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Essentials© Newsletter Instructions

The workforce of St. Luke’s University Health Network is required to complete mandatory education on several regulatory topics at time of hire (Orientation) and at regular intervals thereafter (usually annually). The content of the Essentials© Newsletter reviews many need-to-know topics in an easy to read format.

Contact your manager/supervisor with any questions you have about the content of the newsletter.

The most current edition of Essentials© is also available on MyNET on an ongoing basis for reference:

MyNET > Quick Links tab > click Newsletters > under Network, click Essentials
Fire Safety

If there’s a fire, RACE!

R – Rescue = remove anyone immediately threatened by fire or smoke
A – Alarm = activate the nearest fire alarm pull station; dial emergency operator
C – Contain = prevent the spread of fire or smoke by closing all windows and doors
E – Extinguish or Evacuate = use extinguisher to prevent the spread of fire; relocate patients, visitors, and staff to a safer location

Response to fire (away from the point of origin):

- Reassure patients and guests they are safe
- Return patients in hallway to their rooms
- Close all corridor doors, especially patient room doors
- Move equipment out of the hallway or at least to one side
- Avoid using elevators

Oxygen Main Shut-off Authority

The Hospital Supervisor or Clinical Unit Leadership (e.g. Charge Nurse, Radiology supervisor) has the authority to shut off oxygen mains when necessary during fires in patient care areas. Other professionals providing direct patient care may shut off oxygen at single sources such as an O2 tank or wall mount if indicated by the situation.

Where are oxygen main valves located? *This is a question employees are often asked during regulatory inspections.*

REMEMBER: Clinical staff has the responsibility to know the location and operation of your oxygen and medical gas main valves to help emergency responders.

Basic Safety Rules for Extinguisher Use

All employees are authorized to use extinguishers. Be sure the extinguisher is safe to use on the kind of fire you intend to extinguish. Most of our extinguishers are “ABC” or “all types” of fire rated, but check the label to be absolutely sure before using.

PASS – PULL, AIM, SQUEEZE, SWEEP

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

Loss of Electrical Utilities & Electric Systems Safety

If your campus experiences a loss of utilities, immediately notify Engineering/Maintenance.

When a power interruption occurs, the hospital switches to generators which provide backup electric power.

- Always plug all critical patient care equipment into the RED Emergency receptacles
- Check your department to verify an adequate supply of flashlights and batteries
- Unplug non-essential electrical equipment (e.g.: coffee makers)
- Do not overload circuits
- Only use extension cords approved by the Engineering/Maintenance Departments and use only for emergencies
Hazardous Chemicals/Globally Harmonized System (GHS)

Employees have always had the “right-to-understand” about chemicals in their workplace. The Occupational Health and Safety Administration (OSHA) Globally Harmonized System (GHS) is a hazard recognition program which makes it easier for people to identify chemical hazards which goes completely in effect in June 2016. Major GHS changes include:

1. GHS compliant container labels and Safety Data Sheets (SDS)
2. Use of only two signal words: DANGER (highest level) and WARNING (lower level)
3. Introduction of pictograms, easily recognizable hazard symbols pictured below:

![Pictograms](image)

4. Simply worded hazard statements, such as “Highly flammable liquid”
5. Chemical use precautions such as “wear gloves and protect eyes and face from splashes”
6. All Safety Data Sheets (SDS) are available on MyNet under “Quick Links”

Emergency Preparedness

If employees know where to find reference material when an emergency or disaster situation occurs, they will not need to remember information they seldom use. The most important thing to know is that there is a Network-wide Emergency Response Matrix posted on MyNET under the Quick Links tab. The following emergency situations are listed on the Emergency Response Matrix:

- Mass Casualty Event – a large number of victims coming to the hospital from an incident in the community
- Facility Alert – an event that causes major disruption to the hospital (e.g. evacuation or power failure)
- Active Shooter (and location) – stay away from area and evaluate surroundings to flee or secure in place
- Code Adam – Missing Infant or Child
- Medical Emergency
- Control Team – assistance needed for violent patient

In addition to the Emergency Response Matrix, emergency response plans are located on MyNET > Quick Links > Safety and Emergency Manual. Consider registering your cell phone in your Workday account to receive emergency messages.
Workplace Violence Prevention

Healthcare is a highly stressful environment and aggressive behavior by patients and guests is becoming a more common consequence. Listed below are a few things you can do to respond to aggressive behavior when it occurs:

- Listen to the person without interrupting
- Empathize with their situation
- Apologize for the bad experience they are having
- Get assistance from another employee
- Refer the person to a supervisor
- Call for a STAT Security response at extension 5-5-5-5

If a violent patient or visitor in the hospital needs to be physically controlled, call extension 5-5-5-5 for Security.

As workplace violence is a recognized occupational hazard in the healthcare industry, St. Luke’s University Health Network (SLUHN) leadership supports a comprehensive workplace management program to prevent and respond to scenarios that are likely to occur on our premises. SLUHN has a zero tolerance policy for violence and threats of violence. There will be no reprisals against anyone for reporting threats or acts of violence. All threats made against any individual or the organization will be taken seriously, and thoroughly vetted.

Refer to: Workplace Violence Prevention policy #53: Safety & Emergency Management Manual

Substance Abuse Awareness

Addiction is the chronic, relapsing disease characterized by compulsive drug seeking and use, despite harmful consequences. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or death.

What types of substances may be used/abused by employees? Nicotine, alcohol, illegal narcotics, steroids, prescription medications, etc.

What are signs and symptoms of drug use? Signs may include the following: significant changes in personality, attitude or behavior, appetite changes, tremors, poor physical coordination, changes in physical appearance/personal grooming habits, diminished recognition of problems with one’s behaviors and interpersonal relationships, etc. Keep in mind that if a person has any of these symptoms, it does not necessarily mean that he or she is using drugs. They could be due to other health problems. Whatever the cause, the person may need medical attention, especially if they persist or occur in a cluster.

What should I do if I suspect a co-worker is abusing drugs or alcohol? Immediately notify a supervisor/manager and follow the Fitness for Duty policy.

If you need assistance with an addiction, St. Luke’s University Health Network partners with ComPsych, Guidance Resources for Employee Assistance Programming. They can be reached at 800-311-4327/ TDD:800-697-03537 days a week, 24 hours a day.

Refer to APPM #60 Employee Assistance Program
Every Minute/Every Day: MRI Safety

The MAGNET IS ALWAYS ON!
Access is RESTRICTED!
READ the Posted Signs!

Reporting Work Related Injuries

No one wants to experience a work-related injury or illness. However, when such injuries or illnesses occur:

- Immediately report the incident to your supervisor before seeking treatment, unless it is an emergency where immediate medical attention is required.
- All injuries must be reported within 24 hours. This report must accompany the injured employee to either the Emergency Department or St. Luke’s Occupational Medicine.
- A Work Related Employee Injury/Illness Report must be completed by the employee’s supervisor for work-related injuries. If the supervisor is unavailable, the employee may complete the report.

For work related employee injury/illness reports, go to: MyNET > Quick Links > Employee Health Services
Contact your manager/supervisor with any questions about the employee injury reporting process.

The Network Employee Health section of MyNet contains resources to help with processing exposures, clarify additional information, and provide important links to Employee Health documents.

Important Links
- Annual/Mandatory Employee Tuberculosis Education & Questionnaire 2018
- Blood, Body Fluid, Needlestick Exposure – General Instructions
- HIV PEP – Employee Instructions
- Infectious Disease Exposure List
- Work Related Employee Injury & Illness Report

BBP Exposures: Guidance for Provider Management
- Blood, Body Fluid, Needlestick Exposure Flowchart
- Certificate of Significance
- HIV Occupational Exposure Reference
Protecting Your Back

A number of factors can contribute to back pain at work and back injuries can result from improper lifting techniques, poor posture, repetitive strain or repetitive motion. Certain medical conditions and lifestyle factors, such as obesity, sleeping position, poor physical condition, smoking and stress, also can contribute to back pain.

You can take steps to prevent back pain and injuries at work. For example:

- **Include physical activity in your daily routine.** Maintaining a healthy weight minimizes stress on your back. Healthy adults are recommended to combine aerobic exercise, such as swimming or walking, with exercises that strengthen and stretch back muscles and abdomen.

- **Pay attention to posture.** When standing, keep your weight balanced on your feet. Do not slouch! To promote good posture when sitting, choose a chair that allows you to rest both feet flat on the floor while keeping your knees level with your hips. If necessary, prop your feet with a footstool or other support. If the chair doesn't support your lower back's curve, place a rolled towel or small pillow behind your lower back.

- **Lift properly.** When lifting and carrying a heavy object, lift with your knees and tighten your core muscles. Hold the object close to your body. Maintain the natural curve of your back. If an object is too heavy to lift safely, find someone to help you.

- **Modify repetitive tasks.** Use lifting devices, when available, to help you lift loads. Try to alternate physically demanding tasks with less demanding ones. If you work at a computer, make sure that your monitor, keyboard, mouse and chair are positioned properly. If you're on the phone most of the day, use a headset. Avoid unnecessary bending, twisting and reaching. Limit the time you spend carrying heavy briefcases, purses and bags. Consider using a rolling suitcase.

- **Listen to your body.** If you must sit for a prolonged period, change your position occasionally, stand up or stretch whenever you feel tired.

**Patient handling:**

- Think through the transfer before starting the transfer. Ask patient if they can help. **Get help.**
- Use draw sheets, underpads, trapezes, slide boards, transfer belts, gait belts, mechanical lifts, etc.
- The safest way to lift an immobile patient is to use a mechanical lifting device. Lift devices include: Hovermatt™, Hoyer lifts, sit-to-stand lifts, quick-moves and Hoverjack™ equipment.
- When repositioning a patient to the head of bed, get help, and, if the patient can tolerate it, use the Trendelenburg position (tilting bed down at head).
Infection Control & Prevention/Employee Health Services

If you have questions or concerns, please contact your Infection Control and Prevention Department or Employee Health Services.

Prevent the Spread of Infection

All hospital personnel play an important part in preventing and controlling the spread of infection. Hand hygiene is simple and the most effective way to prevent the spread of infection. Alcohol based hand rubs can be used if hands are not visibly soiled. Soap and water with friction for 15 seconds can be used anytime. WASH YOUR HANDS:

<table>
<thead>
<tr>
<th>Before and after all patient contacts</th>
<th>Before and after eating</th>
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<td>Between procedures on the same patient</td>
<td>After using the restroom</td>
</tr>
<tr>
<td>Before &amp; after wearing gloves &amp; personal protective equipment (PPE)</td>
<td>After touching potentially contaminated materials, equipment, or surfaces</td>
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When patients are ill with specific diseases or organisms, they may require special precautions. Signs indicating the type of precautions are to be placed on the door to the patient’s room outlining the specific type of personal protective equipment (PPE) required to prevent spreading infections.

Example: After caring for patients with C. diff or suspected C. diff, hand washing with soap, water, and friction is required!

MDRO

Multi-drug resistant organism (MDRO) means that an organism has become resistant to the drugs (antibiotics) normally used to treat it. Preventing MDROs can be achieved by using a variety of interventions including:

- Hand hygiene
- PPE
- Contact Precautions
- Cleaning and disinfecting both patient care items and room surfaces

Patient and family education related to preventing infections, isolation precautions, and MDRO should be provided and documented to help reduce the risk of transmission.

Materials can be printed from MyNET > Learning tab > Patient Education > IBM Micromedex© CareNotes© > Search (enter a “Keyword” to search). Suggested Keywords:

~Preventing Infection  ~Patient Safety in the Hospital
~Antibiotic Resistant Bacteria  ~Isolation Precautions
Bloodborne Pathogens: Protect Yourself!

OSHA’s Bloodborne Pathogen Standard seeks to reduce your risk of exposure to bloodborne pathogens such as Hepatitis B, Hepatitis C and HIV that may be present in blood and other body fluids. Red bag waste includes items contaminated with blood. The Exposure Control Plan and Bloodborne Pathogen Standard are located in the Infection Control & Employee Health Services Policy & Procedure Manual on MyNET.

How do you protect yourself?

- **Do not** eat, drink, apply cosmetics or handle contact lenses in patient care areas.
- Needles and sharps must always be handled safely in a manner that prevents injury.
  - **Do not recap, bend or manipulate.**
  - **Always activate safety devices immediately after use and discard promptly in a puncture-resistant container at point of use.**
- Wear appropriate personal protective equipment (PPE) whenever you may be at risk of exposure.
  - Know where PPE is stocked and how to use it correctly.
  - Dispose of PPE at the point of use and perform hand hygiene.

What is an exposure?

An exposure is eye, mucous membrane, non-intact skin, or parenteral contact with blood or body fluids that occurs while you are doing your job.

What should I do if an exposure occurs?

- Wash the area with soap and water
- Report the exposure to your supervisor
- Fill out a Work Related Employee Injury/Illness Report
- Go to the nearest Emergency Department or Occupational Medicine location as soon as possible for a confidential medical evaluation
- Notify Employee Health for review of baseline testing and need for follow up plan

Universal Influenza Vaccination Program – Get Your Flu Shot!

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Getting a flu vaccine every year is the single most effective preventative measure against the flu and can prevent illness, lost work time, and even death. Influenza is spread by respiratory droplets while talking, coughing, or sneezing. Adults can shed the influenza virus at least one day before any symptoms of the illness begin – this means they can spread infection to patients, coworkers, and family members before they even realize they are ill – and up to 5 to 7 days after becoming sick. Symptoms of the flu include: fever, cough, sore throat, runny or stuffy nose, headache, generalized muscle and body aches, and fatigue.

Universal influenza vaccination means that all personnel working in St. Luke’s University Health Network (SLUHN) must be immunized against influenza on an annual basis. Personnel are defined as all SLUHN employees, residents, students, members of the medical staff, volunteers, observers, contracted personnel, and outside vendors who provide or have the potential to provide on-site support at any Network facility. Influenza vaccination is a condition of employment and continued association with SLUHN.

Protect yourself. Protect your patients. Protect your family. Protect your coworkers – get your flu shot!
Tuberculosis: Be Prepared!

Although the transmission of *M. tuberculosis* (TB) in healthcare settings continues to decrease, a basic understanding of TB is needed for you to be prepared. This includes special precautions to protect you and others until a diagnosis is confirmed. TB is a disease which usually affects the lungs. The bacteria are spread from person-to-person through the airborne route when a person who has active disease coughs, sneezes or speaks. People close-by may inhale these bacteria and become infected.

- Patients with suspected or confirmed pulmonary TB are placed on Airborne Precautions in designated rooms that have an approved ventilation system (negative airflow or HEPA unit) with the door closed.
- During transport, the patient must wear a surgical mask.
- OSHA requires health care workers to be fit-tested ANNUALLY before wearing approved respiratory protection (an N95 particulate respirator).
- There are 2 options for TB testing: Tuberculin Skin Test (TST) or Quantiferon Gold TB (QFT) blood test.
- All new hires have a TB blood test (QFT).
- Any positive test (TST or QFT) needs further evaluation to differentiate between latent TB infection vs active TB disease.
- Health care workers need annual assessment for TB. SLUHN is designated low risk for TB therefore mandatory screening is accomplished through annual education and symptom questionnaire.

Contact your Infection Control & Prevention Department or Employee Health Services with questions.
Communication with Patients and Visitors

Fundamentals of AIDET Plus the Promise

Using AIDET Plus the Promise improves patient and customer perception of their care and services they receive. The practice helps build customer loyalty, improve communication and improves patient outcomes and care delivery.

The Keys to Effective Patient and Internal Customer Communication include:

**Acknowledge**
- Acknowledge the patient by name. Make eye contact, smile, and acknowledge everyone in the room (patient and families).

**Introduce**
- Introduce yourself, your skill set, your professional certification, and experience. Include key words for managing up.

**Duration**
- Give an accurate and specific time expectation for tests, physician arrival, and identify/communicate next steps. When this is not possible, give a time in which you will update patient on progress.

**Explanation**
- Explain step by step what will happen, narrate your care or service, answer questions, and leave a way to contact you, such as a nurse call button or phone number. Use language a patient can understand.

**Thank You**
- Thank the patient. Some examples of things you may thank them for include choosing your hospital, their communication and cooperation, sharing information with you, their patience, allowing you to care for them, or use your own words. Thank the family for assistance and being there to support the patient.

**The Promise**
- Make a statement of your personal commitment to the patient’s/internal customer’s care and experience.

**Rounding -- A Key Word at Key Times for All Caregivers**

“Rounding” is the word that we use to structure our work. The word is not for our sake but for the patient’s sake. The word itself implies a circle or dynamic in which someone or something will be coming back (around) again. The word rounding, when used by all caregivers, provides the patient, on a less conscious level, a sense of rhythm of care: one is leaving, one is returning, one is coming back again. This experience can prevent feelings of isolation or neglect, lowers anxiety and can reduce the need for the patient to use the call button.

Our patients are best served when we are transparent with our structure of care.

Ancillary service staff, along with nursing team members, need to use “rounding” to describe their service – I will round on you in about two hours for your next breathing treatment. During rounding, tasks such as checking the perimeter, making sure the patient has water, personal items, and call button within reach, offering to close the door – need to be done by all who enter and leave the patient room. This consistency of language and practice provides our patients with an assuring perception of teamwork and high quality care.
Language
The staff person who identifies a patient entering St. Luke’s as having limited or no understanding of English will initiate the process to obtain interpretation services. Cyracom (blue phone) is the available resource used to obtain interpretation services. The network discourages the use of family and friends as interpreters when discussing medical information with patients and their families. Issues may not be appropriately communicated and discussed using family and friends as interpreters. The hospital also discourages the use of ancillary hospital staff as interpreters for several reasons including: confidentiality, ability to interpret medical terms, etc.

Key Points
- Medical interpretation - use the “blue” Cyracom phones
  - Unlimited number of languages available for services
  - Operators are validated and competent in their languages and “medical” language interpretation
- Phones are usually available on the patient units, in some departments, at the reception desks – when all else fails, contact a supervisor for direction
- In most circumstances, it is inappropriate to use family/friends and/or hospital personnel who are not recognized medical interpreters (i.e. issues of confidentiality, reliability, etc.)

Sensory Impairments
In accordance with the Americans with Disabilities Act (ADA) St. Luke's will provide effective communication to meet the needs of patients and their companions who have sensory impairments including deafness, hardness of hearing, low vision or blindness. Examples include: sign language interpreters, amplified telephones and headsets, close captioning on television or TTY, magnifiers, communication boards, or other auxiliary aids.

Employees are required to:
- Assess communication needs including speech/hearing impairments and document at first contact
- Document services and/or devices provided or declined during the visit
- Provide effective communication for our patients and their companions
- Make efforts to provide communication aids and interpreter services to meet patients’ needs
- If unsure what to do, contact a supervisor for direction

Health Literacy
Health literacy refers to how well a person can get the health information and services that they need and how well they understand them. It is also about using information to make good health decisions. We can help to teach skills to find information, talk with healthcare providers, live healthy or manage a disease, etc.

- Use simple language, short sentences and define technical terms
- Supplement instruction with appropriate materials (videos, models, pictures, etc.)
- Ask patients to explain your instructions (Teach-back method) or demonstrate the procedure
- Ask questions that begin with “how” and “what,” rather than closed-ended yes/no questions
**Cultural Diversity**

Whether you are working with a new co-worker or caring for a new patient, cultural differences can play a big role in your relationships with people. Culture is defined as “the customary beliefs, social norms, and material traits of a racial, religious, or social group.” Culture influences how people look at life and guides their interactions with each other. Cultural sensitivity, respect for individuals and their cultural differences, helps us as healthcare workers to do what we can to help our patients cope with their illness and hospitalization. When meeting our patients for the first time, take a few moments to consider who they are and what makes them unique; ask them some questions to learn more about how to care for them in the hospital.

Some of the following questions may help you identify where to begin:

<table>
<thead>
<tr>
<th>What is the primary language?</th>
<th>Who are their major support people?</th>
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<tbody>
<tr>
<td>How strong are their racial and ethnic identities?</td>
<td>What customs surround birth, illness, and death?</td>
</tr>
<tr>
<td>What types of nonverbal communication are used?</td>
<td>Is religion of importance in daily life? How?</td>
</tr>
<tr>
<td>What foods are preferred? Which foods are considered taboo?</td>
<td>What are the health and illness beliefs and practices?</td>
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In healthcare, it is especially important to understand the importance of another person’s beliefs and practices because they can influence the person’s hospitalization. It is very easy to accidentally insult others when we act on our own values rather than learning more about and/or respecting their beliefs and customs.

**Obesity Sensitivity**

Obesity affects 1/3 of the US population. Another 1/3 of the US population is overweight, contributing to the increase in medical conditions associated with obesity like diabetes, high blood pressure, sleep apnea, cancers and others.

- Obesity is now classified as a disease. Research has shown that obesity is caused by many factors and not just overeating. The factors that play a part in obesity are genes, environment, behavior, culture, socioeconomic factors and metabolism.

- Physicians, nurses and other health care workers contribute to obesity stigma and bias. Health care workers often blame the individual suffering with obesity and label them as lazy, non-compliant, sloppy or dirty, weak willed, lacking in self-control, unsuccessful and dishonest. It is often said that obesity is the “last socially acceptable prejudice”.

- Individuals suffering from obesity often delay* getting preventative care due to:
  - Disrespectful and negative treatment by staff
  - Furniture, equipment or gowns are too small
  - Scales are not in a private space or do not hold the patient’s weight.

*Because of delays in accessing preventative care, medical conditions of obese people are often put off until the person is much sicker which often leads to an emergency room visit and hospital stay.

Remember, those suffering from obesity wear their diagnosis on the outside for everyone to see. What would it be like if everyone had to “wear” their diagnosis on the outside for all to know? Diseases like anxiety disorder, depression, high cholesterol, high blood pressure, incontinence, etc. are not visible like obesity is.

When interacting with obese people, it is vitally important to consider their feelings as you would with all others. Choose your words carefully!
Instead of saying…  |  Consider this…  |  Explanation
|-----------------|-----------------|-----------------|
| “You are obese.” | “You have an unhealthy weight.”  | You don’t say to someone “You are cancer.” or “You are COPD.”
| “chubby” “fat” “overweight”  | or “You suffer from overweight.”  | These are diagnoses, not an identity.

“Get a big chair for this registration desk.”
“Get a big gown.”
“Everybody to room x to help lift the patient.”
- Go get a larger chair yourself.
- Request or delegate, do not yell or holler. “Please go get a bariatric gown.”
- Send someone to the desk to get help with lifting.

Using the type of language in the first column causes shame and blame.
Know your furniture and equipment and their weight limits.
Make sure your area is accessible to all people.

Research shows patients are not afraid to talk about their need for help with their excess weight. Do not be afraid to ask if patients want help with their weight. They should talk to their primary care provider for guidance.

St. Luke’s Weight Management Center  610-628-8315

Culture of Safety

Team Training (Team STEPPS)

We need to function as a team in order to accomplish our goal to provide safe and efficient care to our patients. Providing safe health care depends on individuals with different roles and responsibilities acting together in the best interests of the patient. Communication barriers, failure to acknowledge that any human can make a mistake and lack of awareness result in poor teamwork, which can lead to poor patient outcomes. Each day we participate in different roles of the healthcare team. Our roles change based on the task: you may be the leader, the facilitator, or team member.

- Some examples of team work include: Procedural Time-outs, Bedside Report, & Coordination of Care Rounds
- Some tools that promote teamwork include the Ticket to Ride, SBARs and Team Huddles
- By functioning in an environment that promotes teamwork, we will continue to improve our clinical outcomes.

Behaviors that Undermine a Culture of Safety

The Joint Commission has a leadership standard that addresses disruptive and inappropriate behaviors by members of the health care team that undermine the culture of safety. St. Luke’s regards all disruptive behaviors as unprofessional. Disruptive behavior includes:

<table>
<thead>
<tr>
<th>verbal outbursts</th>
<th>demeaning and inappropriate comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>condescension (behavior of people who think they are better than others)</td>
<td>physical acts</td>
</tr>
<tr>
<td>passive behaviors</td>
<td>reluctance or refusal to answer questions</td>
</tr>
<tr>
<td>failure to return phone calls or pages</td>
<td>impatience with questions</td>
</tr>
<tr>
<td>sexual and other forms of harassment</td>
<td>etc.</td>
</tr>
</tbody>
</table>

St. Luke’s University Health Network is committed to maintaining a workplace free of disruptive behavior; such behavior will not be tolerated. Employees who believe they are subject to any form of disruptive behavior, or feel that disruptive behavior is taking place, are encouraged to report the incident promptly to their supervisor, any manager, or Human Resources. Confidentiality will be maintained to the fullest extent practical and retaliation will not be tolerated against any complainant or witness.
Harassment

St. Luke’s University Health Network is committed to a workplace free of discrimination and harassment and to a safe and respectful work environment. Offensive or harassing behavior will not be tolerated against any employee. Harassment is considered a form of employee misconduct.

- Any employee who believes he/she is being harassed, or feels harassment is taking place in the workplace, is encouraged to report the harassment promptly to their immediate supervisor, any manager, or Human Resources. The Network will promptly investigate all allegations of harassment and if the allegations are substantiated, the Network will take action to end the harassment.
- No employee of the St. Luke’s is exempt from this policy. Corrective action, up to/including termination, will be taken against any employee engaging in harassment or retaliation. Any supervisor or manager who has knowledge of such behavior, yet takes no action to end it, is also subject to corrective action.
- Reports of harassment will be kept confidential recognizing that some disclosure may be necessary for the purpose of investigation or Corrective Action.
- The Network prohibits retaliation against any employee who makes a report of harassment and will take appropriate Corrective Action against any individual engaging in retaliatory behavior.

Patient Safety and Event Reporting

St. Luke’s University Health Network strives to promote a Culture of Safety by empowering staff to identify potential patient safety concerns and to prevent patient harm. Therefore, any employee who suspects, discovers, or witnesses a patient safety event is responsible for completing a Patient Safety Event Report.

The Patient Safety Event Reporting System is available to all employees within Epic or through the Quick Links tab of MyNET. This electronic reporting system is user-friendly and allows for timely notification and follow-up of patient safety events. Examples of patient safety events that require an event report include, but are not limited to, the following:

<table>
<thead>
<tr>
<th>Falls</th>
<th>IV site complications</th>
<th>Medication errors</th>
<th>Elopement</th>
<th>Wrong site surgery</th>
<th>Skin compromise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mislabeled specimen</td>
<td>Hospital Acquired Infections</td>
<td>Transfusion reactions</td>
<td>Delay in test/treatment</td>
<td>Adverse drug reactions</td>
<td>Unanticipated complications</td>
</tr>
<tr>
<td>Misdiagnosis</td>
<td>Unruly behavior</td>
<td>Retained foreign body</td>
<td>Unplanned returns</td>
<td>Equipment problems</td>
<td>Narcotics discrepancy</td>
</tr>
</tbody>
</table>

Patient Safety Hotline

Any healthcare worker who suspects, discovers or witnesses a patient safety event is responsible for assuring an Event Report is submitted. In addition to the on-line event reporting system, the Patient Safety Hotline was implemented to help facilitate prompt reporting of patient harm events. To access the Patient Safety Hotline you should refer to the orange card posted in your department or dial 484-526-4044.

Important note: Pennsylvania law requires healthcare workers report serious events within 24 hours of their occurrence and/or discovery and to report incidents as soon as reasonably practical.

To further facilitate reporting, healthcare workers may also report quality-of-care or safety concerns directly to The Joint Commission. In these situations, the hospital will take no corrective action against employees who make a good faith report of these concerns to The Joint Commission.
Patient Complaints and Grievances

St. Luke’s University Health Network respects the rights of patients and/or their representatives to express dissatisfaction regarding their experience. Prompt resolution of these concerns is an important part of good customer service and is required by state and federal regulations.

All employees must know what to do when presented with a complaint or grievance:

- Carefully listen to the concern and immediately apologize for the experience
- When possible, intervene immediately to resolve the concern
- If unable to resolve, report the concern to your supervisor
- Offer reassurance that you will report the concern to a supervisor and someone will address them promptly

**If a patient complaint or grievance involves a dangerous situation or patient safety issue, the concern must be handled immediately.**

Performance Improvement Basics

Performance Improvement (PI) is an ongoing method of study to find new and improved approaches to effect change with the intent of achieving an improved outcome or a more efficient process. PI principles can be applied in all clinical and non-clinical areas.

St. Luke’s focuses efforts to achieve excellence in the five key areas of the network’s leadership framework: Quality, Service, People, Finance and Growth.

A well-defined performance improvement methodology endorsed by the Institute for Healthcare Improvement (IHI) known as **PDCA**, is used throughout the Network.

The steps in the PDCA model include:

**Plan** - Use objective data to identify the opportunity for improvement. Research the literature for best practice, evidenced based care, and any existing benchmarks. Identify what actions need to be undertaken and how the actions will be implemented.

**Do** - Test or pilot the actions.

**Check** - Collect data, compare to pre-pilot data, and determine if improvement occurred.

**Act** - If improvement occurred, work towards spreading the actions to a larger area and as appropriate, throughout the Network. If no improvement is experienced, the process is started over again at the Plan step; this is known as Cycle 2.

Overall, this PI method is based on the following guiding principles:

- Focus on systems and processes
- Manage change through knowledge – decisions should be made based on fact and data, not perceptions
- Multi-disciplinary collaboration and teamwork is essential
- Participation of staff, managers and physicians is critical to achieving excellent quality outcomes

The Board of Trustees has the authority and responsibility for establishing an organizational policy that supports quality patient care. It accomplishes this by encouraging the measurement, assessment, and improvement of all significant processes and activities. Reports related to important quality measures and activities are provided at each regular meeting of the Board.
Fall Prevention for High Risk Patients

Identify patients that may be at risk for an accidental fall during hospitalization. All patients are assessed for fall risk on admission, minimally daily at the time of the RN assessment, by the receiving unit upon transfer, and as the patient’s condition warrants. The clinical judgment of the RN, in conjunction with the healthcare team, will determine what specific interventions in the fall risk category will be utilized. Not all interventions are appropriate for every patient. A comprehensive list of interventions related to the Fall Risk Score can be found in the Fall Prevention policy in the Nursing Policy and Procedure manual (Attachment B).

- ALL patients scoring ≥ 45 on the Morse Fall Risk Tool will have a yellow bracelet applied.
- The handout titled “Fall Prevention Information for Patients and Families” is to be included in admission packets for all patients and should be reviewed with the patient/family upon admission.
- In addition, documentation of teaching provided on fall prevention and fall precautions should be completed in the patient’s medical record.
- The BMAT is used to assess the patient’s ability to safely mobilize and ambulate, therefore is another important component of our fall prevention program.

BE FAST Facts about Stroke

Stroke is the 5th leading cause of death and a leading cause of long term disability in the U.S. Stroke is caused by the lack of blood flow and oxygen to the brain which causes brain tissue to die. **Stroke is an emergency.** Stroke victims could potentially receive a clot-busting medication or undergo a procedure to remove a blockage of a blood vessel in the brain. This clot-busting medicine must be given within 4.5 hours of the onset of symptoms. The procedure to remove a blockage in the blood vessel can be performed within 24 hours of the time the victim was last known to be well. If you or someone you are with experiences stroke symptoms it is important that you remember to **BE FAST.**

In the hospital, call a Rapid Response for inpatients or a Medical Emergency for out-patients, co-workers or visitors.

In the community, call 911 or an ambulance immediately.

**BE FAST Facts about Stroke**

**B**alance – Is the person experiencing a sudden loss of balance?

**E**yes – Does the person have a sudden loss of vision in one or both eyes?

**F**ace – Ask the person to smile. Does the face look uneven?

**A**rm – Ask the person to raise both arms. Does one arm drift down?

**S**peech – Ask the person to repeat a simple phrase like “the sky is blue”- Does his or her speech sound strange?

**T**ime – If you observe any of these signs, note the time the symptoms started and call 9-1-1 or an ambulance.

**Learn the signs of stroke and BE FAST!**
St. Luke’s Chest Pain Program

The St. Luke’s Chest Pain Center Program is designed to assure every patient gets rapid and accurate diagnosis and treatment and the education required to survive coronary heart disease. For more information, go to the St. Luke’s website. Our award winning and nationally recognized Heart and Vascular Center is available for providing a seamless team approach to meet individual needs.

Did you know?
- Like other diseases, heart attacks have early signs and symptoms.
- These “beginnings” occur in over 50% of patients.
- If recognized in time, these “beginnings” can be treated before the heart is damaged.

How can you prevent a heart attack?
- Understand risk factors and see a doctor for early diagnosis.
- Learn the signs and symptoms.
- When in doubt call 9-1-1.

What is EHAC?
Early Heart Attack Care (or EHAC) education asks you to learn the signs and symptoms of a heart attack so you can become an active bystander to save a life - even if it’s yours.

Why?
- Over 800,000 people die in the US every year from a heart attack
- On average, 50% of these patients displayed, but ignored, the warning signs

Learn the early signs & symptoms!
Someone may experience any or all of these symptoms. When they start, they can be mild or come and go. Over time, the symptoms and pain increase until the victim collapses.

<table>
<thead>
<tr>
<th>Feeling of Fullness</th>
<th>Excessive fatigue</th>
<th>Back Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>Anxiety</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Jaw pain</td>
<td>Pain that travels down one or both arms</td>
<td>Chest Pressure, squeezing, aching, or burning</td>
</tr>
</tbody>
</table>

SURVIVE. DON’T DRIVE. CALL 9-1-1.

What are the risk factors for heart disease?
These are the general risk factors. Discuss your risk for a heart attack with your doctor.
- Chest pain, pressure, burning, aching or tightness - it may come and go
- A family history of cardiovascular disease
- High blood pressure
- Overweight or obese
- Sedentary lifestyle
- Using tobacco products
- Metabolic disease, diabetes or other illnesses
- For women it can also include birth control pills, a history of pre-eclampsia, gestational diabetes or having a low birth weight baby
What is the difference – men vs women?
Heart attack symptoms can be different between men and women. Why does it matter?

- Women are less likely to seek immediate medical care and are more likely to die.
- Men normally feel pain and numbness in the left arm or side of chest, but in women, these symptoms may appear on the right side.
- Women may feel completely exhausted, drained, dizzy or nauseous.
- Women may feel upper back pain that travels up into their jaw.
- Women may think their stomach pain is the flu, heartburn or an ulcer.

What are atypical presentations of heart attacks?
In an atypical presentation, the signs and symptoms are different. How? The patient may not complain about pain or pressure in the chest. Be alert for the following:

- A sharp or “knife-like” pain that occurs with coughing or breathing.
- Pain that spreads above the jawbone or into the lower body.
- Difficult or labored breathing.

Compliance Hotline
St. Luke’s University Health Network is committed to operating in full compliance with all applicable laws, regulations, and policies related to Medicare, Medicaid, and other Federal health programs. Compliance and ethics help St. Luke’s foster an environment of trust and safety for our patients, employees, physicians, business partners, and the communities we serve.

If you know that a St. Luke’s employee, contractor, someone you supervise or your manager is involved in actions which you believe are violations, the Compliance Hotline is always available at (1-855-938-4427) or (855-9 ETHICS).

Violations may include any of the following:
- Accepting inappropriate gifts and gratuities (e.g. cash gifts)
- Committing theft, fraud, waste, and abuse
- Disclosing confidential information
- Falsifying documents
- Ignoring or violating regulatory requirements
- Inappropriate management of federal grants or contracts
- Questionable financial accounting practices
- Reporting conflicts of interest (e.g. accepting payments or offers for non-business related entertainment or trips)
- Research misconduct
- Submitting inaccurate or incomplete documentation and coding
- Using St. Luke’s property and systems improperly

How do I submit a Compliance Report?
When reporting a potential compliance issue, be prepared to provide detailed information. Without enough information, it may not be possible to properly investigate the issue. Trained operators respond to online submissions and answer calls to the Compliance Hotline 24 hours a day, 7 days a week. You can remain anonymous or reveal your identity – it’s up to you.

https://mysaintlukes.alertline.com
**Retaliation**
St. Luke’s will not retaliate against employees or anyone else who reports what they believe is a violation of Applicable Standards. Everyone is accountable for helping to ensure we are compliant and ethical as well as for speaking up when something isn't right.

The Compliance Hotline should not be abused or used for matters that can be resolved within the department or by the Human Resources Department (e.g. questions regarding policies and procedures or employment benefits).

**Child Abuse** (APPM #18 Abuse – Child)
Child abuse encompasses a range of abusive actions or acts of commission, including physical and sexual abuse, and lack of actions or acts of omission including neglect and abandonment, that result in injury or death.

Any injury in a child for which there is no logical explanation or injury that is incompatible with the history given or the child’s developmental age indicate the potential for child abuse and should be investigated.

**Physical Signs of Child Abuse:**
- Welts and bruises in various stages of healing
- Fingernail marks
- Human bite marks
- Burns, lacerations, and abrasions in the pattern of an instrument
- Missing, loose, or broken teeth

**Did you know…?**
- Newborns identified as being affected by illegal substance abuse at their time of birth or who exhibit withdrawal symptoms from prenatal drug exposure are reportable events under recent legislation.
- The Pennsylvania Crimes Code has defined pregnancy as a form of abuse under certain circumstances related to the age of the pregnant child and the age of the father of the baby and as such is reportable to jurisdictional police.

**Mandatory Reporting!**
It is the responsibility of all hospital personnel and medical staff who in the course of their employment, occupation or practice have contact with children to report suspected child abuse as per the Child Protective Services Law:

**Pennsylvania:** Childline 1-800-932-0313) **New Jersey:** State Central Registry (1-877-652-2873)

The Care Management Department must be informed of all suspected child abuse or neglect cases being reported to Childline or local Children and Youth agencies in order to ensure appropriate follow-up with the Child Protective Services Agency. Responsibility for initiating the report to Care Management rests with all network personnel. If a physician has determined that a child has suffered serious physical injury due to the actions of a person or guardian based on the guidelines provided within policy, he or she may invoke the protective custody law to provide for temporary custody of the child by the hospital or physician. Care Management, Security, and other appropriate hospital administrative personnel must be notified.

**Continuing Education Legislation in Pennsylvania:**
Act 31 of 2014, requires each licensing board, under the Department of State, with jurisdiction over professional licensees, to require applicants to take educational classes on child abuse recognition and reporting. Licensees are encouraged to maintain contact with their individual Boards for other approved offerings as this unfolds. Effective January 1, 2015:
• all persons applying for issuance of an initial license from the Department of State, Bureau of Professional and Occupational Affairs (BPOA) shall be required to complete 3 hours of training in child abuse recognition and reporting requirements as a condition of licensure.

• all persons applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

If you are a healthcare licensee, check with your state board for programs which are approved to meet the CE requirement.

Mandatory Background Checks/Reporting of Prohibitive Offenses by Employees

Due to changes in the Child Protective Services Law (“CPSL”) which went into effect January 1, 2015, employees and volunteers are required to complete criminal history background checks and a child abuse history background investigation prior to employment and every sixty months (60) months during employment depending upon the employee’s position and/or department. Current employees and volunteers may also be required to have the above background investigations repeated in order to comply with the CPSL. Additionally, any employee or volunteer who is arrested or convicted of a prohibitive offense that would constitute grounds for denying employment or participation in a program, activity, or service under child protective services legislation or is named as a perpetrator in a founded or indicated report of child abuse, has an obligation under the CPSL to provide Human Resources (“HR”) with written notice not later than seventy two (72) hours after the arrest, conviction or notification that the employee or volunteer has been listed as a perpetrator in the statewide database. An employee or volunteer who willfully fails to disclose the required information commits a misdemeanor of the third degree and shall be subject to corrective action up to and including termination or denial of employment or volunteer position. Please direct any questions regarding the CPSL or your obligation to your manager or HR.

PROHIBITIVE CRIMINAL OFFENSES

Under the Pennsylvania Child Protective Services Law, an applicant is disqualified from employment in certain positions in the health care field if the applicant’s criminal history record information indicates the applicant has been convicted of any one or more of the following criminal offenses under the Pennsylvania Crimes Code, Title 18 (relating to crimes and offenses), or an equivalent crime under Federal law or the law of another state:

Chapter 25 (relating to criminal homicide).
Section 2702 (relating to aggravated assault).
Section 2709.1 (relating to stalking).
Section 2901 (relating to kidnapping).
Section 2902 (relating to unlawful restraint).
Section 3121 (relating to rape).
Section 3122.1 (relating to statutory sexual assault).
Section 3123 (relating to involuntary deviate sexual intercourse).
Section 3124.1 (relating to sexual assault).
Section 3125 (relating to aggravated indecent assault).
Section 3126 (relating to indecent assault).
Section 3127 (relating to indecent exposure).
Section 4302 (relating to incest).
Section 4303 (relating to concealing death of child).
Section 4304 (relating to endangering welfare of children).
Section 4305 (relating to dealing in infant children).
Section 5902(b) (felony offenses relating to prostitution and related offenses).
Section 5903(c) or (d) (relating to obscene, sexual materials and performances)
Section 6301 (relating to corruption of minors).
Section 6312 (relating to sexual abuse of children).

Attempt, solicitation or conspiracy to commit any of the above offenses.

An applicant is also disqualified from employment if the applicant’s criminal history record information indicates the applicant has been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. § 780-101 et seq., committed within the five-year period immediately preceding verification under this section.
Defective Medical Products and Equipment

Any healthcare worker who discovers or is notified of defective supplies or a piece of medical equipment should report this information to a department supervisor/manager, as soon as reasonably practicable. With the assistance of their supervisor, the healthcare worker will:

- Coordinate the discontinued use of medical equipment or supplies involved, including any ancillary items in use at the time of the failure (i.e. tubing, bags, pumps, cords, wrappers w/lot numbers, etc.)
- Secure the item(s) out-of-service pending further instruction
- Bag the supplies or medical equipment in a clear bio-hazard bag
- Complete the User Experience Form
- Send the product/equipment & completed User Experience Form to SPD or Biomed as specified by the form.

Definitions:

Defective Supplies/Equipment – items that produce an unexpected performance outcome
Medical Equipment – examples include: infusion pumps, cardiac monitors, ventilators, beds, etc.
Patient Care Supplies – examples include: catheters, IV tubing, needles, syringes, pacemakers, other implantable devices, etc.

APPM #10 Defective Medical Products and Equipment

Biomedical Device Safety

How do you determine if a Biomedical device is safe to use on a patient?

When new, rental, loaner, and or demo equipment is brought into the facility the Biomedical Engineering Department must perform an electrical safety test and/or a performance test to ensure that the equipment is functioning properly and safe to use.

If equipment passes all tests, a unique control number sticker and an inspection sticker will be attached to the device. The control number is used to identify the device and all related service history. The inspection sticker indicates that the device has received all of the required safety and scheduled maintenance inspections. Also included on the inspection sticker is the due date of the next inspection.

Scheduled maintenance on medical equipment is performed based on risk. Medical equipment that is considered low risk and the service history of the equipment supports it, may not have scheduled maintenance required. Medical equipment that meets these criteria has a sticker placed on it that states “No re-inspection required”.

When medical equipment is discovered without a control number, inspection sticker, or “No re-inspection required” sticker, immediately notify Biomedical Engineering, and, if possible, remove the equipment from service and file an Event Report.

The Biomedical Engineering Department performs routine scheduled maintenance inspections on equipment to ensure that the equipment is functioning properly. The scheduled maintenance may include electrical safety, performance testing, calibration, etc. After the scheduled maintenance inspection is completed, a new inspection sticker is attached to the equipment. The inspection sticker includes the date that the scheduled maintenance was completed and the due date of the next inspection.

Contact the Biomedical Engineering Department if you notice that the equipment you are using is overdue for an inspection. Please note that all medical equipment may not have control or inspection stickers attached. This may be decided based on equipment type and use, such as, but not limited to surgical scopes. If you have any questions, please contact the Biomedical Engineering Department.
New Jersey Patient Safety Act

Recognizing a Serious Preventable Adverse Event, Other Adverse Event, or Near Miss

There are 3 definitions you need to be familiar with:

- **“Serious preventable adverse event”** means an adverse event that is a preventable event and results in death or loss of a body part, or disability or loss of bodily function lasting more than seven days or still present at the time of discharge from a health care facility.

- **“Adverse event”** means an event that is a negative consequence of care that results in unintended injury or illness, which may or may not have been preventable.

- **“Near-miss”** means an occurrence that could have resulted in an adverse event, but the adverse event was prevented.

There are 5 categories of serious preventable adverse events that need to be recognized and reported to the Patient Safety Committee:

- Patient Care Management related events
- Environmental events
- Product or Medical Device related events
- Surgery related events
- Patient Protection events

All of these events **must be reported to the Patient Safety Committee as soon as possible** after they occur. The hospital can be fined up to $1000 a day for a delay in reporting an event to the Department of Health within the law’s required time frame.

If the adverse event is one of the above, the event must be reported to the Quality Management Department as soon as it is identified at extension 72000. If the event does not meet the above definitions, we are still very interested in knowing about it. Lori Carlton is the hospital’s Patient Safety Officer and she chairs the committee. You can contact the Quality Management Department with any patient safety concerns you have.

The NJ Patient Safety Act (P.L. 2004, C.9.) and the Patient Safety Regulations (NJAC 8:43E-10.8) require an anonymous, voluntary and confidential reporting system designed to allow employees and health care professionals practicing at a health care facility to submit anonymous reports to the Department of Health regarding preventable adverse events and near misses. The Joint Commission also recognizes and requires the hospital to allow you to “Speak Up” without fear of retribution.

- It is your right as an employee working at this hospital to file a report.
- The NJ Department of Health anonymous reporting system can be accessed at: [http://nj.gov/health/ps/](http://nj.gov/health/ps/)
- Joint Commission Website: [http://www.jointcommission.org](http://www.jointcommission.org) or call 800-994-6610
Act 13 of 2002 – the Medical Care Availability and Reduction of Error (Mcare) Act – Pennsylvania

Act 13 was signed into Pennsylvania law in March 2002. The primary goal of this act is to ensure that all Pennsylvania healthcare organizations make every effort to reduce and eliminate medical errors. This effort is accomplished through the identification of problems and implementation of solutions that improve patient safety. This law requires Pennsylvania healthcare organizations to:

- Develop a Patient Safety Plan (available on MyNET)
- Designate a Patient Safety Officer for each facility
- Establish an Act 13 Patient Safety Committee
- Establish a reporting system accessible 24 hours per day, seven days per week
- Provide written patient notification of serious events

Any Health Care Worker (HCW) who reasonably believes that a serious event or incident has occurred shall report the serious event or incident according to the patient safety plan, unless the healthcare worker knows that a report has already been made. The report shall be made immediately or as soon thereafter as practical, within 24 hours of the occurrence or discovery of the serious event or incident.

A HCW may anonymously report a serious event to the Patient Safety Authority via the Pennsylvania – Patient Safety Reporting System (PA – PSRS) by following the instructions included in Appendix II of the Patient Safety plan.

A HCW who reports the occurrence of a serious event or incident in accordance with the Patient Safety Plan shall not be subject to any retaliatory action for reporting the serious event or incident, and shall have the protections and remedies set forth in the act of December 12, 1986 (P.L.1559, No. 169), known as the Whistleblower Law.

Medical facilities are legally required to notify the applicable licensing board if a licensee involved in a serious event failed to report the event per the requirements of the Patient Safety Plan.

Bundle Payment for Care Improvement Advanced (BPCI-A)

Historically, health care providers have been paid separately for services. This has led to high cost, fragmented care. The Affordable Care Act of 2010 allowed CMS to test payment models that could potentially decrease Medicare spending while providing higher quality, coordinated care. These models include:

- Accountable Care Organizations (ACO)
- Bundle Payment for Care Improvement (BPCI)
- Medicare Shared Savings Model (MSSP)

SLUHN moved to the advanced model in October 2018 at the Anderson, Allentown, Bethlehem, Blue Mountain, Miners, Quakertown, and Warren campuses. BPCI-A is an episode of care that starts on the inpatient hospital admission and continues 90 days post discharge. The 90 days include all Medicare A and B claims from any facility or provider (i.e. another hospital, SNF, PCP, specialists, therapy). Part D is not included in the episode. Current revenue cycle is not effected. All claims are reconciled at the end of the 90 day period and compared to a target price set by CMS. Savings or loss is based upon the target price less a 3% discount to CMS, and compared to our peers and success in several quality metrics.
Qualifications to be in BPCI include the following:

- Medicare A and B as primary coverage
- in-patient hospital admission qualifying for one of the bundles
- excludes ESRD, primary commercial and United Mine Workers coverage

Beneficiaries enrolled in BPCI are entitled to care from any provider they choose along with the right to receive medically necessary care. They also receive written and verbal notification of enrollment in the program. CMS provides gainsharing waivers to incentivize providers to enhance care delivery models. The hospital and gainsharing providers are subject to the rules under the Notice of Waivers of Certain Fraud and Abuse Laws in Connection With the Bundled Payments for Care Improvement Model 2. The compliance hot line can be used to report suspected violations to the Fraud and Abuse Laws.

In order to provide higher quality of care under BPCI, SLUHN has formed strong partnerships with our skilled nursing providers, identified gainsharing physicians to lead care redesign, and employed care managers that telephonically reach out to patients after discharge.

**Support of Breastfeeding Families**

St. Luke’s is committed to providing the highest level of quality care through a caring and personalized approach to everyone who comes to us for care. Women who are breastfeeding come to St Luke’s as visitors, patients, and co-workers. We want to provide support at any point we encounter co-workers, visitors, patients or family members. SLUHN has designated areas for mothers to pump at each of our network hospitals. If you are not sure where this is at your site contact your manager or human resources.

*Did you know there is a network policy that addresses breastfeeding?* You can find the “Infant Breast Milk Feeding Policy” policy on the SLUHN intranet in Maternal Child policies. This policy covers information that anyone caring for women of childbearing age should know.

This is a summary of the policy:

- All campuses should support the needs of the breastfeeding family when they access any of our facilities and throughout their time with us
- All departments who may encounter women of childbearing age (about 14 years to 50 years) should assess for lactation status
- Breastfeeding needs and status should be determined on admission and documented in the electronic medical record
- Universal precautions such as eye protection and gowns are not necessary, but gloves should be worn when handling human milk
- If a mother needs to have medications prescribed and you are not sure of the safety of the medication, information can be found at:
- Contraindications to breastfeeding for mother and infant
- Times when feeding at the breast should be temporarily avoided
NICHE – did you know?
NICHE is St. Luke’s program for caring for older adults. The program helps our network to implement proven strategies and evidence-based protocols to address issues specific to older adult patients, improve patient outcomes, and raise patient and family satisfaction levels. Our vision as a network of NICHE hospitals is for all patients 65-and-over to receive sensitive and exemplary care.

NICHE SCRs – did you know?
We continue to on-board new Senior Care Resources (SCRs) on adult inpatient units. The SCRs participate in NICHE education and dynamic workshops that prepare them to be leaders in advancing care for our older adult patients. These RNs and PCAs are passionate about the work they do. Hats off to this dedicated group!

Domestic Violence – did you know?
Domestic violence can by physical, psychological, economic, and/or sexual abuse, usually of a spouse, ex-spouse or dating partner and may include assault, threats, verbal abuse, control over key aspects of life, and isolation from family and friends. Domestic violence touches many of us at home, at work and in our communities. Learn more: http://www.pcadv.org

24-Hour Hotlines:
A Woman’s Place (Bucks County) 1-800-220-8116
Turning Point of the Lehigh Valley 1-877-438-4957
Schuylkill Women in Crisis (Schuylkill County) 1-800-282-0634
Women’s Resources of Monroe County, Inc. 570-421-4200
New Jersey Statewide Domestic Violence Hotline 1 (800) 572-SAFE (7233)

Adult / Elder Abuse and Neglect – did you know?
SLUHN personnel will provide the medical care and support needed to address the health and safety concerns of patients 18 and older who are identified as, or suspected of being, in need of protective services to detect, prevent, reduce or eliminate abuse, neglect, exploitation or abandonment. An immediate referral should be made to the Case Management Department during normal business and/or on-call hours and to the Hospital Supervisor at all other times. If a case of elder abuse is identified, SLUHN personnel will provide the medical care and support needed to address the health and safety concerns of the patient. This may include a report to Area Agency on Aging, if deemed appropriate. Refer to APPM #19 Abuse - Elder and #256 Abuse - Adult

Fire extinguishers – did you know?
ALL SLUHN employees are permitted to use fire extinguishers! Even if you cannot completely put a fire out, use of extinguishers can help to keep temperatures low enough to prevent the fire from spreading before the fire department arrives.

Oxygen Cylinders – did you know?
Up to 12 portable oxygen cylinders may be kept in a patient care area in addition to what is immediately in use. Empty and full oxygen cylinders need to be physically separated and labeled with signage designating “Full” and “in Use/Empty”.
Safe Haven Laws – did you know?
Safe Haven Laws allow distressed parents to leave a newborn at a hospital in the event the parent wishes to give up custody. The intent is to transfer newborns that might otherwise be abandoned and die, to healthcare professionals. Neither the parent nor hospital can be held liable as long as the newborn is not a victim of child abuse or another crime. Although a special bassinet may be designated in the Emergency Department, a parent may give the child to any staff member. If the employee is non-licensed, the newborn should be given to the first RN or physician that is encountered who will in turn take the newborn to the ED.

For further information, refer to SLUHN Administrative Policy – Newborn Protection.

Completion

You have finished the ESSENTIALS© Newsletter.