# NMH 2019

**Clinical Annual Training** 

## Required Learning 2019

This learning packet is for North Memorial Hospital individuals in a clinical role. It presents fundamental and important information that helps us create a safe and caring environment for our customers and team members. The information provided on various topics have been contributed by NMH subject matter experts.



## **Covered Topics**

- Unmatched Customer Service
- Customer Safety
- Emergency Response & Safety
- Team Member Right to Know
   & Safety
- Infection Prevention & Control
- Quality Programs & Initiatives

- Reasonable Suspicion Policy
- Corporate Compliance
- Information Privacy
- Data Security
- Respectful Workplace
- Workplace Violence
- Fraud Waste Abuse Prevention
- Medication Safety



## **Unmatched Customer Service**





















YOUR ORGANIZATION Together, healthcare the way it ought to be.



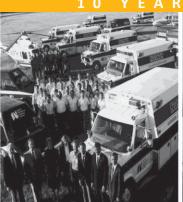














ARS MAPLE GROVE HOSPITAL



In 2017, we made a bold move to differentiate ourselves in Twin Cities healthcare. We rebranded and let our customers know we agreed with them – healthcare is broken – and made a promise to do better (#thatsbetter). To keep that promise, we aligned our values of Accountability, Inventiveness, and Relationships to meet our mission of empowering our customers to achieve their best health.

While other systems focused on locations, lifestyle, and availability, we recognized the consumer mindset of our customers. They aren't just comparing their healthcare experiences with the other systems, they are comparing it to every other consumer experience they have.









Our goal is to exceed our customers' expectations in every encounter we have with them. To meet that goal, every single team member across the system participated in Unmatched Customer Service training.









Our new team members receive the same training today at our New Team Member Orientation. They are also introduced to AIDET and ACT, our tools for transitions and service recovery, as well as the **Customer Experience Actions** that tie to our values, Own, Anticipate, and Connect.



#### Customer Experience Actions Use these to bring our values to life and focus your efforts to exceed our customer expectations in every interaction. Own the big picture by thinking beyond my part. Own all problems, regardless of their origin. Anticipate by standing in the other person's shoes Anticipate by addressing needs before they arise. CONNECT Connect like a trusted partner with customers. Connect like family with colleagues. **Empowering Practices** Use these when connecting with customers and colleagues to put them in the front seat rather than the back. **ENVISION** What's Possible Create a picture of the future, share that picture with others, and take action with a common cause. **MAINTAIN** Open Sharing PROVIDE a Voice Seek input, be an advocate, listen to others, and act on concerns they share with you. OFFER Choice Encourage ownership by providing alternatives, co-creating plans, and involving the other person **WORK Through Roadblocks** Identify barriers, and then do what you can to remove them, to simplify the process, to think of new solutions, and make it easier for the other person. ELEVATE the Spirit Leave others feeling positive and supported, praise progress, show empathy and kindness, and don't forget the power of a smile.

#### Our Values

Empowering our customers to achieve their best health

We believe every team member is empowered to meet our customers' needs, including helping them make choices about their health.

 Provide a sincere and blameless apology. Connect and Communicate

Take Action and Thank

Practices for added impact.

 Empathize and create an emotional connection with the customer. Engage any additional team members needed and assure the customer their concerns will be addressed.

Take appropriate steps to correct the problem and to

make sure it does not reoccur. Use the Empowering

Genuinely thank the customer for their willingness to bring the information to your attention.

#### ACCOUNTABILITY INVENTIVENESS RELATIONSHIPS

We believe in solving problems creatively and thinking differently about what's possible.

## We create engagement with customers and team members through strong communication, partnering, and respectful interactions.

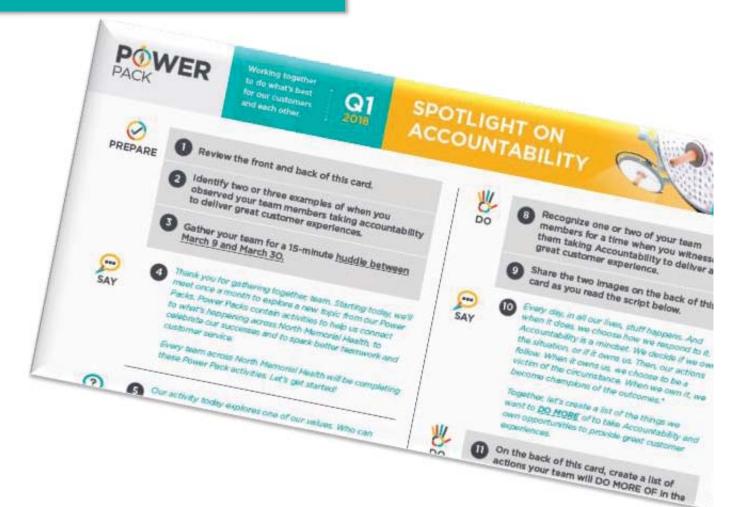
Our rallying cryl it shows our pride in being part of a system that is working hard to make healthcare better.

#### Tom NORTH!

RESPECT Differences Embrace others' cultures, opinions, thoughts, and decisions through sensitivity and support.

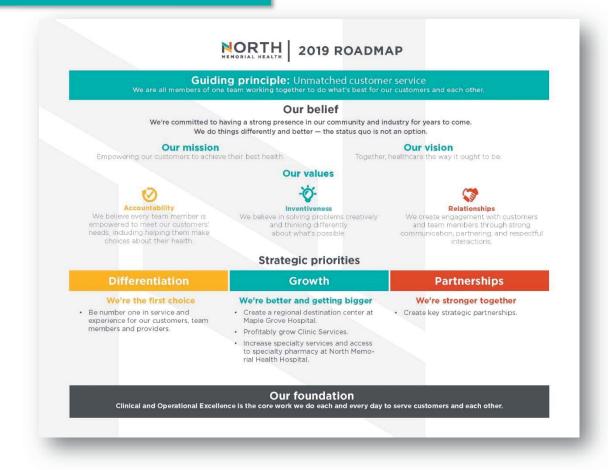


Each month, your team leaders continue the Unmatched Customer Service conversations by leading your PowerPack huddles.



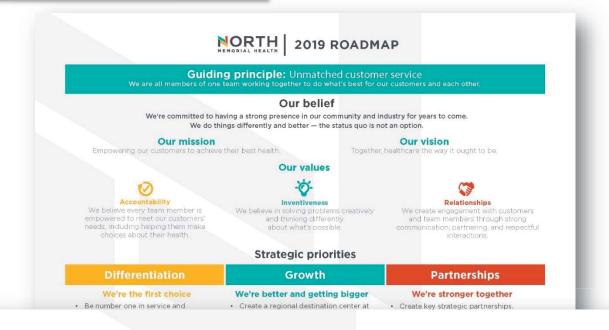


Our goals and strategies are still the same today.





Building on our foundation of clinical and operational excellence...



#### **Our foundation**

Clinical and Operational Excellence is the core work we do each and every day to serve customers and each other.





#### Guiding principle: Unmatched customer service

We are all members of one team working together to do what's best for our customers and each other.

We continue to follow our guiding principle of Unmatched Customer Service.

And it's working.





### **Press Ganey Categories**

Our teams deliver excellent care and our customer experience scores show that the majority of our customers agree.

To the right of the screen is the rating scale our customers see when they receive a customer experience survey. Our customers tell us we usually deliver an unmatched experience. And that's good. But we promised our customers more than that. Usually isn't consistent.

O Never

O Sometimes

Usually

O Always



### **Press Ganey Categories**

Always is consistent. Always is always.

To get to the next level – to truly deliver unmatched customer service – we must deliver it every time and in every interaction. And this doesn't mean doing "other" things than we are doing now. It means changing how we are doing them. To help us do that, we are introducing...

**Experience Drivers.** 

O Never

O Sometimes

O Usually





Experience Drivers are 10 evidence-based behaviors that improve the customer experience. They are simple practices that make a huge impact!

Let's take a look at each one:



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Let's take a look at each one:





WORKING TOGETHER TO DO WHAT'S BEST FOR OUR CUSTOMERS AND EACH OTHER.

## Our EXPERIENCE **DRIVERS**

help us deliver experiences our customers value most.



Explain Things in a Way They Can Understan We ensure that others hear and understand what we're sharing with them.

Show Courtesy and Respect

We treat others the way we want our own special people to be treated.

Listen Carefully

interruption and make sure they feel we've truly heard them.

We show we genuinely understand others' feelings and

Narrate Care and Service We explain what we're doing and why to relieve anxiety and

Exceed

We look for ways to go above and beyond to care for others.

Empower Oui
Customers

We create an environment wher others feel more in control of their healthcare journey.

Use Preferred Names We use preferred names pronounced correctly—in conversations with others.

Make a Person

We find ways to connect personally with those we care for and work alongside.

Be a Team

We show others that we ar a member of a team they can trust.

Experience Drivers are 10 evidence-based behaviors that improve the customer experience. They are simple practices that make a huge impact!

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Listen Carefully We let others speak without interruption and make sure they feel we've truly heard them.





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Let's take a look at each one:

Demonstrate Empathy We show we genuinely understand others' feelings and concerns.





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Make a Persona Connection We find ways to connect personally with those we care for and work alongside.

Be a Team Player We show others that we ar a member of a team they can trust.

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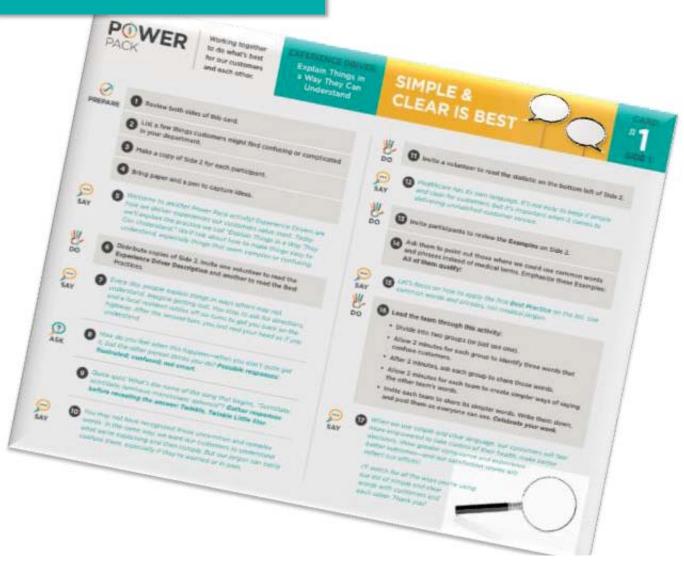
Make a Persona Connection We find ways to connect personally with those we care for and work alongside.

Be a Tear

We show others that we are a member of a team they can trust.



Throughout the remainder of 2019 and 2020, your team leaders will be leading your Experience Drivers PowerPack huddles. And when they see you "living out" one of the behaviors...





...they will celebrate by giving you one of these!

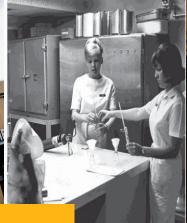




















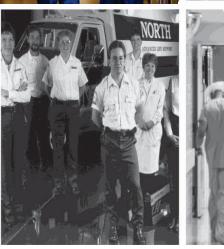


Thank you for ALWAYS empowering our customers to achieve their best health.

Together, healthcare the way it ought to be.















NORTH MEMORIAL HEALTH

# **Customer Safety**

2019



### This section includes:

- Patients' Bill of Rights and Patient Responsibilities
- Suspected Abuse, Neglect or Financial Exploitation
- Informed Consent
- Grievances
- Language Services
- Safe Place for Newborns
- Restraints
- Advance Care Planning Health Care Directive/POLST
- End of Life Care
- Organ, Tissue and Eye Donation
- Bariatric Sensitivity
- Fall Prevention for Customers
- Pressure Injury Prevention



# Patients' Bill of Rights and Patient Responsibilities

Each of us must ensure a health care ethic that respects the patient. Team members must be sensitive to cultural, racial, linguistic, religious, age, gender, sexual orientation and other differences, including the needs of persons with disabilities. Federal and state government law exists around a "Patients' Bill of Rights". The intent of the Patients' Bill of Rights is to ensure that all activities are conducted with an overriding concern for the values and dignity of patients. Centers for Medicare and Medicaid Services and our accrediting agency (DNV) survey compliance to ensure we are meeting the Patients' Bill of Rights.

#### The Patients' Bill of Rights Includes:

Information about rights Treatment privacy

Courteous treatment Confidentiality of records

Appropriate healthcare Disclosure of services available

Physician's identity Responsive service

Relationship with other health services Personal privacy

Information about treatment Grievances

Participation in planning treatment Communication privacy

Continuity of care Personal property

Right to refuse care Services of the facility

Experimental research and right to associate Protection and advocacy services

Freedom from maltreatment Right to communication disclosure

Pain Management Isolation and restraint

### Patient Bill of Rights and Patient Responsibilities

(Continued)

#### **Patient Responsibilities:**

 To have the best possible treatment experience while someone is a patient, they are asked to take on some responsibilities such as:

Provide information about health status	Understand their health problems
Keep appointments	Know their caregivers
Be honest	Be considerate of others
Know their medications	Follow the treatment plan
Be tolerant/accepting of those who are different from them	Accept consequences of not following treatment plan

- Along with these patient responsibilities, patients are being asked to participate in:
  - Assessment and management of their pain.
  - Creation of a safe environment for their health care like asking questions when they don't understand what they have been told or need clarification on procedures or medication usage.
  - Communication with caregivers to accurately inform them of medical conditions, medications or other health-related matters.

## Patient Bill of Rights and Patient Responsibilities

(Continued)

- All inpatients and Same Day Surgery patients receive a copy of the Patients' Bill of Rights.
- Location of information:
  - Patients' Bill of Rights information is posted at key entrances to the NMHH and is included in the Patient Information brochure.
  - The Patients' Bill of Rights is available in large print and different languages from the Minnesota Department of Health website at <a href="http://www.health.state.mn.us/divs/fpc/consinfo.html">http://www.health.state.mn.us/divs/fpc/consinfo.html</a> (there is a direct link to this site from NMHH Intranet).
- For more info about the Patients' Bill of Rights contact the Patient Representative at 763-581-0780.

# Suspected Abuse, Neglect or Financial Exploitation

According to Minnesota law all team members working in a hospital are mandated reporters who are required to report suspected maltreatment. Any suspected case of abuse or neglect in a child or vulnerable adult must be reported to the appropriate state body (Minnesota Adult Abuse Maltreatment Center/MAARC or the County agency for child protection). Types of abuse to report may include one or several of the following: -- sexual assault, physical assault/abuse, rape or other sexual molestation -- neglect/self-neglect -- any physical injuries that do not match explanation (bruises, broken bones etc.)-- emotional abuse

any or all of these could be signs of abuse or neglect.



# Suspected Abuse, Neglect or Financial Exploitation

Any suspected or known financial exploitation of a vulnerable adult should be reported to MAARC. Concerns may be identified by: the customer, hospital team members, the customer's family or their social supports.

For more information see the *Vulnerable Adults-Mandated Reporting and Child Abuse/Maltreatment Assessment and Reporting* policies and procedures in Policy Tech.



#### Informed Consent

Healthcare providers must discuss all treatment options with their patients. This includes the option of <u>no</u> <u>treatment</u>.

For **each treatment** option, the patient needs to know:

- -risks, benefits
- -potential medical consequences
- -alternatives including no treatment

Clinical team members and the patient or authorized representative review and confirm agreement with the proposed procedure or treatment as written on the informed consent form and verify the signatures of the patient or authorized representative on the form.



# Informed Consent (Continued)

#### Minors:

- Any patient under the age of 18 is considered a minor. In general, a parent or legal guardian must provide consent on behalf of the minor.
- The following exceptions are specifically provided under Minnesota law:
  - Any minor may give consent to his or her own medical, dental, mental and other health services treatment provided that the minor is living separate from his or her parents or legal guardian, with or without their consent regardless of the duration, and further provided that the minor manages his or her financial affairs regardless of the source or extent of any income.
  - Any minor may give consent for medical, mental, or other health services to determine the presence of, or to treat pregnancy and other associated conditions, venereal disease, and alcohol or other chemical dependency. This provision does not allow a minor to consent to admission for inpatient treatment for alcohol or other chemical dependency.
  - Because of the complexity of some situations refer to the Informed Decision Making Authority policy and procedure found in *PolicyTech* under Support Services/Risk Management/Policies and Procedures - listed alphabetically.



#### Grievances

- A Complaint is a concern or request that can be addressed and resolved by team member present at the time the concern is raised, or the request is made.
- A Grievance is a concern that cannot be resolved at the point of care by team members and is postponed for later resolution due to the need for further investigation by leadership. Patients have the right to file a formal grievance and they are informed of this right through the patient bill of rights, documents and signage.

#### Grievances

If leadership cannot resolve the concern, refer to the Patient Representative Office at:

#### North Memorial Health Hospital:

ext. 1-0780. (Monday – Friday 8 – 4:30. For weekends and holidays, contact the Nursing Administrative Manager)

#### **Clinic Services & Ambulance:**

Ext. 1-4654 (Monday - Friday 8 - 4:30, Please leave voicemails during off hours)



# Purpose of the Interpreter

- The primary task of the interpreter is to interpret, that is, to convert a message uttered in a source language into an equivalent message in the target language so that the intended recipient of the message responds to it as if he or she had heard it in the original<sup>1</sup>
- The primary test of a competent interpreter, therefore, is the accuracy and completeness of the interpretation. (IMIA)<sup>2</sup>

#### Broken Down into 5 subtasks:

- 1. Set the stage
- 2. Interpret
- 3. Manage the flow of communication
- 4. Manage the triadic relationship (promote rapport between provider and patient)
- 5. Assist with closure activities (scheduling, labs, imaging)
- The ultimate goal is to promote <u>direct communication</u> between provider and patient





# Implications of the ACA Final Ruling

- As of July 2016, the Office of Civil rights issued a final ruling on Section 1557 that explicitly states that providers:
  - must use a *qualified* interpreter (ethics, HIPPA, medical terminology)
  - may not use customer's family or friends to interpret
  - May be held individually liable for miscommunication that occurs because a *professional* interpreter was not used when the need was known.





# What <u>Professional</u> Interpreters do <u>NOT</u> Do

- Schedule appointments without the customer being present
- Give rides
- Give advice/personal opinions
- Insist on being requested
- Argue with North team members
- Show up when not requested
- Ask to have their personal information put in the customer's chart
- Recount the customer's history to the provider
- Discuss personal information with the customer

- Omit or summarize information, unless there is no other option (such as multiple people talking at once).
- Ask about customer information such as upcoming appointments
- Ask the customer if it's ok if they come back next time
- Interpret for family or friends (impartiality)
- Share confidential information
- Wear casual clothing or opentoed shoes
- Leave during an encounter without replacement
- Sit in the room with customer alone







#### **Deaf and Heard of Hearing:**

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

Complaints of title III violations may be filed with the Department of Justice. The Department is authorized to bring a lawsuit where there is a pattern or practice of discrimination in violation of title III, or where an act of discrimination raises an issue of general public importance. Title III may also be enforced through private lawsuits. It is not necessary to file a complaint with the Department of Justice (or any Federal agency), or to receive a "right-to-sue" letter, before going to court.

#### **Spoken Language:**

#### Title VI

Title VI protects people of every race, color, or national origin from discrimination in programs and activities that receive federal financial assistance from HHS

#### **Affordable Care Act**

Section 1557 of the Affordable Care Act (ACA) also prohibits discrimination on the ground of race, color, or national origin, under "any health program or activity, any part of which is receiving Federal financial assistance ... or under any program or activity that is administered by an Executive agency or any entity established under [Title I of ACA].... Also clarifies what is a qualified interpreter, and that family and friends cannot interpret. Also gives LEP persons expanded powers to sue.



# Guidelines for Requesting Interpreters

- Please request an in-person interpreter for: admits, MD rounds, family meetings, and discharge.
- If interpreter services are needed for <u>less than 15 minutes</u> in a given hour, please plan to use MARTTI or a phone interpreter for that time.
- Using interpreters only for as long as they will be needed makes them available to help other customers.





### Language Service Resources

- To contact NMIS, please text-page via Amion or American Messaging
  - Please include as much information as possible regarding your request in the page in order to dispatch an interpreter as quickly as possible
- Information about interpreter services for a given inpatient customer can be found in two places:
  - Staff-to-staff Communication on the RN Snapshot
  - 'Dear Doctor'

Please check these if you're wondering whether a customer has an interpreter scheduled.

• For outpatient appointments, you will see 'NMRINT' added under 'DEPT' on the appointment desk when an interpreter has been assigned.





# Language Service Resources cont.

#### MARTTI (My Accessible Real-Time Trusted Interpreter)

 An on-demand video interpretation system. NMHH has a MARTTI unit on every floor, in ED and on L&D. An additional MARTTI can also be ordered via Epic delivered by UHS.

#### Certified Language International (CLI) Phone Interpreter Services

 To communicate with an LEP customer over the phone, please call 1-844-209-4472, or use your Vocera by saying 'Call C-L-I.' Instructions for using CLI are available on the <u>Intranet Language</u> <u>Services / Interpreters</u>

#### Pocket Talker

 Primarily used for people who have hearing deficits but who are not deaf. Order from UHS via Epic or, after 2330, pick it up off of the dispensing cart outside of the Dispensing door on Plaza Level.

#### TTY for the Deaf

 Electronic devices for text communication that are used with a telephone to communicate with persons who are deaf or hard of hearing by typing and reading communications. Order by calling UHS at 1-2324 or, after 2330, pick it up off of the dispensing cart outside of the Dispensing door on Plaza Level.

#### Printed materials

 Printed materials in various languages available on NMHH Intranet/Language Services and Interpreters/Language Services/Multilingual Exchange. If you would like help finding printed materials in a non-English language, please contact NMIS.



# Guidelines for Policy, Child Services, and/or SANE Exams

North Memorial's interpreters – both in-house and contracted agency interpreters – are qualified **medical** interpreters.

If an interpreter is needed, the police, Child Services, or SANE nurses **MUST** call someone **their agency contracts with**. Our medical interpreters **cannot** interpret for anyone if police are in the room; if police enter the room our medical interpreters will have to leave.



# Guidelines for Policy, Child Services, and/or SANE Exams

- Our phone/video interpreters also cannot be used by police; again, they
  must contact someone they contract with.
- Police must get an interpreter from agency they contract with; even if NMH also contracts with that same agency, police must contact/request themselves.
- Interpreter Services and contracted agencies CANNOT 'just help out' on an ad hoc basis. Legal liability for providing a qualified interpreter rests with the police and must remain with the police, so our department/contracted agency partners will not be willing or able to help.
- This is a community standard; even if some police officers, RNs, or other professionals have used hospital staff interpreters or agency medical interpreters in this capacity in the past, it does not change the law or the community standard.



#### Safe Place for Newborns

# North Memorial premises will accept infants presented to the hospital within 7 days of birth.

- North Memorial will not notify the police to report any person for abandonment if the infant is in unharmed condition and:
  - Presented to a hospital or clinic staff member on the North Memorial's premises and during its hours of operation, either by the mother or a person with the mother's permission to relinquish the newborn;
  - Presented to an ambulance dispatched in response to a 911 telephone call from a mother or a person with the mother's permission to relinquish the newborn; and
  - Presented within seven days of birth as determined within a reasonable degree of medical certainty
- Refer to "Safe Place for Newborns (Give Life a Chance)" Policy & Procedure in PolicyTech.

#### Restraint Use

- Restraints pose a risk to the physical safety and psychological well-being of the customer and team members.
- Restraints are used only in an emergency and only after alternative strategies have been tried.
- Physically holding customers, which restricts movements against their will, is also considered restraint use. This does not include holding customers for purpose of conducting a routine physical examination or tests.
- Restraints are ordered by a Licensed Independent Provider and are time limited.
- Team members applying restraints must have completed training and have shown competency in restraint use.
- All required documentation, including efforts to remove restraints, must be included in the EMR.

All restraint documentation should be reviewed at the end of every shift for completeness!



## Restraint Use (Continued)

- Non-Violent or Non-Self-Destructive Restraint Use: Restraint used to manage behaviors
  which interfere with medical/surgical healing.
- Violent or Self-Destructive Restraint Use: Restraint used to manage behaviors which are unanticipated, severely aggressive or destructive behavior placing the customer or others in imminent risk of harming themselves or others, and non-physical intervention has not been effective.
- Requirements while in restraints (include but not limited to):
  - Physician orders
    - Should be obtained IMMEDIATELY (within minutes) of each application of restraint. Only MDs can order restraints
    - Every calendar day for non-violent restraints
    - Every 1-4 hours for violent restraints based on customer age
  - Standing Orders or PRN orders are not acceptable.
  - Documentation
    - Reason for restraint. All documentation must correlate.
    - · Every 2 hour checks as outlined in the nursing non-violent restraint flow sheet
    - Every 15 minute checks as outlined in the nursing violent restraint flow sheet
    - Individualized Care plan

See Policy and Procedure for Restraint or Seclusion in PolicyTech for additional information.



# Advance Care Planning - ACP

Advance Care Planning (A C P) is a process of multiple discussions and shared decision-making conversations with:

- patients, their families and loved ones; and/or
- health care providers

Resulting in a set of preferences, wishes or choices which express the health care values of the person

Recommend documenting to ensure continuity of care and care that aligns with values of the customer



#### **ACP Documents**

**Health Care Directive (HCD)** A legal document created by the customer. The customer stores the HCD, and gives permission to NMH to store this document in Epic. Blank HCD can be found on the Intranet or each unit and are available in multiple languages.

**Provider Order for Life Sustaining Treatment (POLST)** A medical order created by provider, stored with customer/residence and accessible in Epic. These are yellow in color, and blank forms (POLST) are available on each unit.



# Viewing ACP Documents

NMH recommends each customer provide a copy of their Health Care Directive — it is their choice to do so, or not.

If a Health Care Directive has been provided by the customer, it is accessible in Epic.

A POLST is a medical order and should be scanned into the customer's medical record/Epic.

Customers can give NMH HIM a copy of their ACP Documents:

- Mail free Postage Paid Envelopes for all customers
- Fax 763-581-4447
- In person
- MyChart –uploaded using the "What's in My Record" -> "End of-Life Planning" option



# Guardianship

Guardianship: Removes the customer's legal right to self determination

Guardian: Appointed by the court to make set of decisions on behalf of another person and must be contacted when a customer comes to the Hospital. Guardian may have to consent for procedures (Order for Guardianship includes details)

Ward: Person (customer) deemed by the court to not have competence



#### End of Life Care

- Death and Bereavement Care procedures demonstrate our commitment to customers/family members. Key steps include providing emotional and spiritual support as family and friends prepare for a death. This may include calling in community spiritual resources when requested. Organ/eye/tissue donation should also be a consideration. In addition, attention must be given to preparing the body for review and preparing the environment.
- Full details are in Death and Bereavement Care, Adult, Non-infant Policy and Procedure located in PolicyTech.



# Talking About End of Life Care

Team members may understand the dying process and what is normal and what is not, but family/friends may not.

Take time to walk family through what to expect with each phase of dying.

Talk about why we are giving certain medications or doing certain cares. Example: We will give morphine to help with their breathing and pain. It seems like a higher dose which is needed in someone who is at this stage because their body can't process or metabolize the medication as it normally would.

Talk about the goals of symptom management and goal of end of life care is to relieve suffering of a dying patient, not hasten death.



# Organ, Tissue and Eye Donation

# Did you know one person can save and heal up to 75 lives through organ, tissue and eye donation?

- North Memorial is committed to being an advocate for donation to benefit those waiting for a transplant. Our hospital has an organ, eye, and tissue donation policy that explains the hospital care team's role in the donation process. This policy can be found in PolicyTech under Critical Care: Organ/Eye/Tissue Donation.
- In 2002, a MN law clarified that if a person designates that he or she is a donor via will, Advance Directive, driver's license, or MN identification, the designation serves as intent to donate after death and cannot be overridden.
- Every customer and customer's family is given the same opportunity and all are treated with the same discretion and sensitivity. All customer deaths from ages 20 weeks in gestation or older must be referred to the donor referral line for an organ, eye, and tissue donation assessment.



# Organ, Tissue and Eye Donation (continued)

#### Reminders:

- Donor family care comes from OPO (Organ Procurement Organization) and support continues indefinitely or for as long as the family wishes.
- If customer meets the trigger for donation, the are referred to 1-800-24-SHARE within one hour.
- ONLY the Donor Coordinator can determine donor suitability and discuss donation options with the potential donor families.
- Donation agencies will ask specific questions about the customer and determine what donation opportunities exist.
- Specially trained personnel, almost always from the donation agency, will discuss donation with the customer's family.
- Organ, tissue and eye recovery is performed by the donation agencies as soon as possible after the time of death.
- Contact LifeSource at 1-800-247-4273 (1-800-24-SHARE). You can serve as advocate for the customer/family by making the call within one hour.

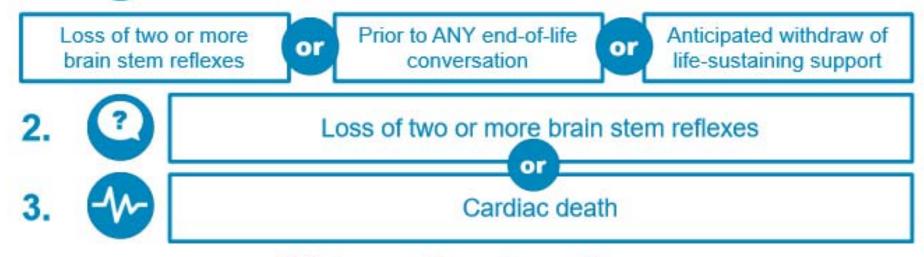


# Organ, Tissue and Eye Donation (continued)

#### Call LifeSource at: 1-800-247-4273

To preserve potential for donation, all patients meeting triggers must be referred within ONE HOUR:

 Ventilator dependent patients with a neurological injury or non-survivable illness AND:



Click anywhere to continue.

# Bariatric Sensitivity

Obesity is a complex, multifactorial chronic disease that develops from an interaction of genotype and the environment. Our understanding of how and why obesity develops is incomplete, but involves the integration of social, behavioral, cultural, physiological, metabolic and genetic factors. Over 65% of American adults are overweight or obese (BMI greater than 25)

A person who chooses weight loss surgery is:

- someone who has struggled with their weight most of their lives.
- someone who has tried diet after diet and has been unable to get the weight off, or keep it off.
- · someone who may have been teased about their weight.
- · someone who is motivated to get healthy and live a long and happy life!

#### What can you do?

- We must educate ourselves and each other about the stigma of obesity. Weight bias in the medical setting adversely affects patients and they are less likely to receive preventive care interventions and cancer screenings.
- · We must hold ourselves accountable and hold our team members accountable to treat everyone equally.
- BE A CUSTOMER ADVOCATE.
- Point out inappropriate comments to others and challenge negative attitudes. Nobody deserves unkind remarks.



#### Fall Prevention for Customers

# NMH's fall rate is above statewide fall rates. The following are basic actions that should be done for each customer to assist in identifying and preventing falls:

#### **Fall Risk Assessment**

- Conduct a falls assessment (Hendrich II and the Risk for Injury for adults, or Humpty Dumpty assessment for pediatric customers) to determine risk on arrival, admission, and every shift thereafter.
- If the customer does not score as a fall risk, implementing interventions is acceptable if nursing judgment deems the customer at risk.
- If the customer has fallen within the last year they are considered a risk for falls. A history of falls is considered a risk factor for future falls.

#### **Medications**

• Determine what medications a patient is taking that might increase dizziness and what conditions the customer has that might increase the likelihood of falls.

#### **Medications**

 Inform the customer and family how to prevent falls. Encourage the customer to wear non-slip socks when ambulating, to call for assistance, use assistive devices, and keep items within reach. If they are a fall risk, instruct them to call for assistance every time they get up.

#### Fall Prevention for Customers cont.

#### Rounding

• Complete Hourly Rounding including the components of PEEP (Pain, Elimination, Environment, Positioning) on each customer, noting that fall interventions are appropriately in place and activated for those at high risk. Most of the hospital falls have been related to a customer needing to toilet. Be proactive with scheduled toileting and ask every hour during Hourly Rounding about toileting.

#### Identify

• Use green light indicator outside of room, check fall risk on the care board, place a green wrist band and red socks on customers to identify them as a fall risk.

#### **Interventions**

- Always stay within arm's reach when a high fall risk customer is on the toilet or commode.
- Use bed alarms and chair alarms-ensure they are on and working. Keep beds at the lowest level and keep wheels locked. Use the Seated Positioning System for customers at risk of sliding out of the chair.
- Keep items within reach. A large number of falls occur because customers are reaching for something. Ensure the trash basket, water, personal items, and call light are within reach before leaving the room.
- Gait belts should be used consistently and sent with patients to ancillary departments to assist in transfers. Utilize assistive devices and wheelchairs as appropriate based on customer condition.
- Consistent use of interventions is KEY in preventing falls.

# Pressure Injury Prevention

- NMHH continues to have reportable pressure injuries. Specifically, device related and bony prominence pressure injuries are of concern.
- Preventing hospital acquired pressure injuries is imperative for customer safety here at North Memorial Health. Pressure injury prevention requires a team approach. Identifying customers at risk for skin breakdown is the initial step. Once an at-risk customer has been identified it's imperative for the whole team to implement prevention measures immediately and remain consistent until the risks have been removed.



# Pressure Injury Prevention (Continued)

#### **HEAD TO TOE ASSESSMENT REMINDERS**

- Admission: All customers should be assessed from head to toe within 4 hours of admission and transfer to inpatient unit. Assessment includes:
  - "Two Sets of Eyes"
  - Inspecting and palpating skin and bony prominences
- Ongoing and Change in Condition:
  - Med-Surg every 8 hours
  - ICU every 4 hours

#### PRESSURE INJURY PREVENTION INTERVENTIONS

- Provide thorough skin care
- Review nutritional status
- Reposition patients with a Braden of 18 or less minimally every 2 hours.
- Limit supine positioning
- Look under, remove and reposition mechanical devices, per standard, to decrease pressure related events.
- Perform PEEP (Pain, Elimination, Environment, Positioning) rounds each hour to ensure repositioning is being completed and pressure injury prevention measures are in place.
- Use tools such as TAPs, Z-Flo, Seated Positioning System, heel boots, etc. to offload and redistribute pressure

# Pressure Injury Prevention (Continued)

#### **COMMUNICATION & ESCALATION**

- Educate customers and family about the risks and how to prevent skin break down
- Discuss pressure injury prevention with managing provider
- Develop and individualize a plan of care that includes pressure injury prevention and skin care
- Communicate findings or concerns to care team, this includes during every customer hand off, report, and interdisciplinary rounds
- If you see something new or of concern, place interventions and escalate through a WOCN consult, safety first and through the charge RN.

#### **RESOURCES**

- Utilize support tools in the electronic health record such as the Skin Accordion to synthesize information related to skin
- See the Pressure injury Prevention policy for specific standards and expectations
- See the Skin Care page to see tip sheets and tools available for all team members for pressure injury prevention.

# Emergency Response and Equipment Safety

2019



# **Emergency Response and Codes**



# Emergency Response and Codes

#### Activate Emergency Responses and codes:

- On Campus areas:
  - Dial \*99 on any campus phone
  - Vocera by saying "Call Star 99"
  - Designated button in patient care room
- Off-campus areas:
  - Dial emergency number (911, 9-911)



# **Emergency** response



Code Red	Fire or Smoke  Rescue anyone in danger  Contain the fire by closing room and fire doors  Alert by pulling the fire alarm  Alarms will sound and location will be broadcast
Code Green	Aggressive Individual – Emergency Assistance Needed  • Activate a Code Green team by pressing a Code Green button in the customer room or by calling *99  • Code Green will be broadcast and a Code Green team will respond to the identified location  • Stay CALM and remove yourself and others from immediate danger
Code Blue	Adult/Pediatric Cardio Pulmonary Response (CPR)  • Activate a Code Blue team by pressing a Code Blue button in a customer's room or by calling  *99 for codes not in a customer's room  • Code Blue Team will respond to identified area  • Provide appropriate intervention (initiate CPR)  • If Code Blue is called in your work area, return to area to assist with other customers
Code Pink	Infant/Child Abduction  Team Members call *99 once it is confirmed that the infant/child is missing  Safety and Security will Broadcast and respond to the identified area  All Team Members will monitor corridors and exits for missing infant/child or suspicious activity  If found or suspected that you have found the abductor DO NOT approach the individual/s  Call *99 to report suspicious individuals or activity
Rapid Response Team	Customer In Need of Immediate Medical Assessment  If a customer's condition rapidly changes and assistance is needed from a team of critical care clinicians, press the Rapid Response button in the customer's room or call *99 and give location  Rapid Response Team will be notified to respond to the identified location
Severe Weather Alert	Severe Weather Alert (tornado, severe thunderstorm, etc.)  Weather warnings with imminent threat will be broadcast  Move and/or direct visitors & customers away from windows  Customers who cannot be moved, should be turned away from windows and protected with pillows & blankets
Code Walker	Missing Customer (Elopement)  Call *99 to report a missing individual who is 18 years or older and on holds or suffers from conditions that may prevent him/her from making rational decisions or cause them to wander away  Monitor corridors and exits  Safety&Security will broadcast and respond to identified area  Call *99 to report the location of the found individual
Incident Management Response Team	Department Specific or Complex Emergencies Incident management team requested or assigned to manage large scale or complex emergency, such as a mass casualty incident or IT downtime, etc.



#### Code Pink

#### Activation:

- Any team member first aware of an actual or attempted infant/child abduction needs to call \*99 or by Vocera
  "Call Star 99" and advise operator of Code Pink and location.
- State your name and call back extension. Remain on hold with the operator.

#### Response:

- All departments must deploy team member(s) to observe the nearest exits and stairwells and report any sighting by calling \*99.
- Unit/department team members from the area of the announced abduction will report immediately to their area to assist in response efforts.
- · Do a headcount of all children in your area.
- Department team members, not watching exits and doorways, must check all dept. spaces including rooms, bathrooms, closets and garbage cans for unauthorized person or missing child.
- If a Team Member sees a suspicious package, bag, backpack etc. please alert Security so they can conduct a search of the contents.
- All team member(s) should remain in their department or watch stair/exit locations until "Code Pink All Clear" is announced overhead.

#### **Team Member Reminders:**

- Team members should not attempt to apprehend a suspected abductor.
- If a team member can maintain personal safety, you may follow at a distance to note route of escape, physical characteristics and clothing and possible vehicle license number.

## Stroke Team Stat-Inpatient

- Use if an inpatient customer develops symptoms of acute stroke:
  - Stroke symptoms include one-sided weakness, loss of or blurred vision, dizziness or sudden loss of balance, difficulty with speech, sudden severe headache
- Immediate interventions include:
  - -Call for Help
  - Activate the Stroke Team by calling \*99; state "Stroke Team STAT"; give the patient location and your name or via the nurse call light system using the "Stroke Team STAT" button
  - Ensure breathing and pulse is intact
  - -Reassure patient that help is on the way
  - Avoid giving anything to eat or drink.
  - -Collaborate with Stroke Team when they arrive



### **Evacuation Process**

- Know at least two ways (routes) out of your area in the event one route cannot be used. Move people in immediate danger to the next safe place (refuge area) on the same level/floor, which is called horizontal evacuation.
  - Horizontal Evacuation- Move into the next smoke compartment on same level
  - <u>Vertical Evacuation</u>- Move down to next level if all smoke compartments are compromised on your level
- Move persons who can walk first. Know the location of and how to use equipment (e.g., wheelchairs, carts, evacuation chairs) that can be used to evacuate patients/persons. Provide special assistance to persons with a disability or special needs.
- Check victims/patients after moving them to a safe area. Make sure you can account for everyone. Count heads.
- As directed by the hospital administrator in charge or other authority, move person down one or two levels/floors (vertical evacuation) or out of the building (external evacuation).
- Stay calm, help all customers and team members to move safely. Make sure all are accounted for.



## Stryker Evacuation Stair Chairs

- Located throughout the hospital
- Weight capacity 500 pounds
- Stored Total: 7 units





### Med Sleds – Evacuation tool

- Located throughout the hospital
- Med Sled weight capacity 1,000 lbs







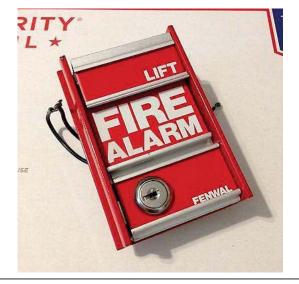
### Code Red

Rescue anyone in danger

Confine by closing doors. Only go through the fire doors to evacuate or move people to an adjacent safe place (area of refuge). Do not use elevators.

Alert by pulling alarm or dialing \*99 and giving your

location





## Fire Extinguishers

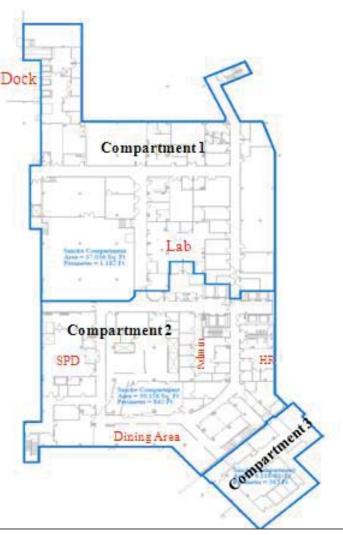


- If there is ever a need to use a fire extinguisher, know where the nearest extinguisher is located in your area. Utilize fire extinguisher if you feel comfortable.
- Prior to utilizing the fire extinguisher, activate a Code Red by calling \*99. This will then activate a fire response team.



## **Smoke Compartments**

- Fire doors will close with activation of fire alarm
- Fire doors should <u>only</u> be opened to allow for movement to the next compartment – do not wedge doors open
- There is a 2 hour fire rated separation between the compartments
- Each compartment has a stairwell for movement to the next level of the building if necessary





## Communication System Failure

- Telephone System Failure: Essential areas have the 511E Intercom system to communicate between departments and/or Emergency Power Failure Phone, which are either all RED or have a RED handset cord, to make outgoing calls and take incoming calls.
- Team members may also use:
  - computerized tube system
  - portable walkie-talkies
  - Vocera
  - runners/messengers



### Downtime

- In the event there is a downtime involving IT systems (EPIC, internet, etc.) you should be familiar with your department's DOWNTIME BOX and procedures.
- Downtime procedures should be followed until IT has given the all clear message.
- Team members are responsible to understand how to use the paper forms from their departments downtime boxes



### Severe Weather

**TORNADO WATCH** is a National Weather Service alert to possible tornado development in a specified area over a specified period of time.

TORNADO WARNING OR VERY DESTRUCTIVE WINDS WARNING is a National Weather confirmation of a tornado sighting or the existence of 75 MPH winds, location, time of detection and direction of movement.



### Severe Weather (Continued)

IN EVENT OF A TORNADO **WARNING** BY THE WEATHER SERVICE, THE FOLLOWING PROTOCOL WILL BE INVOKED. THE CALL CENTER WILL PAGE "ACTIVATE WEATHER ALERT" THREE TIMES WHICH IS PRECEDED BY A SIREN TONE ALERT.

### **GENERAL PROTOCOL**

- · Close and lock all outside windows. Remove all objects from window sills
- Pull shades and drapes on all outside windows (this includes all non- patient rooms also).
- · Lower all patients' beds to minimum height.
- Turn corridor lights on.
- Reassure patients as you proceed. Leave lights on in the rooms.
- "Patient room" doors may be left open at the discretion of the nursing personnel (close all other doors).
- Do not panic; do not shout; do not run. Keep all persons away from outside windows.
- Employees shall return to their work station or department and remain there until "all clear" is announced
- Notify Call Center by dialing \*99 if there is damage or a problem in your area.
- · Files and drawers shall be closed.
- Do not restrict use of elevators.
- Visitors in Plaza Level classrooms, boardrooms, cafeteria, etc., will be told of Warning by Food & Nutrition Services or Dietary.
- Persons in areas with exterior glass will be directed to leave the area and report to an inner hallway or the Plaza Level Cafeteria.
- Persons in the Atrium area will be advised by the Information Desk to report to the lower level of the Atrium.



## Personal and Family Emergency Preparedness

Be Informed! Know what to do before, during and after an emergency that could impact you, your family, your workplace or community. For example, external emergencies may be weather-related such as tornadoes, severe thunderstorms, ice storms or blizzards. External emergencies may also be mass casualty incidents or communitywide outbreaks (like influenza) where many people show up at the hospital for care. Emergencies may also be internal such as IT or communication failure, a utility failure or a security type incident.

MN Homeland Security Management <a href="https://dps.mn.gov/divisions/hsem/Pages/default.aspx">https://dps.mn.gov/divisions/hsem/Pages/default.aspx</a>

- Make a Plan!: Based on the types of emergencies you expect, build a plan for your family including child care, elder care, pet care and any specific care for family members with special needs.
- <u>Build a Kit!</u>: Good examples can be found at <u>www.ready.gov</u>. Make it a family activity!
- Get Involved!
- Know your role when there are emergencies at work (see NMMC Emergency Codes). Review the policies and procedures BEFORE you need to use them and contact your manager/supervisor or NMMC Emergency Management Coordinator if you have questions.
- Participate in drills.



## Utility Management and Reporting

- Notify Maintenance at x12390 for the following utility failures or problems:
  - Electricity
  - HVAC (heating, ventilation and air conditioning)
  - Water and sewer
  - Elevators
  - Medical gases including:
    - medical air
    - clinical vacuum
  - Computerized tube system
  - Intercoms
- Notify IT at x12580 for other communication systems problems or failures, such as telephones and pagers. There are back up systems in place for most utility failures.





## Shutting Off Oxygen Valves

- All patient care providers authorized to use oxygen may turn off local oxygen meters, regulators, or valves located in patient care /treatment rooms.
- Zone valves may only be turned off by authorized staff (Maintenance, Respiratory Care Practitioners, Administrative Managers, and manager/charge person). A label on each zone valve lists persons authorized to turn off a zone valve. Each zone valve is labeled with the rooms/areas it supplies.
- Signage available from the Respiratory Therapy Department must be posted on zone valves out of service, or whenever the oxygen system needs to be taken down for either elective or emergent reasons.



## **Electrical Safety**

- Most equipment in the healthcare setting is electric so there is a risk of electric shock. Electric shock can cause burns, muscle spasms, ventricular fibrillation, respiratory arrest and death.
- To help prevent electrical accidents, remove and report electrical hazards, use electrical equipment properly, maintain, test, and inspect equipment and use power cords and outlets properly.



## Storing Compressed Gas



### **Portable Oxygen Devices**

- All compressed gas cylinders must be properly secured (e.g., in a tank holder, wheeled cart, or chained to a fixed object such as a wall) when being stored or during customer transport so they cannot fall or bang violently against one another. Each tank must be stored individually.
- North Memorial has two categories of tanks. Full tanks are tanks that have not been opened and have plastic wrap around the neck of the cylinder. Empty tanks are tanks that do not have the plastic wrap around the neck of the cylinder. They may have a regulator on them or nothing at all. Empty tanks can still be used for customer care, but the amount of gas remaining in the cylinder must be checked to ensure it is enough for the task. Tanks are officially empty and should not be used if they have less than 500 psi in them.
- No more than 12 FULL oxygen E (transport size) cylinders/tanks can be stored in the same area. Remove empty tanks as soon as possible. Tanks on carts and wheelchairs are considered in use and do not count toward the 12 tank limit.
- Not all oxygen cylinders are hospital property. A large number of customers bring in portable oxygen cylinders when they are admitted. Do not use customer owned or patient rented oxygen cylinders for hospital use. They must be kept separate in the customer room or sent home with the family.



### Hallway Clutter

Corridor clutter is any item that creates an obstruction in a corridor or exit path. The Life Safety code requires that "all exit paths must remain free of obstructions, including unattended items that are not considered in use by staff members." In other words, any item not in use or unattended for more than 30 minutes -- or blocking the egress -- can be considered clutter. The exceptions to this rule allow crash carts and patient isolation supply carts (provided the cart is serving a patient on contact precaution isolation) to be left unattended longer than 30 minutes.

### Why is this so important?

- In fire and other emergency scenarios, it may become necessary to relocate or evacuate customers, often in reduced visibility. On first appearance, corridors seem to have ample space for many items that help support patient care: equipment, supply carts, food carts, empty beds, etc.

### To keep the hospital corridors free of obstructions:

- Items in a hallway waiting for direct patient use within 30 minutes should all be placed to one side of the corridor, against the wall.
- Do not allow items to block stair tower doors, extinguisher cabinets or cross automatic smoke or fire doors.
- In the event of an emergency requiring evacuation, move items out of the corridors and into unoccupied rooms or behind the nurse stations to allow unobstructed egress.



## Safe Medical Devices-Test Prior to Use and Routine

### **Equipment Failure Incidents**

- Safety testing of medical equipment: Customer care and some non-clinical equipment that requires preventative maintenance will have a preventative maintenance (PM) sticker on it. If you see a sticker with an overdue date, call the appropriate Engineering Department indicated on the label; BioMed, ext. 1-2440 (763-581-2440) or Maintenance, ext. 1-2390 (763-581-2390).
- Actions to take if equipment fails/breaks:
  - Remove it from service.
  - Put on a defective sticker.
  - Call the appropriate Engineering Department.
- Actions to take if equipment is involved in a possible Safe Medical Device-related patient incident: If medical device (anything used in customer care that is not a drug) may have contributed to the serious illness, injury or death of a patient or a user, it may be a Safe Medical Device reportable incident. In this event:
  - Attend to the medical needs of the customer/user.
  - Remove the equipment from service.
  - Put on a defective sticker, noting it was involved in an incident.
  - Tell the area's manager/supervisor.
  - Save the disposables for evaluation during the investigation of the incident.
  - Complete a Safety First Report.
  - Call BioMed, ext. 12440 or 763-581-2440 and Risk Management, ext. 14645 or 763-581-4645.



### Slips, Trips and Falls

- Most falls occurring from slips and trips are due to slipping on an icy surface or tripping over an object. A fraction of the falls occurs when people fall off ladders or steps. It is also a fact that falls at the workplace can be prevented.
- Look for ways to prevent slips, trips and falls:
  - Ensure that all spills and wet surfaces are immediately cleaned up from the floor.
  - See to it that all walking pathways in the workplace are clutter-free.
  - In case you need to reach up to something that's high up in the office, always use a safe stepladder. Never use chairs or desks to climb up to access things above your head.
  - Make sure that you only carry loads that you can safely handle. While carrying objects, make sure that your line of vision is not affected and that you are not carrying a load that is too heavy.
  - Always have good illumination around the office space. Whether indoors or near to the exteriors, ensure that lighting is adequate and visibility is not affected.
  - Always wear good footwear. We may not have control over the condition of the surface that we walk on, but we do have control over what we choose to wear on our feet.





## Team Member Right to Know Section

2019



### This section includes:

- Disclosing Adverse and Sentinel Events
- MN Employee Right to Know
- Radiation and MRI Safety
- Indoor Air Quality (IAQ): Hazardous Vapors and Other Contaminants
- Fragrance Sensitive Environment and Latex Balloon Free Zone
- Safety Data Sheets
- Hazardous Chemicals
- Pharmaceutical Waste
- Chemical Management
- Body Fluid Spills
- Infectious/Chemo/Pathological Waste Handling Disposal
- Ergonomics and Safe Patient Handling and Reporting Injuries
- Ethical Conflict and Resources



# Disclosing Adverse and Sentinel Events







Safety First Reporting is the electronic system we use to internally track customer or visitor safety events, near misses, or 'Good Catches' including significant events.

- When an event, near miss, or good catch occurs that may not be consistent with the appropriate care of a customer or the routine operation of a North Memorial Health department or care site, complete a Safety First Report.
- Safety First Reports are handled in a confidential manner and are not to be disclosed to anyone except to the extent necessary to carry out quality improvement review and risk management functions.







A review of the event is conducted to identify the underlying reasons or the cause of the event, and to implement appropriate actions to prevent reoccurrence.

- An Adverse Health Event Review may be conducted when significant adverse health events occur (e.g. medication error, fall with injury, wrong surgical procedure, hospital acquired pressure injury, hospital acquired condition).
- This review is conducted by a multidisciplinary team with a focus on identifying the root cause and contributing factors to the event and creating corrective and preventive actions to prevent reoccurrence.
- Hospitals are required to report certain adverse health events to the MN Department of Health Patient Safety Registry.



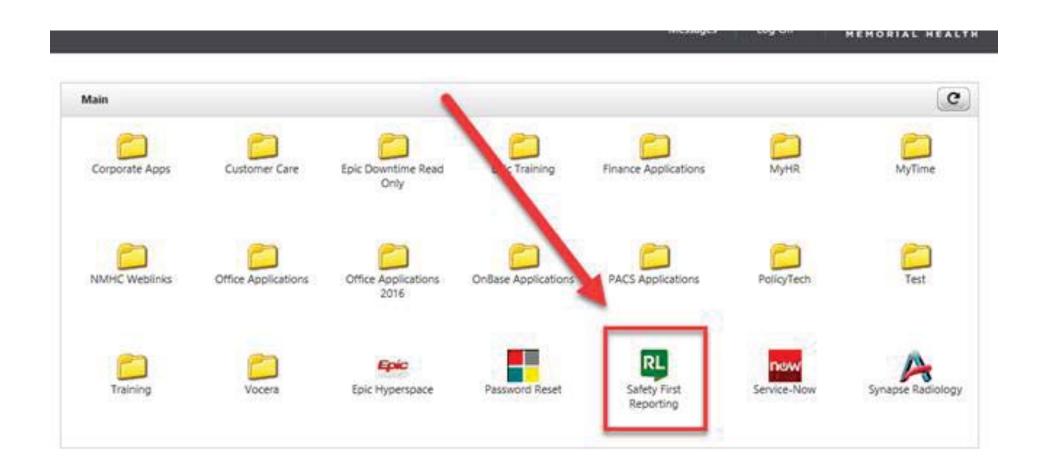
### Disclosing the Occurrence of an Adverse Event

The customer has the right to a prompt and truthful conversation. The following steps should take place to assist that process:

- Complete the safety first report.
- Connect with your unit supervisor or administrative manager to develop a plan for communication.
- Connect with risk management as needed.

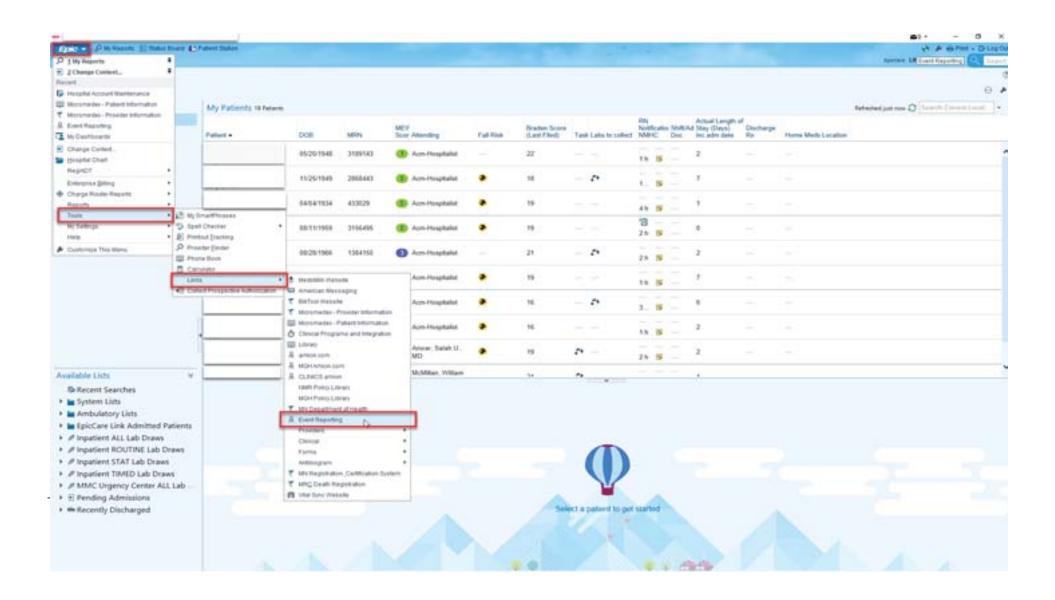


## How to Access Program via Portal

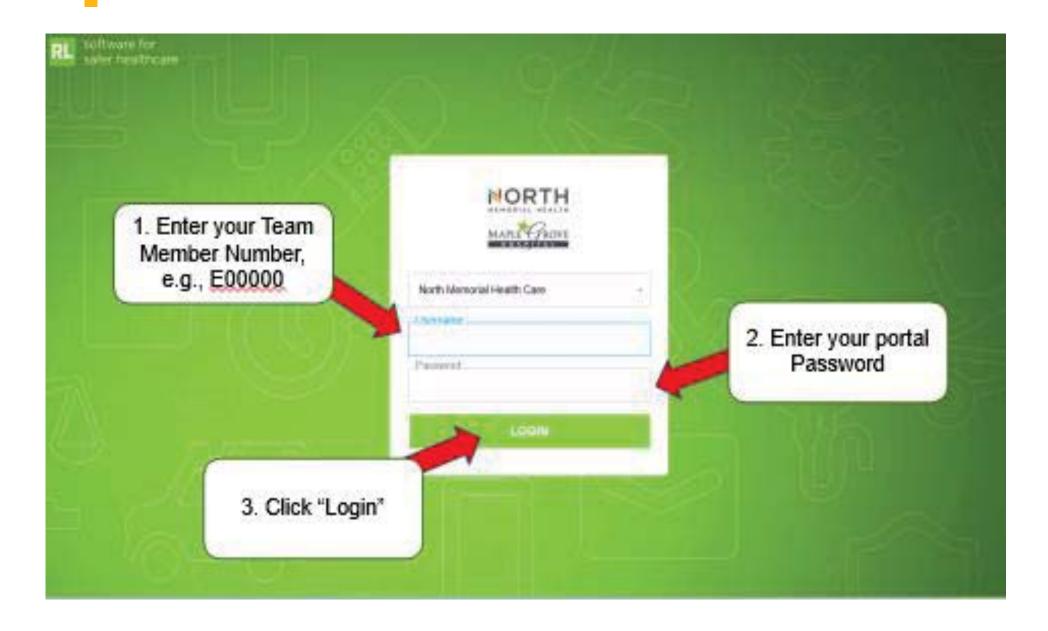


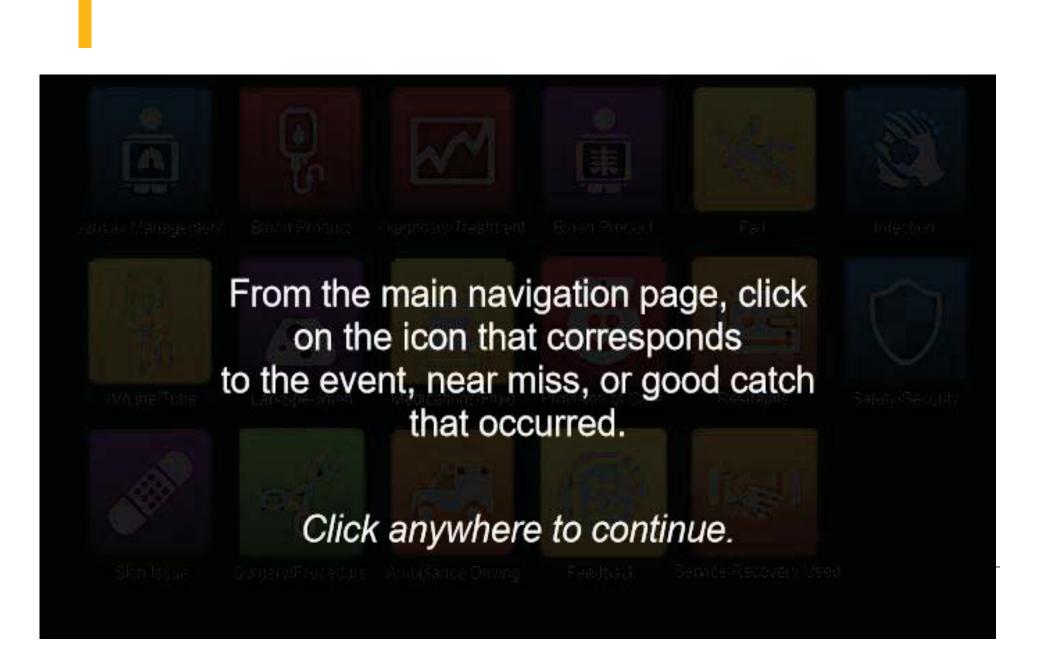


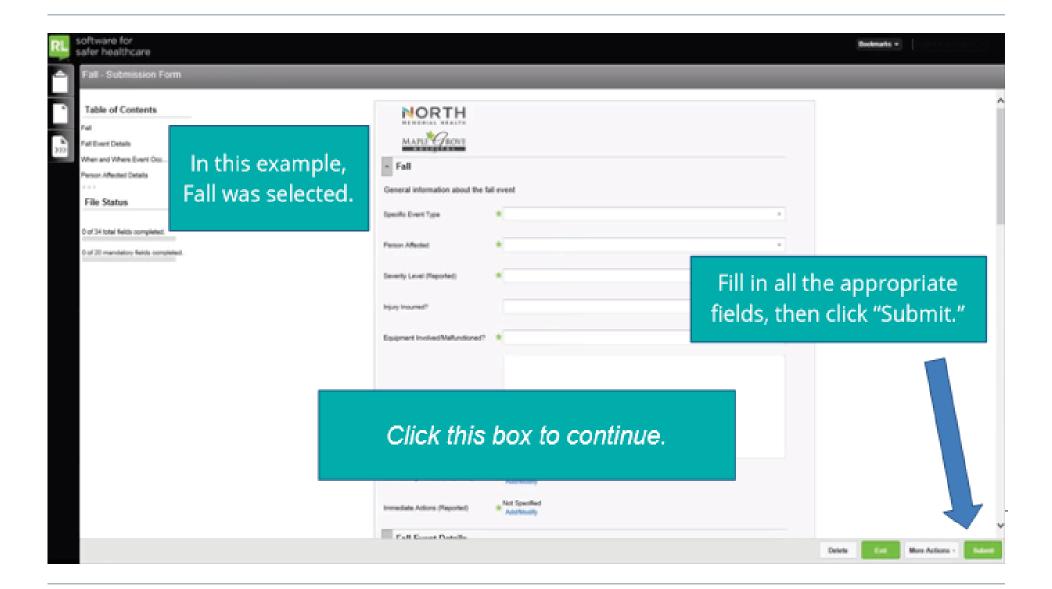
## How to Access from Epic



## How to Login







### MN Employee Right to Know Section

### Minnesota Employee Right to Know Act:

The Minnesota *Employee Right to Know Act* is a combination of State and Federal laws that ensure team members are told about the dangers associated in working with hazardous substances, infectious agents, and harmful physical agents.

### **Hazardous Substances**

 Include chemicals or substances that are toxic, corrosive, irritants, flammables, highly reactive explosives, strong oxidizers, nuclear materials or by-products, sanitizers or pressurized containers. It is a substance that may produce short-term or chronic longterm health effects.

### **Infectious Agents**

 Include communicable bacteria, viruses, fungi or parasites that can cause illness as a result of exposure to the agent. Exposure may occur by inhalation (breathing in), ingestion (eating or drinking), injection or absorption through the skin.

### **Harmful Physical Agents**

• Include laser, noise, extreme heat or cold, dust, or non-ionizing and ionizing radiation such as from an x-ray machine.



### MN Employee Right to Know Section (Continued)

#### **Team Members' Role**

- Team members are required to:
  - Learn about the hazards of your job.
  - Learn how to work safely.
  - Know where to find information about these hazards.
  - Report any unsafe situation to your manager/supervisor or the Safety and Security Department.
  - Know how to access the SDS database on the NMHH Intranet.

### North Memorial Health's Role

- Employers are required to:
  - Tell team members about hazards they may encounter at their jobs.
  - Discuss what team members need to know to work safely.
  - Show team members where they can find information about hazards.
  - Evaluate all substances entering and existing in the workplace that may present hazards.
  - Provide team member training at orientation and annually thereafter in SDS database access, use, and purpose.
- Have information about job hazards accessible to employees and maintain a current SDS database.

### **Team Members' Rights**

- Team members have the right to:
  - Refuse to work in an unsafe situation
  - Refuse to work if they have not been trained
  - Receive information about the hazards of their job



### Individual Factors that can affect Performance

A variety of factors contribute to safety. Attention to managing the human and environmental factors associated with adverse events can optimize customer, coworker, and organizational safety.

- Human factors include items such as: fatigue, illness, stress, rushing through an assigned task, non-compliance to required safety education or not using critical thinking skills.
- Environmental factors can include things like: poor lighting, disorganized work areas or improperly maintained equipment.

Leaders and healthcare workers share responsibility for creating a safe environment to work and practice. It is important that all of us assess our work environment for safety, understand our own work performance and the performance of others, and obtain the needed training to operate equipment and technology. The goal is to work together for continuous improvement.



### Individual Factors that can affect Performance

A few ideas on how what you can do:

- Appreciate the safety challenges that come with operating equipment and technology.
- Apply critical thinking skills to perform work assignments safely.
- Address human factors such as getting enough rest prior to coming to work, staying home when ill, exercising to improve health and reduce stress levels and maintaining a healthy diet.
- Address environmental factors such as organizing and standardizing customer supply rooms so equipment can then be stored safely, while ensuring easy access to essential patient care and work supplies.



## Radiation Safety

There are two primary sources of ionizing radiation within the healthcare setting: Equipment and Radioactive Materials.

- **Equipment** gives off radiation only during the time of an x-ray exposure. Some examples of equipment that emit radiation are: General Radiology, C-Arms, O-Arm, CT, Interventional Radiology, Fluoroscopy, and Mammography.
- Radioactive Materials are utilized in the Nuclear Medicine and Positron Emission Tomography (PET) departments. This involves administering a radiopharmaceutical to the patient so internal structures can be imaged.

Radiation protection involves effective measures employed by radiation workers to safeguard customers, team members, and the general public from unnecessary exposure to ionizing radiation. The three basic precautions involved in radiation protection are:

- Time
- Distance
- Shielding

In most circumstances, an individual should spend the least amount of time in the room when an exposure is being made, should stand as far away from the radiation source as possible while still maintaining patient safety, and should always wear lead shielding when in the room during an x-ray exposure.

### **MRI Safety**

**Magnetic Resonance Imaging** (MRI) is <u>not</u> ionizing radiation; instead it utilizes a very strong magnet and radiofrequency waves to image internal structures.

### **Safety Reminders:**

- All individuals near the MRI need to be screened to determine if they are safe to be in the area.
- MRI has secure zones that cannot be accessed without clearance by MRI personnel.
- All objects must be evaluated and deemed to be MRI safe before they are be brought into the MRI area.
- *The magnet is always on*, whether a customer is being scanned or not.





# Indoor Air Quality (IAQ): Hazardous Vapors and Other Contaminants

The quality of indoor air depends on many factors, including structure, building material, outdoor environment and occupants. Indoor contaminants that have been shown to have health consequences come from indoor and outdoor sources, as well as from occupant related activities.

- The main contaminants include:
  - Bio aerosols which include pathogens and allergens
  - Volatile organic compounds, such as alcohol and acetone
  - Formalin products
  - Cleaning products
  - Particulates, e.g. lead dust, asbestos
  - Combustion products such as carbon monoxide, or tobacco smoke
- Examples of common concerns identified by team members include exhaust fumes by the loading dock areas, and mold growth.
- The Maintenance Department maintains various types of air handling systems to assist in control of all known contaminants
- Additionally, many processes are in place to test for and identify the source and abate as necessary
- If you have concerns with indoor air quality, contact Maintenance at 12390 or 581-2390.



### North Memorial is a Fragrance Sensitive Facility

 Perfume, cologne, scented soap, hair products and lotions are NOT to be worn by team members within the hospital (scented deodorant is permissible). Recognizing that sensitivity to fragrance is not limited to customer care areas; this policy applies to all team members, volunteers, and providers.





### Latex Balloons

In an effort to reduce unneeded exposure to latex - latex balloons are not allowed in any facility owned or operated by North Memorial or at any North memorial sponsored events.

- Signs are posted at entrances to alert visitors.
- Visitors with balloons may return the balloons to their to their vehicle, or leave them at the Information Desk, to be put into a plastic trash bag and sealed, to be picked up later.



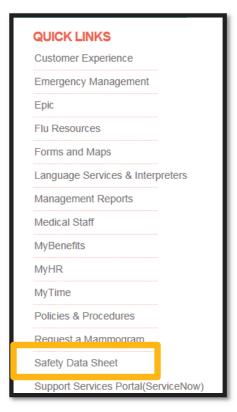


## Safety Data Sheets (SDS)

**Safety Data Sheets** are found on the North Memorial intranet quick link: *Safety Data Sheets*. Clicking on that link will take you to the SDS Data Base.

A SDS gives detailed information about a chemical so that you can work safely with it. Read the SDS before using a chemical. If you have questions about a chemical, see your manager or supervisor.

- Information found on SDS
  - Chemical Identification
  - Hazardous Ingredients/Identification Information
  - Physical Data/Characteristics
  - Fire and Explosion Hazard Data or Physical Data
  - Reactivity Data
  - Health Hazard Data
  - Precautions for Safe Handling and Use or Spill or Leak Precautions
  - Special Protection Information or Control Measures





## **Hazardous Substances:**

### Purpose and Storage

#### **Hazardous Substances**

- Hazardous substances (chemicals) help you perform many tasks. When used correctly, chemicals are safe. When used or stored incorrectly, they can harm you. Be informed about the chemicals that you use.
- A chemical that can potentially harm or injure you is classified as hazardous. A chemical can be either a physical hazard and/or health hazard.
- Hazardous Substances are stored in:

#### **Original Containers**

Some chemicals are used right from the manufacturer's **original container**. The manufacturer has already properly labeled these containers.

#### **Transfer Containers**

Some chemicals used within the organization are removed from their original container and transferred into another container. These containers are called a **transfer containers**. Transfer containers <u>must</u> be labeled with a **N**ational **F**ire **P**rotection **A**ssociation **(NFPA) 704** label or equivalent.



## **Hazardous Substances:**

### Waste Identification and Disposal

- Aerosol Cans (e.g. Quik-Care containers):
  - **Empty** with less than 3% remaining, place in regular waste/trash.
- Batteries:
  - Place **used batteries in marked containers** in your area.
- Ignitable Liquids and Gels:
  - Any liquid containing greater than 24% alcohol is hazardous per ignitability, including hand cleaners.
  - **Empty** with less than 3% remaining, place in regular waste/trash.
- For questions, pickup of aerosol cans, batteries, ignitable liquids or gels call the Regulated Hazardous Waste Coordinator at ext. 1-2298 or 763-581-2298.



### Pharmaceutical Waste

- Put non-hazardous pharmaceutical waste in the BLUE container in your area.
- Hazardous pharmaceutical waste, designated by a BLACK
   "Special Handling Required" label and/or a Pyxis "Special Handling
   Required" message, should be put in a BLACK container. NO
   SHARPS OR BIOHAZARDOUS MATERIAL.
  - -Exception: Controlled substances should NEVER be put into the BLUE or BLACK pharmaceutical waste or RED Sharps containers.
- Bottles of contrast media containing iodine are utilized in the Imaging Department. Iodine containing contrast bottles need to be disposed of in a BLACK container.

**BLUE** Bin









## Pharmaceutical Waste (Continued)

# Controlled substances should be disposed of as follows:

- Injectable controlled substances should be wasted in the sink or flushed down the toilet.
- -Patches containing controlled substances (i.e. Fentanyl) should have the sticky sides folded together and then flushed.
- –Controlled substance tablets should be wasted by flushing down the toilet or washed down the sink.



## Chemical Hazards/Risks (Continued)

- There are three common ways that a chemical can enter your body (routes of entry):
  - **Contact** splashing a chemical on your skin or in your eyes.
  - **Inhalation** breathing in a chemical's fumes, vapors, mists or dust particles.
  - Ingestion swallowing a chemical or food/drinks contaminated by a chemical.
- If a chemical cannot get in, you win. Protect yourself. Know how to safely handle, use, store, and dispose of the chemicals you use.
- **Signs of overexposure** to a chemical include nausea, headache, fever, dizziness, burns, irritation of the eyes, nose, throat, or lungs, skin rash, blurred vision, fatigue, and vomiting. If you think you have had an overexposure to a chemical, tell your manager and get medical assistance according to procedure.



## Small Spills of Blood and Body Fluids

### To manage small, contained blood/body fluid (BBF) spills:

- Block area to prevent access to contaminated area
- Don clean gloves and protective equipment
- Use disposable towels to absorb excess infectious material and discard into red waste bag
- Disinfect the surface with a facility-approved disinfectant following product instructions for contact time
- Follow up by cleaning the surface with a facility-approved disinfectant to remove any remaining soil
- Discard all contaminated supplies into red waste bag
- Perform hand hygiene after glove removal



## Large Spills of Blood and Body Fluids

- Larger spills that cannot be contained:
  - Block affected space to prevent access to contaminated surface
  - Contact Environmental Services for assistance



## Chemical Hazards/Risks

- Physical Hazard: A chemical is a physical hazard if it can cause a dangerous situation (e.g., explosion, fire, toxic fumes) when it is exposed to another chemical or certain environmental conditions (heat, light, vibration [shock] and moisture). Chemicals that represent a physical hazard include combustible liquids, compressed gases, organic peroxide, explosives, oxidizers, flammables, pyrophorics, unstable-reactive, or water-reactive.
- **Health Hazard:** A chemical is a health hazard if its ingredients can cause health problems. Some of these effects will show up right away for example, within 24-hours (acute health effect); some effects show up later (chronic health effect). These chemicals can make you sick; cause vomiting, a fever or headache; irritate or burn the lungs, eyes, skin or mucous membranes; poison internal organs such as the liver, kidneys, or brain; cause cancer; damage the reproductive or central nervous system; damage bone marrow and lymph nodes, and cause death.



## Cleaning up an Identified Chemical Leak or Spill

#### Cleaning up an Identified Chemical Leak or Spill

- If you know the chemical that has spilled, have the proper spill clean-up equipment, and have been trained, you can clean up a chemical.
- Tell you manager/supervisor.
- Use the provided spill clean-up kit/equipment within your department.
- Know the locations of nearest eye wash stations and safety showers and how they work.
- Fill out an incident report.
- If you feel the spill is out of your ability to handle, call \*99 (emergency number). If you do not know what has been spilled, you should follow the steps for handling an unidentified chemical spill.



## Cleaning up an Identified Chemical Leak or Spill

(Continued)

- In an unknown/unidentified chemical spills ON CAMPUS, follow these steps:
  - Tell your manager/supervisor.
  - Secure the area. Prevent any person from coming in contact with the substance/material. Do **NOT** move/remove anything without the permission of Safety and Security or public safety agency. Remove people to a safe area as needed (e.g., fumes are overcoming).
  - Dial \*99. Tell the operator location and what has spilled/leaked, if known.
- In an unknown/unidentified chemical spills OFF CAMPUS, follow these steps:
  - Prevent anyone from coming in contact with the substance/material.
- Remove people to a safe area as needed (e.g., vapors/gases are overcoming). Clean up the spill, following directions on the container, SDS, and/or emergency spill kits. Use personal protective equipment per instructions. If spill is giving off vapors/gases, dial 911, 9-911, or Dispatch.
  - If a chemical splashes on you, wash the area. Use eyewash stations and showers if available.
  - Tell your manager/supervisor and call Safety and Security (ext. 1-2160 or 763-581-2160).
  - Fill out all appropriate incident reports and send to the Safety and Security Department.
  - Get medical help.



# Infectious/Chemo/Pathological Waste Handling Disposal

- Trace chemo waste goes into designated YELLOW containers, bulk chemo is placed in BLACK containers.
- Pathological waste is placed into red containers or gray containers labeled for "Incineration"
  - -Pathological waste includes placenta, large tissue, bones and body parts
- Sharps are discarded into designated, rigid red containers
  - Sharps includes needles, scalpel blades, and other objects that can penetrate the skin



# Infectious/Chemo/Pathological Waste Handling Disposal

- Place blood or other potentially infectious material contaminated items in red biohazard bag
  - -May require double bag if large volume
  - -Sharps go in rigid container
- Use standard precautions
- Contracted services manages pick up due to special handling needs

Failure to follow waste disposal regulations will result in county, state and federal fines





## Ergonomics/ Back Injury Prevention

#### 3 EASY STEPS TO SETTING UP YOUR COMPUTER WORKSTATION

#### **STEP 1: Your Chair**

- Sit as far back in the chair as possible
- Adjust the seat height so your shoulders are down and relaxed and your elbows and forearms are at 90 degree position with your wrists and hands straight
- Adjust the armrests so your shoulders and arms are relaxed and supported. Consider removing the armrests if they do not adjust or are in the way.
- Adjust the seat back (lumbar) height so the inward curve of your lower back is comfortably supported by the chair's lumbar support.
- Adjust the seat back tilt so that your upper and lower back is comfortably supported in a slightly reclined position.
- Ensure that your feet are resting flat on the floor and your thighs are level or parallel to the floor while sitting back in the chair. A footrest should be used if your feet are not comfortably resting on the floor.
- TIP: Frequent positional changes and stretching can significantly help to minimize fatigue.



## Ergonomics/ Back Injury Prevention (Continued)

#### 3 EASY STEPS TO SETTING UP YOUR COMPUTER WORKSTATION (Continued)

#### **STEP 2: Your Keyboard**

- Pull up close to your keyboard so there is a comfortable 90 degree angle bend in your elbow.
- Keep the mouse as close as possible to the keyboard on the same work level.
- Don't reach!
- Maintain a level or neutral wrist position. If you rest your wrists on the work surface you may want to use a wrist rest for keyboard and mouse.
- Maintain the keyboard tray in slightly negative tilted position (-5 to -10 degree angle).
- TIP: Incorporating short cut keys will help minimize mousing.



## Ergonomics/ Back Injury Prevention (Continued)

#### 3 EASY STEPS TO SETTING UP YOUR COMPUTER WORKSTATION (Continued)

#### **STEP 3: Your Monitor**

- Center the monitor directly in front of you.
- Position the top of the monitor at eye level. (If you wear bifocals, lower the monitor to a comfortable reading level.)
- Position the monitor at a distance for easy viewing while sitting back in your chair. This is typically an arm's length away.

#### **OTHER CONSIDERATIONS:**

- Use a headset if on the phone more than 25% of the workday.
- Position frequently used items within easy reach (e.g. phone, stapler, etc.).
- Use a document holder and position it close to or in-line with the monitor.

#### Want more information?

- Contact the Team Member Health Center at ext. 12180.

#### Useful web links:

- <a href="http://www.healthycomputing.com/office/setup">http://www.healthycomputing.com/office/setup</a>



## Safe Patient Handling and Back Injury Prevention

- North Memorial is committed to providing customers with the safest care possible.
  Customers who require assistance to move will be handled in accordance with the Safe
  Patient Handling policy. Mechanical lifting equipment and/or other approved customer
  moving aids will be used in all circumstances when lifting/moving customers except
  when absolutely necessary, such as during a medical emergency. This policy complies
  with regulatory requirements in regard to health and safety of both customers and team
  members.
- North Memorial will use *Safety First Reporting* as well as the Team Member Injury Report to track patient and caregiver injury trends that occur when lifting, positioning or transferring. Those tasks identified as having caused or likely to cause an injury will be assessed by the Safe Patient Handling Committee to determine equipment or educational needs. Further action will be taken to prevent future occurrences.



# EASY TIPS TO MAINTAINING A HEALTHY BACK

### Use proper lifting techniques

- Test the weight of the load before lifting
- Keep the load close. Assume a wide base of support and bend your knees
- Pivot your feet. Don't twist!
- Use smooth, controlled movements. Avoid rapid or jerking motions!
- Keep your head up and tighten your stomach muscles as you lift!
- Keep items within a safe lifting zone-between shoulders and waist.



# EASY TIPS TO MAINTAINING A HEALTHY BACK (Continued)

**Provide a Safe Lifting Environment--**Use lift equipment whenever possible such as stands, mobile lifts, ceiling lifts, HoverMatts, slide boards, etc. Your decision to use lift equipment is the most effective factor in improving patient and your safety.

- Lack of time is never a reason to take shortcuts for patients and your safety.
- You can stop the line anytime you feel unsafe with any patient handling task and equipment not being used.
- If you get resistance from anyone regarding using the equipment, you can be assured that you are supported by leadership and can discuss your concerns at any time.
- Customers are at risk of being injured (such as falling or pulling on their arms) during a transfer if necessary equipment is not being used.
- Research shows that team members should not be lifting more than 35 lbs. of a customer's weight during any transfer or repositioning task.
- Research shows that increasing the number of staff helping you DOES NOT improve safety during a customer transfer—it can actually increase the risk of a patient falling.
- If a customer requires more than minimal assistance (i.e. assist of 1), the appropriate stand assist or lift equipment should be used.
- For customers that are partially weight-bearing, the stand is likely the best piece of equipment for bed-to-chair or bed-to-commode transfers. Think of it as your new "assist of 2" using a device instead of a person.

From MPHD Ergonomics and Safe Patient Handling website.

Associated Policy: Safe Patient Handling



# EASY TIPS TO MAINTAINING A HEALTHY BACK (Continued)

#### Ask for assistance when lifting heavy objects

Maintain good posture – keep the natural curves of the spine. Don't slouch!

Avoid prolonged postures. Change positions frequently throughout the day.

- Standing
- Stand on an anti-fatigue mat
- Wear comfortable footwear
- Prop your foot up on a stool or elevated surface
- Keep a slight bend in your knees. Don't lock your knees!
- Sitting
- Sit as far back in the chair as possible
- Adjust the chair for proper posture and comfort
- Ensure that your feet are comfortably resting on the floor and your thighs are level or parallel to the floor while sitting back in the chair. A footrest should be used if your feet are not comfortably resting on the floor
- Adjust the seat height so your shoulders are down and relaxed and your elbows are at a comfortable right angle position with your wrists and hands straight
- Keep work close. Don't reach!

#### Stretch frequently throughout the day.

Maintain an adequate level of physical fitness/exercise.

- Want more information? Contact Team Member Health Center at ext. 12180.
  - Useful web link: http://ergonomics.ucla.edu/Back Lifting.html



## Work-Related Injury/Illness Reporting

The safety and health of team members is of primary importance. It is North Memorial's desire that no team member has an injury or illness because of a work situation. Sometimes injuries or illnesses do occur and are work-related. Work-related injuries or illnesses must be documented in accordance with state and federal regulations. The team member, the manager/supervisor, and the Team Member Health Center (TMHC) all have responsibilities for this process.



## Work-Related Injury/Illness Reporting

(Continued)

#### **Team Member Responsibilities:**

- Immediately report the work-related injury/illness (including blood/body fluid exposures) to your manager/supervisor or designee.
- Your manager/supervisor will direct you to TMHC Monday Friday 7 am 3:30pm or the Emergency Department when TMHC is closed.
- You will be asked to complete a Team Member Incident Report at that time. Bring copies of all paperwork to your manager or designee.
- Attend all follow up appointments with TMHC and maintain communication with all appropriate parties.

#### Manager/Supervisor Responsibilities:

- Direct the injured team member to TMHC or ED as appropriate.
- Review circumstances related to the injury or illness for measures that would prevent this type of incident from occurring again to this or other team members.
- Review restrictions to determine if the team member can work in the assigned department; discuss with the Team Member Health Center possible work options.
- Maintain ongoing communication with the team member and the Team Member Health Center.

#### **Team Member Health Center Responsibilities:**

- The Team Member Health Center handles all required MNOSHA documentation and conducts all necessary follow up with the employee
- Coordinate and monitor medical care.
- Communicate work limitations to manager/supervisor.
- Initiate First Report of Injury as required by law.
- Review incidents to identify trends and to correct possible unsafe working conditions.



# MN AWAIR – A Workplace Accident and Injury Reduction Plan

### Why does North Memorial have the AWAIR Plan?

North Memorial Health is committed to providing and supporting safety training to encourage a positive attitude, which strengthens safety awareness. Training of all team members is vital to a successful safety management program. The AWAIR Plan ensures that safety training begins during team member orientation and continues throughout the course of employment. Continual safety training, monitoring, and interaction between team members and manager/supervisors aid in the prevention of accidents. For more information, refer to NMHH policy: Workplace Accident & Injury Reduction Program.



# Resolving Ethical Questions or Concerns

- Biomedical Ethics Committee provides consultation for assistance in medical decision making when ethical issues create potential conflicts. Common issues include:
  - Determining a family decision maker when the customer is unable to participate.
  - -Expected harm versus benefit of available treatment options
- For a Biomedical Ethics consult, phone the hospital operator at 763-520-5200 or "0" and ask for the Biomedical Ethics consultant on call. You will receive the contact information you need to initiate your request.



# Participating in Care that Conflicts with Cultural Values, Ethics, or Religious Beliefs

Talk to your manager/supervisor if you are unable to participate in care that you feel is in conflict with your cultural values, ethics, or religious beliefs. Every effort will be made to meet the needs of team members without jeopardizing customer care.



# Infection Prevention

2019







Listed on Amion Infection Prevention Rounder



Your Infection Prevention Team - Here to Assist!

## Hand Hygiene

### Center for Disease Control:

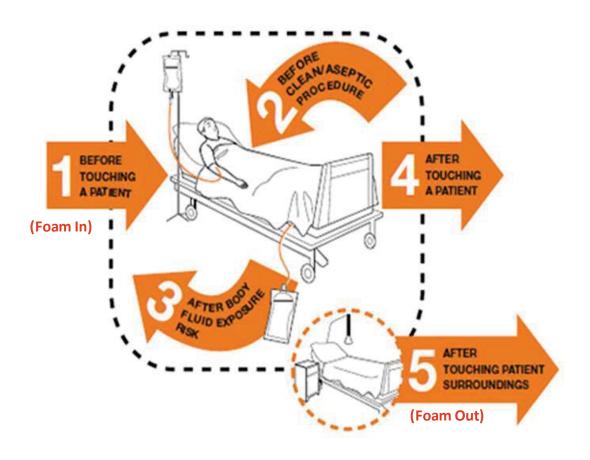
"Hand washing is the single most important procedure for preventing healthcare acquired infections"





## Hand Hygiene (Continued)

- We are morally obligated to do no harm
- Hand hygiene is done for <u>every patient</u>, <u>every time</u>
- Use 5 moments of hand hygiene



WHO, Five Moments for Hand Hygiene. http://www.who.int/gpsc/tools/Five\_moments/en/



## Hand Hygiene (Continued)

### **Waterless Hand Rub**

- Apply enough product to keep hands wet for 15 seconds
- Rub all surfaces (including nails)
- Don't use after caring for patient with diarrhea or when hands are soiled – use soap/water

### **Hand Washing**

- Moisten with water
- Mechanically wash surfaces for 15 seconds (including under nails)
- Thoroughly rinse
- Pat hands dry
- Use paper towel to turn off faucet



# Hand Hygiene is a TWO step process that includes MOISTURIZING

- Take care of your hands- the most commonly used medical instrument
  - Use moisturizing lotion or cream at least 5 times in your work shift to keep skin neutral
  - Lotion and cream is available with PAR level supplies
  - See Team Member Health if you are having skin difficulties or product concerns







## "Quik" Hand Hygiene Summary

- Hand hygiene with <u>every</u> encounter
- Moisturize your hands
   <u>frequently</u>
- <u>Inform patients</u> you have done hand hygiene
- Encourage them to do hand hygiene as well







# **Equipment and Cleansing**



# Equipment Cleaning and Disinfecting (Continued)

- Frequently used hospital-approved disinfectants:
  - -PDI Super Sani (Quat with Alcohol)
  - -PDI Bleach
  - -PDI Easy Screen (70 % Isopropyl Alcohol)
  - -PDI AF3 (Quat, with NO Alcohol)
  - -Ecolab Oxycide (EVS product only)



# Equipment Cleaning and Disinfecting

• Team members are responsible for cleaning and disinfecting equipment after use when leaving the patient room to eliminate indirect spread of organisms

 Use hospital-approved disinfectant for recommended CONTACT time

- Contact time is the amount of time that the surface is wet and remains undisturbed
- Found on the product label





# Equipment Cleaning and Disinfecting (Continued)

- Always consult manufacturer's instructions for cleaning and disinfection to prevent damage
- Once disinfected, equipment should be stored in a designated clean storage space
  - Never store cleaned, re-usable equipment or new disposable equipment in the soiled utility room



# **Infection Prevention Precautions**



#### **Standard Precautions**

- Use for all patients, all the time
- Treat all patients' blood or body fluids as if they are infectious material.
  - Use personal protective equipment (PPE) based on exposure anticipation
  - Practice sharps safety
  - Use respiratory etiquette (cover your cough)
  - Practice hand hygiene
  - Clean and disinfect equipment immediately after





#### Standard Precautions (Continued)



#### PPE used for standard precautions

- Gloves are required when coming into contact with blood/body fluid, secretions, excretions, mucous membranes and non-intact skin
- Remove contaminated gloves before touching clean surfaces (e.g. clean supply drawer)
- Fluid-resistant gown should be added if there is potential for clothes to become wet and/or soiled while doing activities above



- Facial protection is required when performing activities where splashes or sprays of body fluid is anticipated
  - Includes procedural mask and eye protection
  - Goggles or visor shield are accepted eye/face/skin protection
  - Personal glasses are NOT considered PPE



### Droplet Mask & Personal Respirator Use

- Don't leave a mask hanging off one ear or around neck
- Don't continue to wear if wet or soiled, get a new mask
- Don't touch the outside, front of mask, it is contaminated
- Don't reuse; toss it after wearing once
- Team member should not use the N95 if air leaks around the respirator edges



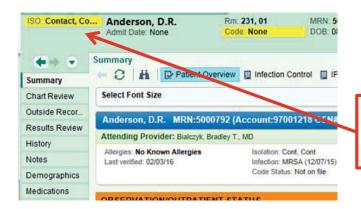
# Transmission-Based Precautions (Isolation Precautions)

- Additional <u>required</u> protective measures that are used for patients with specific diseases, pathogens or set of symptoms
- Always used in <u>combination</u> with standard precautions
- Based on routes of disease transmission or transmission route:
  - Contact
  - Special Contact
  - Droplet
  - Airborne



# Transmission-Based Precautions (Isolation Precautions) (Continued)

- Team members and patients are alerted to the need for Isolation Precautions by:
  - Signage on the patient's door. Signs are available on every inpatient nursing unit. New signs are ordered through SMARTworks.
  - Electronic medical record flag or isolation order



Yellow isolation flag indicates active isolation; listed in medical history when drug-resistance is known



### Transmission-Based Precautions (Isolation Precautions)

(Continued)

- Inpatient Unit is responsible for:
  - Placing appropriate door sign(s)
  - Obtaining isolation cart
  - Notifying Facilities when required (e.g. Airborne isolation)
  - Discuss discontinuation of Isolation Precautions with Infection

Prevention



# Isolation set up example:

- Door sign
- Cart with protective equipment
- Disinfectant



#### Door sign example:

Indicates what
 protective
 equipment is
 required for team
 members, patients
 and visitors



# Transmission-Based Precautions (Isolation Precautions) (Continued)

- Who can initiate precautions: RNs, Providers, Infection Prevention
  - Infection Prevention helps review necessity
- Use resources to determine type of isolation need
  - Epic
  - Isolation Precautions policy
  - Infection Prevention team
  - Backside of isolation sign has disease information





# Transmission-Based Precautions (Isolation Precautions) (Continued)

Determining type of isolation precaution required

#### **Policy Tech:**

Infection Prevention: Isolation Precautions Index

#### **Indicates:**

- Type of Isolation
- Duration of Isolation
- Required Protective Equipment

Document Owner: NMHC Infection Prevention Dept	Reviewed By: Population Health Clinical Quality MGH Infection Prevention Steering	Approved By: MGH Director Team, NMHC Clinical Operations Leadership Team (COLT),
3	Committee	NMHC Infection Prevention Committee

#### PURPOSE

This guide is organized alphabetically according to infectious disease or condition and serves as a quick reference for determination of transmission-based precautions (isolation precautions). Team members may initiate isolation precautions for a patient suspected or confirmed to have an infectious disease as described below.

#### DEFINITIONS

A - Airborne

Type of Isolation Precautions
C – Contact
CN – Until culture negative
SC – Special Contact
D – Duration of illness
D – Droplet
U24 – Until 24 hrs after initiation of effective therapy

I – Indefinitely

FB – Full Barrier IP – Consult with Infection Prevention

Disease	Isolation Type	Isolation Duration	Negative Airflow	Mask	(N95/PAPR)	Gown	Gloves	Immunity Required	Comments
Abscess, uncontained drainage	c	DI		1 497 5		×	*		
Adenovirus (Infants and Children)	C, D	DI		×		×	X		
Body fluid (Uncontained)	c	DI		As Needed		×	×		
Chickenpox (Varicella)	A,C	Di.	×		*	*	*	×	"Precautions continued until lesions crusted. Non- immune persons to wear mask.

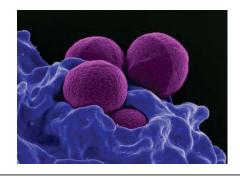


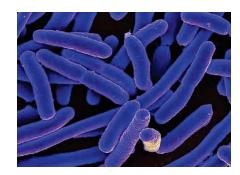
### **Contact Precautions**

Common multi-drug resistant organisms (MRDOs) requiring Contact Precautions:

- Vancomycin-resistant Enterococci (VRE)
- Methicillin-resistant Staph Aureus (MRSA)
- Extended-Spectrum Beta-Lactamase producing organisms (ESBL)
- Highly-Resistant Gram Negative Rods (GNR)









**Special Contact Precautions** 

• Enteric panel (Rotavirus, Norovirus) 2 hour PCR.

- C. diff testing requirements: liquid stool only, proactively isolate
- Record I and O
   (frequency, characteristics)







# **Droplet Precautions**

- Droplets are propelled through the air up to 3-6 feet and land on your mouth, nose and eyes
- Disease examples that require Droplet Precautions:
  - Pertussis
  - Influenza
  - RSV





# <u>Airborne Precautions</u>

- Required for patients suspected or known to have:
  - Laryngeal/pulmonary Tuberculosis
  - Chickenpox
    - Measles

\*In addition to Airborne precautions, gloves and gowns may be needed for standard precautions and/or a transmission based precaution history \*



#### Tuberculosis should be considered when a patient has the following:

#### Signs and Symptoms

- Cough > 3 weeks
- Fever, night sweats
- Weight loss
- Malaise
- Pneumonia not responding to antibiotics
- Chest x-ray with infiltrate or cavity

#### **Risk Factors:**

- Foreign Born
- Contact with a person that has TB
- Positive TST (Mantoux) or TB-specific blood test
- Homeless persons
- Reside in a group living setting (i.e. shelter)



- Organisms can stay suspended in the air for an extended period of time and travel with circulating air flow
- Can be expelled by coughing, sneezing, talking, breathing, or when performing aerosol generating procedures:
  - Administration of aerosolized or nebulized medication
  - Nasopharyngeal aspiration
  - Endotracheal intubation
  - Diagnostic sputum induction
  - Airway suctioning
  - Tracheostomy care
  - Resuscitation procedures



- Patient is placed in a negative airflow room environment as soon as possible
  - Air flows from the corridor into the patient room
  - Air is exhausted to the out-of-doors
  - A list of negative airflow rooms found as an attachment with the Infection Prevention Airborne Policy in *PolicyTech*
- In addition:
  - Call Maintenance to verify room is negative, monitoring required until isolation discontinued
  - Order Airborne Isolation in Epic
  - Place isolation signage on door
  - Keep door closed



#### CART INVENTORY INCLUDES:

- Airborne sign (place on door)
- N95 Respirators
- Seal Check instructions on respirator boxes
- PAPR- Powered Air Purifying Respirator, includes:
  - battery pack (must be plugged in to maintain battery charge when not in use)
  - PAPR Hoods (small/regular)
- Reference Binder (with: PAPR use directions)
- Yellow gowns
- Gloves
- Disinfecting wipes





Airborne Isolation Cart



- NMH follows the OSHA Standard 29CFR 1910.134 for Respiratory Protection
- Compliance with this OSHA standard includes:
  - An annual and ongoing tuberculosis (TB) risk assessment
  - Annual program evaluation
  - Isolation methods, initiation and when to discontinue
  - Engineering controls
  - Team member medical evaluations and respirator fit testing as described in the organization Respiratory Protection Program policy



Team members have two options of respiratory protection available to them at NMH inventoried on the Airborne Isolation Cart

1. N95 respirator mask (fit-testing required).

2. Powered Air Purifying Respirator (PAPR), which is an air-purifying respirator that uses a battery operated motor to force ambient air through air-nurifying

cartridges into the hood









N95 respirator mask

PAPR and PAPR hood







- Check to make sure the N95 respirator has no defects such as holes or torn straps.
- Wear for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- Follow manufacturer's instructions for donning and doffing of N95 respirator.
- Ensure proper fit—making sure nose and mouth are completely covered. The N95 respirator must have a complete seal all around. Complete face seal check after donning the respirator.
- Mold the respirator over the bridge of your nose when putting it on help keep the N95 respirator on and fitting properly. It is also helpfu to press all around the face seal to be sure it is tightly in place.
- Tilt head forward and remove the N95 respirator by pulling bottom strap over back of head, followed by the top strap without touching the front of mask. Keep straps tight during the removal process.
- Discard an N95 respirator by touching straps only. Perform hand hygiene before and after use of an N95 respirator or any type of personal protective equipment, such as your gloves and gown.
- Remove the N95 respirator when no longer in clinical space and the patient intervention is complete.

- DON'T wear if wet or soiled; get a new N95 respirator.
- DON'T reuse; toss it after wearing once.
- DON'T let patients or visitors wear N95 respirators unless they've been fit tested to wear them.
- DON'T wear an N95 respirator that hasn't been properly fit tested. Proper fit is essential.
- DON'T use the N95 respirator if air leaks around the respirator edges.
- DON'T touch the front of the N95 respirator as it is contaminated after use. DON'T snap the straps, as that may spread germs.
- DON'T share your N95 respirator with others; germs can spread that way.
- DON'T leave an N95 respirator hanging around your neck.



#### Personal Respirator N95 Considerations:

- Don't wear if wet or soiled: get a new N95
- Don't reuse; toss after wearing once
- Don't let patients or visitors wear a N95 unless they have been fit tested. Offer a procedural, droplet mask
- Team member should not use the N95 if air leaks around the respirator edges
- Don't touch the front of the N95 as it may be droplet contaminated after use
- Don't leave an N95 hang around your neck



#### <u>Airborne Isolation Patient Is Expected To:</u>

- Wear a droplet (procedural) mask for transportation or ambulation outside the negative airflow room environment if tolerated
- Call Infection Prevention for guidance on activities of daily living such as showering



# <u>Discontinuation of Isolation/and or Discharge:</u>

- Must have Infection Prevention or MD approval
- Sign stays on closed door with no new admissions to room for a minimum of 50 minutes
- Team members wear a respirator if going in/out room during the 50 minutes
- Terminal cleaning per standard practices



# Blood and Body Fluid Exposure



# Sharps Safety

- Defined as: needles, scalpel blades, and other objects that can penetrate the skin
- Dispose of them in puncture-resistant container immediately after use
- Do not recap needles
- Use a no-pass technique for handling sharps during surgical procedures
- Use mechanical device (forceps) for removal of reusable sharps
- Use caution when handling needles or other sharps
- Use safety-designed products whenever available. New safety-designed products are being added to our inventory as they become available



# Blood/Body Fluid Exposures

• A blood/body fluid (BBF) exposure is defined as an event in which personnel come into contact with blood or other potentially infectious material through direct contact, contaminated instruments or by other indirect means (e.g. needle stick)

•BBF exposures should be reported as soon as possible to supervisor so that appropriate counseling and medical follow up takes place

### Bloodborne Pathogens and Exposure Response

- North Memorial Health maintains an **Exposure Control Plan** to mitigate exposure opportunity to bloodborne pathogens
  - -Hepatitis B (HBV)
  - -Hepatitis C (HCV)
  - -Human Immunodeficiency Virus (HIV)
- Exposure control is managed through work practice controls, engineering controls and use of personal protective equipment
- The Exposure Control Plan is reviewed annually and available to all team members through PolicyTech

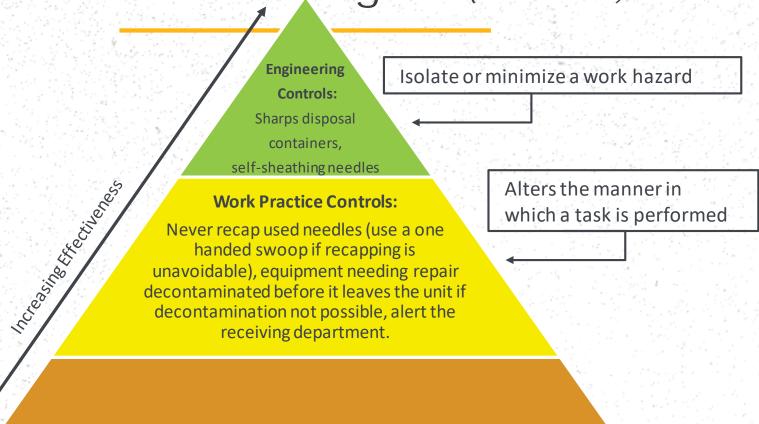


# Bloodborne Pathogens

Pathogen	Epidemiology and Symptoms	Vaccine Availability	Exposure Risks
Hepatitis B	<ul> <li>Virus that causes liver infection (can be acute or chronic)</li> <li>Incidence of new HBV infections has been declining in the United States due to vaccination efforts</li> <li>Transmission occurs through activities that involve percutaneous (puncture through the skin) or mucosal contact with infectious blood/body fluid</li> <li>Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice and begin an average of 90 days after exposure</li> </ul>	<ul> <li>Hepatitis B is preventable through vaccination</li> <li>NMH Team Health offers this vaccination to susceptible team members at no cost to them</li> <li>The vaccine is given as 3 intramuscular doses over a 6-month period. The vaccine is safe and effective, but some may experience mild symptoms such as soreness at site of injection and mild fever after administration. Severe allergic reactions are rare</li> <li>The vaccine has a 95% efficacy rate</li> </ul>	Without the vaccine, the risk of acquiring HBV after an exposure ranges from 6-30%     Acute infection ranges from asymptomatic to mild disease     Chronic infection can be more serious, leading to liver cirrhosis or liver cancer
Hepatitis C	<ul> <li>Virus that causes liver infection (can be acute or chronic)</li> <li>Estimated 2.7-3.9 million people have chronic HCV in the United States</li> <li>Transmission occurs when blood from an infected person enters the body of someone who is not. Risk from sexual contact is low.</li> <li>Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice and begin an average of 6-7 weeks after exposure</li> <li>Many do not show any symptoms at all</li> </ul>	There is no vaccine to prevent Hepatitis C	<ul> <li>The risk for acquiring HCV after exposure is about 1.8%</li> <li>75-85% of people who become infected will develop chronic infection</li> <li>Can result in liver damage, liver failure, liver cancer</li> <li>Most common reason for liver transplant</li> </ul>
ИΙV	<ul> <li>HIV is a virus that attacks the immune system and can lead to a more severe phase called AIDS, in which severe illness and opportunistic infections can occur</li> <li>1.1 million people in the United States live with HIV and new infections have been declining since 2008</li> <li>Transmission occurs through activities that involve percutaneous (puncture through the skin) or sexual contact with infectious blood/body fluid</li> <li>Initial symptoms may be flu-like including fever, chills, fatigue, muscle aches, sore throat and swollen lymph nodes</li> </ul>	There is no vaccine to prevent HIV	Healthcare worker risk is considered low. The likelihood of infection after exposure through a contaminated needle is estimated to be less than 1%



# Bloodborne Pathogens (Continued)



Personal Protective Equipment



# Blood/Body Fluid Exposures

- Team members report to the <u>Team Member Health Center</u> when exposure occurs during business hours (0700-1530 Monday-Friday)
  - Team members include paid employees of NMH, medical staff, students and volunteers
  - At all other times, report to the NMHH Emergency Department or MGH Emergency Care Center for follow up evaluation
- All other individuals working in an NMH facility who experience an exposure should <u>only</u> report to the Emergency Department or Emergency Care Center
  - Examples: A contracted dialysis nurse, a construction worker, a First Responder not employed by NMH



## Blood/Body Fluid Exposures (Continued)

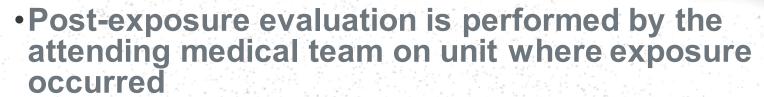
- Obtaining blood testing for the <u>source individual</u> involved in an exposure:
  - Identify the source individual whenever possible
  - Bloodborne pathogen testing may be done only if Consent for Services is signed
  - Testing for HIV, HBV and HCV should be ordered using the Source/Exposed Patient Lab Request Form
- Exposure forms can be found in the NMHH ED, MGH ECC, Team Member Health Center and Bloodborne Pathogen Exposure Management policy in *PolicyTech*



# Blood/Body Fluid Exposures (Continued)

#### Patient to patient exposures:

 –i.e. Breast milk given to wrong infant, insulin pen of one patient used by another, use of contaminated surgical instrument



- Follow procedures outlined in the Bloodborne Pathogen Exposure Management policy in *PolicyTech*
- Send corresponding, completed form to Infection Prevention at the appropriate site



## Blood/Body Fluid Exposures (Continued)

- •Summary: It's important that timely follow up is done when a BBF exposure occurs
  - The exposed person should always be evaluated by a licensed healthcare provider so that
    - 1. Treatment can be initiated if its deemed necessary
    - 2. Blood testing can be done
  - Blood from the source person is collected and tested so that exposure risk can be fully understood
  - -If the exposed person is a patient, they are alerted to the exposure and medical team provides counseling and evaluation Please escalate immediately to your supervisor and consult Infection Prevention if there is any question regarding risk



# **Good Practice Reminders**



#### Team Member Food and Drink Storage

- In accordance with OSHA's Bloodborne Pathogen Standard, food and drink may not be stored on any surface where:
  - There is potential for cross-contamination with blood/body fluid
  - Patient care support such as specimen handling/storage, equipment reprocessing or supply storage occurs

All team member food and beverage should be stored in a designated location on the

unit



Potential cross-contamination, drinks stored on countertop used for patient care support



#### Linen Management

- Clean linens should be covered during <u>transport</u> and stored in covered containers, or within a closed storage room.
- Soiled/used linen is considered contaminated and should be handled wearing gloves.
  - Dispose at point-of-use in designated container
  - When moving to a collection area, wear gloves and keep away from your uniform



#### Healthcare-Acquired Infections (HAI)

# North Memorial Health monitors and reports healthcare-acquired infections including:

- Multi-drug resistant organisms (MRSA, ESBL, VRE, GNRs)
- Device infections (catheter-associated bloodstream and Foley infections, ventilator-associated pneumonia, etc.)
- Procedure infections (surgical site infection)
- Best practice policies and procedures are in place to reduce opportunity for these infections





#### Influenza Immunization

#### First, do no harm...

- Don't transmit flu to your colleagues and patients while the flu vaccine isn't 100% effective at prevention, it is:
  - Safe
  - Easy
  - Shown to improve outcomes

#### Build a fortress of immunity...

- The more of us that get vaccinated, the less likely flu will spread from person to person! Even those who cannot get vaccinated get me protection because the disease has little opportunity to spread from
- This is known as herd immunity



# Quality Program and Initiatives

2019



#### **Quality Management System**

#### **Quality Standards and Regulation**

- North Memorial Health Hospital, our Specialty Clinics and our Comprehensive Stroke Program are accredited by DNV-GL.
- DNV-GL, the Joint Commission and others are granted federal authority for hospital survey and accreditation.
- CMS Conditions of Participation are standards for health care services that all healthcare organizations must be surveyed against for compliance in order to care for most patients under federal and state programs.
  - Without accreditation we would not be reimbursed for our Medicare/Medicaid patients
- The National Integrated Accreditation for Healthcare Organizations (NIAHO) standards are developed by DNV-GL to incorporate the CMS Conditions of Participation requirements and for hospitals to use for accreditation.
  - CMS COP + ISO = NIAHO



#### Quality Management System (Continued)

- ISO 9001:2015 Quality Management System standards or clauses are internationally recognized standards for quality process design, management, and improvement, integrated with the NIAHO standards for our accreditation program.
- The Quality Management System (QMS) is the framework by which we monitor and continually improve our processes within the organization.
- QMS is comprised of the CMS Conditions of Participation/NIAHO Standards, the ISO 9001:2015 Standards and our mission, vision and values.



#### Quality Management System (Continued)

- At a department or unit level you will see your QMS reflected in your quality board. Team members:
  - know where your quality board is located
  - understand the work you are focused on to improve the care you give to our customers
  - know how this work reflects the overall QMS of the organization (strategic priorities)
    - For example; a lower Hand Hygiene rate of 80% at a department level affects the overall Hand Hygiene rate of the hospital 89%. Therefore, an incremental improvement in Hand Hygiene will help to improve the overall hospital rate.
- We perform internal audits to assess the strength and compliance of our quality system. This is another way to say that we are "doing what we say we are doing" as reflected in our policies and procedures,
- Specially trained internal auditors focus on high risk processes in each department as a way to proactively identify areas of vulnerability within our organization. This allows us the time to fix our process so that it matches procedure/policy.



## Pain Management

# Improve recognition and response to changes in a customer's condition:

- All customers will receive the best level of **pain control** that can safely be provided in order to prevent unrelieved pain. See procedure: *Pain Management*. Pain management includes regular pain assessments that include level of pain, location, intervention, reassessment and appropriate customer/family intervention/education.
- At North Memorial, we take a holistic approach to pain management and focus
  especially on making sure our customers are comfortable during their
  hospitalization. In addition to medications and non-pharmacologic treatments (such
  as aromatherapy and heat/cold compresses), comfort enhancing techniques include
  a quiet environment conducive to healing, a warm smile and conversation, and
  attention to details (for example, making sure the call light is within reach, watching
  for non-verbal signs of discomfort). We believe everyone has a role in helping our
  customers.

#### Pain Management (Continued)

#### Other best practices also include:

- Providing customers/family with verbal and written information about pain management, including pharmacologic and non-pharmacologic interventions.
- Teaching customers/families to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention. (Example pain scales: Numeric, Verbal, N-Pass, FLACC, Faces, Behavior.)
- Developing an individualized pain management plan which includes the customer's goal for pain management, customer preferences for treatment, age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices.
- Re-evaluation of pain control must be completed minimally every 2 hours. Best practice is 30 minutes after an IV medication intervention, 60 minutes after a PO/IM pain medication intervention or 15-60 minutes after a non-pharmacological intervention.
- Perform hourly rounding using PEEP (Pain, Elimination, Environment, Positioning) as a tool each hour to ensure pain is being managed and reassessed.
- Using the CareBoards and communicating comfort goal, plans and interventions to team members and customer/family.



#### Stroke Awareness Revised 8/16/19

Stroke has decreased to the 5th leading cause of death but remains the #1 cause of disability in Minnesota and in the United States. North Memorial Health as a Comprehensive Stroke Center is at the forefront of that change to improve the quality of stroke care throughout our region. In 2019 the American Stroke Association (ASA) has again awarded NMH it's highest award: Gold Plus Target Honor Roll Elite for the quality care we deliver to our patients.

#### What is a stroke?

A stroke occurs when a clot blocks the blood supply to the brain (ischemic or when a blood vessel in the brain bursts (hemorrhagic). A CT scan is used to determine the type of stroke and the appropriate treatment.



#### Stroke Awareness (Continued)

#### Signs and symptoms of Stroke:

Early recognition is key in Stroke-because Time is Brain! All staff should recognize the warning signs of stroke. The acronym used to recognize stroke is now

$$B-E-F-A-S-T$$

B= Balance Aperson may have difficulty walking and may even appear drunk.

E= Eyesight or vision Any change in vision, double vision, inability to see on one side-all these can be signs of stroke.

F=Facial droop Facial droop, or facial weakness may be apparent when you ask the person to smile.

A=Arm Weakness Ask the person to hold up their arms in front of them...does one drop down from its position?

S=Slurred Speech Is the persons speech clear? Ask them to speak for you.

T=Time Call a Stroke Team Statifin house. Outside the hospital, always call 9-1-1 The EMS crews can begin stroke identification in the ambulance and alert the hospital



#### Stroke Awareness (Continued)

#### **Stroke Risk Factors:**

- Prevention of stroke depends on your ability to manage your Stroke Risk Factors. There are risk factors that you can control, called modifiable risk factors and ones you can't control called nonmodifiable risk factors. The non-modifiable risk factors are things like age, heredity, sex, and having had previous strokes.
- Concentrate your efforts on those risk factors which are modifiable. These are: your blood pressure
  (the American Heart Association recommends less than 120/80), keeping a healthy weight, staying
  active, and eating a healthy diet. Also pay attention to your "numbers" like your cholesterol level.
  The American Stroke Association recommends total Cholesterol <200 and an A1C <6 to measure for
  diabetes.</li>
- If you are on blood thinners make sure to take them as directed and don't stop them without your doctor's knowledge.

#### **Questions-Resource Center**

Recovering from a stroke can be a lifelong process. For help for your customers or their families, contact the Stroke Center. We are located on the North Memorial Health Robbinsdale Campus in the Atrium, on the Plaza level, behind the gift shop. The Stroke Center is open Monday-Thursday from 8:00 a.m.- 4:00 p.m. Call 763-581-3650 or email at Stroke.center@northmemorial.com



# Baby Frie Baby-Friendly USA. The gold standard of care

- North Memorial became a Designated Baby Friendly Hospital in September 2017.
- There are 14 Baby Friendly hospitals in MN, including North Memorial Health Hospital and Maple Grove Hospital. This evidenced-based, best practice designation enhances maternal-infant care by
  - Educating staff and customers about the benefits of breastfeeding for both mother and infant
  - Ensuring that policies, practice, and education support mothers in meeting breastfeeding goals.
- Organization-wide breastfeeding and lactation support is available for ALL lactating customers.
- Avoid telling customers to "Pump and Dump". Instead "Pump and SAVE" mom's milk, until meds can be evaluated by Pharmacy, Lactation, and/or by the provider using MedsMilk Website thru Epic Tools
- Donor human milk is available for breastfeeding babies if mother's milk can't be used or if mother isn't available to feed baby her milk. Contact L&D for consent forms and to obtain donor milk.



The Lactation Office is located at E3.096, and can be reached at ext# 1-8340



#### Did you know...

- Mental illness touches all of us every day.
- 1 in 4 people will experience a mental illness at some point in their life.
- Mental illness touches individuals of every race, age, ethnicity, and occupation.
- Mental illness disrupts a person's thinking, feelings, mood, ability to relate to others, and daily functioning.
- Mental illness is biological in nature and can be treated effectively.



- Stereotypes surround mental illness and create a sigma around this medical illness.
  - -Sigma impacts how each of us think about, talk about, and even treat those experiencing a mental illness
  - –Media often portrays mental illness in a negative light-usually as associated with violence. In reality, only 5% of violent crimes are committed by an individual suffering from mental illness.
  - -Stigma can be very harmful and often leads people to be ashamed of their or their family member's illness. It causes most people to wait an average of 10 years to seek treatment. The impact of this waiting will results in high school dropout rates (highest rates are youth with mental illness), suicide, job loss, and isolation, to name a few.

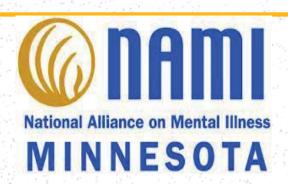


The Make It OK campaign exists to equip people to better understand mental illness and to encourage people to start talking more openly about it.

# Their mission is reflected in their tagline "Stop the silence: Make It OK"

They highlight that it is OK, mental illness is a medical illness, not a character flaw, and they seek to equip people with tips to stop the silence and start talking.





Visit **NAMIhelps.org** for more information and resources for mental illnesses.



Visit MakeltOK.org for more tips on talking about mental illness.



# Communication and Identification

2019



#### Information for Vocera Users

The Vocera badge is to be used primarily for internal business to relay information that pertains to active customer care and to assist staff in being responsive to customer's needs.

- Every attempt should be made to achieve appropriate communication practices to limit disruption to the customer and care teams within North Memorial and to protect customer information. Inappropriate or vulgar language shall not be used. Be aware of the volume of your device settings and your voice when using Vocera.
- Team members must always be aware of their surroundings and protect patient information as outlined by HIPAA. The following options will help maintain confidentiality during calls:
  - Walk to a private area to take the call
  - Place the call "on hold" and walk to a private area to take the call
  - Transfer the call to a nearby phone and resume the call
  - Return the call at another time
  - Do not leave messages that include customer identifiable data
  - Do not leave messages that include medical verbal orders. Vocera messaging shall not be used to give or receive medical verbal orders.





#### Information for Vocera Users (Continued)

#### **Reminders:**

- Be courteous and respective when answering a call on Vocera.
- Set the stage for a caller "Hi this is ----, I am with a customer, how can I help you?"
- If calling someone on Vocera, be mindful that they may not know who is calling and may be busy, say "Hi this is----, is this a good time?" or "Hi this is ---, can you please call me when you are finished?"

More detail about communicating via Vocera can be found in the policy "Appropriate Use of Vocera Communication System" found in *PolicyTech* on the North Memorial Intranet.





#### Patient Identification

- Use <u>two</u> patient identifiers, name and date of birth (DOB), when administering medications, collecting blood samples and other specimens for clinical testing (three unique identifiers are required for any Blood Bank samples--name, DOB and MR#), and providing treatments or procedures and services. Services include transporting patients within North Memorial Health Hospital and transferring patients to other healthcare facilities.
- Patient identification includes active involvement of the patient, if able, and/or family. If possible, <u>always ask the patient to state their</u> name and DOB.
- The patient identification (ID) bracelet must be on the patient at all times; it cannot be taped to the bed.
- The patient's room number or physical location is NEVER used as an identifier.
- If the patient's identity is unknown refer to the Section: *Patients that Present with Unknown Identifying Information* in the *Patient Identification* policy.



### Specimen Labeling for Lab Testing

- The correct labeling of laboratory specimens is critical to customer care and customer safety.
- Print labels only when you are ready to collect the specimen from the customer.
- If any part of the patient (customer) identification is missing and/or "cut off" you may hand write it on the label. Call x1-2580 for any label printer problems.
- Collect all blood samples according to established "Order of Draw" and mix well immediately after collection. Refer to Laboratory section under Clinical Services tab on the Intranet for more information.
- Label all samples at the customer's bedside, verifying that the patient (customer) identification band matches the sample labels before you leave the room.
- Place label over the original label on the tube, with tube cap on the LEFT (not over the clear opening—sample must be visible to ensure specimen integrity).
- Never label "the lid" of a sample. The identification must be on the body of the container.
- Write the date, time and *your* initials on the bottom, lower right corner of the printed label with ink. Do NOT use marker or pencil as it interferes with the bar code reader.
- The laboratory will test only those samples that have complete and accurate identifying information affixed to the specimen container. Specimens that are not adequately labeled must be recollected per laboratory policy.



#### Point of Care Laboratory Testing in the Hospital

- North Memorial Clinical Laboratory supports Point of Care testing in the hospital. It includes: whole blood glucose testing house-wide; blood gas and limited chemistry reporting in the ED, NICU, ICU's and OR; activated clotting time (ACT) in OR, Cath Lab, and A4; urinalysis, hCG and Strep A testing in the ED; and AmniSure ROM (rupture of fetal membranes) in Labor and Delivery.
- There is required initial and annual competency for all waived testing (WBG, urinalysis Clinitek, hCG, and Strep A), and an additional 6 month <u>AND</u> annual competency for "moderate complexity" testing (EPOC, Hemochron and AmniSure).
- Patient (customer) identification is the first and most important step in performing bedside testing on our customers. All Point of Care testing requires the <u>HAR</u> (encounter) number for patient (customer) ID. The team member performing the testing must accept the responsibility toward assuring the accuracy of every single result. Following the individual testing procedures in *PolicyTech* and adhering to all of the test requirements are mandatory.



#### Surgical and Procedural Site Marking

- Surgical and procedural site marking occurs to insure the correct procedure is completed on the correct customer. Customer site marking occurs before procedures, regardless of where the procedure will be performed, e.g. Operating Room (OR), Patient Care Center (PCC), Post Anesthesia Care Unit (PACU), Interventional Radiology (IR), or the customer's room.
   Verification occurs at multiple points in the care of the customer and requires coordination between the privileged provider performing the procedure, the customer or legal guardian, and all members of the surgical/procedural team.
- The privileged provider performing the procedure marks the correct surgical or procedure site. With the customer awake and aware, if possible, the privileged provider will mark the procedure or operative site with their initials. The site will be marked with a permanent marker that will be visible when any draping or prepping of the site occurs. When unable to mark the site, this is documented on the *Alternate Site Marking Tool*.
- For anesthesia procedures, such as regional blocks, the anesthesiologist will mark the site with an "A" and circle the "A". For procedures involving the spine and ribs intra-procedure imaging with opaque instruments marking the specific boney landmarks will be taken and are compared with the pre-procedure imaging. Final verification is the comparison of pre- and intra-procedure imaging by the privileged provider performing the procedure.
- Associated Policy: Time Out



#### Time Out

 Just prior to the incision, injection, or procedure start, a final verification process "Time Out" is performed. Through active verbal participation, the privileged provider performing the procedure and surgical or bedside procedure will initiate the "Time Out" by stating "Let's do the Time Out."





#### Time Out (Continued)

- All team members will stop their routine duties and focus their attention on the final verification of:
  - · Customer identity using two identifiers;
  - Informed consent form/source documents;
  - · Correct operative or invasive procedure;
  - Correct procedure side or site (and level if appropriate);
  - Necessary imaging, equipment, implants, or other special requirements available, as appropriate;
  - Correct customer position;
  - Visualization of the marked site(s), if applicable;
  - Pre-procedural antibiotic administered, if appropriate
  - Fire Risk Assessment is conducted for all procedures in the Operating Room and as applicable for procedures outside the Operating Room, e.g. Cardiac Catheterization Lab, Interventional Radiology, Emergency Department and at the bedside. The Fire Risk Assessment is completed by the Anesthesia Provider, when present.
  - Medication on field
  - Allergies
- Associated Policy: Time Out



#### Stop the Line

All team members, medical staff, students and volunteers have the responsibility and authority to immediately intervene to protect the safety of a customer, to prevent a customer safety event and subsequent customer harm. Any team member providing customer care will immediately stop and respond to the request to stop for clarification to reassess the customer's safety. This is a proactive practice to **speak up** in advocating for all our customers receiving care. North Memorial Health leadership supports all personnel to speak up and advocate for customer safety.

Any team member who observes or becomes aware of an imminently harmful situation in customer care has the authority and responsibility to speak up and request the process be stopped in order to clarify the customer safety situation.





#### Stop the Line (Continued)

- Examples of care situations of concern might be:
  - A customer is being prepared for a surgical procedure, when you notice missing elements on the informed consent and another team member is present to transport the customer to the OR.
  - A team member enters a customer's room to transport them to another unit for testing and when checking the patient (customer) identification, the arm band is missing and you observe the customer transferred to the wheelchair in preparation to leave the room.





#### Stop the Line (Continued)

- The staff member is to "Stop the Line" and says in a firm, clear and respectful manner: "Stop. I have a customer safety concern." Team member is to verbalize "Stop. I have a customer safety concern" at least two times to ensure that the request has been heard by all parties involved.
- A "Stop the Line" situation takes priority over any provider and/or licensed independent practitioner order or intervention. Care is resumed when all of the involved parties are in agreement that the concern(s) have been resolved, explained and/or reconciled.
- When there is non-compliance in responding to the "Stop the Line" request, the *Chain of Command* (Administrative Consult policy) process is followed.
- Care situations, in which a "Stop the Line" request was verbalized and not honored are reported, reviewed and followed up by clinical leadership.
- Retaliation by any individual against a team member making a good-faith request to "Stop the Line" will not be tolerated. Medical Staff leaders and/or Human Resources are to be consulted if retaliation occurs or is perceived to occur.
- Associated Policy: Stop The Line



#### On-Line" Communication

- When using Social Media, non-corporate email/software, personal handheld devices, or any on-line communication we have an ethical and legal responsibility to:
  - Never discuss customer information over social media services e.g. cell phone text message, Facebook, Twitter, Instagram, etc.
  - Never take pictures or send email or text messages with customer information over personal phones/hand held devices.





#### Patient (Customer) Hand Off

- Customer hand offs have been identified as a vital opportunity to pass on information from team member/provider to team member/provider in order to keep a customer safe. NMHH procedure for customer hand-off is as follows:
- Each department or discipline supports a handover process (e.g. SBAR, ticket to ride) that includes the opportunity for questions and answers or verification of the received information, including repeat back process for information where appropriate (e.g., provider orders, treatments, emergency care needs).
- Distractions and interruptions should be limited during the handover process and the receiver of information has an opportunity to review relevant patient historical information.
- Written handover communication needs to be legible, and must include an opportunity to ask and respond to questions.
- Call or ask questions during or after handover. This could be via phone or face-to-face.



### Write/Record and Read Back Verbal/Telephone Orders

- Write /record and read back verbal/telephone orders and test results: Confirm accuracy with the person who provided the information.
- Do not use abbreviations, acronyms, and symbols: Prohibited abbreviations must never be entered into the customer electronic record or your notes. A list of prohibited abbreviations is found on NMH Intranet.
- Critical tests and critical results are reported and documented as a priority and are timely.
  Results must be communicated to or received by the responsible licensed caregiver (RN or MD) who may take action on behalf of the customer. Verification of customer identification and the reported critical value must always be confirmed with a "read back" of the information by a qualified recipient.
- Use standard hand-off process: Including an opportunity to ask and respond to questions for health care communications. Use SBAR (Situation, Background, Assessment and Recommendation) framework to pass on critical information about the customer and his/her care. Read-back to verify important information. SBAR is to be used in the customer's medical records notes as well as in verbal communications between health care professionals.



NORTH MEMORIAL HEALTH
2019 Annual
Compliance
Training





#### Overview of the NMH Compliance Program



- Helps NMH team members follow federal and state laws
- Demonstrates NMH's commitment to ethical business practices
- Encourages team members to report compliance concerns
- Facilitates timely response to identified concerns
- Reduces the risk of adverse government/regulatory actions



## Overview of the NMH Compliance Program

The Compliance Program helps NMH identify compliance issues and reduce compliance risks.

Compliance Department Staff work with team members to implement changes that correct identified non-compliance and prevent the problem from happening again.

## Compliance Program Activities

The compliance program includes:

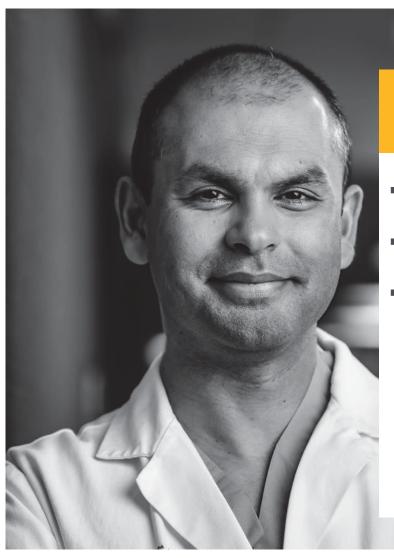
- NMH Code of Conduct
- Written policies and procedures
- Training and education for team members
- Monitoring and auditing activities that identify areas of non-compliance
- Investigation of reported concerns
- Corrective action plans to correct noncompliance



## Reporting Compliance Concerns

- All NMH Team Members are expected to report any known or potential concerns of non-compliance.
- Team members are able to report concerns in several different ways.
- All reported compliance concerns are investigated by the Compliance Department. Investigations are handled confidentially.





#### **How to Report a Compliance Concern**

- You can speak to your supervisor, and your supervisor will report the concern to Compliance.
- You can call or email any Compliance Department team member.
- You can contact the Compliance Hotline (763.581.4670).
  - This number is printed on the back of your employee badge!
  - You may leave an anonymous message on the Hotline

### NMH Prohibits Retaliation

NMH prohibits anyone from retaliating against a team member who asks compliance-related questions or makes a compliance report in good faith.

However, if you do not feel comfortable identifying yourself, you may leave an anonymous message on the Compliance Hotline.

Please be aware that anonymous reports do not allow Compliance Staff to gather more details from you to assist with completing a thorough investigation, so you are encouraged to leave contact information when making a report.



#### **Code of Conduct**

The NMH Code of Conduct is available on the Compliance Department intranet webpage.

The Code of Conduct is a set of principles that ensure NMH business is conducted in a safe, respectful, and ethical way.

All team members must follow the Code of Conduct when conducting their job duties.



#### **Conflicts of Interest**

- A conflict of interest exists when your own personal interests influence or appear to influence your actions while performing NMH duties.
- NMH has a conflict of interest policy that all staff must follow. Any potential conflicts of interest must be reported.
- The next slide explains NMH policies that prevent conflicts of interest.



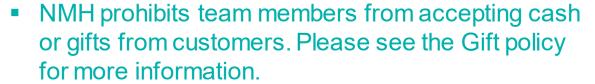
#### Conflicts of Interest

Business relationships may create conflicts of interests. To avoid conflicts of interests and violation of NMH policies, remember:

- NMH prohibits team members from accepting gifts or reimbursement from vendors. Please see the Gift policy for more information.
- NMH prohibits team members from conducting personal business when at work, as well as using NMH equipment or property for conducting personal business.
- Medical staff are prohibited from engaging in inappropriate self-referral arrangements.
- No NMH team member may offer gifts or payments of any kind to a physician who refers customers to NMH.

#### Conflicts of Interest

Team members must maintain professional relationships with customers. To avoid conflicts of interest involving customers, remember:



- Team members must not serve as a personal representative for a customer or be named in a customer's will.
- Clinical team members may not provide care to his/her own family members.











#### **Policies and Procedures**

- All NMH Policies and Procedures are maintained in the Policy Tech system.
- All Team Members have access to Policy Tech. It can be accessed through the NMH Portal.
- All new and revised Policies and Procedures must be approved according to NMH policy management process. You can learn more about this process on the NMH Intranet Policies and Procedures webpage.













## **Expectations of Compliance**

- Compliance is an expectation of your employment.
- Compliance violations are subject to disciplinary action, up to and including termination.
- All disciplinary actions taken for noncompliance are consistent with NMH Human Resources policies.

When in doubt, ask questions and report concerns!



2018 Information Privacy Training







#### **Protected Health Information**

NMH must protect our customer's Protected Health Information (PHI). Not only is this a compliance obligation, it is also a requirement for providing unmatched customer service.

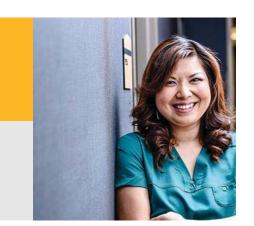


- Identifies or could reasonably be used to identify the customer; and
- Relates to the customer's health, health services received, or payment for those services.



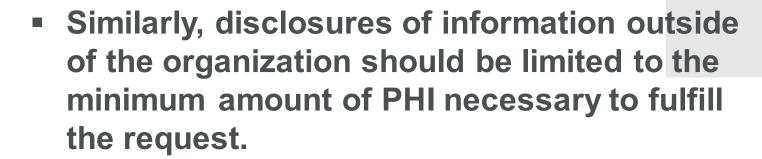
## **Minimum Necessary**

When doing your job, you may only access the minimum amount of PHI necessary for you to accomplish your work.



- This is known as the "minimum necessary rule."
- NMH privacy policies prohibit you from viewing any information that is not required for you to complete your job tasks.

## Disclosure of PHI







#### Disclosure of PHI

- Most disclosures that are for purposes other than treatment, payment or health care operations require customer authorization.
- NMH privacy policies explain when disclosures may be made without authorization. Examples include:
  - Reporting child abuse/neglect to child protective services.
  - Responding to inquires from health oversight agencies, such as the Centers for Medicare and Medicaid Services (CMS) or the MN Department of Health.
- NMH privacy policies provide additional information about appropriate disclosures. When in doubt, do not disclose PHI outside of NMH without consulting the Privacy Department.



# You must take the following steps to protect PHI:



- Do not discuss PHI in public areas.
- Do not leave written PHI unattended or in plain view.
- If visitors are present when interacting with a customer, you should ask the customer if he/she would prefer privacy before discussing PHI.

# You must take the following steps to protect PHI:



- Do not leave PHI in voicemail messages.
- When taking a telephone call, verify the identify of the caller before providing any PHI. Only provide PHI to authorized individuals.
- If faxing PHI, always use a cover sheet to protect any PHI on the other pages of the fax.
- PHI can be sent internally via email. No PHI (e.g., patient name or MRN) should be in the subject line of the email.
- Any PHI emailed outside of NMH must be sent secure and encrypted.

# You must take the following steps to protect PHI:

- Double check patient identifiers on all paperwork, such as discharge summaries and after visit summaries before handing paper to customers. This will prevent PHI from being given to the wrong customer.
- All paper containing PHI must be disposed of in confidential destruction bins (Shred-It). Keeping discarded PHI in a box near your work station is prohibited.



#### Cell Phones and Social Media

- Never take customer photos or transmit PHI over personal cell phones/devices.
- Never post North Memorial business or PHI online.

The NMH Social Media Policy provides guidance for social media use. The Social Media user guide can be found on the Compliance intranet webpage.



### **HIPAA Privacy and Epic Use**

NMH team members who use Epic must follow privacy policies to ensure the privacy of customer information.

#### Curiosity is **NEVER** an appropriate reason to look at customer PHI.

- You must have a business purpose for accessing any patient record.
- Only access the minimum necessary PHI needed to complete your work.
- The next slides provides examples of Epic use that is prohibited.



## HIPAA Privacy and Epic Use

#### NMH privacy policies prohibit you from viewing:

- Census reports/customer records from units where you are not assigned.
- Records of family members, friends, co-workers, etc. unless required to do your job.
- Records of customers that you hear about in the news.
- Pages or portions of the Epic record that you do not need to access in order to complete your work.



### Epic "Break-the-Glass"

- NMH uses Break the Glass functions in Epic as an added level of information security to certain health records that require additional privacy protections.
- If you get a Break the Glass notice, complete the prompts within Epic to access the record and do your job.
- If you get a Break the Glass notice, and you do not have a job related reason for viewing the record, close the record immediately.
- Privacy Department staff routinely monitor Break the Glass access.



## Epic access to your own health record

- NMH privacy policies do not prohibit staff from using Epic to view their own health record.
  - However, you are <u>strongly encouraged</u> to use MyChart to access your records.
  - MyChart is the Epic portal designed for use by all customers, including NMH employees who are also customers of NMH.
  - You may also access your health records by following the Health Information Management medical record access process.
- Team members are prohibited from documenting in or modifying their own health records in any way.



## Epic access to family records is prohibited.

Team members are prohibited from viewing the Epic records of their children (regardless of age), spouse, or other family members.

Employees who access the Epic records of family members are subject to investigation and disciplinary action.



## **Customer's Privacy Rights**

#### **Customers have the right to:**

- Access their health records.
- Request confidential communications and restrictions on their health records.
- Request amendments to their records.
- Request a list of certain disclosures of their health records.

Release of information requests and other requests related to health records should be directed to the Health Information Management department.



#### **Business Associates**

- NMH has contracts with many vendors and business partners that perform functions or activities on behalf of NMH that involve the use or disclosure of PHI.
- These partners are known as Business Associates under HIPAA.
- Prior to disclosing any PHI to a Business Associate,
   NMH must have a signed contract and a business associate agreement.
- All questions regarding Business Associate Agreements should be referred to the Privacy Department.



## **Privacy Audits**

- All team members are subject to random and focused privacy audits.
  - If Privacy identifies Epic access that was not for a business purpose or was not limited to the minimum necessary, Privacy will contact the team member's manager and request follow-up.
  - Privacy policy violations are subject to disciplinary action in accordance with HR policies.
- NMH must report all confirmed privacy breaches to the Office for Civil Rights, which oversees HIPAA enforcement.



## Privacy Investigations

 All reports of privacy non-compliance are investigated by the Privacy Department.



- Reports may be made by any team member, customer, or family member.
- Reports may be made to the Privacy Officer.

NORTH MEMORIAL HEALTH
2019 Data
Security Training

















In addition to following Privacy policies you must also do you part to help secure the NMH information systems.

This module helps you understand your responsibilities related to data security and protecting the NMH information systems.















#### **Data Security**

The NMH Data Security Program provides controls to ensure that that customer health records and business data is kept secure.

Our Information Technology (IT) team members play a critical role in data security. You also play a critical role.

The next slides explain IT's role and your role in data security.



#### IT's Role in Data Security

NMH IT team members ensure Data Security in the following ways:

- Performs annual audits and risk assessments to identify security risks.
- Completes risk management plans to respond to identified risks.
- Maintains appropriate IT policies, processes, technologies, and workflows to manage and secure the IT systems.
- Monitors access and abnormal activity on IT systems (internet browsing, network storage, application clicks, email, etc.).

The data security program is managed by the Director of IT Infrastructure.



#### **Your Role in Data Security**

Every NMH Team Members must follow Data Security policies to ensure the privacy and security of customer's protected health information (PHI) and the confidentiality of business data. You must know and understand the "IT – Computer, Network and Internet Usage Policy." This policy is available in Policy Tech.



## Your job role will determine the type of access you have to the NMH computer systems.

- All team members need a password to log into the IT systems.
- You must always keep your password private. Do not post or share your password. If you suspect that your password has been used by someone else, change it immediately and contact IT.

#### **Your Role in Data Security**

## You must always secure your computer when you are away from it.

- If you are using a shared computer, you must always log out when you walk away from the computer. This ensures the privacy of any customer information you were accessing. It also prevents other team members from using the computer under your user account.
- If you have a dedicated work station, you must lock or log out of your computer when you are away from your chair.

You may lock your computer quickly by pressing Control/Alt/Delete or the "Windows" and "L" keys at the same time.



#### **Your Role in Data Security**

# All NMH data, including any PHI, must be kept on network drives.

- Never save information to your "local C: drive."
- Data Security policies prohibit using "thumb" or "flash" drives on NMH devices. No PHI or other NMH data may be stored on these devices.
- Never email NMH data to a personal email address or store it on a personal device.
- Contact IT for disposal of equipment (computer, medical device, thumb drive, etc.). This is important because PHI can be retained on equipment, and it must be properly removed before disposal.





#### **PHI** and Email

You must never email PHI outside of the North Memorial Outlook email system.

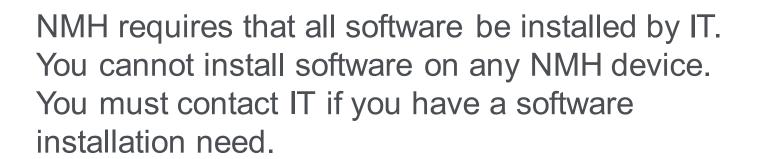


If your job requires you to email PHI to recipients outside of NMH/MGH, you must obtain access to the secure (encrypted) email system.

- PHI must only sent via the secure email system to external recipients.
- Contact your supervisor and IT for access.
- Team members who have access to this system can find locate it within the NMH Portal.

#### **Protecting NMH from Malicious Software**

Malicious Software (a virus) is a risk because if it is installed it creates vulnerabilities to the NMH computer system.





#### **Protecting NMH from Malicious Software**

Only browse work related websites at work.

Do not open or "click" on anything that seems suspicious or you do not know what it is. This may be an attempt by a hacker to compromise our computer systems.

If you think something unexpected was installed on your computer, contact IT immediately so that appropriate steps can be taken.



#### **Phishing Awareness**

Data Phishing is an attempt to gather sensitive information such as usernames and passwords, often for malicious reasons, by pretending to be a trustworthy entity.

The most common phishing attempts are email and text messages.

Never open emails or attachments if you do not recognize the sender.

#### **Downtime Procedures**

All clinical areas have downtime procedures to ensure that if there is a computer outage, team members can continue to provide and document clinical care.

You must learn your area's Downtime Procedures.

- Downtime Read Only access applies if the Epic system is down.
- Downtime workstation and "black box" procedures apply if the IT/computer systems are down.



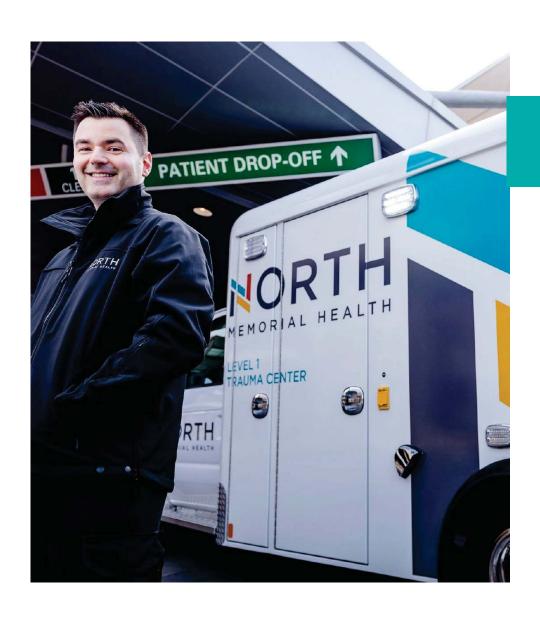
#### **Always Report Concerns**

Contact the **IT Service Desk** when something is not working properly or you notice any suspicious behavior or system malfunctions.



NMH promptly investigates all data security incidents and concerns made by customers, team members, and medical staff members.

Concerns or complaint about data security should be reported to the Data Security Officer.



#### **Compliance Contacts**

Dawn Backlund,

Interim Chief Compliance Officer

<u>Dawn.Backlund@northmemorial.com</u>

763.581.4732

**Deb Contreras,** Privacy Officer

Deb.contreras@northmemorial.com privacy@northmemorial.com 763.581.4437

Mike Sweet, Data Security Officer

Mike.sweet@northmemorial.com datasecurity@northmemorial.com 763.581.2503



# Workplace Violence and Situational Awareness for Clinical Team Members

Presented by the NMHH Workplace Violence Team 2019



## What is workplace violence?

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors.

 https://www.osha.gov/SLTC/workplacevio





lence/

## What is Workplace Violence?

• There are four types of workplace violence: criminal intent, customer/client violence, worker-on-worker violence, and personal relationship violence (CDC, 2014).



## Type I: Criminal Intent

- An example of violence with criminal intent would be a robbery, or being assaulted in the parking garage at your place of employment (CDC, 2014).
- Though this type of violence is possible in the hospital setting, it is typically more prominent in locations that carry cash on site.





## Type II: Customer/client-on-worker

- This type of violence includes patients, their family members, and visitors (CDC, 2014).
- Often referred to as client-on-worker violence, this can range from verbal abuse, threats, or physical abuse in the healthcare setting against providers (CDC, 2014).
- Most commonly experienced in the healthcare setting, this is the focus of workplace violence prevention.
- An example would be a patient becoming physically combative against a nurse or nursing assistant.
- Another would be a patient being verbally abusive in the waiting area.
- Unfortunately, no area of healthcare is immune to this type of violence.



## Type III: Worker-on-worker

- This type of violence occurs between coworkers, or from someone in a supervisory position.
- Emotional and/or verbal abuse such as intimidation, humiliation, or bullying is included in this type of violence





## Type IV: Personal Relationship

 A current or former personally related or intimate person that is threatening, and/or assaulting a staff member (CDC, 2014).

 An example is when the domestic abuser follows the healthcare worker to their workplace, or shows up during their shift

(CDC, 2014).

 This is not only dangerous for the healthcare worker, but could possibly endanger other staff members, patients, or visitors (CDC, 2014).





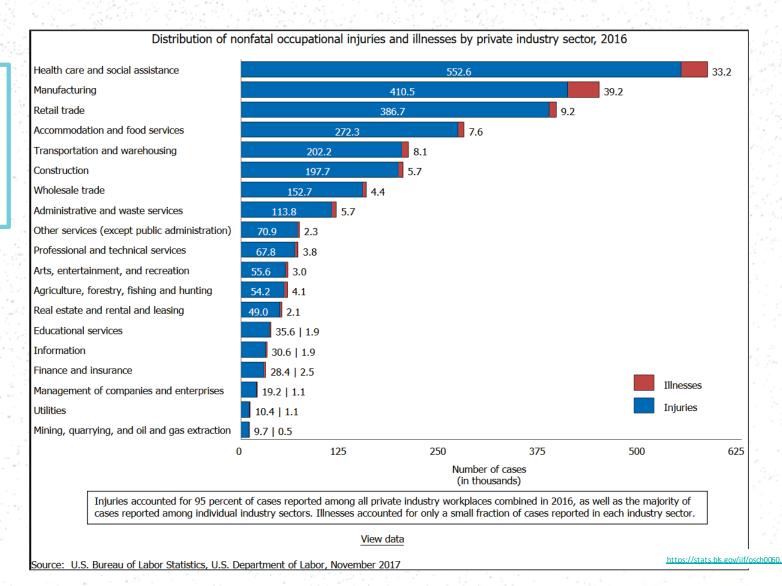
# NMHH's policy regarding workplace violence

- NMH recognizes that it is in the best interest of the community, team members, customers, and the organization as a whole, to maintain an environment which is free from violence and harassment and misuse of power and authority. Threats, harassment, aggressive or violent behavior by team members, customers, visitors, relatives, acquaintances, strangers, vendors, or others will not be tolerated.
- https://northmemorial.policytech.com/dotNet/documents/?d ocid=10030



Reported occupational injuries in health care in 2016:

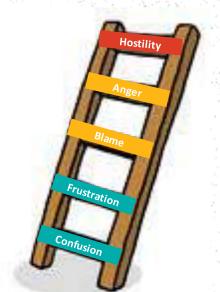
552,600





# Five Warning Signs of Escalating Behavior

- 1. Confusion
- 2. Frustration
- 3. Blame
- 4. Anger
- 5. Hostility



- Think of each Warning Sign as a rung of a lac
- The higher the individual is on the escalation ladder the harder it is to get them grounded to resolve the issue without assistance
- We want to catch the warning signs early and keep the individual from climbing up the escalation ladder



#### Confusion

# Warning Signs of Confusion

- 1. The person appears bewildered or distracted.
- 2. They are unsure or uncertain of the next course of action.

# Responses to Confusion

- 1. Listen Attentively to the person
- 2. Ask clarifying questions
- 3. Give factual Information



#### **Frustration**

# Warning Signs of Frustration

- 1. The person is impatient and reactive
- 2. The person resists information you are giving them
- 3. The person may try to bait you

#### **Responses to Frustration**

- 1. Move the person to a quiet location
- 2. Reassure them, talk to them in a calm voice
- 3. Attempt to clarify their concerns



## De-Escalation in P

- Listen and acknowledge (e.g. head nods, paraphrase back)
- Speak in a calm and even voice

Identify their values and respond in kind

- Demonstrate empathy do not get defensive
- Keep positive
- Do not get emotionally involved know your own triggers
- Apologize if appropriate
- Offer to let the person speak to another team member instead of you
- Make sure you are understanding them correctly and vice versa
- If they maybe a psych patient, reassure them you will keep them safe
- Give them space for their comfort and your safety!
- Don't turn your back to them



Summetized from <u>Auxiliations and Description</u> of <u>Confinentations</u> by Marge (Kip) Kippley, RN, former Learning Special for Fatrives behaviors Services at University of Mirresota Medical Center, Fatrives, Minnespolis, MN, 55454. Revisio by Niki Gjere, RN, PMHCNS-BC, Psychiatric Mental Health Clinical Nurse Specialist.

Gjere revision 10-15-



## De-Escalation over the phone

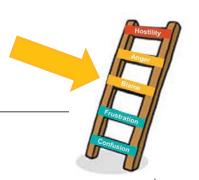
- Listen and do not cut them off
- Acknowledge by repeating back to them
- Speak in a calm and even voice
- Avoid putting them on hold
- Identify their values and respond in kind to build trust
- Do not argue
- Don't tell someone, "There is nothing I can do."
- Demonstrate empathy do not get defensive
- Keep positive
- Do not get emotionally involved
- Apologize if appropriate
- Offer to let the person speak to someone else instead of you
- Make sure you are understanding them correctly and vice versa







#### **Blame**



# Warning Signs of Blame

- 1. The person places responsibility on everyone else
- 2. They may accuse you or hold you responsible
- 3. They may find fault with others
- 4. They may place blame on you

## Responses to Blame

- 1. Disengage with the person and bring a second party into the discussion
- 2. Use a teamwork approach
- 3. Draw the person back to the facts
- 4. Show respect and concern
- 5. Focus on areas of agreement to help resolve the situation

#### **Anger**

## **Warning Signs**

#### of Anger

- 1. The person may show a visible change in body posture
- 2. Actions may include pounding fists, pointing fingers, shouting or screaming
- 3. This signals <u>VERY RISKY</u> <u>BEHAVIOR!</u>

## Responses

#### to Anger

- 1. Don't argue with the person
- 2. Don't offer solutions
- 3. Prepare to evacuate the area or isolate the person
- 4. <u>Contact your supervisor</u> and Code Green Team

#### Code Greens

- If you called for a Code Green:
- Make sure you are safe
- Continue to monitor the situation
- Provide information to the Code Green Team Members as they arrive so a safe plan of action can be determined





## Hostility

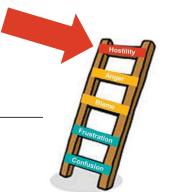
# Warning Signs of Hostility

- 1. Physical actions or threats appear imminent
- 2. There is immediate danger of physical harm or property damage
- 3. Out-of-control behavior signals the person has crossed the line

#### **Responses**

#### to Anger

- Don't argue with the person
- 2. Don't offer solutions
- 3. Prepare to evacuate the area or isolate the person
- 4. Contact your supervisor and Code Green Team





## **Broset Tool**

## **Early Detection**

- Most often, customers indicate increased anxiety, stress, distress through various behaviors. An established routine screening can assist in identifying customers who are demonstrating early signs of high risk behaviors.
- The Broset tool is an evidenced based tool that is used each shift in various organizations to identify customers who are high risk for violence.



## Violence Risk Assessment

- The Broset tool is a licensed tool created to help identify customers who have risk factors for violence.
- This tool has been built into EPIC
- Screening questions in EPIC:
  - Two or more risk factors equals high risk
  - Screens out low risk patients
- Risk factors that contribute to a positive screening:
  - Verbal aggression in past 24 hours
  - Past episode of violence/aggression
  - Alcohol or drug influence
  - Dementia or delirium
  - Psychotic symptoms
  - Hostility
  - Impulsivity

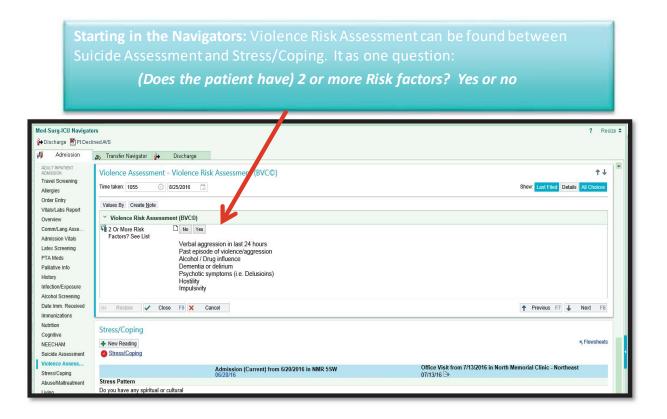


## Violence Risk Assessment (Continued)

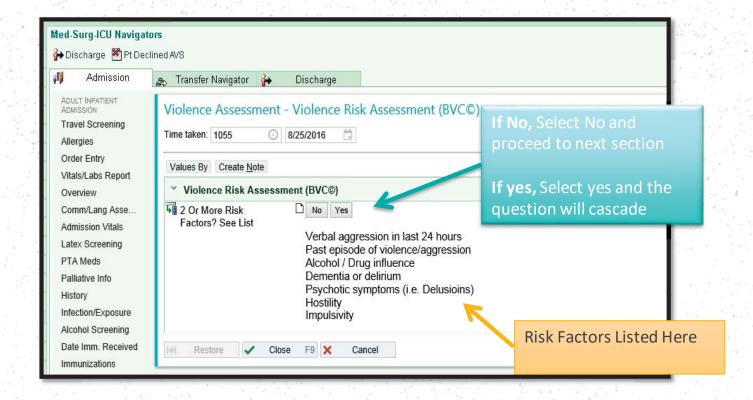
- In order to access the Broset tool, an initial assessment called the "Violence Risk Assessment" is used.
- This tool will be found in the:
  - Cares and Safety flowhseet (previously known as the Patient cares/ADL flowsheet)
  - Admission Navigators
  - Area specific Navigators (ED/ECC, PCC/PACU, etc.)



#### Violence Risk Assessment (Continued)



## Broset Tool (Continued)

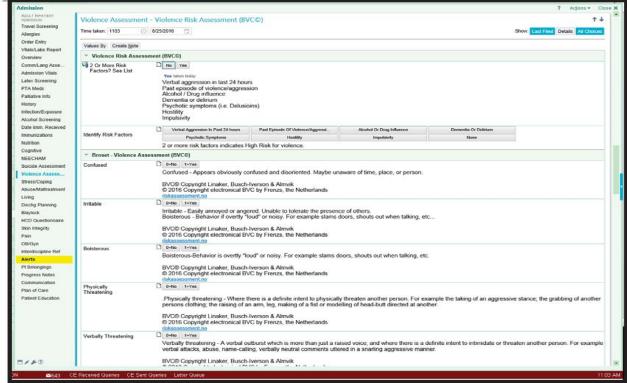






Selecting "Yes" will open up the "Identify Risk Factors" line. User will have to select specific risk factors.

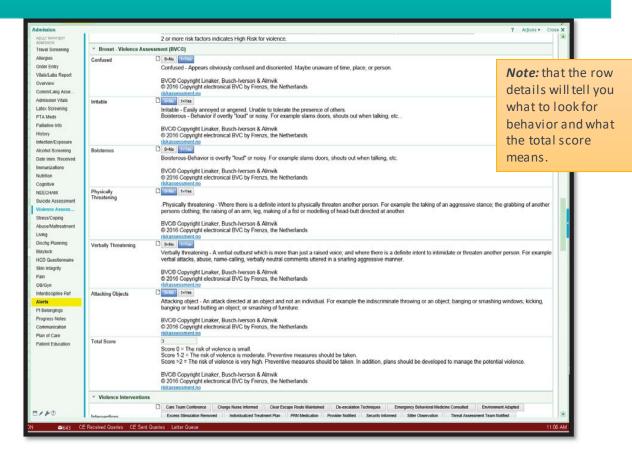




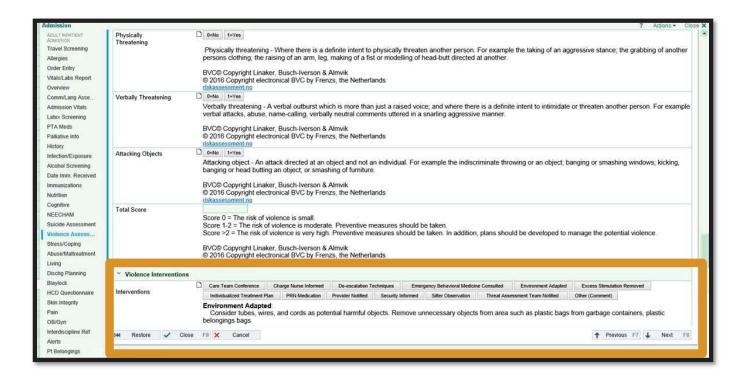
Selecting Yes will cascade open 2 more groups below the identified risk factors.

- 1: The Broset Violence Assessment
- 2: Interventions the nurse is to implement.

**Broset – Violence Assessment.** User will have to select Yes or No for each behavior choice. Total score will calculate.



## **Violence Interventions** – User will select interventions that were implemented.



## Interventions

- Care Team Conference
- Charge Nurse Informed
- De-escalation Techniques
- Emergency Behavioral Medicine Consulted
- Environment Adapted
- Excess Stimulation Removed
- Individualized Treatment Plan
- PRN Medication
- Provider Notified
- Security Informed
- Sitter Observation
- Threat Assessment Team Notified via Administrative Manager
- Unique Treatment Plan introduced 4th quarter 2018

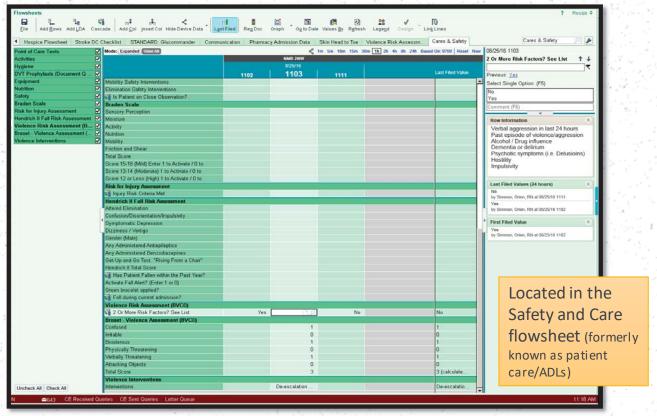


## Violence Risk Assessment (Continued)

- This assessment:
  - Is to be completed in all areas on admission (excludes NICU).
  - Is located in the Safety and Care flowsheet (formerly known as patient care/ADLs).
  - · Needs to be completed during each shift.
- If a customer has active interventions and is high risk, this assessment should be completed more frequently to capture changes and effectiveness of interventions.



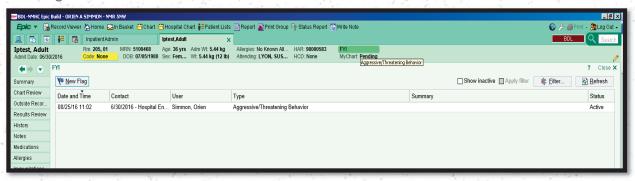
## Flowsheet documentation





## **FYI FLAG**

- Selecting "Yes" will automatically add an FYI to the customer's chart. If at a later time the customer no longer exhibits exhibit risk factors and the nurse now documents "No," the FYI is removed. You will have to close the chart before the FYI goes away.
- The Comment section should be used to identify known triggers or specific information that will assist team members in keeping the customer safe.
- NICU, Pediatrics, and other areas- the FYI can also be used for family or caregiver behaviors.





## We see the signs. Now what?



When you notice escalation of a customer this is the opportunity to further engage the customer to de-escalate their behavior.

Proactively call a code green when you realize your de-escalation tactics are not improving the situation.

Calling a code green offers you additional resources to create fresh alternatives and more opportunities for the customer to feel heard





#### **EXPRESSED OR** IMPLIED THREAT

Threatening to commit a crime that could harm or kill people videos, or a prolonged interest or damage a facility,



#### PHOTOGRAPHY/ SURVEILLANCE

Taking pictures or in personnel, facilities, security infrastructure, or secured site features, or infrastructure in an unusual or covert manner



#### THEFT/LOSS/ DIVERSION

Stealing or diverting items-such as equipment, uniforms, or badgesthat belong to a facility or secured site



#### **TESTING OR PROBING** OF SECURITY

Investigating or testing a facility's security or IT systems to assess the strength or weakness of the target

Recognize the Signs of Suspicious Activity





## BREACH/ATTEMPTED INTRUSION

Unauthorized people trying to enter a restricted area or impersonating authorized personnel



#### SABOTAGE/ TAMPERING/ VANDALISM

Damaging or destroying part of a facility, infrastructure, or secured site



## ELICITING INFORMATION

Questioning personnel beyond mere curiosity about an event, facility, or operations



#### MISREPRESENTATION

Presenting false information or misusing documents to conceal possible illegal activity

Recognize the Signs of Suspicious Activity



## Be Aware of Your Surroundings

In your everyday life, as well as at work, it's important to be aware of your surroundings.

Situational Awareness: the **perception of environmental elements** with respect to time or space and the **comprehension of their meaning**.

Hospital doors are open to the public, so it should be a best practice for all individuals working to keep an eye out for suspicious behavior.

If something doesn't feel right, it probably isn't.



## Threat Assessment Team

 To pre-plan, prevent, or respond to any actions, intentions, threats or other information which indicate harm to NMH Customers, Team Members, NMH property or facilities



NOTE: If there is an emergency, activate your emergency response procedures – call 911, \*99 or \*77



## When is the Threat Assessment Team Called?

When you feel threatened or receive a verbal or written threat (or witness someone else being threatened), notify your immediate supervisor/manager.

The supervisor/manager will contact Admin Manager or on-call Administrator who will page the sitespecific Threat Assessment Team.

NOTE: If there is an emergency, activate your emergency response procedures. Call 911, \*99 or \*77



## **Active Threat**

- Anything that is a threat to the safety of NMH team members, customers, or property.
- Replaces Code Silver and Code Yellow
- "Plain Language" ensures that both team members and visitors know the danger and how to respond; reduces confusion
- Examples include, but are not limited to: persons with weapons, bomb threats, terrorist activity, civil disturbances, suspicious packages, suspicious activity



### How do I identify an Active Threat?

#### Recognize:

- Potential threat: if you see something, say something
- Immediate threat: someone or something that can cause immediate injury or death – requires immediate action

#### Report:

- Report suspicious activity to Security immediately
  - \*99 NMHH
  - \*77 MGH
  - 9-911 for most sites not at either Hospital site
- Notify your supervisor
- Get to safety, then take note of what or who you saw/heard, when you saw/heard it, and where it occurred



## Report

To report suspicious activity, contact Security.

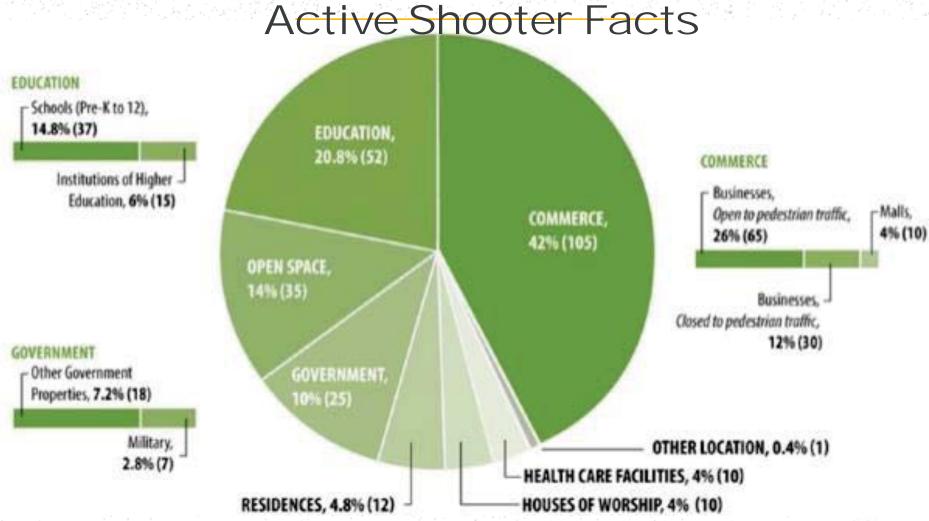
Describe specifically what you observed, including:

- Who or what you saw;
- When you saw it;
- Where it occurred; and
- Why it's suspicious.
- If there is an emergency, call 9–1–1.





NORTH



## Preparing for an Active Shooter

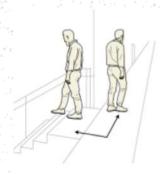
- An active shooter is an individual aggressively engaged in killing or attempting to kill in a confined and populated area.
- The situation occurs rapidly and without warning. The shooter's objective may
  be a specific target such as an estranged spouse or former boss or may just
  be all persons present. In either case anyone within weapon range is a
  probable victim.
- Most end in less than 15 minutes so the arrival of Law Enforcement may have little effect on the outcome. The shooter often commits suicide or is looking for "suicide by cop."
- Individuals need to prepare physically and mentally to respond to an active shooter incident.







## **Run Tactics**



## Choose a route carefully

Don't run willy-nilly or blindly follow a crowd. Pause to look before you enter choke points such as stairwells, lobbies and exits to make sure you can move through them quickly and not get stuck out in the open.



## Think unconventionally

Doors are not the only exits. Open a window; if you have to break it, aim for a corner. See if the drop ceiling conceals a stable hiding place or a way to enter another room. You may even be able to punch through thin dry wall between rooms.



#### Look down

If you're trapped on the second floor, consider dropping from a window, feet first, ideally onto a soft landing area. (But if you're higher than the second floor, the drop itself could



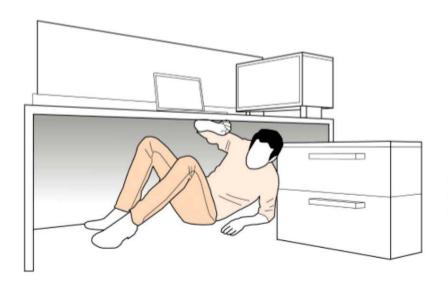


#### Be quiet and stealthy

Try not to attract a shooter's attention.
Remember that edges of stairs are less likely to creak than the centers.
Stay low and duck when you pass windows both inside and outside the building.



## Hide

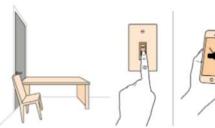


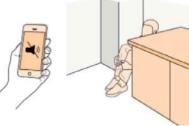
## **HIDE**

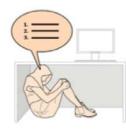
If you can't immediately leave a building or room, you want to buy time — time to plan another way out, time to prepare in case the shooter forces his way in, time for the police to arrive.



## Hide Tactics







#### **Block doors**

Don't just lock them, barricade them with desks, chairs, bookcases — anything big and heavy. Wedge objects under them at the farthest points from the hinges. Prop or wedge something under door handles to keep them from turning all the way. Tie hinges and knobs with beits or purse straps. A shooter doesn't want to work hard to enter a room.

#### Turn off lights, silence phones

Make sure someone has alerted 911 with as many details as you can about your location and anything you know about the shooter's whereabouts. Cover windows if you have time; if not, make sure you can't be seen through the glass.

#### Choose a hiding place

If you know you will hide and stay hidden, don't count on particle-board furniture to stop bullets. Get behind something made of thick wood or thick metal if you can, or stack several layers of thinner material. Make yourself as small a target as possible, either curling into a ball or lying flat on the ground.

#### Make a plan

Don't just get under a desk and wait. Plan how you will get out or what you and the other people who are with you will do if the shooter gets into the room.



## Fight



## **FIGHT**

This is the last resort, a dangerous option to be used only if your life is at risk and you are trapped with a gunman. Different situations call for different strategies, but all of these turn the element of surprise against the shooter.



## Fight Tactics









#### **Create chaos**

Throw books, coffee mugs — anything you can grab. Make noise. Keep moving. A moving target is much harder to hit than a stationary one. Greg Crane, founder of the ALICE Training Institute, which has worked with nearly 3,000 schools, said that even children can be taught to move, make noise and distract so they can buy time to get away.

#### Swarm

Some experts teach a Secret Service-style technique in which people wait beside the door and grab the shooter as he enters. At least one person goes for the arm that holds the gun, one wraps his legs and others push him down. Using their body weight, a group of smaller people can bring a large man to the ground and hold him there.

#### Move the weapon away

Once the gun is separated from the shooter, cover it with something such as a coat or a trash can. Don't hold the weapon, because if police storm in, they may think you are the shooter.

#### **Attack**

This is last even among last-resort options. The ALICE program doesn't even suggest this for adults, and none recommend it for children. But if you try to fight, choose a weapon and aim for vital areas such as the head, eyes, throat and midsection. Don't quit.



## Run, Hide, Fight – What About Customers?

The key thing to remember is that you cannot help others if you are injured or dead. <u>Do not delay getting yourself to safety in order to help someone else.</u>

## Things you can do:

- Encourage others to run with you if they are ambulatory
- Hide: shut doors and turn out the lights in patients areas that may not be able to evacuate
- If your best option is to hide in a customer's room, **barricade** the door and plan how you will **defend** yourself and the customer if the assailant manages to enter



## Team Member Health Services Center

## Serving YOU!

- Workplace Injury Prevention and Treatment
- Someone to talk to call (763) 581-2194
- EmployeeConnect, 24/7 help with:
  - Depression
  - Substance abuse
  - Legal and financial concerns
  - Martial or family difficulties
  - Stress management/anxiety
  - Child or elder care



## Closing Thoughts

- It is Everyone's responsibility to keep our workplace safe
- If You See Something, Say Something
- Remember to Run, Hide, Fight
- Report to Security, Your Supervisor, or any Leader
- If something does occur that you are a part of utilize Safety First and report it after the incident
- Team Member Health Services has great resources if you need them
- For more information on Workplace Violence and efforts to improve safety check out the NMR or MGH intranet pages



# Respectful Workplace, Unlawful Discrimination, Harassment and Retaliation Training

2019



## Respectful Workplace Statement

 North Memorial Health promotes a respectful work environment where people treat each other with respect, courtesy and professionalism and where individual differences are valued.



## Importance of Respectful Workplace Environment to Engagement/Experience

Disrespectful workplace

=

Disengaged Team Members

High Turnover

**Poor Customer Service** 

Safe and Respectful Workplace

=

**Engaged Team Members** 

Retaining team members

Unmatched Customer Service



## Objectives for this training

- Explain the components of a Respectful Workplace and why its important
- Outline what unlawful harassment and discrimination is and is not
- Describe steps to navigate inappropriate behaviors as it relates to potential discriminatory/harassing behavior
- Outline what I can do for a great work environment



## Respectful Workplace Statement

- In every moment, ask the following questions to guide our actions –
- Is this behavior or action consistent with:
- Our values of accountability, inventiveness and relationship?
- Our goal of unmatched customer service: we are all members of one team working together. Are we doing what is best for our customers and each other?
- Promoting a work environment where people treat each other with respect, courtesy and professionalism and where individual differences matter?



# Policy on Workplace Response to Inappropriate Customer Behavior



# Workforce Response to Inappropriate Customer Actions

 North Memorial Health will not tolerate, reinforce or encourage inappropriate behavior directed toward any team member by patients, or customers because of the team member's race, color, creed, religion, national origin, gender, disability, genetic information, age, sexual orientation, marital status, status with regard to public assistance, or any other legally protected status



## What is prohibited behavior?

- Prohibited behavior by patients or customers is behavior which is objectively inappropriate towards a team member because of a protected class status. Examples may include:
  - Deliberate or careless jokes, derogatory remarks or gestures regarding any protected class status to or in the presence of any team member who may find such jokes, remarks, or gestures offensive.
  - Use of offensive language related to a team member's protected class status, which
    may include race, color, creed, religion, national origin, gender, disability, genetic
    information, age, sexual orientation, marital status, status with regard to public
    assistance or any other legally protected status.



# How can I respond to Prohibited behavior?

Politely and safety exit the situation when he or she feels threatened or unsafe for any reason. Suggested Dialogue:

- "I am uncomfortable with the content of this conversation. Please excuse my while I get my supervisor to assist"
- "I do not feel like we are communicating well, please allow me to get my supervisor"
- "Your comments are making me uncomfortable, I have to ask you to please stop"
- "I am concerned with your actions, I would appreciate it if you could please refrain from your current behavior"



# How can I respond to Prohibited behavior?

• If patient care needs prohibit you from leaving the room, try to re-direct the conversation as best as possible while you stabilize the situation. Once the patient's safety is assured, you may exit the situation.



## Getting your leader involved

You should immediately report the situation to the Administrative Manager or Unit Manager/Clinic Manager.

The Administrative Manager, or Unit/Clinic Manager will meet with the team member and, if appropriate, the patient/family to assess if the behavior is prohibited and potentially discriminatory.

- The treating provider should be consulted regarding any questions involving the patient's behavior/appropriateness that may be related to medical or behavioral diagnoses.
- The person leading the assessment may request additional assistance from the Patient Representative, Risk Management, Chaplain or other resources to resolve the conflict.



# Leaders response to Inappropriate customer behavior

• If it is determined that the patient's or patient's family's/ visitor's behavior is unacceptable toward the team member, the team member may choose to voluntarily withdraw from caring for the patient. Care assignments will not be changed without the consent of the team member. If the affected team member chooses to continue providing care to the patient, Administrative Manager or Unit/Clinic Manager, will communicate to the patient/family and affected care team members that there will be no change in team assignments.



## Safe and Therapeutic Environment

The care team will develop a plan of care moving forward.

If applicable, the team will utilize a Unique Treatment Plan (UTP) to ensure a safe and therapeutic environment for all involved parties.



Policy on respectful workplace, EEO, No Discrimination, Unlawful Harassment and Retaliation Policy



## Respectful Workplace

- Broadest Protection
- We want you to feel safe, comfortable, and that you want to come to work.
- We will take action by investigating any complaint if you do not feel it is a respectful workplace.



#### What is Unlawful Discrimination?

- Discrimination is prohibited by Minnesota,
   Federal and Local Laws
  - Cannot treat some unfavorable because of a protected class status



# What are Protected Classes Under Minnesota, Federal And Local Laws?

#### **Federal**

- Race
- Color
- Religion
- Creed
- Sex
- National Origin
- Disability
- Age
- Genetic Information

#### State (adds)

- Marital Status
- Status with regard to public assistance
- Sexual Orientation
- Membership on a Local Civil Rights
   Commission
- Familial Status



# In addition Protected Classes Under State and Local Law Also Apply

- Additional protected classes beyond those protected by federal law vary by state and local law.
  - Examples: sexual orientation, gender identity, status with respect to public assistance, pregnancy, marital status, etc.



### **EEO Statement and Affirmative Action Overview**

NMH is an Equal Employment Opportunity Employer, and is committed to equal employment opportunity. That means that all individuals are welcome to work at NMH. In addition, NMH prohibits discrimination against any team member based on a protected class basis.

NMH is committed to providing a working environment in which all individuals are treated with dignity and respect. Every individual has the right to work in a professional atmosphere that promotes equal employment opportunity and prohibits unlawful discriminatory practices, including illegal harassment based on any protected class status. Therefore, NMH requires that all work-related conduct and behavior be free of bias, prejudice and harassment based on any protected class status.



## What is Illegal / Unlawful Harassment?

- Harassment is a form of discrimination
- Existed for many years, but in 2017, with allegations against Harvey Weinstein, much more awareness and public outrage
- Then others in Hollywood
- USA Gymnastics
- And . . . many more



#### What Is Unlawful Harassment?

- Harassment is a form of discrimination which takes place at work and is unwelcome.
- Harassment becomes illegal when enduring the offensive conduct becomes a condition of continued employment or the conduct is sufficiently severe or pervasive to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.



#### Harassment

#### Harassment based on any protected class unlawful

Question: If you constantly tease someone about their age, is it harassment?

Answer: Yes. Because based on a protected class = age.

Question: If you constantly tease someone about listening to Taylor Swift music, is it harassment?

Answer: No. Because taste in music is not a protected class.



#### What is Unlawful Harassment?

• It is a wide-range of inappropriate behaviors and actions, which usually take place at work (but not exclusively), and which in the aggregate create a hostile working environment liability.



#### What is Unlawful Harassment?

Harassment based on any protected class is unlawful.

While it's valuable to talk about each protected class, our examples in this module will be focused on using sex as a protected classed because it has been a profile focus of media recently.



## Sexual Harassment Two Legal Definitions

- Quid Pro Quo one type
- Hostile Working environment second type



#### Sexual Harassment – Quid Pro Quo

- Unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature where acceptance is made a term or condition of employment.
  - This for that.
  - If you go out with me, I'll give you a promotion.



#### Hostile Environment Harassment

- The creation of an intimidating, hostile, or offensive working environment through unwelcome verbal or physical conduct or communication of a sexual nature which has the purpose or effect of unreasonably interfering with an individual's employment.
  - Workplace uncomfortable because <u>environment</u> becomes charged.



# Practical Definition Of Behavior That Could Lead To A Claim Of A Hostile Environment Based On Sex

 Repeated unwelcome sexual attention that a reasonable person would believe has created a hostile or intimidating working environment.



## Unlawful Harassment - Key Concepts

- "inappropriate behavior" is in the eye of the beholder (it is subjective).
- The intent of the person engaging in the bad behavior is irrelevant (the legal standard is that the behavior need only have the "purpose or effect" of creating a hostile environment).
- The behavior does not have to be "directed" at the person who is offended. ("The victim does not have to be the person harassed, but can be anyone affected by the offensive conduct.")
- The person offended does not need to complain to the person engaging in the behavior or tell them to knock it off.
- There is a difference between tolerating behavior (what is voluntary) versus participating in the behavior (when it is welcome).



#### Sexual Harassment – Scenario

 Dr. Jones, who has hospital privileges, but is not employed by NMH, yells at the receptionist and RN who regularly work with Dr. Jones.



#### Sexual Harassment – Scenario 1

- 1. Is it quid pro quo harassment?
  - Likely not. Not asking for something in return.
- 2. Is it hostile work environment?
  - It could be. If yelling is directed only at women, or only at men, or only at another protected class group, then yes.
- 3. Is it disrespectful workplace conduct?
  - Yes!
- 4. Does it matter if Dr. Jones is a woman and the receptionist and RNs are also women?
  - No. If focusing negative behavior <u>only</u> at one group women

     then could still be harassment.



#### Sexual Harassment can include:

- Male to Female
- Female to Female
- Female to Male
- Male to Male



# What Type of Behavior Could Create A Hostile Working Environment Based on Sex?

- Lewd jokes;
- Sharing sexual anecdotes;
- Sexual innuendos;
- Sexual gestures;
- Making sexual comments about someone's appearance, clothing, or body parts;



# What Type Of Behavior Could Create A Hostile Working Environment Based On Sex?

- Ogling or leering or whistling (staring in a sexually suggestive or offensive manner);
- Inappropriate touching or "grooming", including kissing, hugging, pinching, patting, stroking, rubbing, or purposefully brushing up against another person;
- Asking sexual questions (questions about someone's sexual history or their sexual orientation);
- Hazing and other pranks;



# What Type Of Behavior Could Create A Hostile Working Environment Based On Sex?

- Sexually suggestive sounds;
- Rating a person's sexuality;
- Name-calling;
- Sexual ridicule;
- Displays of pictures, calendars, cartoons, or other materials with sexually explicit or graphic content;
- Social media.



# What is the Practical Definition Of Behavior That Could Lead To Protected Class (Unlawful) Harassment

 Repeated unwelcome attention about someone's protected class (race, color, religion, sex, age, national origin, disability, etc.) that a reasonable person would believe has created a hostile or intimidating working environment.



# What Type Of Behavior Could Create A Hostile Working Environment Based On A Protected Class (not just sex)?

- Talking about negative stereotypes associated with a protected class;
- Mimicking an accent;
- Nicknames;
- Making negative comments about an team member's religious beliefs;
- Using racist slang, phrases, or nicknames;
- Making remarks about an individual's skin color or other ethnic traits;



# What Type Of Behavior Could Create A Hostile Working Environment Based On A Protected Class?

- Displaying racist drawings, or posters, bumper stickers or signs that might be offensive to a particular group;
- Making offensive gestures;
- Making offensive reference to an individual's mental or physical disability;
- Sharing inappropriate images, videos, e-mails, letters, or notes that make fun of a person's protected class;
- Making derogatory age-related comments; and
- Wearing clothing that could be offensive to a particular ethnic group.



## Unlawful Harassment - Key Concepts

- What is "inappropriate behavior" is in the eye of the beholder (it is a subjective analysis).
- The intent of the harasser does not matter. What matters is how the person who was targeted by the behavior feels.
- The behavior does not have to be "directed" at the person who is offended. A third party can witness the behavior and have a claim even if the recipient of the behavior was not offended.
- There is a difference between tolerating behavior (what is <u>voluntary</u>) versus participating in the behavior (when it is <u>welcome</u>).



## Unlawful versus inappropriate behavior

- Is there a difference between **inappropriate** behavior and **unlawful** behavior?
  - Examples (swearing)
    - Yes but both can be a violation of policy.
- Unlawful behavior can be charged and/or go to court, inappropriate behavior can result in discipline.



# What should you do if you hear or see harassing behavior?

- If a team member believes that he/she has been subject to behavior that violates the policy, they must report the behavior so the employer can conduct an investigation and stop the behavior if it is occurring.
- Report it!



## Who should you report it to?

- Human Resources
- Your Supervisor
- Your Supervisor's Supervisor (if you are not comfortable going to HR or your Supervisor)
- Any leader (if you are not comfortable going to any of the above)
- Compliance Hotline



## **Employer Responsibilities**

 If an employer receives a report of inappropriate behavior or the employer is aware or becomes aware of potentially inappropriate behavior, the employer must 1) conduct an investigation and 2) if the complaint is substantiated, it must take timely and appropriate action to stop the behavior.



#### What about Retaliation?

- Protects those who complain about discrimination or harassment, or who participate in investigations.
- NMH prohibits retaliation for team members who make complaints of:
  - Disrespectful behavior;
  - Discriminatory behavior; and
  - Harassment.
- NMH also prohibits retaliation for any team member who participates in an investigation.
  - If you are interviewed as a witness to contact, you cannot be retaliated against for giving truthful information.



#### Retaliation

- Team Members are protected if they engage in "protected activity," which includes:
  - Opposing a practice believed to be unlawful discrimination;
  - Communicating with a supervisor about discrimination or harassment;
  - Participating in an employment discrimination proceeding; or
  - Requesting a reasonable accommodation based on religion or disability.



# What can I do to keep our environment Free of Harassment, Discrimination and Retaliation?

- Don't engage in the conduct (don't even think about engaging in the conduct);
- If you are subject to the conduct say something if you are comfortable doing so, but more importantly, report the behavior;
- If you witness the conduct, report it!
- Hold ourselves and each other accountable



**NORTH MEMORIAL HEALTH** 

2019 Fraud, Waste, and Abuse Prevention Training





You have been identified as a direct care team member or a team member who is involved with processes linked to submitting health care claims for reimbursement.

Due to your role at North Memorial Health (NMH), you are required to complete the following Fraud, Waste and Abuse Prevention training to comply with Centers for Medicare and Medicaid (CMS) requirements.





# Your role at NMH is critical to preventing Fraud, Waste, and Abuse (FWA).

- Both federal and state government establish many complex regulations and guidelines to help health care organizations detect, prevent, and respond to fraud.
- Following these regulations and guidelines, as well as NMH internal policies, is critical to maintaining patient safety, demonstrating business integrity, being good stewards of our financial resources, and maintaining NMH's reputation in the community.

# FWA Detection and Prevention is part of the NMH Compliance Program.



- Detecting and preventing FWA is a responsibility of all NMH team members.
- The Compliance Department serves as a resource to the organization providing tools and processes to identify and prevent FWA.
- Prevention requires collaboration between:
  - NMH team members and vendors
  - Vendors and affiliated health care providers
  - State and federal agencies
  - Customers (Patients)

### Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment.

The following slides will help you understand the meaning of these terms.



#### **Fraud Defined**

Fraud is when someone <u>intentionally</u> executes or attempts to execute a scheme to inappropriately obtain money or property from a government health care program (such as Medicare).



#### **Waste Defined**

Waste means incurring unnecessary costs under a government health care program as a result of deficient management, practices, systems, or controls.



#### **Abuse Defined**

Abuse occurs when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any government health care program.

#### Abuse includes any practice that:

- Is inconsistent with providing medically necessary services;
- Provides services that do not meet professionally recognized standards; or
- Provides services that are not fairly priced.



## **Examples of FWA**

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:



- Billing for goods and services that were never provided to a customer.
- Conducting excessive office visits or writing excessive prescriptions.
- Misrepresenting the service that was provided to a customer.

## **Examples of FWA (continued)**



- Billing for a higher level than the service than was actually delivered.
- Incorrectly billing non-covered services or prescriptions as covered items.
- Using multiple billing codes instead of one billing code for a drug panel test in order to increase reimbursement ("unbundling").

## **Examples of FWA (continued)**



- Laboratories charging individually for tests that should have been billed as a panel at a lower rate.
- Automatically running a lab test whenever the results of some other test fall within a certain range, even though the second test was not specifically ordered.
- Billing for services performed by an improperly supervised or unqualified employee.

#### The Fraud Continuum

Because fraud, waste and abuse are so broadly defined, errors and mistakes can be violations of the law. This is why you need to pay close attention to your duties to avoid errors that could be considered fraud.

The Centers for Medicare and Medicaid (CMS) investigates all causes of improper payments – from unintentional errors to intentional fraud. The next slide explains the fraud continuum.

Not all improper payments are fraud (i.e., intentional misuse of funds). In fact, the vast majority of improper payments are due to unintentional errors. The most common error is lack of clinical documentation.

#### The Fraud Continuum

<u>Unintentional Error</u>: A mistake caused by poor reasoning, carelessness, or insufficient knowledge, and is made without the intent to deceive.

<u>Poor Control Environment</u>: When a workplace fails to prevent undesirable acts from occurring, it is called a poor control environment. This means that standard processes and checks are not followed to be sure work is done in a consistent and compliant manner. Examples include lack of separation of duties, proper authorization, or adequate documentation for transactions.

<u>Intentional Fraud</u>: Occurs when someone commits an act knowingly and with the intention to deceive.

Unintentional Error	Poor Control Environment	Intentional Fraud



#### What is the intent?

The seriousness of the fraud is determined by the intent behind the fraud.

- Was the mistake an unintentional error? Or was it the result of intentional fraudulent behavior?
- If the mistake was an unintentional error, could it have been prevented with environmental controls (e.g., better policies directing documentation, better delineation of duties to ensure appropriate decision making)?



#### **FWA Laws**

The federal and state governments have a long history of regulating health care practices to prevent fraud, waste and abuse. These include:



- False Claims Act
- Anti-Kickback Statute
- Physician Self-Referral Statute (Stark)
- Exclusion Statute
- Civil Monetary Penalties Law

You do not need to know all the details of these laws in order to do your part in preventing FWA. However, by the end of this training, you will have a general understanding of how these laws impact your role at NMH.

#### **False Claims Act**

False Claims Act: This law makes it illegal for any person to knowingly make a fraudulent claim for payment to the federal or state government.

- You do not have to intend to defraud the government to violate this law. You can be liable for violating this law if you act with deliberate ignorance or reckless disregard of the law.
- The False Claims Act generally applies to any type of government claim for payment, but the federal government aggressively pursues False Claims Act enforcement within the health care industry.

False Claims Act violations can be fined up to three times the amount of the false claim, plus \$22,927 per claim. Fines can add up quickly because each separate claim submitted to the government can be separate grounds for liability.



#### **Anti-Kickback Statute**

The Anti-Kickback Statute makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a government health care program (such as Medicare or Medicaid).

 Remember that both the "giver" and the "receiver" of an inappropriate inducement or reward are liable under the Anti-kickback statute. This is why all NMH business must be conducted in a fair and transparent manner.

Anti-kickback violations can result in prison sentences and fines and penalties of up to \$100,000 per kickback plus three times the amount of the underlying transaction.



#### **Stark Law**

The Self-Referral Prohibition Statute is also commonly known as the Stark Law.

- This law prohibits physicians from referring Medicare or Medicaid patients to an entity with which the physician or a physician's immediate family member has a financial relationship — unless an exception applies.
- This is a complex law with severe penalties for non-compliance, so <u>every</u> contractual arrangement between NMH and a physician must be reviewed by Provider Services and Compliance/Legal. All relationships must be appropriately documented.

Penalties for physicians who violate the Stark Law may include fines of up to \$24,478 for each service performed in violation of the law, repayment of claims, and potential exclusion from all Federal Health Care Programs.



#### **Exclusion Statute**

Under the Exclusion Statue, the federal Health and Human Services Office of the Inspector General must exclude providers and suppliers convicted of any of fraud, waste or abuse from participation in federal health care programs (such as Medicare and Medicaid).

- As a Medicare/Medicaid provider, NMH must not employ, contract, or otherwise do business with any excluded individual or entity.
- The federal government maintains exclusion lists, and NMH is obligated to routinely screen these lists to ensure it does not do business with any excluded individual or entity.



## **Civil Monetary Penalties Law**

The Civil Monetary Penalties Law authorizes penalties for a variety of health care fraud violations. Violations that may justify penalties include:

- Presenting a claim that you know, or should know, is for an item or service not provided as claimed or that is false or fraudulent.
- Presenting a claim you know, or should know, is for an item or service that Medicare will not pay.
- Violating the Anti-kickback Statute.

Penalties may be assessed up to three times the amount claimed for each item or service, or up to three times the amount of payment offered, paid, solicited or received.



## **FWA Committed by Customers**

In addition to the types of errors or intentional bad acts that may constitute FWA committed by health care providers, Medicare/ Medicaid beneficiaries may also commit FWA. If you see any of these situations occur, report the activity to the compliance department.

- Drug diversion occurs when someone uses drugs, medications, and other pharmacy supplies for reasons other than their original or intended purpose.
- **Member fraud** occurs when a member carries out a fraudulent activity by falsifying member enrollment data or identity theft.
- Identity fraud occurs when someone pretends to be someone else by assuming that person's identity; often, this is done to access resources, obtain credit, or obtain other benefits in that person's name.



You play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare/Medicaid non-compliance.

- 1. You must comply with all applicable regulatory requirements, including participating in compliance program activities.
- 2. You have a duty to the to report any suspected or actual non-compliance that you may know of.
- 3. You have a duty to follow NMH's Code of Conduct. The Code of Conduct can be found on the Compliance intranet webpage.
- 4. When in doubt, ask questions. The Compliance Department is a resource for all NMH team members.









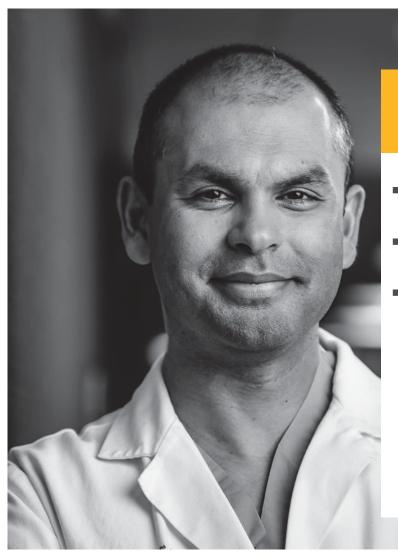




#### Reporting Fraud, Waste, and Abuse

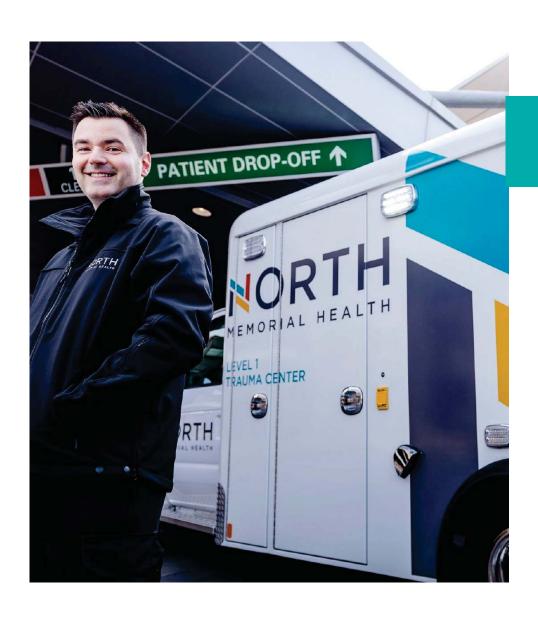
- All NMH Team Members are expected to report any known or potential concerns of FWA.
- All reported compliance concerns are investigated by the Compliance Department. Investigations are handled confidentially.
- NMH prohibits any form of retaliation against a team member who reports a FWA concern in good faith.





#### **How to Report a FWA Concern**

- You can speak to your supervisor, and your supervisor will report the concern to Compliance.
- You can call or email any Compliance Department team member.
- You can contact the Compliance Hotline (763.581.4670).
  - This number is printed on the back of your employee badge!
  - You may leave an anonymous message on the Hotline



## **Compliance Contacts**

Dawn Backlund,
Interim Chief Compliance Officer
Dawn.Backlund@northmemorial.com
763.581.4732



# Medication Safety

2019



# Medication Safety Reminders

#### Look Alike/Sound Alike Medications

- These medications require extra precautions to prevent dangerous mix-ups. North Memorial Health has implemented TALL MAN lettering to distinguish between medication on ordering, documenting, labeling, and storage.
- An example is: clonazePAM and cloNIDine. The full list can be found here:

https://www.ismp.org/tools/confuseddrugnames.pdf



#### **Medication Labeling**

 When a medication is removed from the original package and is not going to be administered immediately and completely, it must be labeled. Examples include solution containers, syringes and basins. If a medication is not labeled, discarc it. This is an example of the information that should be on the label →

MEDICA	TION AD	DED
PATIENT	RM#	
DRUG		
AMOUNT	RATE	ML/HR
ADDED BY	BASE SOL'N.	
DATE	TIME	
EXP. DATE THIS LABEL MUST BE A CONTAINING ADDITION		USION FLUIDS



# Medication Safety Reminders (Continued)

#### **High Risk Medication**

High risk medications are those that bear a heightened risk of causing significant patient harm when used.

To mitigate this risk, we employ the independent double check whereby a second nurse WITHOUT conferring with the first, verifies the six medication administration rights.

 The six rights include: right patient, right medication, right dose, right route, right time and right documentation.

Medications that require an independent double check include:

- Intravenous anti-thrombotics
  - [eg. Heparin infusions]
- Non-oral chemotherapy
- Epidural administration by nursing
- IV and SQ insulin that are not prepared by the pharmacy for the patient and the dose
  - [eg. insulin pens or stock insulin vials]
- Patient Controlled Analgesia [PCA] and Intravenous opioid infusions
- Intravenous epoprostenol
- Intravenous magnesium sulfate 4 g and 40 g infusions







# Medication Range Orders

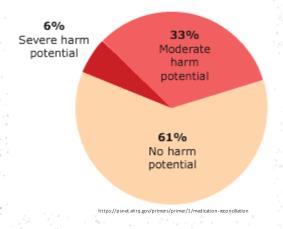
- Range orders will only be allowed for the dose (e.g., morphine 2 4 mg IV every 2 hours prn pain).
  - Dose ranges SHOULD be limited so that the maximum dose does not exceed four times the minimum dose (e.g., hydromorphone 0.2 mg to 0.8 mg).
    - Exclusions: Infusions, insulin, contrast, intra-procedure medications, non-systemic routes of administration (e.g. ophthalmic, topical), comfort/palliative care.
- Frequency ranges (e.g., 2 4 hours prn, 4 6 hours prn) will not be used.
- The prescribed medication dose and interval should be based on the assessment of the customer (i.e. pain, nausea, sedation level), his/her goal, anticipated reduction in symptoms, and the least potential for side effects.
  - Start with the lowest dose in the range. Future doses should be based on customer response.
  - Generally response for oral and IM medications is 60 minutes and 30 minutes for IV
- More information:
  - Medication Range Orders https://northmemorial.policytech.com/docview/?docid=9495&public=true



#### Medication Reconciliation

- Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders
  - The customers medication list must be reviewed and corrected for every patient encounter
  - -The list needs to be reconciled when the customer is referred or transferred to another setting, service, practitioner, or level of care within or outside the organization.
  - The complete and reconciled list of medications is provided to the customer and explained on discharge.
  - Medication Reconciliation is everyone's responsibility. Pharmacy completes >80% of Inpatient medication reconciliation, but if it is not done prior to bed placement it is the expectation that the admitting RN complete it.

More than half of patients have ≥ 1 unintended medication discrepancy at hospital admission





# Antimicrobial Stewardship

- Up to 50% of the time antibiotics are not optimally prescribed (either not needed, incorrect dosing or duration)
- Antimicrobial Stewardship is the effort to measure and improve how antimicrobials (including antibiotics) are used, improve patient outcomes, and decrease resistance to antibiotics
- Our Antibiotic Stewardship Program (ASP) contacts
  - -Leslie Baken, MD (Infectious Disease)
  - -Emily Herstine, PharmD, BCPS (Clinical Specialist)

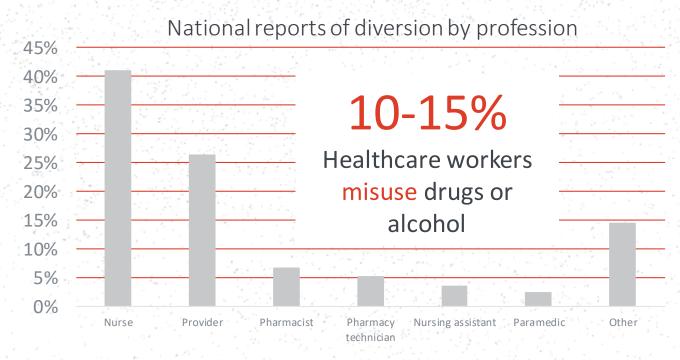


Find the current antibiograms on the ASP intranet site: <a href="http://intranet/Quick-links/Medical-Staff/ASP">http://intranet/Quick-links/Medical-Staff/ASP</a>



# Drug Diversion

- "Diversion" means the transfer of a controlled substance from a lawful to an unlawful channel of distribution or use.
- North Memorial Health Hospital monitors the movement of controlled substances throughout the facility and to provide effective controls to guard against theft and/or diversion.





# Drug Diversion

- It is everyone's responsibility to recognize and report suspected diversion.
- Drug diversion is a serious crime:
  - -Average jail time -11.2 years
  - -Average fine \$201,776
- Diversion by health care professionals can lead to potential customer harm:
  - Between 2004 and 2014, 118 patients were infected nationally with gram-negative bacteria or hepatitis C because of hospital workers contaminating supplies while diverting drugs.



# Hazardous Drug Handling & Disposal

New regulations (USP 800) for 2019 improve healthcare worker safety for hazardous drug handling, including spills. To support this personal protective equipment (PPE) and disposal information is being added to Epic. Hazardous drugs are more then chemotherapy.

There are reproductive and lactating risks associated with hazardous drugs. PPE minimizes but does not eliminate them. Epic is the source of truth for this information. Those planning a pregnancy or those who are pregnant, or lactating have the option to limit or avoid exposure.



# Hazardous Drug Handling & Disposal

#### Here is an example of what you can expect to see:





#### The End

Thank you for viewing this content and making North Memorial Hospital a safer place for all of us.