Carroll Hospital Center
Welcome to the Online Competency Assessment

This CBT is designed for Contracted Staff who work at Carroll Hospital Center and cross the calendar year. It contains information for the safety of our Patients, Visitors, and fellow Associates.

Please review the following slides then take the short test as assigned.
It is our hope that in addition to meeting all regulatory requirements, Education be a positive, informative experience. We welcome your ideas to improve all aspects of the process.

If you experience any difficulties, please contact The Learning Center and we will be happy to help you.
Carroll Hospital Center has more than 400 physicians on its medical staff representing over 35 medical specialties!

- Established in 1961
- Today has over 1,700 employees
- Is the second largest employer in Carroll County
- Has an annual budget in excess of $175 million
- Annually serves for than 300,000 individuals with direct medical care, outreach/community programs, diagnostic, outpatient services and health screenings
**Mission** – Our Communities expect and deserve excellent medical treatment, compassionate care and expert guidance in maintaining their health and well-being. At Carroll Hospital Center, we offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

**Vision** – Founded by and for our communities, Carroll Hospital Center will help people maintain the highest attainable level of good health throughout their lives. We strive to be the best place to work, practice medicine and receive care. Our commitment is to be the hospital of choice.
Pillars of Excellence

• Located on the Ground Floor; near the cafeteria
• Displays clinical indicator data
• Also known as the “Quality Dashboard”
EMERGENCY RESPONSE CODES
Codes used in all Maryland Hospitals
Emergency codes provide a system to manage unexpected situations that may occur on our campus.

Everyone needs to know what to do and how to report an emergency!
To activate **ALL CODES**, call Extension 4444

Most codes will be paged overhead on the hospital PA system.
Our response must be organized since a large emergency can overwhelm the hospital. Stay on your job, your supervisor will instruct you what to do.
Emergency documents can be easily accessed via the Hospital’s Intranet.

Click on the Emergency Management button to access documents.
Code Green
Behavioral Emergency

Every Associate must participate in a hands-on class for Aggressive Behavior Awareness or Management, depending on your position and complete a test online.
An elopement occurs when a patient attempts to leave/flee the unit and/or the hospital. **Code Gray** is *not* when a patient leaves against medical advice.

Observe corridors, look out windows and check general areas for the eloped patient.
Understand the hazards and risks of using any substance or chemical:

- Confine spill and restrict access to area
- Clean up per policy
- Place all waste in appropriate container
- Call Environmental Safety Coordinator @ 6756

Information about Hazardous Materials Can be found on the online Material Safety Data Sheets (MSDS) link
Activated when anyone is discovered in respiratory and/or cardiac arrest.
• Station yourself at the exit nearest your location per the Code Pink Plan
• Designated Associates will patrol the perimeter
• Report any suspicious activity to Security
CODE GOLD
Bomb Threat

- Signal another Associate to listen in on the call
- Access the Emergency Quick Reference Guide & complete the ATF Bomb Threat Questionnaire
- Contact Safety/Security officer via Hospital Operator
Telecommunications will page the:

- Shift Coordinator
- Cardiopulmonary Director
- Respiratory Therapist
- Maintenance Personnel
Notify patients and visitors of the situation and direct them to a safe area, ie:

- Locked restroom
- Locked office
- Closet
- Exit the building
Code Red
Fire Response Plan
Activated when there is fire, smoke, smoke odor or suspected fire.

- **R**escue - those in immediate danger
- **A**larm - call 4444 & pull fire alarm
- **C**onfine - close all patient doors
- **E**xtinguish - use an extinguisher on small confined fires
Any clinical staff may call a COT when:

• There are any acute clinical changes
• You consider the patient at risk if medical intervention is not immediate
• You believe that an advanced assessment would help the patient
Due to strict regulations from Medicare which MANDATE that the Cardio-Pulmonary Rehabilitation area and Outpatient Infusion Center have emergency access to a Physician, these departments will CALL a COT in case of an emergency instead of Code Emergency Response. Unlike inpatient COTs, these patients will be taken to the ED for final management and disposition. These department may also call a Code Blue depending on the situation. Since transport to the ED may also be necessary a Code Emergency Response may be initiated to expedite safe transfer to the ED as needed.
Code Emergency Response ensures that any staff member, visitor or out-patient on the hospital campus needing emergency care receives care.
Standard Precautions and Transmission-Based Precautions guidelines and signage still present a challenge throughout the organization.
It is important that everyone follow the signage initiated by our Infection Preventionalist, Libby Fuss.
5 Standard Precautions to Prevent the Spread of Infection

These Precautions Apply to ALL Patients!

1. Practice PROPER HAND HYGIENE
   - When hands are visibly soiled, wash with soap and water.
   - Before and after patient care, use alcohol foam or antimicrobial soap and water.

2. Use Personal Protective Equipment (PPE)
   You must wear PPE when possible contact or splash with blood or body fluids may occur.
   Wear PPE such as gloves, gowns, mouth, nose, eye protection appropriate to task:
   + When accessing a vein or artery, you must wear gloves.
   + For contact with mucous membranes, non-intact skin and potentially contaminated
     intact skin, wear gloves.
   Remember to wash hands after removing PPE!

3. Practice Respiratory Etiquette
   Teach everyone with respiratory symptoms to:
   + Cough and sneeze into their sleeves, or
   + Use and dispose of tissues
   + Practice good hand hygiene

4. Be Cautious with Sharps
   + Take extreme caution when handling needles, scalpels and sharp instruments.
   + Carefully dispose of all sharps in sharps containers.

5. Keep Your Environment Clean
   Clean and disinfect surfaces likely to be contaminated with harmful organisms,
   particularly those in close proximity to patients.

CARROLL HOSPITAL CENTER
Transmission-Based Precautions require:

- patient be placed in a private room
- appropriate precautions sign on door frame
- PPE (gowns, gloves, masks) in caddy on door or on cart

Airborne Precautions
Droplet Precautions
Contact Precautions
Please review the signs carefully

**For measles/chickenpox**

Persons entering the room MUST be immune to measles or chickenpox

**For tuberculosis (TB)**

For suspected or known TB patient, people entering the room must wear an N-95 or PAPR
Contact Precautions

For patients with MRSA, VRE and other highly antibiotic-resistant organisms, RSV, scabies, etc.

Enhanced Contact

For patients with *Clostridium difficile* (*C. Diff.*)
Wash hands thoroughly with soap and water only
For patients with influenza, bacterial meningitis, pertussis, or RSV, a surgical tie mask preferably with face shield is recommended.

NOTE: Patients with RSV also need to be placed in Contact Precautions.
Reducing Healthcare Associated

Associates must wash hands or apply a waterless hand antiseptic:

- Before having direct contact with a patient
- Before putting on sterile gloves to insert catheters or other invasive devices
- After any contact with a patient, including intact skin (taking a pulse, BP, or lifting a patient, etc.)
Associates must wash hands or apply a waterless hand antiseptic:

- After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled
- When moving from a contaminated-body site to a clean-body site during patient care
Associates must wash hands or apply a waterless hand antiseptic:

- After contact with inanimate objects in the immediate vicinity of the patient
- After using a computer keyboard and/or mouse and before patient contact
- After removing gloves
Hand Hygiene Guidelines

Associates must wash hands with **soap and water**:

- When hands are visibly soiled
- After using a restroom
- After caring for a patient with *C. difficile*
Safety On the Campus

Please obey all traffic signs!

• Register vehicles
• Lock your vehicle and secure your belongings
• Don’t leave valuables in plain sight
• Pay attention to your surroundings
• Park in appropriate areas
Use Emergency Call Boxes for emergencies and accidents.
You are acknowledging receipt of this information and your understanding of the consequences associated with any violations.
Accountability

- Identify smoking history on patient **assessment**
- In a non-judgmental approach, assure the patient that you understand their addiction
- Ensure the patient/visitor understands our smoke free commitment and state law

As Healthcare professionals we must set the standard to make our Community healthier!
Appropriate and Professional Attire and Appearance

You are acknowledging receipt of this information and your understanding of the consequences associated with any violations.
What to Wear

- Uniforms and/or scrubs in designated departments
- Attire that complies with safety and health regulations
- Attire that is in good taste
- Attire that is appropriate for professional contact with the public

What Not to Wear

- Facial and tongue piercings
- Jeans on days other than payroll Friday
- Artificial nails in clinical and food areas
- Low-cut and sheer clothing
- Clothing with holes
- Flip-flops
- Sweatshirts and sweatpants
According to Policy

If you are in the hospital for a business-related reason such as:

- Staff meeting
- Education including CPR
- Spirit Speak Out
- Other activity for which you are getting paid

You are expected to dress in accordance with the policy including your Carroll Hospital Center badge!
Corporate Compliance

• All Jump Drives (USB, Thumb drives, Flash drives, Memory sticks, etc) must be cleared through IS (Information Systems) before used by Associates, Physicians or Outside speakers.
• You MUST minimize or sign off a computer when there is the potential for others to see information.
• Everyone has the responsibility to protect PHI (Patient Health Information. This can be verbal, electronic or written. Never use this as scrap paper. Be aware of how you dispose of any paper with PHI on it!!
• Do NOT access any information, especially a patient’s chart, unless you have a work-related reason to be there.

• Effective January 1, 2011, armbands indicating HIPAA/OPT-OUT privacy issue will no longer be PURPLE. They will be clear with “PRIVACY” written in black.

• The “Code of Conduct” is being updated and will be released soon.

• There will be a CBT for Corporate Compliance called “Hi-Tech” in the future. This is an MLE (Mandatory Learning Experience) for all Associates. Look for this in Ed Track under Transactions. Once ready, a House-wide email will be sent.
Patient Safety and the Joint Commission
Your role as an Associate:

Are You an Advocate For Patient Safety?

The Institute of Safe Medication (IOM) reports there are 44,000-98,000 deaths/year from medical errors! This equals the number of deaths from one 747 airplane crashing everyday for 1 year. Medical errors are the 6th leading cause of death. Every patient admitted to an ICU suffers an adverse event.

IOM “To Err is Human” (1999)
In 2002, Joint Commission established National Patient Safety Goals (NPSG) to help educate Healthcare personnel on Medical Errors. The Joint Commission developed Standards of Practice that must be **consistently** met.

Each Patient Safety Goal comes from a Nationally Reported Sentinel Event. A Sentinel Event is when a patient is severely harmed or dies.
Keys to Prevention

By improving all these processes, we can greatly reduce medical errors. We need to concentrate on the top three!
Let’s get an overview of Patient Safety Goals.
Patient Safety Goals:

1. Accurate Patient identification
2. Effective communication among caregivers
3. Improve medication safety
4. Reducing health-care associated infections
5. Reconciling medications across the continuum
Patient Safety Goals:

6. Reducing harm from patient falls
7. Encouraging patient involvement in their own care
8. Identifying patients at risk for suicide
9. Response to changing patient conditions
Patient identifiers are used when providing care or treatments such as specimen collection, giving medications, and tests/procedures.
Critical Results must be communicated among caregivers. Critical Results are those that if left untreated, can be life threatening or place the patient at serious risk. Critical Results need to be reported to the doctor within 60 minutes after identification.

When writing any orders, charting in the medical record or using any preprinted form, “Do not use Abbreviations,” acronyms, symbols and dose designations are not to be used.
Effective Communication

**Handoff Communication** is an interactive opportunity to ask and answer questions. This conveys up-to-date information regarding the patient’s condition, care, treatment. Management of any unanticipated changes can be discussed. Remember, **Handoffs** increase the potential risk for errors! A “Ticket to Ride” is used to communicate essential information when a patient is transported from department to department.
Labeling medications, medication containers and solutions is essential. Medications and solutions are labeled even if only one is being used. Labeling occurs when the medication is taken from the original package to another container.
4. Reducing Infections

Our Hand Hygiene Guideline requires that Associates and Volunteers wash their hands with soap and water when visibly soiled or contaminated, especially with blood and/or other body fluids. This also applies after using a restroom or before preparing food or drinks.

Associates must wash hands or apply a waterless hand antiseptic after contact with body fluids even if hands are not visibly soiled, after contact with inanimate objects in the immediate vicinity of the patient, after using a computer keyboard and/or mouse before patient contact and after removing gloves.
Reducing Infections

Patients and families should be educated pre-op about preventing surgical site infections.
5. Medication Reconciliation

This process is to compare the patient’s home medications with those ordered for the patient when the patient enters the hospital, transfers to another unit within the hospital or is discharged. On discharge the patient receives a list of their medications.
6. Reducing Harm from Falls

Patients are evaluated and identified for Falls risk on admission and then every shift. Patients and families are educated about Fall prevention strategies.
7. Patient Involvement in Care

Encourage patients to report safety concerns. On admission, patients and families are made aware how to report safety concerns. For example, calling for the COT team.
8. Patients at Risk For Suicide

Across the country, suicide is the 2\textsuperscript{nd} leading inpatient sentinel event! Patients are screened for suicide risk. If you notice a change in a patient’s behavior, please report this to their nurse or Charge person. It is better to be on the safe side.
Encourage patients & families to ask for assistance when their condition gets worse. Don’t hesitate to ask for assistance if you see a patient getting worse.
Universal Protocol focuses on safety for all surgical & non-surgical invasive procedures. It prevents wrong patient surgery.
After years of working on safety, the airline industry has become very safe. Our goal is to make Carroll Hospital extremely safe too!
You are instrumental to keep our hospital safe. Whenever you see an unsafe condition, report it to your Supervisor, the Safety Hotline at 6909, or under Incident Reporting on the intranet.

Don’t wait for someone to get hurt.
HCAHPS
Our Culture of Always
HCAHPS measures....

- The perception of frequency versus degree of satisfaction
- Patients rate:
  - Always
  - Usually
  - Sometimes
  - Never
Our Goals

• Implement an action plan to increase consistency and improve performance
• To maximize Medicare reimbursement under Value Based Purchasing by raising our scores to 70
Some thoughts....

“If the other guy’s getting better, then you’d better be getting better faster than the other guy’s getting better....or you’re getting worse.”

~Tom Peters
The Circle of Innovation
Survey Questions

- Nurse Communication
- Doctor Communication
- Responsiveness of Hospital Staff
- Pain Management
- Communication about Medications
- Discharge Information
- Noise at Night
- Room/Bathroom Cleanliness
Hardwiring Best Practices...

- “The hardwiring of best practices and standardization of leadership will create consistency.”
- “Consistency will then improve performance across the board.”

~Quint Studer
“Patients won’t care how much you know, if you don’t show how much you care.”

~Quint Studer
The HCAHPS Handbook
What is AIDET?

Key Words for 5 Fundamentals of Patient Communication
AIDET

A = Acknowledge
I = Introduce
D = Duration
E = Explanation
T = Thank You
AIDET’s Purpose

- Decreases patient anxiety
- Builds trust
- Increases compliance
- Reduces complaints
How We Impact Our Patients

First Touch

Last Touch

Heart to Heart
This concludes the Online CBT Competency. You will need to complete a test to fulfill your requirement.

Education keeps us all informed and ready for various Surveyors that come throughout the year. Thank you for contributing to our success!