (HPH). We hope your time with us will be exciting and rewarding. In December 2001, Hawaii Pacific Health was formed with the merger of three longtime industry leaders, Kapi`olani Health, Straub Clinic and Hospital, and Wilcox Health, becoming Hawaii's largest health-care system with a combined history of 250 years of excellence and commitment to meeting the healthcare needs of people in Hawaii and the Pacific Basin.

HPH facilities span the four islands of Kauai, Oahu, Lanai, and the Big Island. The health-care system includes four hospitals, 17 clinics and numerous community outreach programs. HPH's four hospitals provide acute and specialty care with 543 beds and 100 bassinets. The system has over 5,000 employees, which includes 300 medical staff, and has affiliations with over 1,000 community-based physicians.

HPH Mission

To provide the highest quality health care and service to the people of Hawaii and the Pacific Region.

HPH Vision

To be the health-care system of choice in Hawaii and the Pacific Region.

"The Plan"

We accomplish our mission each day through our clinical operations, enhanced by the following seven priority activities:

- ALAPONO – Establish a culture of patient safety, customer satisfaction and clinical outcomes through a systematic and coordinated effort across the system.
- EPIC – Implement a patient-focused HPH electronic community of care system that enables instant and complete access to patient information.
- ORGANIZATIONAL EFFECTIVENESS – Ongoing initiatives to develop a team of people that provides for the needs of our patients.
- PHILANTHROPY – The revenue we earn and amounts we borrow are simply not enough to meet our financial needs. There is an increasing need for healthcare providers to ask the community and others for grants and gifts.
- PHYSICIAN RELATIONSHIPS – Positive and mutually respectful relationships between physicians and hospital administrators are the key to success for Hawaii Pacific Health.
- SERVICE LINE DEVELOPMENT – Targeted growth through service line development. Currently the five major system service lines are cardiac services, women's health, pediatrics, oncology and orthopedics.
- SYSTEM INTEGRATION – System Integration is about designing our administrative and clinical function to work across our various health care settings. Achievement of this goal will result in performance enhancement through efficient use of our system resources.

HAWAII PACIFIC HEALTH FACILITIES

About Kapi`olani Medical Center for Women and Children

In 1890, Queen Kapi`olani established the Kapi`olani Maternity Home to improve birth outcomes for mothers and their babies. Today, Kapi`olani Medical Center for Women and Children, with 197 beds and 90 bassinets, is the state's only specialty care facility for women and children. It is the designated perinatal center for Hawaii and the Pacific Basin, and has the only pediatric intensive care unit.

About Kapi`olani Medical Center at Pali Momi

Kapi`olani Medical Center at Pali Momi is a community-based acute care hospital serving Leeward residents. It provides a broad range of services including the only Retina Center in the state and the only cardiac catheterization unit in Leeward Oahu. Pali Momi opened in 1989 and has 116 beds.

HAWAII PACIFIC HEALTH FACILITIES

About Straub Clinic and Hospital

In 1921, renowned physician, Dr. George F. Straub, brought a distinguished team of medical specialists together to form what was called "The Clinic." In order to meet the health-care needs of a growing state, Straub expanded its services and facilities, opening the hospital in 1973.

Today, Straub Clinic & Hospital is the only fully integrated open health care system based in Hawaii, with neighborhood clinics and visiting programs statewide. Straub is a 159-bed hospital with over 150 employed/contracted physicians in over 30 different specialties. Straub is known for their well-coordinated and comprehensive health care and has a reputation for excellence in the Straub Heart Center, Bone & Joint Center, Vascular Center, Sleep Disorders Center, Gastroenterology and has the only Burn Unit in the State.

About Wilcox Health

Wilcox Memorial Hospital has been serving as Kauai's leading medical facility since 1938, when it was founded by George Norton Wilcox and Dora Rice Isenberg. Wilcox cares for 70% of the island's residents and is recognized as one of the top 100 rural hospitals in the United States. Today it has 71 acute care beds, and 10 bassinets, and provides a broad range of services.

Kauai Medical Clinic

In 1966, the hospital built an outpatient clinic with space for six physicians and 24 exam rooms. The following year the Kauai Medical Group was formed. In 1996, the clinic name changed to Kauai Medical Clinic and was formally affiliated with Wilcox Memorial Hospital - together known as Wilcox Health.

Today, the clinic has expanded to include 72 physicians and mid-level providers offering 22 medical specialties at seven locations across the island. Kauai Medical Clinic continues to provide the majority of primary and secondary care to the people of Kauai. Kauai Medical Clinic is the island's only multi-specialty medical group and one of Hawaii's largest and most comprehensive medical group practices.

CORPORATE COMPLIANCE

Above all else, Hawaii Pacific Health (HPH) is committed to the care and improvement of human life. With respect to this pledge, we strive to deliver high quality, cost-effective health care in a lawful and ethical manner for the communities we serve.

Government regulation of the health industry is increasingly complex. At the same time, health-care fraud and abuse have become a top law-enforcement priority for both the federal and state governments. The Corporate Compliance Programs help ensure that all activities are conducted in full compliance with all applicable laws and regulations.

The Corporate Compliance Programs are a formalized way of ensuring that each person associated with HPH understands their personal obligation to abide by the laws and regulations that apply to the delivery of health care. It is expected that you carry out your responsibilities honestly and ethically – in other words, **always do the right thing the right way.**

CORPORATE COMPLIANCE

As part of your orientation, Corporate Compliance training will provide you with:

- An overview of the Corporate Compliance Program for your facility.
- Regulatory requirements applicable to your area of work.
- Your obligation as a staff member to report anything that has an appearance of a violation of a regulation.
- How to report potential violations or who to call with questions.

RISK MANAGEMENT

Effective Risk Management seeks to prevent avoidable harm to patients, visitors and caregivers. One of the chief functions of the Risk Management Department is to identify and prevent or minimize unintended or undesirable injury resulting in financial loss.

Our goal is to improve the safety of our patients, families, visitors and colleagues. You are an important part of that goal! You are a part of the risk management process when you:

- Identify and report unsafe conditions
- Report conditions/events that are not consistent with the routine operation of the hospital/clinic or the routine service to patients or visitors
- Treat patients and visitors with courtesy and respect and remember that assuring their safety immediately after an event is critical – this can help prevent a claim
- Assist the Risk Management Department when unexpected events occur

WHAT to report

- An unsafe condition that you cannot immediately fix (i.e. leaking air conditioner, malfunctioning bed). These should be reported to Maintenance/Plant Services through the on-line request for service.
- A medical care problem or unsafe act that injured or could have injured a patient (i.e. medication error, complication of surgery, an infection that is unexpected, patient fall). These should be reported to Risk Management by completing the on-line (Peminic) Event Report located on your facility's intranet site. Risk Management is also available by telephone in the event of serious occurrences.
- Loss or vandalism to personal or hospital property.
- Harassment or threats/acts of violence directed towards patients, visitors, hospital/clinic employees or medical staff.

Especially Report

- Any injury to a patient or visitor (i.e. cardiac arrest, drug overdose, equipment malfunction resulting in harm, unexpected return to surgery, infant abduction, patient suicide, rape by a patient or staff member, surgery performed on the wrong site or patient, death that is not an anticipated result of the patient's medical condition).
- Any major concerns expressed by the patient, family or staff, even if you feel these emotions are not medically justified. The Patient Relations Coordinator can be instrumental in resolving these issues.
- Any threats to take legal action by the patient or family. This would include discussion of calling an attorney, the press, governmental agency or not paying the hospital bill due to dissatisfaction with care.

WHO to report to:

- Your immediate supervisor or the in-house supervisor/clinical resource coordinator. Be factual and honest.

RISK MANAGEMENT

HOW to report:

- The person who first becomes aware of an event completes an on-line (Peminic) Report.
 - Use objective, factual statements, avoid speculation as to cause or blame
 - Reports should reflect the specific elements of the event
 - Remember that the Event Report is a confidential document and should not be referenced in the medical record
- Consult with your immediate supervisor if you need help completing the report.

WHEN to report: IMMEDIATELY OR AS SOON AS ALL IMMEDIATE THREATS HAVE BEEN DEALT WITH.

The on-line (Peminic) Event Report should be completed as soon as possible after the event and prior to end of shift.

QUALITY MANAGEMENT/ PERFORMANCE IMPROVEMENT

The Quality Management plan defines and maintains a performance improvement program that supports the delivery of quality care and services to our customers. At the heart of the program is the Plan-Do-Check-Act (PDCA) model. At Wilcox, the model is similar; Plan-Do-Study-Act (PDSA).

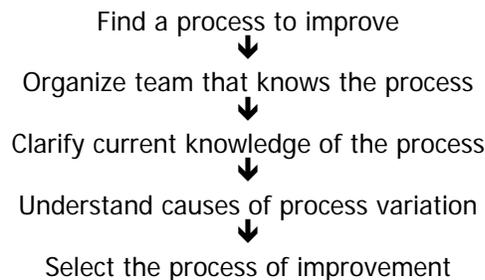
Quality management includes quality assurance, incident reporting and analysis, adverse events monitoring, quality assessment and quality improvement. Quality assurance has been described as the process of ensuring that clinical care conforms to criteria or standards.

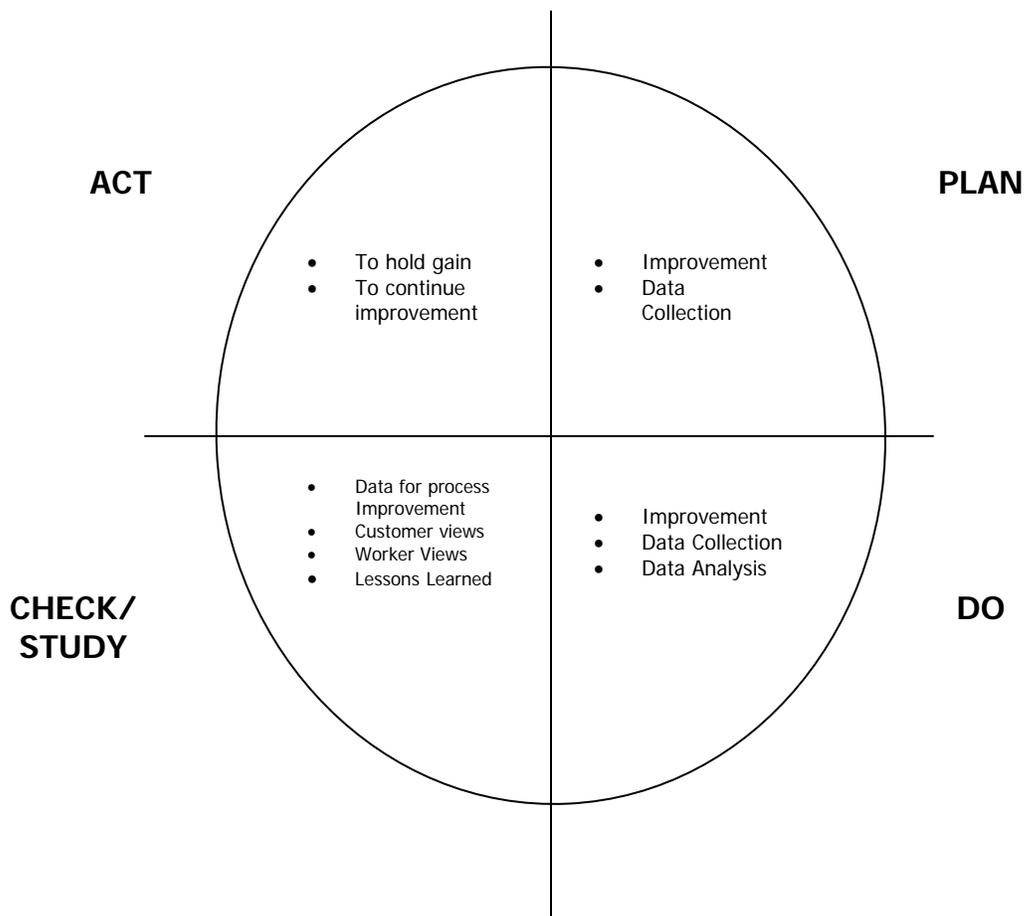
A centralized committee coordinates quality management and performance improvement activities. The customer-focused, data driven, collaborative approach to improvement promotes team work and strengthens our key functions, processes and outcomes. **Staff at all levels are expected to participate** in improvement activities.

Continuous Quality Improvement

- | | | |
|---|--|---|
| ○ | AIM | Mission of the organization |
| ○ | WHO WE SERVE | Customers, patients, employees, physicians |
| ○ | WHAT WE IMPROVE | The way we do things and serve our customers |
| ○ | MEASURE HOW WE ARE DOING | Outcome of how we do things/serve our customers |
| ○ | IMPROVE | Actions to improve how we do things/serve our customers |
| ○ | CONTINUOUSLY MEASURE TO IMPROVE | |

PDCA/PDSA Model





JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Hospitals that receive Medicare funding are surveyed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to make sure they meet certain quality standards. The standards address the:

- quality of staff and equipment
- safety and maintenance of the physical plant
- organization, administration and governance
- hospital's success in treating patients

If a hospital meets those standards, it becomes accredited (gets a "seal of approval"). Reviews are done at least every 3 years. Most hospitals participate in this program.

We are committed to providing only the highest quality care. If you have a concern about care, please ask to talk to a patient safety representative at your facility. If your grievance is not resolved, you are welcome to report your concerns, free of retaliation or disciplinary action, to the Hawaii State Department of Health or the Joint Commission on Accreditation of Healthcare Organizations.

PATIENT SAFETY PROGRAMS/MEDICAL ERROR REDUCTION

Our first priority is promotion of safety through risk reduction and prevention of injury. Despite constant and committed efforts, occasionally patients are harmed by preventable mistakes or errors. To assist you in giving safe patient care, the organization has developed a Patient Safety program as recommended by JCAHO.

On May 20, 2005, the Joint Commission's Board of Commissioners approved the 2006 National Patient Safety Goals (NPSGs). The purpose of the Joint Commission's National Patient Safety Goals is to promote specific

PATIENT SAFETY PROGRAMS /MEDICAL ERROR REDUCTON

improvements in patient safety. The Requirements highlight problematic areas in health care and describe evidence and expert-based solutions to these problems. The Requirements focus on system-wide solutions, wherever possible. Below are the 2006 NPSG's, which include continuing 2005 goals. New requirements are indicated in **bold**.

2008 National Patient Safety Goals

Improve the accuracy of patient identification.

- Requirement: Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or giving medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.

Improve the effectiveness of communication among caregivers.

- Requirement: For verbal or telephone orders or for telephonic reporting critical test result, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- Requirement: Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- Requirement: Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- **Requirement: Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.**

Improve the safety of using medications.

- Requirement: Standardize and limit the number of drug concentrations available in the organization.
- Requirement: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization and take action to prevent errors involving the interchange of these drugs.
- **Requirement: Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.**

Reduce the risk of health care-associated infections.

- Requirement: Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- Requirement: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

Accurately and completely reconcile medications across the continuum of care.

- Requirement: Implement a process of obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- Requirement: A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

Reduce the risk of patient harm resulting from falls.

- Requirement: Implement a fall reduction program and evaluate the effectiveness of the program.

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

- Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Identify safety risks inherent in its patient population.

- Requirement: The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals—NOT APPLICABLE TO CRITICAL ACCESS HOSPITALS]

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

- The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

PATIENT SAFETY PROGRAMS/MEDICAL ERROR REDUCTION

Universal Protocol

UP: Wrong site, wrong procedure, wrong person surgery can be prevented.

- Requirement: Conduct a preoperative verification process.
- Requirement: Mark the operative site.
- Requirement: Conduct a "time out" immediately before starting the procedure.

Type of Errors

1. No Harm Errors

- Unintended
- Omission (What we did not do) or Commission (What we did)
- Outcome - not intended, not negative

2. Mild – Moderate Adverse Outcome Errors

- Unintended
- Omission or Commission
- Outcome - not intended, mild–moderate adverse outcome
- Physical or psychological
- Examples include:
 - Medication Error
 - Adverse Drug Reaction
 - Transfusion Reaction
 - Hazardous Condition

3. Near Miss

- Process varies from usual
- No negative effect
- Future significant chance of serious adverse outcome

4. Sentinel Event

- Unexpected
- Actual or Potential
- Physical or Psychological harm
- Sentinel Event Criteria:
 - Unanticipated death or suicide
 - Major permanent loss of function
 - Not natural course of illness or underlying condition
 - Infant/Child abduction

- Discharge to wrong family
- Rape
- Hemolytic transfusion reaction
- Surgery - wrong patient/wrong body part

Medical error reporting:

- Is required - all errors must be reported
- Is non-punitive - employees do not have to fear punishment
- Includes both suspected and identified errors
- Includes errors due to process and/or system problems
- Follow-up action focuses on assisting staff, NOT disciplining

Steps to follow after medical error:

- Provide clinical interventions, support and protection of patient
- Notify supervisor and carry out orders; supervisor will intervene with MD
- Preserve physical evidence
- Follow the established guidelines for your department
- Document properly
- Submit on-line (Peminic) Event Report

Staff response is specific to type of error:

No harm errors

- Notify Supervisor
- Document properly
- Submit on-line Peminic Event Report

Mild – Moderate Adverse Outcome Error

- Provide clinical interventions, support and protection of patient
- Notify supervisor and carry out orders, supervisor will intervene with MD
- Preserve physical evidence
- Document properly
- Submit on-line (Peminic) Event Report

Sentinel Event

- Provide clinical interventions, support and protection of patient
- Notify supervisor and carry out orders, supervisor will contact Risk and Quality Management
- Submit on-line (Peminic) Report
- Participate in root cause analysis as requested

Near Miss

- Notify Supervisor
- Call the hotline
- Follow the established guidelines for your department

Who tells the patient and family about the error?

- Physicians

Patient Education - Staff educates patient and families on patient safety and their roles

Staff Education

- New staff orientation and department orientation
- Annual training

PATIENT RIGHTS AND RESPONSIBILITIES

Each facility provides their patients with a statement of their **rights and responsibilities**. It is the organization's belief that observing these rights and responsibilities contributes to more effective care and greater satisfaction for patients, their families and the facility. It is intended that these rights provide a better understanding of the service and human relationships essential to dignified and proper medical care.

Patients are informed of their rights and responsibilities in a variety of ways and settings.

- Pre-admission packet
- Upon admission
- Signage posted throughout the facility including outpatient and ancillary care areas
- Translated copies may be available in the major foreign languages

All patient rights and responsibilities apply to the patient and their family and/or visitors.

PATIENT RIGHTS AND RESPONSIBILITIES

Patient rights include the following:

- Respectful and supportive care
- Non-discrimination
- Access to care, as long as it is within the hospital's capacity
- Information about treatment
- Participation in care planning

- Expression of spiritual and cultural beliefs, as long as they do not harm others or interfere with treatment
- Assessment and management of pain
- Advance directives
- Freedom from chemical or physical restraint or seclusion
- Copy of your bill and explanation of charges
- Receive information in a way you can understand
- Confidentiality of health/medical information
- Access to protective services
- Involvement and information about any ethical questions during the course of care
- File a grievance or express concerns or complaints about care and treatment

To help us meet patient needs, we request that patients assume certain responsibilities. This enables the facilities to provide quality care. Patients are responsible to:

- provide accurate and complete information about past medical history, changes in condition
- cooperate with care, service and treatment plan
- participate in care in order to make informed choices
- respect the rights, privacy and feelings of staff and other patients
- provide insurance information in a complete and timely manner and pay bills as required

PATIENT SELF-DETERMINATION ACT

Hawaii Pacific Health (HPH) facilities assure that patient rights are respected and their active participation relating to their own medical care is honored, including the decision to have medical or surgical treatment and/or procedures:

- Provided
- Continued
- Withheld
- Withdrawn

Each facility recognizes the right of patients to make an Advance Directive in the event that the patient becomes unable to make medical decisions. An Advance Directive can be a written document or verbal expression that is documented in the medical record stating the patient's wishes about future medical care or to designate another person(s) to make medical decisions if the individual loses decision-making capacity. Advance directives on behalf of the patient must be done in writing and may include:

- Living wills
- Durable medical powers of attorney
- Do-not-resuscitate (DNRs) orders
- Right to die or similar documents expressing the individual's preferences as specified in the Patient Self-Determination Act.

PATIENT SELF-DETERMINATION ACT

Policies and procedures are in place to assure that such Directives (Power of Attorney for Healthcare and/or Living Will) are honored during the course of the hospitalization.

- All patients, 18 years or older, including emancipated minors, are asked if they have an Advance Directive, Living Will, Durable Power of Attorney for Health Care, or any other written directive of their wishes.
- A copy will be placed in the medical record and noted appropriately.
- If the patient does not have an Advance Directive, their wishes will be documented in the medical record.
- If the patient does not have a Directive but would like more information in order to create a written Directive, a referral will be made to Medical Social Services. They will provide instructions and assistance for completing a Directive and a note will be recorded appropriately.

PATIENT EDUCATION

Interactive and interdisciplinary patient teaching is a vital part of the services provided at Hawaii Pacific Health (HPH) facilities. Patients receive education and training specific to their needs, abilities, learning preferences, and readiness to learn. Patient education helps patients and their families who are involved in daily care to learn skills and develop behaviors that promote recovery, maintain or improve function, or manage disease or symptom progression. Additionally, HPH facilities help patients gain knowledge and skills needed for the patient's ongoing care and service needs.

After teaching is presented, care providers ensure that the patient understood the information by asking questions and obtaining feedback. The assessment of the patient's and family's ability to comprehend, use, and apply information taught is key to positive patient outcomes. The assessment must be performed in a fashion appropriate to culture, age, etc.

HPH facilities select and make available educational resources. These include but are not limited to brochures, discharge instructions, videos and interactive learning games. Teaching is provided in a form the patient can understand and every effort is made to provide teaching materials in multiple languages. Translators are available to assist as needed.

PAIN MANAGEMENT

Pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage." (International Association for the Study of Pain)
Adequate pain assessment and management is a patient's right at HPH facilities.

Pain can have physical causes (IE. disease, injury, infection) or emotional causes (IE. stress, anxiety, depression). Some pain has no clear cause but it's no less real for the patient.

Acute vs. Chronic Pain

Acute pain is fairly short-lived and most often caused by damage to tissue and organs. Acute pain goes away after treatment and healing but it may reoccur over a lifetime, such as migraine headaches.

PAIN MANAGEMENT

Chronic pain lasts beyond the normal time for healing. Examples of this type of pain include:

- continuous pain related to a serious injury or a disease
- idiopathic pain that results from unknown causes
- chronic nonmalignant (non-cancer) pain resulting from non-life threatening conditions (IE. arthritis)

A person may feel acute and chronic pain at the same time. A thorough assessment is important to distinguish between the two.

Additional Pain Terminology

Cancer pain (malignant pain) may be acute, chronic or both. It's the result of tissue and/or nerve damage related to the disease process or the cancer treatments themselves.

Phantom pain is sensed in a body part that has been amputated. It is more likely to affect patients who have had pain for a long time in the extremity prior to the amputation.

Referred pain is felt in parts of the body that aren't actually injured or affected by disease. Radiating pain spreads from the point of injury or disease. It's often caused by damage to nerve roots at the site of injury.

Breakthrough pain is intermittent, irregular and not controlled by "around the clock" medication. It may happen at any time and can also be linked with activity.

Health-care professionals may under treat pain because they believe the following common myths:

- Pain perception can accurately be linked with vital sign changes and evidence of injury
- Patients in pain readily express their pain to health-care providers.
- Patients of certain cultural, ethnic, or socioeconomic backgrounds consistently underreport or over-report their pain.
- Opioids are addictive and a treatment of last resort because of unmanageable side effects.
- Patients experiencing chronic pain over-report pain because they are addicted to opioids.
- Older and/or confused patients do not perceive pain as intensely as others.
- If a patient is able to sleep, they must not be in very much pain.
- The goal of chronic pain management is to keep the dose of medication as low as possible.
- Patients with a history of substance abuse who require IV opioids should never be allowed to control their own dose of medication (i.e. patient controlled analgesia).
- There is no physiological basis for the moderating effects of emotions on pain perception.

Patients often share similar concerns and all too often seem willing to "tough it out" rather than complain about their pain. A patient may be reluctant to report pain because of a belief in these myths:

- Severe or chronic pain cannot be effectively controlled.
- Opioids are always addictive and a treatment of last resort ("I must really be dying.").
- Pain is always evidence of disease progression.
- It is more admirable or socially acceptable to ignore pain.
- Pain is an unavoidable result of aging or disease.
- Pain is a deserved punishment.

Pain Assessment

All patients are screened upon admission about the presence of pain. Pain assessment is an ongoing process and is approached in a systematic fashion. Information is recorded using the patient's own words whenever possible.

PAIN MANAGEMENT

The following elements are included in the **initial pain assessment**:

- Location
- Intensity
- Quality
- Onset and duration
- Alleviating and aggravating factors
- Goals and Plan
- Additional assessment criteria
 - Pain management regimen and effectiveness
 - Variations
 - Pain management history
 - Effects of pain
 - Physiological response
 - Physical exam

The following criteria are included in the **reassessment** of a patient's pain:

- Intensity
- Quality
- Effectiveness Of Treatment

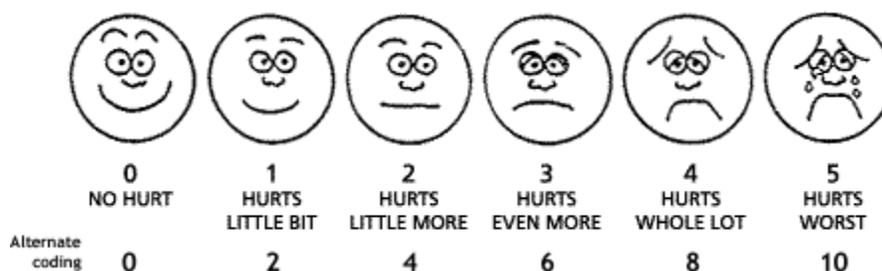
Pain Assessment Criteria

- **Location**
 - Ask the patient to point to where it hurts or mark on a picture where they have pain.
 - Ask if their pain radiates (moves) to any other part of their body.
- **Intensity** Use an age-appropriate scale to determine intensity.
 - **FLACC scale**
 - For children age 3 months to 7 years
 - Each of 5 categories is scored from 0-2 then added.
 - Behavioral pain scores need to be considered within the context of the child's psychological status, anxiety and other environment factors.

CATEGORY	SCORING		
	0	1	2
FACE	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested.	Frequent to constant quivering chin, clenched jaw.
LEGS	Normal position or relaxed.	Uneasy, restless, tense.	Kicking or legs drawn up.
ACTIVITY	Lying quietly, normal position moves easily.	Squirming, shifting back and forth, tense.	Arched, rigid or jerking.
CRY	No cry, (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints.
CONSOLABILITY	Content, relaxed.	Reassured by occasional touching, hugging or being talked to, distractible.	Difficult to console or comfort

PAIN MANAGEMENT

- **Wong-Baker FACES Pain Rating Scale**
 - For 3 years of age and older
 - Works well for patients who speak a different language.
 - Explain that each face represents a person who may have no pain, some pain, or as much pain as imaginable. Point to the appropriate face and say:
 - (0) "This face is happy and does not hurt at all."
 - (2) "This face hurts just a little bit."
 - (4) "This face hurts a little more."
 - (6) "This face hurts even more."
 - (8) "This face hurts a whole lot."
 - (10) "This face hurts as much as you can imagine, but you don't have to be crying to feel this bad."
 - Ask the patient to choose the face that best matches how she or he feels or how much they hurt.



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- **Numeric scale – adults**
 - Ask the patient to rate their pain intensity on a scale of 0 (no pain) to 10 (the worst pain imaginable).
 - Some patients are unable to do this with only verbal instructions, but may be able to look at a number scale and point to the number that describes the intensity of their pain.

At Wilcox, the following scale is used for non-communicative patients

- 0-1: sleeping, calm, relaxed with no agitation
- 2-4: grimacing with movement
- 5-6: moaning with movement
- 7-8: restless
- 9-10: consistent moaning without stimuli
- **Quality** - Ask the patient to describe their pain
 - Characteristics – throbbing, shooting, stabbing, sharp, dull, cramping, tender, aching
 - Patterns – constant or intermittent
- **Onset and duration**
 - When did your pain first begin?
 - How long have you had the pain?
- **Alleviating and aggravating factors**
 - What makes the pain better and what makes it worse?
- **Goals and Plan**
 - Create goals related to function, activities or quality of life

PAIN MANAGEMENT

- **Additional assessment criteria**
 - **Pain management regimen and effectiveness**
 - Pain management history including medication history and past interventions
 - Presence of barriers to reporting pain and using analgesics
 - Manner of expressing pain
 - **Variations**
 - **Effects of pain**
 - Impact on life and ability to function (sleep, appetite, mobility, concentration, etc.)
 - Impact on relationships with others, emotions, and mood
 - Impact on overall quality of life
 - **Physical exam**
 - **Physiologic response**

Three things you can do to improve pain assessment and treatment

1. Consider pain the fifth vital sign and assess patients for pain every time you check vitals
2. Take patients' complaints of pain seriously
3. Inform patients that they deserve to have their pain evaluated and treated

Various alternative treatments to pharmacological interventions are offered at our facilities. Please familiarize yourself with the treatment options, such as Healing Touch, heat/cold therapy, etc.

ABUSE RECOGNITION, INTERVENTION AND REPORTING

We are entrusted with providing a safe setting for patients, residents and each other. We are required by law to report abuse of patients or residents. If abuse is proven, an abuser can lose their job and license and be prosecuted and jailed.

New staff receive orientation to abuse policies and procedures. All staff are held responsible for recognizing, intervening and reporting abuse. Hawaii Pacific Health (HPH) is responsible for creating an environment in which staff can report without the fear of revenge.

Patients and residents have a right to be free of verbal, physical, sexual and mental abuse, punishment and involuntary seclusion. Abuse is defined as:

- Willful infliction of injury
- Unreasonable confinement
- Threats and intimidation
- Punishment that results in harm, pain, or mental anguish
- Depriving of goods or services needed for physical, mental and psychosocial well-being

Abuse Recognition

Be aware of the following signs of possible abuse:

- Suspicious bruises
- Fearfulness
- Abnormal discharge
- Inconsistent explanations of injury
- Direct observation of verbal, physical, mental or sexual abuse, neglect, involuntary seclusion, misuse or misappropriation of patient or resident property

ABUSE RECOGNITION, INTERVENTION AND REPORTING

Indicators of physical abuse include:

- Assault
- Rough handling
- Burns
- Sexual abuse
- Unreasonable physical confinement

Indicators of physical neglect include:

- Dehydration
- Malnutrition
- Poor hygiene
- Inappropriate or soiled clothing
- Improper medications given
- Psychological abuse
- Verbal or emotional abuse
- Threats
- Isolation or confinement

Indicators of material abuse include:

- Unauthorized sale or transfer of property
- Withholding finances
- Misuse of funds
- Theft
- Withholding means of living
- Misuse of power of attorney

Other indicators:

- Conflicting reports of injury
- Patient or resident not allowed to speak for themselves
- Patterns of injury
- Burns
- Trauma to face, head or eyes
- Withdrawal and infantile behavior
- Decubitus ulcers
- Chemical or physical restraint

Suspicious Wounds

Patients with knife, bullet and/or gunshot wounds, powder burns, or any injury that would seriously maim, produce death or render unconsciousness caused by the use of violence, or sustained in a suspicious or unusual manner, must be reported to the Police Department.

- Primary MD or designee must complete the Police Department Physician's Report if the presenting injury falls under the Suspicious Wounds criteria
 - Reporter should give patient's name, description of injury, and pertinent information (type and extent of injury only).
 - The patient authorizing release of information must sign this form.
 - Requests for additional information or copies should be referred to Medical Records.

ABUSE RECOGNITION, INTERVENTION AND REPORTING

- Patients seeking treatment for suspicious injuries will be screened using the following criteria:
 - Recurrent episodes of injury to be “accident prone”
 - Distant or vague in response to questions
 - Jumpy in presence of nurse or physician
 - Poor eye contact
 - Flinches in presence of spouse/significant other
 - Rationalization of battering behavior
 - Multiple somatic complaints, or insistence that an injury is severe when it appears minor
 - One or both partners involved with chemical or alcohol abuse
 - Delay between injury and the time treatment is sought

All reasonable attempts will be made to maintain the patient's safety and privacy, appropriate medical treatment will be initiated and community resources will be provided.

Domestic Violence, spouse abuse, and battering all refer to the victimization of a person with whom the abuser has or has had an intimate relationship. Domestic violence may take the form of physical, sexual and/or psychological abuse. It is generally repeated and often escalates within relationships.

Domestic violence should be reported to the Police Department; however, the victim's permission is required unless the staff witnesses the abuse.

- Any witnessed patient assaults on hospital property must be reported to the Department of Health, Office of Health Care Assurance (OCHA) at 586-4080.
- Witnessed domestic violence may be reported to Security

The following criteria will be used for identifying possible victims of domestic abuse:

- Discrepancy between injury and history
- Patient behavior may include:
 - Recurrent episodes of injury to be “accident prone”
 - Distant or vague in response to questions
 - Jumpy in presence of nurse or physician
 - Poor eye contact
 - Flinches in presence of spouse/significant other
 - Rationalization of battering behavior
 - Multiple somatic complaints, or insistence that an injury is severe when it appears minor
 - One or both partners involved with chemical or alcohol abuse
 - Delay between injury and the time treatment is sought

Physical findings may include:

- Unexplained fractures or atypical fractures
- Multiple injuries
- Injuries in different stages of healing,
- Alopecia or hemorrhaging beneath the scalp from hair pulling
- Injuries consistent with the shape of an object (coat hanger, belt, fingers, etc.)
- Injuries during pregnancy (battering generally increases with pregnancy)
- Burns such as those shaped like a cigarette tip or iron

History may include repeat visits to health care facilities (especially E.D.) or providers and/or abuse as a child.

ABUSE RECOGNITION, INTERVENTION AND REPORTING

Patient interview

- Place the patient in a private room if possible. Ask anyone accompanying the patient to stay in the waiting area. If the suspected abuser is the one who brought the patient to the hospital:
 - Suspected victim may feel threatened with the suspected abuser present
 - Suspected abuser may try to answer questions for the suspected victim
 - Fear of even greater harm may cause a victim to remain silent
- Interview the patient in a supportive, non-judgmental manner.
- If the patient reveals that their injuries were the result of abusive/assaultive behavior, ask them if this has happened before and establish the name of their assailant(s).
- Convey the message that he/she is not alone, does not deserve to be abused, and that help is available.
- Inquire about the safety of any children in the home. In many spouse-abusing families, children are battered as well.

PATIENT SAFETY

- Place the patient in a room close to the Nurse's station.
- Carefully screen all visitors, and check on the patient frequently when visitors are present.
- Call Security if needed to ensure safety and privacy for the patient.
- Maintain strict confidentiality. (Place patient on "no information" status with patient's permission).

INTERVENTION AND REFERRALS

- Assess the patient's immediate physical and emotional needs.
- Provide a safe place and phone for patient to make calls.
- If the suspected victim chooses to return home, encourage him/her to develop a safety plan.
- Upon discharge, give the patient literature for legal and community resources, which can provide shelter and ongoing counseling.
- Document the patient's decision re: counseling in the chart and what literature was provided.

Child abuse is defined as acts or omissions including, but not limited to:

- Physical Injury
- Sexual contact or conduct
- Injury to the psychological capacity of the child
- When the child is not provided in a timely manner with adequate food, clothing, shelter, psychological care, physical care, medical care or supervision
- When the child is provided with dangerous, harmful or detrimental drugs

The following criteria will be used for identifying possible victims of child abuse/neglect:

- Substantial or multiple skin bruising or any other internal bleeding
- Any injury to skin causing substantial bleeding
- Malnutrition
- Failure to thrive
- Burn or burns
- Poisoning
- Fracture of any bone
- Subdural hematoma
- Soft tissue swelling
- Extreme pain
- Extreme mental distress
- Gross degradation
- Death

ABUSE RECOGNITION, INTERVENTION AND REPORTING

- Injury to the psychological capacity of a child as evidenced by an observable and substantial impairment in the child's ability to function
- Sexual contact or conduct, including, but not limited to sexual assault, molestation, sexual fondling, incest, or prostitution; obscene or pornographic photographing, filming, or depiction; or other similar forms of sexual exploitation

When abuse or neglect is suspected, reports must be made to Child Protective Service AND the Police Department.

Dependent Adults are persons over 18 who because of physical or mental impairment are dependent upon another person or care organization/facility for personal health, safety or welfare. Dependent adult abuse includes but is not limited to:

- Physical abuse, neglect, fiduciary abuse, abandonment, isolation, abduction
- Treatment resulting in physical harm or pain or mental suffering
- Deprivation of goods or services that are necessary to avoid physical harm or mental suffering

When abuse or neglect is suspected, reports must be made to the Adult Protective Services Hotline (832-5115). Any witnessed assaults taking place on hospital property must be reported to the Department of Health, Office of Health Care Assurance at 586-4080.

A mandated reporter who has in the scope of employment or in his/her professional capacity either:

- Observed or has knowledge of an incident that reasonably appears to be abuse or neglect
- Is told by a dependent adult that he or she has experienced behavior constituting abuse, neglect, or abandonment
- Reasonably suspects abuse/neglect

Indicators of dependent adult abuse or neglect include:

Physical Abuse/Neglect:

Unexpected bruises, welts, repeated falls, lab values or radiological results inconsistent with history; physical impairment inconsistent with history; hunger, dehydration, poor hygiene, indication of medication overdose or withholding medications; gross deterioration of physical status without medical help.

Psychological:

Unusually listless, withdrawn; evidence of fear of family member or caretaker: subjective statement regarding mistreatment; extreme mental distress which includes a consistent pattern of actions or verbalizations including threats, insults or harassment that humiliates, provokes, intimidates, confuses and frightens the dependent adult.

Material/Fiduciary:

Financial and economic exploitation which may involve coercion, manipulation, threats, intimidation, misrepresentation, or exertion of undue influence.

Abandonment:

The desertion or willful forsaking of dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

ABUSE RECOGNITION, INTERVENTION AND REPORTING

Abuse Intervention

- Our first obligation is to protect patient or resident and self
- Use verbal techniques, interrupt, question the abuser
- Ask patient or resident if help is needed
- Assess the situation
- Call the abuser away from the patient or resident
- Direct the abuser to move away
- Use workplace violence response if needed
- Investigation must be immediate and timely
- Investigation must include:
 - Who was involved
 - Statements from patient or resident and family
 - Statements from staff and witnesses
 - Description of patient's or resident's behavior
 - Assessment of injuries
 - Observation of patient or resident and staff behavior
- Provide protection for the patient or resident
- Assess if patient or resident should be moved
- Assess risk from visitor or family member and decide if you need to screen visitations

Abuse Reporting and Documentation

- Tell immediate supervisor
- Fill out an Incident/Occurrence report
- A report will be made to State, Physician and Family
- Licensing Board will be notified if abuse is substantiated
- Documentation should be:
 - Objective
 - Use actual quotes
 - Include staff and witness statements
 - Describe immediate interventions taken
 - Describe patient's or resident's behavior and the setting
 - Include who was notified and reported to

S	STOP THE ABUSE
P	PROTECT THE PATIENT OR RESIDENT
O	OBSERVE FOR INJURY
T	TELL SOMEONE

We are all responsible for creating a safe setting for our patients, residents, visitors and staff.

CULTURAL DIVERSITY

As the world moves and expands into a global economy, so does the makeup of its workforce. Hawaii Pacific Health (HPH) is no different. Our workforce is made up of a varied group of individuals with differences in ethnic and social backgrounds, levels of education and skill, and religious beliefs.

It is important that we recognize and respect diversity. HPH believes in the Aloha Spirit. With Aloha Spirit, we as an organization can overcome and look beyond our differences, and come together in providing our customers the excellent care they have come to expect.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) manual states, "Patients have a right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial and spiritual values." In order for us to achieve this standard, we must also understand that, "Coworkers have a right to a considerate environment that safeguards their personal dignity and respects their cultural, psychosocial and spiritual values."

This is not an individual effort. It takes all of us, each individually within a team, to make a commitment to bring this culturally diverse web together. What are some of the things that we can do individually to take advantage of our diversity? And, what are some of the things we can do to consistently communicate a sense of respect for our diversity?

How do we communicate our respect to our customers?

- Respectful communication bridges the gap between cultures and:
 - Eases anxiety
 - Opens the way for dialogue
 - Clears up misunderstandings
 - Minimizes conflict
- Treat others the way you would like to be treated - with courtesy and respect.
- Assume patients are U.S. citizens and speak English until you learn otherwise. Many citizens are deeply insulted if they are assumed by their appearance to be "foreign."
- Do not let appearances lead you to act on stereotypes.
- Address everyone initially as "Mr." "Miss" "Ms." or "Mrs." and "Dr." If you are uncertain, ask, "What would you like me to call you?"
- Refer to an individual as a man or young man, woman or young woman. Avoid using "boy" or "girl" except for very young children. Never use familiar terms such as "honey" or "dear."
- Do not use phrases such as "you people" or "those people" – they are offensive and stereotypical
- Be warm but not overly familiar. In many cultures formality is a sign of respect, while familiarity is considered demeaning.
- Build confidence. People need to feel that the health professional is experienced - this should be evident in the professional's behavior and conversation. If not, the customer may have a "loss of faith" in the professional's skill level.
- Most importantly, establish a comfortable setting.

CULTURAL DIVERSITY

Non-Verbal Behavior

- Smile. This non-verbal signal is known as friendly and helpful by almost every culture. Smiling helps people feel at ease and be more likely to overlook unintentional cultural offenses.
- Do not force eye contact. In many cultures, it is considered a sign of disrespect, aggression or challenge.
- Avoid the following gestures - they may be misunderstood or convey something rude or insulting:
 - Don't motion someone to come to you with a hand sweep or curled finger signals.
 - Don't indicate "OK" by creating a circle with the thumb and forefinger.
 - Don't use the "V" or "victory" sign.
- Adjust to difference in personal space.
- Exposing the bottom of your feet by crossing your legs or by putting your feet up while sitting can be a serious insult to some people.

Language Issues

- If you discover that someone doesn't speak English:
 - Speak at a normal volume - talking louder will not help
 - Write - some people can understand written but not verbal English
 - Use a visual aid
 - Using hand signals and the telephone, have the patient call someone to translate
 - Find a translator - staff or family
- If the person speaks limited English:
 - Be patient, speak slowly and use simple words
 - Use action verbs (example: "Sleep now," rather than "Try and get some rest.")
 - Ask people to repeat instructions back to you to ensure they understand
 - Ask them to confirm their agreement to any treatment plans
- Avoid confusion by asking positive rather than negative questions. Example: "Did she take a blood sample?" instead of "Didn't she take a blood sample?"
- People from a variety of cultures will nod and smile, even if they don't understand what you are saying. To be sure you are understood, ask them to repeat your instructions.
- Don't assume that all people have the same food habits. Example: Advise people to take medicine "three times a day, with food" rather than "with every meal" to avoid confusion.

What can you do as an Individual?

- 1) Participate in process-improvement efforts. Your input can help solve problems.
- 2) Assist in the development of procedures, tools and resources for specific patient populations
- 3) Utilize cultural talents in an effective manner, such as assigning patients to staff that speak the same language or come from similar backgrounds.
- 4) Offer verbal and written communications in another language if you have that skill. This helps in our ability to communicate effectively to our patient population.
- 5) Acquire greater competency by learning about a specific culture, taking a language class, or participating in cultural events offered by our organization and the community.
- 6) Participate in activities with community organizations.

CULTURAL DIVERSITY

What does Hawaii Pacific Health (HPH) do to promote cultural diversity?

Here is a list of activities that HPH is involved with to promote a more diverse organization.

- 1) Team-building to improve mutual understanding and develop respect for one another.
- 2) Translators for non-English speaking customers.
- 3) Human Resources practices such as diverse recruitment, inclusive and intensive workforce development, and benefits.
- 4) Community involvement with minority groups and joint programs with community groups.
- 5) Creating an environment that fosters mutual respect for each other through written policies and enforcement of policies.
- 6) Working to identify and replace culturally insensitive practices that lead to customer dissatisfaction or defection of specific customer populations.
- 7) Enforcing our Affirmative Action Program.

What will this lead to?

All of this leads to one thing - **improving our ability to provide the best patient care**. In order to do this, we need to consistently meet and exceed the expectations of all our customers (patients, visitors, physicians, vendors, coworkers).

Each of us is responsible for delighting our customers. We cannot afford to think "it's not my job." The customer does not care about job descriptions – they want top quality service. In order to consistently - every day, every hour, every customer - please our customers, we must work together. Each of us must work to exceed our customers' expectations:

- In our own role
- In our own department
- Outside of our role – across departments

Customer satisfaction doesn't come in a 'one-size fits all' package and we must be prepared to provide what our customers value. What it took to satisfy our customer today may not be what it takes to please them tomorrow. Exploring new and different ways to work together to better serve our customers will allow us to attain and maintain consistent customer satisfaction.

SAFETY MANAGEMENT – INJURY/ACCIDENT PREVENTION AND REPORTING

Hawaii Pacific Health strives to provide every patient, employee and visitor a safe and healthful environment in which to recover, work or visit. To this end, every effort is made to obtain the best possible level of accident prevention, fire protection and health preservation.

All new staff complete an initial safety orientation and repeat the training on an annual basis. Staff are responsible for supporting and participating in the safety program by always observing safety precautions and reporting potentially hazardous conditions immediately to their manager. **Safe working conditions is the responsibility of all staff.**

ACCIDENT PREVENTION

- Be constantly aware of safety
- Wear the right clothing for the job
- Walk, don't run
- Keep the work area neat and clean - clean up spills right away, keep hallways clear
- Use stepladders to reach high places
- Keep heavy or bulky items on lower shelves (waist level)

- Open and close doors with caution

SAFETY MANAGEMENT – INJURY/ACCIDENT PREVENTION AND REPORTING

- Keep drawers closed when not in use
- Use proper body mechanics when lifting
- Dispose of all sharps into sharps containers
- Clean up spills right away

WORK-RELATED INJURY

Report the following to your supervisor immediately

- Unsafe conditions
- Unsafe conduct
- Unsafe equipment
- Violation of safety policies



What to do in the case you are injured:

- Notify your supervisor (or supervisor on duty) immediately after an injury/illness.
 - This allows them to correct the problem or prevent other injuries/illnesses from occurring.
- Call the Work Injury Line (W.I.L.) within 24 hours or as soon as possible to report your injury. Oahu: 535-7200 Neighbor Islands: 1-877-776-7200
 - All injuries/illnesses must be reported.
- Seek medical attention if needed
 - After notifying your supervisor, seek appropriate medical care. If involved in a blood or body fluid exposure (e.g. needle stick) report to the emergency department and contact Employee Health.

VISITOR SAFETY

What to do in the event that you witness or discover a visitor injury:

- Unless life threatening, assist the visitor to the Emergency Room for treatment. If an emergency exists, call the Emergency Room for assistance.
- Complete the Occurrence Report. Should the visitor refuse treatment or examination, document this on the Occurrence Report.
- Forward the completed Occurrence Report to your supervisor.

PROPERTY DAMAGE

In the event that you witness or discover damage to the property:

- Inform the Security Department of the damage. Security will generate an incident report.
- If the damage presents a safety hazard, notify Plant Operations/Facilities of the hazard, as well.

SAFETY MANAGEMENT – ERGONOMICS

ERGONOMICS



Ergonomics is the science of designing the job to fit the worker. A mismatch between the physical capacity of workers and the demands of the job can result in work-related musculoskeletal disorders (MSD). Prolong exposure to risk factors can cause damage and lead to a work related MSD. Musculoskeletal disorders can be prevented.

SAFETY MANAGEMENT – ERGONOMICS

Musculoskeletal Disorders	<ul style="list-style-type: none"> ▪ Injury or disorders to nerves, muscles, blood vessels and ligaments ▪ Usually in the upper areas of the body.
Common signs & symptoms	<ul style="list-style-type: none"> ▪ Decreased range of motion & grip strength ▪ Loss of muscle function ▪ Numbness or difficulty moving fingers ▪ Stiff joints ▪ Back pain
Risk factors	<ul style="list-style-type: none"> ▪ Repetition – doing the same motions over and over again. ▪ Forceful exertions – the amount of physical effort required to perform a task. ▪ Awkward postures – the position your body is in. ▪ Contact stress – pressing the body against a hard or sharp edge. ▪ Vibration – operating vibrating tools or equipment.
Preventing Musculoskeletal Disorders	<ul style="list-style-type: none"> ▪ Reduce or eliminate ergonomic risk factors. ▪ Follow all work and safety procedures. ▪ Be familiar with the signs and symptoms of MSD. ▪ Immediately report all injuries to your supervisor.

ERGONOMIC AND BACK SAFETY TIPS

Proper Lifting Techniques	<ul style="list-style-type: none"> ▪ Lift with your legs by bending your knees ▪ Keep your back straight. ▪ Keep the object close to your body. ▪ Get help if object is heavy or awkward
Adjust Your Position And Pace	<ul style="list-style-type: none"> ▪ Change positions frequently to avoid repeated stress. ▪ Reduce repetitions by switching tasks. ▪ Pace yourself by taking breaks.
Mechanical Aids And Assistance	<ul style="list-style-type: none"> ▪ Use mechanical lifts to move patients from beds, chairs and toilets ▪ Use transfer belt to move a patient when doing a wheelchair transfer. ▪ Teach patients to use a trapeze to move themselves in bed and give assistance during transfers. ▪ Use sliding boards or mats to move a patient between a bed and stretcher.
Pulling Patients Up In Bed	<ul style="list-style-type: none"> ▪ Adjust bed height below your waist ▪ Reach under patient's shoulders and back, slide patient, don't lift. ▪ Ask patient to help by pushing against mattress with feet or elbows. ▪ Get help if patient is heavy.
Working with Video Display Terminals	<ul style="list-style-type: none"> ▪ Feet should be flat on the floor, knees level with hips, lower back supported. ▪ Arms should rest at sides with elbows at a right angle and wrists straight. ▪ Sit about arm's length away, with screen tilted back slightly. ▪ The top line of the screen should be just below eye level when you're sitting upright.

HAZARDOUS MATERIALS AND WASTE

The Hazardous Materials and Waste Management Plan are designed to assure that hazardous materials, waste, and emergencies arising from their use, are handled promptly, safely and effectively. Risk to patients, personnel, visitors and the environment must be minimized within and beyond the confines of the hospital. The plan covers:

- ✓ Hazardous Chemicals
- ✓ Radioactive materials & waste
- ✓ Infections waste
- ✓ Hazardous vapors
- ✓ Chemotherapeutic agents and waste
- ✓ Medical waste



HEALTH HAZARDS -ALL NEED PROPER STORAGE, USE and DISPOSAL

- **FLAMMABLES** can burn easily and cause explosions. Keep away from open flames, static discharges, cigarettes and sparking tools.
- **COMBUSTIBLE** materials burn if heated.
- **CORROSIVE** chemicals corrode, burn or dissolve materials. Employees must wear the appropriate personal protective equipment.
- **TOXIC** chemicals may cause injury or illness.
- **REACTIVE** hazards can explode if mixed with water or with other chemicals. **No mixing of chemicals is to take place without first checking the MSDS to note special mixing hazards.**
- **RADIOACTIVE** materials give off emissions that may be hazardous to humans, animals and the environment.
- **CARCINOGENIC** hazards cause cancer.
- **CRYOGENIC** hazards freezes whatever it touches.

OSHA Hazard Communication Standard

The law requires that chemical manufacturers and importers:

- Communicate their findings by way of labels and **Material Safety Data Sheets (MSDS)** for every product they manufacture and distribute.
- Evaluate products and ascertain whether hazardous characteristics exist for anyone using their product.

MATERIAL SAFETY DATA SHEETS

- Will be made available to all staff.
- The Department managers are responsible for obtaining MSDS prior to the organization trying new products
- No individual is allowed to bring in commercial products for use on the job.
- MSDS sheets can be retrieved by using 3E MSDS Online.

MSDS provides information on:

- Chemical Name
- Ingredients that are hazardous
- Physical Characteristics
- Fire and Explosive Capability
- Reactivity to water or other chemicals
- Health Hazards
- Proper Storage, Use and Disposal
- Special Precautions or Protective Equipment needed

HAZARADOUS MATERIALS AND WASTE

Before you start any job you should:

- Read product labels and MSDS sheets
- Identify unsafe materials and choose the equipment needed to safely work with them
- Never mix chemicals together unless specifically instructed to do so
- Always follow facility procedures and know the steps to take in an emergency
- Ask questions

RIGHT TO KNOW

- Refuse to work with any material if your manager:
 - has not supplied the MSDS
 - has not provided training and protective equipment needed
- You CANNOT be fired, disciplined or discriminated against for exercising your rights

All containers must be labeled. **THE MOST DANGEROUS CHEMICAL IS THE ONE WITHOUT A LABEL.**

ONLY a label can tell you what is in a bottle. Labels provide information on:

- Chemical name and chemical ingredients
- Name, address, phone number of manufacturer
- If product is flammable, reactive or radioactive
- Target organs that may be affected by use
- Protective equipment needed
- First aid instructions
- Proper storage, use and disposal
- Type of fire extinguisher to use
- How to handle leaks or spills

The most important label information is a single word indicating how hazardous the chemical is:

"DANGER"

"WARNING"

"CAUTION"

HAZARDOUS SPILL OR EXPOSURE (Code Orange)

What to do if there is a spill or exposure:

1. Alert others (Dial 500 and report a **CODE ORANGE**)
 - Notify staff, visitors, and patients in the direct area.
 - Notify other departments (such as the Hospital Operator, Environmental Services, Facilities/Plant Operations and Security) based on the seriousness of the spill or exposure.
 - Start the emergency response procedure.
2. Isolate the spill or exposure (if able to do so safely)
 - Trained staff will shut off valves, place ruptured containers in plastic bags, construct dams with towels, etc.
3. Evacuate the area if necessary
 - Remove persons, close doors and restrict access in the direct area.
4. Clean up and disposal
 - Retrieve the MSDS for the specific chemical(s) involved.

To retrieve the MSDS, call 3E's MSDS fax-on-demand at 1-800-451-8346. Provide the product and manufacturer name and the MSDS will be faxed to you.

For non-emergency situations you are able to obtain a MSDS sheet on-line at www.getmsds.com
 - Assist with cleanup/disposal efforts.
 - Complete an incident/occurrence report.

INFECTION CONTROL

Infection is a risk to you, your coworkers, and your patients. Prevent its spread by following infection control techniques such as hand washing, appropriate protective equipment and avoiding needle sticks.

BLOODBORNE PATHOGENS

OSHA's Bloodborne Pathogens standard prescribes safeguards to protect workers against the health hazards from exposure to blood and other potentially infectious materials (OPIM) and to reduce their risk from this exposure. Exposure occurs from needle sticks, cuts from other contaminated sharps, or contact of mucous membranes or broken skin with contaminated blood.

Exposure Control Plan

Identifies jobs and tasks where occupational exposure to blood or OPIM occurs. The plan describes:

1. Engineering and work practice controls
2. Use of personal protective equipment
3. Training
4. Medical Surveillance (post exposure follow-up)
5. Hepatitis B vaccination
6. Signs and labels



Standard Precautions

- Precautions should be followed at all times regardless of patient diagnosis.
- Blood and body fluids of all patients should be considered potentially infectious.
- Appropriate barrier precautions must be routinely used when contact with blood and body fluid of any patient is anticipated.
- Implement and practice elements of Standard Precautions:
 1. Proper hand washing – **THE SINGLE MOST IMPORTANT PREVENTATIVE MEASURE**
 - Use hospital approved waterless alcohol hand gel if hands are not visibly soiled or wash with water and soap.
 - Wash hands before and after each patient contact.
 - Wash hands after using the bathroom and before handling food.
 - Wash hands immediately after removing gloves and/or after becoming contaminated.
 - If you provide direct patient care:
 - Do not use acrylic or artificial nails or extenders if you have direct contact with patients, work with patient supplies/equipment/linens, or work within the patient care environment (reception areas, laundry room, linen room, central supply, sterile processing department).
 - Keep fingernails short less than ¼ "long" if you have direct contact with patients.
 - Do not share personal lotion.
 2. Use of appropriate Personal Protective Equipment (PPE)
 - Select appropriate PPE.
 - Accessible and issued at no cost to staff.
 - Hypoallergenic gloves, liners, non-powdered or other similar alternatives are available to those who are allergic to gloves normally provided.
 - PPE will be laundered, cleaned, repaired and replaced by the facility.
 - PPE will be removed prior to leaving the work area and placed in designated area.

INFECTION CONTROL

- PPE:
 - Gloves
Disposable and single use only. Used when handling potentially infectious materials. Replaced as soon as practical when contaminated, torn, punctured or when its function as a barrier is compromised.
 - Face Protection
Use masks, eye protection, goggles or face shields whenever splashes, sprays or droplets of blood or other OPIM may be anticipated.

Gowns
Use depends upon task and degree of exposure anticipated.
 - Footwear and headwear
Surgical caps, hoods, shoe covers or boots worn when gross contamination can be reasonably anticipated.
 - Respiratory equipment
Mouth pieces and resuscitation bags will be available for mouth-to-mouth resuscitation.
- 3. Biohazard warning labels and signs are required on:
 - Containers of regulated waste
 - Refrigerators and freezers containing blood and OPIM
 - Other containers used to store, transport, or ship blood or OPIM
- 4. Proper handling and disposal of sharps
 - Handle and dispose of needles/sharps properly and with care.
 - Activate the needle or sharp's safety device immediately after use prior to disposing.
 - Do not bend, shear or recap needles/sharps
 - Dispose of needles/sharps immediately after use in Sharps container.
 - Change sharps container when sharps level reaches the "full" line or 2/3 full, do not overfill.
- 5. Handling and storage of linen.
 - Handle contaminated laundry as little as possible and use PPE
 - Must be bagged or containerized at location where used.
 - No sorting or rinsing at location where used
 - Must be placed and transported in labeled or color-coded containers
- 6. Proper handling and disposal of waste
 - Regulated waste must be placed in closeable, leak-proof containers that will contain all contents during handling, storing, transporting or shipping.
 - Must be appropriately labeled or color-coded.
 - Regular waste container - packing materials or items not soaked with blood or OPIM
 - Bio Hazard container - items soak with blood or OPIM
 - Sharps container - sharps, ampules, needles, guide wires, glass, suture needles
 - Chemo waste - items in contact with chemo materials
 - Glass container - glass bottles, broken glass
- 7. Handling of clinical specimens.
 - Use PPE when handling specimens
 - Label container with patient's name, date/time collected, and specimen type.
 - Carefully seal specimen container and place in bio hazard bag

INFECTON CONTROL

- When sending specimen via pneumatic tube, closed the lid of the specimen container tightly and cushion to avoid being shaken or leakage.

- 8. Care and maintenance of the environment
 - Use mechanical device like tongs, broom and dust pan to pick up broken glass and dispose in container marked "glass".
 - Scheduled maintenance to clean and sanitize work area shall be observed.
 - All equipment, environmental and working surfaces will be cleaned and decontaminated.
 - Use hospital approved disinfectant.

- 9. Institute isolation precautions for patients with suspected or confirmed airborne transmitted disease.
 - Post appropriate signs on patient's door. (Contact, Airborne, and Maximum Precautions used at KMCWC)
 - Close door at all times for Airborne and Maximum Precautions.
 - Wear fitted mask (N95). (i.e. TB, SARS, chicken pox, Avian-flu)
 - Isolation room should be negative pressure relative to the hallway.(i.e. Chickenpox, TB, SARS, Avian-flu)
 - Inform your supervisor/charge nurse to be reassigned if you are not immunized against measles, German measles, chickenpox or not cleared to wear a TB mask.

MRSA/VRE

- Follow Standard Precautions in addition to Contact Precautions.
- At Pali Momi – patients colonized or infected with antibiotic resistant-strained organisms (e.g. MRSA or VRE) will be placed on modified contact isolation per Pali Momi's Infection Control Isolation guidelines.
- Straub Clinic and Hospital – all patients are placed on Contact Precautions, private room accommodations except for ICU – South

Engineering Controls

These controls reduce staff exposure by either removing the hazard or isolating the worker

- Sharps disposal containers
- Self-sheathing needles
- Safer medical devices, needleless systems or sharps with engineered injury protections.

Work Practice Controls

These controls reduce the likelihood of exposure by altering how a task is performed

- Wash hands after removing gloves and as soon as possible after exposure
- Do not bend or break needles or sharps
- Activate the needle or sharp's safety device immediately after use prior to disposing.
- Eating, drinking, applying cosmetics, and handling contact lenses are prohibited in patient care areas and other areas in which there is reasonable likelihood of occupational exposure.

INFECTON CONTROL

Hepatitis B Vaccination

- Available free of charge to employees who are at risk of exposure
- Administered by Employee Health Department upon hire.

Post-Exposure

- Immediately following an exposure to blood, body fluids or OPIM:
 - o Needle stick & cuts - wash with soap and running water
 - o Splash to nose & mouth - flush with water
 - o Splash to eyes - irrigate with sterile or clean water at least 10 minutes
- Notify exposure to your supervisor
- Report to Employee Health or Emergency Department as soon as possible for testing and counseling.

Post Exposure Follow-Up

- If initial assessment is done in the Emergency Department, phone the Employee Health Office on the next working day, preferably within 24 hours.
- During follow-up period, refrain from blood or organ donation and practice protected sex.

COMMUNICABLE DISEASE EXPOSURE

- Screen patients/visitors for communicable diseases
- Report illnesses or exposures of communicable diseases to Employee Health and Infection Control
- Infection Control Coordinators: KMCWC/983-8291; Pali Momi/485-4132; Straub/522-3490

Employee Health: KMCWC, 983-8525; Pali Momi, 485-4123

Employee Health Main Office: Straub, 522-3481

Do not report to work if you feel you have a communicable disease.

Obtain work clearance from Employee Health before returning to work

TUBERCULOSIS EXPOSURE CONTROL PLAN

- Located in the Policies and Procedures
- PPD test annually, unless Hx of positive
- Follow-up exposure to TB:
 - PPD test, immediately and 12 weeks later.
 - Report any signs and symptoms of TB; cough, fever, chills, loss of weight, loss of appetite, coughing of blood.
 - CXR and medical evaluation of +PPD

TB CONTROL MEASURE

- Isolate all suspected and confirmed TB patients unless a diagnosis of noninfectious condition is made. Signs and symptoms may include night sweats, cough, low-grade fever and weight loss. A negative skin test does not always mean that a patient is free of infectious disease.
 - Place patient in designated negative pressure rooms or tent (at Straub)
 - Check if room has negative pressure.
 - Wear TB mask before entering patient's room.
 - Post Maximum Precaution sign at KMCWC on patient's door.
 - Post Respiratory Precaution sign at Straub.

INFECTON CONTROL

- Keep doors closed at all times.
- If patient must leave the designated isolation room, patient must wear a surgical mask. The room(s) to which the TB patient must be transferred into must have a negative pressure.
- Discontinue isolation when patient has 3 negative sputum AFB smears unless TB is still suspected.
- If patient has multiple drug resistant TB strain, patient must be placed on isolation for the duration of hospitalization or as recommended by Infectious Disease Physician.
- Manage visitors and family of patient with isolation precautions until proven not to have infectious TB.
- Use appropriate protective barriers
 - Use properly fitted disposable TB mask when entering patient's room. No persons with facial hair (i.e. beard) will be allowed to wear the TB mask.
- Instruct patient to cover nose and mouth when coughing or sneezing.
- Monitor daily and maintain negative pressure of patient's room so that air flows from the hallway into the patient's room to minimize spread of TB disease into general/common area.
- A quick and simple test to determine the direction of airflow is to use smoke tubes/sticks.
 - Hold door slightly open
 - Hold smoke tube by the door and then release door; note the direction the smoke blows.
 - If smoke blows towards the patient's room there is negative pressure.
 - If smoke blows away from the patient's room then pressure of the room needs correction.
 - If the room has other doors within, the pressure in the room is affected by whether these doors should remain closed or opened to maintain negative pressure.
 - Keep door closed at all times to maintain negative pressure and minimize spread of droplets into the common areas.
- Contact Facilities/Plant Operations regarding establishing and monitoring negative pressure of the isolation room.

EMERGENCY MANAGEMENT

HOW TO REPORT AN EMERGENCY CODE

- ✓ **DIAL 500** and state the nature of the emergency.
- ✓ Give exact location; do not abbreviate your unit. (e.g., NOT PICU, say, Pediatric Intensive Care Unit)

INCIDENT	CODE	ACTION (DIAL 500 FOR ALL EMERGENCY CODES)
Severe Weather (Hurricanes, Tsunamis, Earthquakes, etc.)	CODE BLACK 	<ul style="list-style-type: none"> ▪ Secure your property and report to work or contact your supervisor. ▪ If told to report to work, listen to the overhead page. ▪ Proper identification is needed to gain access to the facility. ▪ Follow procedures as directed by your supervisor. ▪ Continue to work as normal and wait for "ALL CLEAR" page. ▪ Report to designated area according to your Department Disaster Guide. ▪ Refer to red Emergency Management Manual.
Cardiac/ Respiratory Arrest	CODE BLUE 	<ul style="list-style-type: none"> ▪ Check for unresponsiveness. ▪ Activate code. ▪ Apply CPR techniques until additional help arrives. <p>DEPARTMENTAL: Respond as necessary according to Code Blue procedure manual.</p>

INCIDENT	CODE	ACTION (DIAL 500 FOR ALL EMERGENCY CODES)
Security Assistance	CODE GRAY  Code Gray Security Assistance	Security and other appropriate staff report to department announced overhead.
Bomb Threat	CODE GREEN  Code Green Bomb Threat	<ul style="list-style-type: none"> ▪ Listen carefully to the caller. ▪ Try to obtain as much information as possible. ▪ Try to have someone else call the code. ▪ Evacuate if necessary. ▪ Listen for overhead page. ▪ Stay in department. Wait for "ALL CLEAR" page.
Hazardous Material Spill / Bioterrorism	CODE ORANGE  Code Orange Hazmat/Bioterrorism Operator will contact necessary personnel.	<ul style="list-style-type: none"> ▪ Notify supervisor immediately. ▪ Activate code through operator. ▪ Isolate area from personnel, patients, employees, etc. ▪ Wait for designated personnel to arrive to clean spill. ▪ Groups of people with like signs and symptoms need to be reported if they are from a common area. Report to Department of Health and Infection Control.
Abduction (Infant, Pediatric, Missing Person)	CODE PINK  Code Pink Infant /Pediatric Missing Person	Familiarize yourself with the "CODE PINK" policy in the Disaster Manual.
Fire	CODE RED  Code Red Fire	<ul style="list-style-type: none"> ▪ Listen for the overhead page. ▪ Close all doors. ▪ Stay in your own department. ▪ Wait for "ALL CLEAR" page. FIRE DEPARTMENT: 1. Activate code through operator. 2. Pull nearest fire alarm. 3. Locate nearest fire extinguisher; follow RACE procedures.
Fire Drill		<ul style="list-style-type: none"> ▪ Listen for the overhead page. ▪ Close all doors. ▪ Stay in your own department unless otherwise instructed. ▪ Designated personnel will respond as needed to location of the fire. Wait for "ALL CLEAR" page.

INCIDENT	CODE	ACTION (DIAL 500 FOR ALL EMERGENCY CODES)
Hostage Situation	CODE SILVER  Code Silver Hostage Incident	<p>Remain calm.</p> <ul style="list-style-type: none"> • No sudden moves. • Limit eye contact with abductor. • No screaming or yelling. • Follow abductor's directions accurately and carefully. • Let only one person speak to the abductor at a time. • If danger is imminent, protect yourself. <p>Be attentive to the demands of your abductor. Be honest about what you can accomplish for him. Answer all questions calmly and honestly.</p> <ul style="list-style-type: none"> • Always answer if he questions you. • Be polite. Use Surnames when addressing your abductor. • Always ask before making a move. • Let one person ask if you all need to go to the bathroom. • Let one person ask if you all are hungry. <p>When given the opportunity, don't be afraid to discuss your fears calmly with your abductor.</p> <ul style="list-style-type: none"> • Convey to him that he is dealing with real humans. • Show empathy if he confides in you the reason he is there.
Utilities Failure	CODE UTILITIES  Code Utilities Utilities Failure	<ul style="list-style-type: none"> • Get to a phone and dial X 500 • Tell operator there is a CODE UTILITIES and the type of Utility Outage. • Tell operator your location • Listen overhead for the announcement. If you don't hear it within 20 seconds. Make the call again. • Immediately evacuate patients away from the problem area as needed. • Obtain a three -room safety zone from the incident • Keep patients calm. • Prepare yourself and your patient to evacuate to another department at the request of the Incident Commander or designee should the HICS be activated. • All available personnel will assist at the incident area. • If possible, clear the incident area of all portable medical equipment. Do not reuse equipment until it has been inspected by a Bio-med Technician. • If possible, turn off and unplug all stationary medical equipment in the incident area.
Disaster Plan Mass Casualty Incident (Any incident involving mass casualty treatment for the facility)	CODE TRIAGE Multiple Casualty * Trauma * Biological * Hazardous Material	<ul style="list-style-type: none"> ▪ Secure your property and report to work or contact your supervisor. ▪ If told to report to work, listen to the overhead page. ▪ Proper identification is needed to gain access to the facility. ▪ Follow procedures as directed by your supervisor. ▪ Continue to work as normal and wait for "ALL CLEAR" page. ▪ Report to designated area according to your Department Disaster Guide. ▪ Refer to red Emergency Management Manual.

INCIDENT	CODE	ACTION (DIAL 500 FOR ALL EMERGENCY CODES)
	 <p data-bbox="441 415 607 474">Code Triage Disaster Activation</p>	
Evacuation Plan		Familiarize yourself with the plan for your area.

EMERGENCY MANAGEMENT DRILLS

Emergency management drills are conducted at least twice a year to comply with regulatory requirements. Various scenarios are drilled in order to test all aspects of the Emergency Management Plan. Staff participation and feedback are critical for testing and improving the plan.

- 📖 Review and become familiar with the Emergency Management Plan and your department specific responsibilities, which are located in the red Emergency Management Manual in your department.

BACKUP COMMUNICATIONS SYSTEM

Several communications systems are available during emergencies, internal and external to the facility:

- Normal telephone service
- MEDICOM
- Cellular phones
- Hand-held radios
- Powerfail phones (Pali Momi)
- Written communication delivered by messengers
- Amateur radio
- Facsimile
- Email
- Nextel Phones (Straub)



EMERGENCY SUPPLIES

Backup supplies are available in case a disaster should strike. Distribution of the disaster supplies will be determined by the Emergency Operating Center in times of disaster.

EMERGENCY MANAGEMENT

Supply, Processing & Distribution Department - maintains an inventory of patient care supplies and equipment.

Plant Operations Department - maintains an inventory of general supplies such as batteries, flashlights, water, rope, fans, etc.

Requests for these supplies should be communicated to the Emergency Operating Center.

FIRE PREVENTION

"FIRE" is a dreaded word in any hospital. As part of the health-care team, you share responsibility for the safety of patients, visitors and staff. In order to handle a fire emergency, you must be familiar with the organization's procedures and the specific actions you are expected to perform. Your individual actions could make the difference between life safety and disaster.

FIRE EMERGENCY PREPAREDNESS

YOUR RESPONSIBILITIES:

- Know your role in a fire emergency
- Know the locations of fire alarms, extinguishers and exits
- Take fire drills seriously - practice so you respond automatically
- Know your department's evacuation plan and routes
- Know where smoke compartments are throughout the facility
- Observe and promote the NO SMOKING policy
- Report electrical hazards or equipment not working properly



FIRE PREVENTION

NO SMOKING POLICY

Hawaii Pacific Health (HPH) facilities are smoke-free. Please help us keep it that way by confronting anyone who is not following policy, whether staff, patients or visitors.

COMBUSTIBLE MATERIALS AND WASTE

Store combustibles away from sources of heat or open flame. Store waste in the appropriate container.

FLAMMABLE LIQUIDS AND GASES

Follow special storage, handling and disposal procedures for flammables. Refer to the MSDS for these procedures.

ELECTRICAL EQUIPMENT

Always inspect power cords and plugs before using equipment and report frayed cords or broken plugs.

FIRE SAFETY SYSTEMS

FIRE ALARM PULL STATIONS are located near exits and automatically notify the Fire Department.

SPRINKLER SYSTEMS are heat activated. When the temperature in a room reaches a certain level, the sprinklers are automatically started.

SMOKE DETECTOR SYSTEM recognizes the by-products of fire and automatically starts alarming.

FIRE AND SMOKE COMPARTMENTS allow isolation of the building into sections. These compartments hold and cut off the fire and smoke, giving time for people to put out the fire or safely exit the building.

FIRE PREVENTION

FIRE EMERGENCY ACTIONS

Remain calm, act quickly and NEVER shout fire! It helps to remember **R A C E**:

- R** **Rescue** - remove patients and others from immediate danger
- A** **Alert** others – activate the nearest fire alarm pull station if available.
Dial 500 and give your name and exact location of fire
- C** **Confine or Contain** the fire.



Close doors and windows – this cuts off oxygen supply and helps to contain the fire

- E** **Extinguish or Evacuate** – If the fire is in an enclosed area, touch the door before opening. **Do not open the door if it feels hot.** If the door can be touched without discomfort, enter the room to fight the fire with an ABC fire extinguisher. It is your responsibility to know the location of extinguishers and how to use them.



ABC fire extinguishers can put out paper, wood, chemical and electrical fires. To use an extinguisher, remember **P A S S**:

- P** **P**ull the pin
- A** **A**im at the base of the fire
- S** **S**queeze the handle
- S** **S**weep side to side at the base of the fire

FIRE FIGHTING TECHNIQUES

Persons on fire

People die more from smoke inhalation than from the fire itself. To put out a fire on a person, cover them with a blanket, sheet, or similar item, place them on the floor, and smother the fire using a rolling motion. **DO NOT FAN.** When their clothing and hair are no longer on fire, move them to the nearest safe area. Continue with **R A C E**.

Combustible materials fire

If the fire is in a container (i.e. wastebasket), cover it with a newspaper, magazine, telephone directory, blanket, etc. This shuts off the oxygen supply the fire needs. If the fire is not in a container, fight with the nearest fire extinguisher using **P A S S**.

Flammable liquids or gas fire

If pressure or cylinder gases or liquids are burning, shut off the supply source. If this is not possible, nearby materials that are burnable should be removed. **Do not put out fire until the supply source is turned off.** If fumes build up in the room, any heat source could cause an explosion. Burning gases or liquid fuel are less dangerous than the possibility of an explosion.

Electrical

Unplug the cord or turn off the main circuit. Put out fire with nearest extinguisher. **NEVER** use water on an electrical fire.

FIRE PREVENTION

EVACUATION

Partial evacuation refers to the removal of a patient or personnel from the immediate threat or danger of fire or smoke inhalation. A "safe area" is defined as a location beyond the immediate threat of danger (i.e., to another safe compartment, through a safe emergency exit or stairwell, or to the outside of the building).

The partial evacuation plan is only used when the fire/disaster is confined to an area or under control to extinguish. As people are evacuated from each room, the door should be closed and a pillow placed on the outside to signify the room has been cleared and is not occupied.

Horizontal evacuation procedures

- Horizontal evacuation will always be used first.

- Evacuate to a “safe area” on the same unit (i.e. another safe compartment) or to a “safe area” on the same level that is closer to a way out.

Vertical evacuation procedures

- ONLY used upon order of Administration and/or the Fire Department.
- Use stairwells AFTER they have been assessed for damage.
- If possible, use a stairwell as far from the incident to allow a way in for relief workers.

Use elevators ONLY upon direction of the Fire Department

Priority of patient evacuation:

Evacuate those in immediate danger first:

- 1st - the patient closest to the fire
- 2nd - the room on either side of the fire
- 3rd - patients furthest away from the fire
- Walking patients and visitors are to be removed next



***DO NOT LEAVE AMBULATORY PATIENTS WITHOUT GUIDANCE.
IT IS THE STAFF'S RESPONSIBILITY TO KNOW ALL ROUTES OF EVACUATION.***

MEDICAL EQUIPMENT MANAGEMENT

The Medical Equipment Management Program was established to promote safe and proper performance of medical equipment. This program is administered by the Biomedical Engineering Department in cooperation with other supporting departments, equipment users, and handlers within the organization.

Users of medical equipment shall be trained to describe or demonstrate:

1. Capabilities, limitations, and special applications of equipment.
2. Operating and safety procedures for equipment use.
3. Emergency procedures in the event of equipment failure.
4. Processes for reporting equipment management problems, failures, and user errors.
5. How to obtain repair services.

 Review operation manuals, hospital operations policies and procedures, attend in-service training, and speak with your supervisor to obtain the information mentioned above.

Safe Medical Device Act

If you become aware of information that suggests a device has caused or contributed to the death, serious illness or serious injury of a patient of the facility:

MEDICAL EQUIPMENT MANAGEMENT

1. Immediately notify your supervisor.
2. Complete an on-line incident report by clicking the PEMINIC link located on your hospital's intranet home page.

UTILITIES MANAGEMENT

The Utilities Management program will help assure the operational reliability of the utility systems. The program also covers the response to failures of the utility systems which support patient care environment. The utility systems include:

- o Electrical Distribution
- o Elevators
- o Air Conditioning
- o Hot/Cold Water Distribution
- o Sewage Removal Systems
- o Steam Distribution
- o Medical Gas Systems
- o Medical Vacuum Systems
- o Telephone System
- o Nurse Call
- o Pneumatic Tube System

Utility system problems, failures, and user errors should be reported immediately to your supervisor and Plant Operations / Facilities for investigation and follow up. The location and use of emergency shutoff controls should be reviewed with your supervisor.

Basic Staff Response

KMCWC: Hospital Operator - "0"; Plant Operations 983-8397; Security 983-6011

Pali Momi: Hospital Operator – "0"; Plant Operations 485-4666; Security 485-4390

Straub: Hospital Operator – "0"; Facilities 522-3038; Security 522-4064

System Failure	Problem	Contact	Responsibility of User
Air Conditioning	System Down	Facilities/Plant Ops (Operator)	Use portable fans.
Electrical Power Failure Emergency Generators Work	Many lights are out. Only RED outlets work.	Facilities/Plant Ops (Hospital Operator)	Ensure that life support systems are on emergency power (red outlets). Ventilate patients by hand as necessary. Complete cases in progress ASAP. Use flashlights.
Electrical Power Failure - Total or Partial	Failure of all electrical systems.	Facilities/Plant Ops (Hospital Operator)	Utilize flashlights & lanterns, hand ventilate patients, manually regulate IVs, don't start new cases.
Elevator Out of Service	All vertical movement will have to be by stairwells.	Facilities/Plant Ops (Hospital Operator)	Review fire & evacuation plans, establish services on first or second floor, use carry teams to move critical patients and equipment to other floors.
Elevator stopped between floors	Elevator alarm bell sounding.	Facilities/Plant Ops & Security (Hospital Operator)	Keep verbal contact with personnel still in elevator and let them know help is on its way. Do NOT attempt to rescue passengers.
Fire Alarm System	No fire alarms or sprinklers	Facilities/Plant Ops (Hospital Operator)	Institute Fire Watch; minimize fire hazards, use phone or runners to report fire.
Sewer Stoppage	Drains backing up	Facilities/Plant Ops (Hospital Operator)	Do not flush toilets; use red bags in toilets.
Telephones	No phone service	Hospital Operator	Use overhead paging, emergency phones, pay phones, use runners as needed.
Water	Sinks & Toilets inoperative	Facilities/Plant Ops (Hospital Operator)	Institute Fire Watch: conserve water, use bottled water for drinking. Be sure to turn off water in sinks, use RED bags in toilet.
Water Non-Potable	Tap water unsafe to drink	Facilities/Plant Ops (Hospital Operator)	Place non-potable water "Do Not Drink" signs at all drinking fountains & wash basins.
Ventilation	No ventilation: no heating or cooling.	Facilities/Plant Ops (Hospital Operator)	Open windows or obtain blankets, if needed; restrict use of odorous/hazardous materials.

SECURITY MANAGEMENT

The Security Management program is designed to provide a safe and secure environment and to reduce the probability of harmful incidents.

BASIC GUIDELINES:

1. Always be alert - you are the eyes and ears of the hospital
2. Always wear your identification badge - question persons without ID badges or contact Security
3. Report all incidents - no matter how small/minor. This helps us to make changes as needed.
4. Know the emergency codes and alarms
Code Gray (Security Alert), Code Pink (Infant or Pediatric Abduction/ Missing Person), and the locations of panic alarms in your area.

PREVENTING THEFT

- Protect your keys/belongings - do not leave keys/belongings where they can be stolen
- Keep electronic access codes confidential - do not give out passwords or combinations
- Secure your work area when left unattended - lock filing cabinets, desk drawers, office doors, etc.
- If a theft does take place - immediately report it to Security, do not disturb the crime scene

PERSONAL SECURITY

- Keep purses and wallets securely locked
- Do not carry large amounts of cash and do not keep expensive personal items at work
- Report theft immediately
- Keep passwords, electronic access or combinations confidential
- Use the buddy system when traveling to and from work, if possible. Contact Security to walk with you to your car if alone.
- Secure the work area if it must be left unattended
- Don't leave valuables in your car - keep them hidden from view if necessary
- Inform Security of any suspicious activity as soon as possible

SECURITY MANAGEMENT – WORKPLACE VIOLENCE

OSHA defines workplace violence as any assault, threatening behavior or verbal abuse occurring in the work setting. It includes but is not limited to beatings, stabbings, shootings, rapes, near suicides, psychological traumas such as threats, obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn at or shouted at. Workplace may be any locations; either permanent or temporary, where an individual performs any work related duty. This includes, but is not limited to, the buildings and surrounding perimeters, including the parking lots, field locations, clients' homes, and traveling to and from work assignments.

Simply put: **Workplace violence is any act or statement that causes harm or fear of harm and is related to a person's workplace.**

SECURITY MANAGEMENT – WORKPLACE VIOLENCE

PREVENTING VIOLENCE IN THE WORKPLACE

Violence is the use of force to cause harm or damage to persons or property. It is also the threat of using such force. These actions will not be tolerated by Hawaii Pacific Health. A threat will be considered, but not limited to, any statement or action by an individual that constitutes a clear and present and/or future danger to patients, visitors, staff, physicians and property.

WARNING SIGNS OF PERSONS AT RISK OF ACTING VIOLENT

ANYONE of any age, gender, ethnicity, tenure, background or position may commit an act of violence. No one can predict another person's behavior with absolute certainty under all conditions. There are no absolutes when classifying potentially violent staff; but there are behaviors that may indicate a person is at risk. Some of those behaviors may include:

- A history of engaging in acts of violence;
- Exhibits emotional instability, uncontrolled outbursts, paranoia, or depression;
- Disorderly conduct such as shouting, pushing, throwing objects, punching walls;
- Sudden or gradually escalating profound and usually negative personality changes;
- Displays or states feelings of being victimized by supervisors or the organization;
- Makes direct or indirect threats of harm to others or to self;
- Unusually intense interest in accounts of workplace or other types of violence;
- Exhibits signs of drug or alcohol abuse;
- Brings weapons into the workplace;
- Exhibits an aggressive, intimidating presence, is intolerant of others;
- Unable to cope with normal workplace challenges, exhibits declining performance;
- Rebellious, demanding, refusing to perform tasks consistent with job duties;
- Involved in a severely troubled personal relationship.

PREVENTION

1. Remember to treat everyone with respect. Treat people as you would like to be treated.
2. Never embarrass, humiliate, or attack the dignity of another person.

Report all threats (even if made humorously) and any knowledge of persons in possession of weapons to your supervisor and to Security. Every reported incidence will be addressed.

SHOULD YOU IDENTIFY AN UNSAFE SECURITY SITUATION

1. Remain calm and move to a safe distance. Always maintain an escape path.
2. Alert others in the area and call the hospital operator (or have someone else call) by dialing "500." The hospital operator will initiate a Code Gray.
3. Always treat the person with respect. Be willing to allow the person to vent, within reasonable limits. Establish an atmosphere of cooperation and mutual effort to resolve the issue at hand.
4. Sincerely listen to the other person. Pay attention and maintain respectful eye contact.
5. Understand that their perception is reality.
6. Allow them to suggest a solution. Ask them for their solution.
7. Remember that as emotions subside, they will be looking for a "face-saving" way out of the tense situation that was created. Help them to maintain their dignity in ending the situation.
8. Do not attempt to touch or restrain the person. Await arrival of the Code Gray Response Team.

CODE PINK – INFANT OR PEDIATRIC ABDUCTION / MISSING PERSON

In the case that a **Code Pink - Infant or Pediatric Abduction/Missing Person**, is called, all staff should:

- ▶ Keep alert.
- ▶ Keep a look out for individuals performing the following distinctive behaviors. These unusual behaviors should prompt you to react.
 - Frantic or rushed behavior, wanting to leave the Medical Center ASAP.
 - Someone carrying large bags by the bottom, or by the handles but walking very slowly and constantly looking at the bag.
 - Babies being carried too close to the bosom. Almost squeezing the child.
 - Adults with infants but no diaper bags or infant care equipment.
 - Adult and child with hospital I.D. tags still on.
 - Babies being passed off to someone on the outside of the hospital.

- Ethnicity of infant and adult is different.
- ▶ Get a description of the suspicious individuals. A description and a direction of flight will be one of the first things asked of you.
 - Get a name, if possible.
 - Height.
 - Weight.
 - Clothing
 - Distinguishing features, i.e., tattoos, body piercing, hair cut, facial hair, physical disabilities. These things are very important to notice. Distinguishing features significantly aid the process of elimination.
 - Hair color, eye color, ethnicity, gender.
 - Direction departed...car or foot.
 - Description of vehicle, if applicable, license plate number.
- ▶ If anyone that you spot fits the profile of an infant abductor, pick up a phone and dial **EMERGENCY CODE x500** and report your findings.
 - Make sure that you tell the operator where you are and the last time you had seen the suspicious person.
- ▶ Be sure to read the policies and procedures about Code **Pink** in the red Emergency Management Manual in your department.

CUSTOMER SERVICE



Moment of Truth: "An episode in which a customer comes into contact with any aspect of the company; however remote, and thereby has an opportunity to form an impression."

Jan Carlzon, Scandinavian Airlines

- Each encounter, no matter how brief or how trivial, forms an impression of our organization and philosophy on customer service.
- We are faced with numerous customer encounters every day, and we can either make the encounter a good one or a bad one for our customers.

Fundamental guidelines to providing quality customer service:

- Connect with the customer in front of you even if you are busy: acknowledge them
- Keep customer informed even if they have to wait: let them know you appreciate their patience and patronage
- Give customer a choice when you can: let them feel they are in control
- Put yourself in your customer's shoes!

Patients are customers, and customers expect quality service. It is considerably harder to recover from bad customer service and comments.

Four Keys to Quality Customer Service

During the next few months, prepare yourself to provide quality customer service by:

- Knowing your facility and resources
 - Understand our business and what we do that makes us unique compared to other health-care providers.
 - Understand how we function as an organization and as a department.
- Knowing your customer
 - Who is your customer? Anyone we come in contact with, who receives our product or service is our customer.
 - What do customers consider good service? Anticipate customer needs.
- Knowing yourself
 - Be aware of your strengths and weaknesses.
 - Develop your job and customer service skills.
- Knowing how to help
 - How can you best help your customers?

There is more supply than demand in the health-care industry in Hawaii, and our customers have a choice. Studies show that customer service often determines that choice. Through each customer encounter, each moment of truth, we affect the choice of our customers.

We all contribute to our mission of:

- Providing the highest quality health care and service to the people of Hawaii and the Pacific Region.

And we all contribute to our vision of:

- Being the health-care system of choice in Hawaii and the Pacific Region.



Let us bring our mission and vision to life!

Physician handbook for Karelink

Order entry

Admissions:

1. Use admission order sets designated for NICU and intermediate nursery.
 - a. F10 (standard orders) - NICU admit orders/intermediate nursery orders.
2. Always enter physician name (not standard orders) to identify the physician writing the order.
3. Please assign only relevant and needed orders.
4. Edit orders that need to be clarified (such as):
 - a. IV fluid rate and the cc/kg/d.
 - b. IV with additives such as heparin, NaCl and KCl.
 - c. Attending physician name
 - d. Diagnosis on admission.
 - e. Timing of lab tests etc.
5. For transfers from term nursery, please dc all current orders and then reenter admission orders. If labs previously ordered, make sure that they are appropriately designated on admission to the NSCU. This is also true for medications and diagnostic procedures.
6. Please use additional standard order sets for other specific orders such as surfactant, antibiotics, ventilator settings.

Antibiotics:

1. Always use the standard order set to initiate antibiotic orders – whether empiric or therapeutic.
2. As each antibiotic is selected, please edit the order to identify the total dose and the mg/kg dose. On a first time or subsequent orders, please indicate the weight of the infant for reference.
3. In general, please choose the q_h option to document dosing interval rather than the bid or tid options. Each of them have unique problems related to scheduling for nurses. The q_h option works well for IV antibiotics while the bid or tid option will work better for oral antibiotics scheduled to be given around feeding times.
4. The initial empiric order will expire 72 hrs after the order is written. If choosing therapy for treatment, then please change the stop time to reflect the same. After you enter time and date, remember to press the enter key before moving to the next option on the screen.

Medications:

1. Please look at the medication choice list carefully before choosing the drug. Since the formulary has several forms of the same drug, please exercise caution while making the selection. Do not choose IV meds for oral route of administration or vice-versa.
2. Some specific medications are:
 - a. IVIG – always choose the 1 gm option as opposed to higher doses.
 - b. Beconase and Neosynephrine should be ordered prn first and then tid so that both elements are there in the frequency of the order. This will allow the nurse to administer it at the time of prong changes.
 - c. Any medication with a loading dose followed by subsequent doses, please write an approximate start time for subsequent doses as a separate order: e.g. Caffeine citrate, Phenobaribital, Indomethacin
3. Always write a dose, route of administration and dosing interval. Please use the comments section to write additional information including the weight of the infant.
4. Please review all of the information before storing the order. Once an order is stored, even if it is wrong, it cannot be removed. It can only be discontinued. And a new order written.
5. If continuing an original antibiotic order or any other medication order that is expiring, then please use the copy order (F11) feature to first d/c the original order and then complete the order. For antibiotics, always remember to type a stop time. Please press enter after editing the stop date before completing the order process.
6. Medications that are in parenteral nutrition should be ordered separately. Please choose the “IV” route, “daily” frequency and put a “0” as the dose. In the comment section, please enter the comment “as ordered on the parenteral nutrition sheet”.
7. For antibiotic use please follow instructions under “antibiotics”.

IV fluids:

1. Please write new orders for IV fluids under this section. This includes, arterial lines, UVC and UAC fluids. This also includes the maintenance fluids for PCVL, broviac etc.
2. The standard central line fluid for the nsc is 0.45ns with 1 unit/cc of heparin.
3. Renewing a standard central line TKO fluid should be written as an order in the communication section as – please continue standard central line solution for ---- (the relevant line). Please rewrite these orders daily. Once the nurse receives the fluid for the day, they will d/c that order.
4. All rate changes for IV fluids should be written as communication orders. Once the nurse changes the rate, they will d/c that particular order.
5. Do not use the copy order feature to d/c IV fluid orders.
6. When IV fluid additives change, please write a new order.
7. When discontinuing old IV fluid orders, please make sure that you write a specific time (give them at least a 3 hour run time) to chart the present fluids. In lieu of this, you may write a communication order (instead of d/c order) to the effect that old fluids may be discontinued when the new or modified fluids are available. If you write a d/c order, the nurse will be unable to chart any fluids infused from that moment onwards.
8. Parenteral nutrition and intralipid orders should be written as two separate IV fluid orders. While continuing parenteral nutrition and intralipids, a communication order will suffice. This order should not be rewritten every day. On the last day of TPN, please write d/c TPN order as a communication. This will allow the nurse to run the fluids until 5 p.m. prior to discontinuing the same.
9. Although hang volumes are not important as such, please write a hang volume of either 250 or 500 ml. Thus for IV running at 5 cc/hr, choose a hang volume of 250 ml and for a drip running at 10 cc/hr choose a hang volume of at least 500 cc. For intralipids please choose a hang volume of at least 50 cc and in some instances where the IL is running at 2 cc or higher, choose a larger hang volume.

IV drips:

1. All drips have to be chosen from the choice list. You cannot make up a name and do the override. It causes problems with the order.
2. All medications hung as drips should be written as IV drips. Please remember to fill in all the necessary elements of the drip calculator.
3. Rate changes on drip orders should be written as communication orders.
4. Rate changes based on parameters (such as blood pressure) should also be written as communication orders
5. Continuing IV drips on subsequent days should be ordered as a communication order. Please try and specify the current rate of the drip, if it is a change from the original order. Under the communication section, you may use the copy order feature to reorder the IV drips.
6. Do not use the copy order feature to modify IV drips. Write a new order and then write a communication order to d/c the old drip when new fluid is available.

Respiratory therapy orders:

1. All orders for respiratory therapy should be put in this section. These orders include:
 - a. All ventilator orders.
 - b. All blood gas orders.
 - c. All RT lab orders.
 - d. All respiratory medications including surfactant.
 - e. All speciality gases such as heliox, nitric oxide, nitrogen.
2. All ventilator orders should be initiated using the standard order sets. Please write the parameter followed by Colon and then the value under name rather than in the Comment section. This will make editing easier and also allow for easy review of the current orders under the OE order section. E.g. PEEP: 5; PIP: 20 and so on.
3. Subsequent changes on the ventilator should be ordered using the copy order feature to d/c the original order and type in the new order for a particular parameter.
4. Please be sure to inform the RT about new orders and also inform them if you have made the change yourself. Computerized ordering is not a substitute for face to face communication. You should also inform the bedside nurse about the ventilator change orders.
5. All recurrent orders for RT labs and blood gases expire in 24 hrs. So please get into the habit of writing these orders during a.m. rounds. If an order already exists from the previous day, please d/c it using the copy order feature and reorder a new set.

Treatments and interventions:

1. These include orders for such things as cardiorespiratory monitor, phototherapy, isolette, radiant warmer, humidification, OT/PT referral, developmentally supportive care etc.
2. All of these orders print out at ward clerk desk and are dispatched to the appropriate departments as necessary.

Labs:

1. All labs should be ordered in this section. Remember that with complex lab orders, please ask the ward clerk to send your original order to the lab as an attachment to the SMS order entered by the ward clerk.
2. The choice list for the labs has been derived from the SMS screens but does not have all of them.

Diagnostic tests:

1. All testing should be ordered here. These include things like chest x-ray, echo, head ultrasound, ABR etc. Please remember to also put a reason for the test.
2. These orders are also printed at the ward clerk desk and are then entered into the SMS system.

Diet/nutrition orders:

1. Please be as specific as possible with these orders. Please write the volume of feeds and other comments in the comment section. Remember that the number of characters in the comment section is limited.
2. When making changes to the feeding orders, use the copy order function to d/c the original order and then write the new order.
3. At any given time, there should be just one valid feeding order

Outputs:

1. Please enter orders for NG suction, straight drains, chest tubes, JP drain etc in this section. This will generate a row on the flow sheet for nurses to document outputs.

Blood products:

1. All blood products are ordered in this section. Please remember to order neonatal RBC's and neonatal platelets to get CMV negative and irradiated products. If you feel strongly about it, please put in a comment that you require CMV negative and irradiated RBC's or platelets. (please remember that all the FFP and cryoprecipitate that we obtain is not irradiated and CMV negative).

Miscellaneous:

1. Saline lock orders should be communication orders.
2. Heparin lock orders should be medication orders (this should be only for central lines and choose the 10 unit/ml option).

Signature:

1. Please make sure that you check under the orders requiring signature tab to see if there are any orders that need your signature. Examples of orders needing signature would include Verbal Orders and IV fluid orders that were generated by nurses. Orders which are preceded by [DC] or [Previous] do not require to be signed.
2. When you use the Copy Order feature, please remember to change the physician name on the initial D/C order and then on the new Order.

Key glossary:

Ctrl F1:	NSCU summary
Ctrl F2:	growth curves
Ctrl F6:	RT sheet – vent settings, RT labs, ABGs, and medications
Ctrl F9:	lab summary
Ctrl F1:	order entry.
Alt F1:	vitals screen with event marker.
Alt F2:	nursing care.
Alt F3:	i & o sheet.
Alt F4:	medication administration record.
Alt F5:	apnea/brady/desat sheet
Alt F6:	blood out flow sheet
Alt F9:	lab data.
Alt F10:	patient select.
Alt F11:	notes menu.
Alt F12:	NSCU stat board.

MD (PEDS)

To Store DATA -F8- KARELINK ID CODE

Your **KARELINK ID CODE** contains your User ID and your secret Password, the ID Code will allow you to enter and "Store" in KareLink:

- The User ID is the first and last initials of your name, followed by 3 assigned numbers and a space.
- Your password is your chosen word/ numbers.

To SIGN out of the Computer- ALT F10 then F12

NOTES MENU

To view/write notes- **ALT F11** (to see All Notes press **F5- show all**)

To **WRITE NEW NOTE**-go to notes menu **ALT F11** then **F1 -NEW NOTE**

To **EDIT- highlight** the note press **F3 -EDIT NOTE** and enter your Password.

Examples of PEDS NOTES

PEDIATRIC HISTORY & PHYSICAL

PEDIATRIC PROGRESS NOTE

PHYSICIAN PATIENT CARE SUMMARY

OTHER SCREENS

VITALS/ASSESSMENT-ALT F1

NSG CARE/ENV -ALT F2

I & O- ALT F3 (feedings info,bedside testing)

MEDS- ALT F4

PATIENT SELECT-ALT F10 (main screen to log out **F12**)

LAB RESULTS-Alt F9

GROWTH CURVE-CTRL- F2 (NB only)

LAB REVIEW-CTRL F9

NOTES MENU-ALT F11 (micro/rad results,trans.)

MD STAT BOARD -ALT F12

APNEA/BRADY-ALT F5

SUMMARY SCREEN-CTRL F1

RT FLOWSHEET-CTRL F6

ORDERS-CTRL-F10

ENTERING ORDERS

ORDERS-CTRL F10

New Order (F3)

~Start typing a word to narrow the list in a field.

~Double click or highlight and press enter to select choice.

~**ASSIGN (F1)**: To stay in same category & write another order.

~**NEW ORDER (F3)**: To change the category & write another order.

~**DONE (F2)**: Finished writing orders but not stored yet, orders go to active order screen, then **STORE (F8)**, see FDB check, **OK to Store (F7)** or **Cancel Store (F12)**.

~Click on designated printer box in middle of screen.

~To change data you entered incorrectly, you must **Clear Field (F5)** first and then reenter the data.

***ORDERS CANNOT BE EDITED ONCE THEY ARE STORED BY AN MD OR RN . IF THE ORDER IS WRONG, IT MUST BE D/C'D.**

STANDARD ORDER SET- F10

Select Orderset, Enter MD Name, **Assign (F2)**, **Edit (F5)** &/or **Assign All (F3)**. Orders go to Active order screen. **Store (F8)**, FDB Checking, **OK to Store (F7)** or **Cancel Store F12**. Click on designated printer box.

TO D/C ORDERS:

D/C TIME (F1): Enter time (defaults to current time) and change MD name if different MD is D/C'ing order. D/C'd Med and IV Drug orders print to Pharmacy

HELP DESK CALL 535-7010

Before you call, ask the Superusers:

- **Check with Charge RNs/CAs/or floor staff for assistance**
- **Check for cords and wires to the PC for proper connection**

When calling for help:

- **Have patient's name and medical record number ready**
- **Identify your name, unit (facility you are at) and return phone number**
- **Describe your problem**

MD (ADULTS)

To Store DATA -F8- KARELINK ID CODE

Your **KARELINK ID CODE** contains your User ID and your secret Password, the ID Code will allow you to enter and “Store” in KareLink:

- The User ID is the first and last initials of your name, followed by 3 assigned numbers and a space.
- Your password is your chosen word/ numbers.

To SIGN out of the Computer- ALT F10 then F12

NOTES MENU

To view/write notes- **ALT F11** (to see All Notes press **F5**- show all)

Write a new note-**F1**- choose the note and press enter (or type in name of note)

Edit an existing note- **F3** and enter password

Review any note- highlight and press enter (read only)

OTHER SCREENS

VITALS-ALT F1

I & O-ALT F3

MEDS-ALT F4

FETAL STRIP-ALT F5

LABS- ALT F9

VITAL SUMMARY- CTRL F2

VITALS/ASSESSMENT-ALT F1

NOTES MENU-ALT F11 (micro/rad results,trans.)

PATIENT SELECT-ALT F10 (main screen to log out F12)

SUMMARY- CTRL F1, F2 or F3 etc

ENTERING ORDERS

ORDERS-CTRL F10

New Order (F3)

~Start typing a word to narrow the list in a field.

~Double click or highlight and press enter to select choice.

~**ASSIGN (F1)**: To stay in same category & write another order.

~**NEW ORDER (F3)**: To change the category & write another order.

~**DONE (F2)**: Finished writing orders but not stored yet, orders go to active order screen, then **STORE (F8)**, see FDB check, **OK to Store (F7)** or **Cancel Store (F12)**.

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TO D/C ORDERS:

D/C TIME (F1): Enter time (defaults to current time) and change MD name if different MD is D/C'ing order. D/C'd Med and IV Drug orders print to Pharmacy

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- Describe your problem

Compliance Program

Purpose To provide a framework for the HPH workforce to know, understand, and adhere to applicable regulations and provide mechanisms for the prevention, detection, and resolution of problems, which ultimately improve patient care and the healthcare environment.

Components ▪ Compliance Officers & Committees ▪ Standards of Conduct ▪ Reporting Concerns ▪ Training & Education
▪ Monitoring & Auditing ▪ Enforcement & Discipline ▪ Policies & Procedures

Resources to help you...



Teresa Prudence Keoki



www.oig.hhs.gov

COMPLIANCE OFFICERS & COMMITTEES

Each medical center has a dedicated compliance officer and committee that oversee the compliance program and give guidance to our workforce.

- Teresa Pytel, Kapi`olani Compliance Officer ▪ 535-7514
- Prudence Kusano, HPH & Straub Compliance Officer ▪ 522-4114
- Keoki Clemente, Wilcox Compliance Officer ▪ 245-1226

STANDARDS OF CONDUCT

The Standards of Conduct is an integral part of our Compliance Program and reflects the values of the organization. Our workforce is required to be informed about the rules and regulations that relate to their jobs and abide by the HPH Standards of Conduct. Members of our workforce receive a copy of the standards and sign an acknowledgment form stating that they will read and abide them.

RESOURCES TO REPORT A CONCERN

▪ Chain of Command ▪ Compliance Officer ▪ Compliance Hotlines (toll free 24/7)
HPH workforce is encouraged to report potential compliance concerns to any of the above available resources without fear of retaliation to help us maintain our culture of integrity. The Compliance Hotline allows anonymity.

HOTLINES: Kapi`olani 1-888-274-3832, Straub 1-877-852-2739, Wilcox 1-877-309-5762

TRAINING & EDUCATION

Compliance training educates workforce on how to perform their work in a legal and ethical way. Training is required at the time of hire and annually.

MONITORING & AUDITING are performed by internal & external reviewers. Includes review of medical and financial records, interviews with personnel, and trend analysis of processes.

RESPONSE TO PROBLEMS

Reported or suspected problems are immediately investigated and action is taken to resolve the problem through a corrective action plan that includes identification of the cause of the problem and process change to prevent future problems. It may also include self-reporting to government agencies and reimbursement for overpayment.

FALSE CLAIMS ACT

The federal and Hawaii state false claims acts and HPH's false claims act policy contain provisions designed to deter and detect fraud, waste, and abuse in government healthcare programs. They also contain provisions on whistle-blower protections. HPH strongly encourages employees to raise any concerns about what they perceive to be false claims or false statements.

OFFICE OF INSPECTOR GENERAL (OIG)

The OIG is a federal government enforcement agency of the Department of Health and Human Services. The OIG website provides:

- Work plan – identifies high-risk areas in healthcare
- Physician guidance
- Hospital guidance

The following specific agreement to use Hawaii Pacific Health and its affiliated organizations (collectively "HPH") information technology and systems is applicable to all HPH staff, employees, medical staff, volunteers, students, and contractors regardless of their job classification or position.

I agree that I will comply with the policies, procedures, standards and rules of HPH and explicitly understand that:

- HPH information technology and systems are provided to support the mission of HPH and any use of the systems for purposes other than supporting that mission is prohibited including use of the system for personal use, commercial gain, supporting social causes without prior authorization by appropriate HPH management, or furthering any unlawful or inappropriate act.
- I will only use my access privileges to perform my assigned duties. I understand I must have explicit approval to use my privileges for other non-HPH employment or purpose.
- All information processed using HPH technology is assumed to be HPH business information. I understand that appropriate HPH personnel may review and monitor system information. Authorized personnel within HPH have the right to access all E-mail or other documents stored or processed on HPH information technology and systems. I expressly understand that I have no rights of privacy over materials included in these documents or E-mail transmittals.
- Internet use/Intranet access, if available to me, is provided only to support the HPH mission. Any use of the Internet/Intranet for personal purposes is prohibited. I understand that Internet use/Intranet access can be monitored and filtered at anytime by authorized HPH staff.
- I am responsible for maintaining the security of any passwords issued to me and I will not share those passwords with anyone. I will not allow anyone else to use my user sign-on or password to access information. I understand that my sign-on and password is the equivalent of my signature, and I will be accountable for all activity associated with my sign-on and password. I will not attempt to learn any other user sign-on or passwords nor will I use any other identification codes or passwords other than my own. If I have reason to believe that my identification code or password is known, lost or stolen, I will immediately notify the Help Desk.
- I will not copy any data or computer programs to any other device or media without authorization.
- I will only print information from the medical record when absolutely necessary. At no time will I print duplicate copies of any computer generated reports without authorization. I agree to protect patient, employee and corporate confidentiality by using care in handling printed reports containing confidential information.
- I will not access data on myself unless such access is specifically required as part of my responsibilities while working for my employer. Access to my personal medical record is prohibited without proper authorization from the Health Information Management Department. I will contact the Health Information Management Department if I need to obtain information from my medical record.
- I will not access data on anyone for whom I do not have direct medical, billing or other operational responsibility and such access is specifically required as part of my responsibilities while working for my employer. I will not at any time use, access, for purposes of inquiry, manipulation, deletion or alteration any data outside the scope of my job responsibility. I will not disclose to others (including co-workers, friends, and family members) any patient information, business, financial, employee or other confidential information for any purpose outside the scope of my job responsibility. I will not intentionally damage, corrupt, or inappropriately delete any data or computer programs. I understand that this obligation survives termination of employment or contractual relationship or participation in educational programs (e.g., residents, healthcare students, etc.) or access to HPH information technology and systems. I understand that my privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
- I will protect to the fullest extent the patients' right to confidentiality of all medical and personal information. I will immediately notify my supervisor upon witnessing any unauthorized persons accessing or attempting to access the computer system.
- HPH retains in its sole discretion the right to limit, restrict, and discontinue any access privileges granted to me at any time. I understand that any violation of this agreement is grounds for disciplinary action up to and including termination of employment or contractual relationship or participation in educational programs (e.g., residents, healthcare students, etc.).

I have read and agree to the above.

Print User Name

User Signature

Department

Date

Medical Staff Student Volunteer Other: _____ Remote Access (Portal) User

_____ %

NAME (PRINT): _____ Entity/Dept: _____ Date: _____

Quality Management/Performance Improvement

1. Define the components of the performance improvement model used at HPH facilities:
- P _____
 - D _____
 - C/S _____
 - A _____

Patient Safety/Medical Error Reduction Program

2. Who is responsible for informing patients when a medical error has occurred?
- _____
3. There are different types of Medical Errors including:
- A. No Harm Errors
 - B. Mild Errors
 - C. Near Miss Errors
 - D. Sentinel Event Errors
 - E. All of the above

Patient Rights and Responsibilities

4. The Patient Bill of Rights:
- A. Is given to patients in their pre-admission packet or during registration
 - B. Is posted in outpatient and ancillary care areas
 - C. May be available in the patient's original language
 - D. All of the above

Advanced Directives

5. In Hawaii, Living Wills and Durable Power of Attorney for Healthcare Decisions are both recognized as Advanced Directives.
- True False

Patient Education

6. Only nurses are required to provide patient education.
- True False
7. Before teaching begins, the following are assessed:
- A. What the patient needs or wants to learn (learning needs)
 - B. How the patient learns best (learning preference)
 - C. Barriers and readiness to learn
 - D. All of the above

Pain Management

8. Causes of pain include:
- A. Physical
 - B. Emotional
 - C. No clear cause
 - D. All of the above
9. The approved pain intensity scales at HPH facilities include:
- A. FLACC
 - B. Wong-Baker Faces
 - C. Numeric
 - D. All of the above

NAME (PRINT): _____

Abuse Recognition, Intervention and Reporting

10. Child abuse is defined as acts or omissions including, but not limited to:
- A. Physical injury
 - B. Sexual contact or conduct
 - C. Injury to the psychological capacity of the child
 - D. Not providing adequate food, clothing, shelter, psychological care, physical care, medical care or supervision in a timely manner
 - E. Giving a child dangerous, harmful or detrimental drugs
 - F. All of the above
11. When suspected child abuse or neglect is identified, it should be reported to:
- A. Child Protective Services
 - B. The Police Department
 - C. A and B
12. Suspicious wounds include knife, bullet and/or gunshot wounds, powder burns, any injury that would seriously maim, produce death or render unconsciousness and are caused by use of violence or sustained in a suspicious or unusual manner.
- True False
13. Suspicious wounds do NOT have to be reported to the Police Department.
- True False
14. Domestic violence, spouse abuse, and battering all refer to the victimization of a person with whom the abuser has or has had an intimate relationship and may take the form of:
- A. Physical abuse
 - B. Sexual abuse
 - C. Psychological abuse
 - D. All of the above
15. Spouse abuse must be reported to the Police Department and does NOT require the victim's permission.
- True False
16. A dependent adult is defined as a person over age _____ who is dependent upon another person or care organization/facility for personal health, safety or due to physical or mental impairment.
17. Suspected abuse or neglect of a dependent adult is called in to the Adult Protective Services Hotline.
- True False

Cultural Diversity

18. If someone smiles and nods at you, be assured they understand everything you said to them.
- True False
19. If a person speaks limited English, you should:
- A. Speak louder because it helps them to understand
 - B. Use slang words to help them understand
 - C. Ignore them until you can get help translating
 - D. Be patient, speak slowly and use simple words
20. To communicate respect for others, you should:
- A. Appear overly friendly with them
 - B. Use phrases like "you people" to help them feel included
 - C. Smile
 - D. Make sure you look directly into their eyes

NAME (PRINT): _____

Ergonomics

21. What is ergonomics?
- A. The study of work
 - B. Designing the job to fit the worker
 - C. Forcing the worker's body to fit the job
 - D. A & B
 - E. All the above
22. What are musculoskeletal disorders (MSD)?
- A. Injuries or disorders of muscles, tendons, ligaments, joints, and cartilage
 - B. Fractures of the leg, back or arms
 - C. A & B
23. What are the common signs and symptoms of MSD?
- A. Redness and swelling
 - B. Numbness in fingers or thighs, stiff joints or back pain
 - C. Difficulty breathing
 - D. All the above
24. What causes work-related MSD?
- A. Excessive force and repetition, awkward & static postures, contact stress, vibration and cold temperatures
 - B. Slip, trip and falls
 - C. Inadequate recovery time due to overtime or lack of breaks
 - D. A & C
 - E. All of the above
25. Providing feedback to supervisors regarding safety and health issues will help to prevent hazards in the workplace.
- True False

Back Safety

26. You see a staff member moving a cart loaded with heavy material. The person should push rather than pull the cart.
- True False
27. In order to move correctly and minimize injury, follow these steps:
- Get _____
- Get _____
- G _____
28. Before beginning to move a patient:
- A. Think through what needs to be done
 - B. Inform the patient of the move
 - C. Get enough help, use the appropriate assistive devices and move in unison
 - D. All of the above

Safety Management

29. The HAZMAT plan covers:
- A. Hazardous chemicals
 - B. Radioactive materials and waste
 - C. Infectious waste
 - D. Hazardous vapors
 - E. Chemotherapeutic agents and waste
 - F. Medical waste
 - G. All of the above

NAME (PRINT): _____

30. A Material Safety Data Sheet (MSDS) provides information on the hazardous properties of products. You can find MSDS information:
- A. By calling Fax-On-Demand
 - B. By reading the label on the product before use
 - C. A and B

Infection Control

31. The most important method to prevent the spread of infection is _____.
32. Personal protective equipment is worn if you expect to come into contact with any body substances.
 True False
33. A person with TB may:
- A. Have night sweats, cough, low grade fever, and weight loss
 - B. Have a negative skin test but does not always mean they are free of infectious disease
 - C. Both statements A and B are correct
 - D. None of the above statements are correct
34. All patients are considered potentially infectious.
 True False

Safety Management

35. ABC fire extinguishers, good for all types of surfaces, are used at HPH facilities. When using the extinguisher, we use the following technique:
- A. SHOT (Shoot High On Top)
 - B. BANG (Burn All Natural Gases)
 - C. PASS (Pull, Aim, Squeeze, Sweep)
36. What does R.A.C.E. stand for?

37. Evacuation procedures at HPH facilities are:
- A. Horizontal - evacuate to a safe area on the same floor
 - B. Vertical - use fire exit stairwells and remove yourself/patients to the floor below
 - C. Hospital-wide - upon order of Fire Department, all occupants will leave the building
 - D. All of the above
38. Predicting who may commit a violent act in the workplace can be pretty much determined by how the person looks.
 True False
39. When there is an Infant Abduction/Missing Person Code, employee should keep alert, look for individuals exhibiting unusual behaviors and get a description of suspicious individuals and provide information after calling the 500 emergency phone.
 True False

Customer Service

40. What are the 4 most important things to know that will help you provide quality customer service?

Signature

Date

(MD/ Resident) KareLink Competency Check List

	Initials
Basic KareLink	
Understanding "Log Off" function and it's importance	
Understands and agrees with HPH IT Agreement	
Understands Lock-out Features, User ID Codes & Passwords and unit access limitations	
Identify all Function Keys (Ctrl Function keys, Alt Function keys)	
Understand the usage/ purpose of KareLink and its relation to EPIC	
Understands and able to use the "Change Env" option	
Downtime procedure	
Patient Control Screen	
Finding a patient (F3)-by Name, by MRN, by MD)	
Able to differentiate current and previous charts	
Understand the functionality for the following:	
Review flowsheets and choice lists	
Use "Describe Item" key to see details and annotations.	
Able to review Intake & Output Flowsheet (Alt F3)	
Understand and able to assess drug administration by RN in Medication Flowsheet (Alt F4)	
Notes Menu Screen (Alt F11)	
Able to access/ edit (view edit history)/ review /sort and add new clinical notes	
Able to access/ review Micro./ RT/ Rad../ Path. results/reports and transcriptions	
Order Entry Screen (Ctrl F10)	
Able to create/edit/ sign/ discontinue orders	
Understand and able to use standard orders	
Able to use the Display Mode option	
Understands the relationship between Order Entry and the Meds/ I&Os Flowsheets	
Summary Screens	
Able to review and make assessments with summary screens	
Understand the usage of Lab Results vs. Lab Review and other labs results (such as Microbiology) are listed in the Notes Menu.	
Understands and use the Reference Screen (Ctrl F12)	
Able to review fetal waveforms (ante partum)	

I understand how to use the features/ functions listed above. I was given an opportunity to ask questions regarding KareLink and my questions were answered to my satisfaction.



Waived KareLink orientation (Not instructed by Information Systems Department)

Print Name _____ / _____ Date _____

Signature _____ (Title) _____ Facility/Department _____ / _____

Hawaii Pacific Health Confidentiality Agreement

It is Hawaii Pacific Health's policy that all employees, students, interns, physicians, contract/agency personnel and temporary personnel must safeguard confidential information regarding patients, employees, and the company.

A breach in confidentiality occurs when an employee or other member of the workforce:

- a) Accesses, reviews, uses and/or discloses patient's protected health information, confidential employee personnel information, or other company confidential information for any reason not related to the individual's scope of responsibilities or for other authorized purposes.
- b) Discusses, reveals, uses and/or discloses protected health information, confidential personnel information, or other company confidential information for any reason not related to the individual's scope of responsibilities or for other authorized purposes.
- c) Any other use or disclosure of protected health information without the expressed authorization of the patient.
- d) Violates any provisions on the General Policy on Confidentiality.

Breaches in confidentiality have been divided into three categories: Carelessness, Curiosity or Concern, and Personal Gain or Malice.

Corrective action will be taken according to Hawaii Pacific Health's Corrective Action policy, the facility's House Rules, Medical Staff Bylaws, and the Compliance Standards of Conduct manual if applicable.

Violators of patient's confidentiality and privacy under the Health Insurance Portability & Accountability Act (HIPAA) may be subject to federal fines and penalties and may be reported to regulatory, accreditation and licensure organizations for misuse or misappropriation of health information.

An employee or other workforce member who fails to report known breaches of patient confidentiality will face appropriate corrective action up to and including termination of employment, contract, or workforce relationship.

I understand the information provided above, and understand that if I violate this policy, I am subject to disciplinary action, up to and including termination, and may also be subject to civil and/or criminal penalties for violations.

Name (please print)

Signature **Date**

Department (please print)

Check one: **Employee**
 Non-Employee

Hawaii Pacific Health

STUDENT/RESIDENT ORIENTATION ACKNOWLEDGEMENT

Welcome to Hawaii Pacific Health!

As you will be involved with educational activities in our facilities, you must complete this Orientation Acknowledgement prior to your start date with Hawaii Pacific Health.

A copy has been made available to me of the Hawaii Pacific Health Corporate Orientation Handbook and the HPH Compliance Program handout, and I understand that it is my responsibility to read and understand the information contained in this handbook and handout.

Signature

Name

Date

Affiliated Program/University

Instructor Name